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## **2007 Standard Questionnaire for Medical Monitoring Project (MMP)**

### **VERSION 3.3.0**

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#### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Public Health Service

Centers for Disease Control and Prevention

Atlanta, GA 30333



# 2007 MMP QUESTIONNAIRE

<b>ID CODES AND DATES .....</b>	<b>1</b>
<b>DEMOGRAPHICS.....</b>	<b>2</b>
<b>ACCESS TO HEALTH CARE .....</b>	<b>9</b>
HIV TESTING EXPERIENCES AND CARE.....	9
USUAL SOURCE OF CARE.....	25
HIV TREATMENT.....	33
ADHERENCE TO HIV TREATMENT .....	39
PREVENTIVE THERAPY .....	47
REPRODUCTIVE/GYNECOLOGICAL HISTORY.....	50
HEALTH CONDITIONS .....	58
<b>UNMET NEEDS .....</b>	<b>63</b>
<b>SEXUAL BEHAVIOR .....</b>	<b>65</b>
MALE RESPONDENT – FEMALE PARTNER .....	66
MALE RESPONDENT - MALE PARTNER .....	70
FEMALE RESPONDENT - MALE PARTNER.....	75
FEMALE RESPONDENT - FEMALE PARTNER .....	79
TRANSGENDER RESPONDENT .....	81
<b>DRUG AND ALCOHOL USE HISTORY .....</b>	<b>84</b>
INJECTION DRUG USE .....	84
NON-INJECTION DRUG USE .....	87
<b>ASSESSMENT OF PREVENTION ACTIVITIES .....</b>	<b>91</b>
<b>HEALTH AND WELL-BEING .....</b>	<b>99</b>
<b>LOCAL QUESTIONS MODULE.....</b>	<b>103</b>
<b>INTERVIEW COMPLETION.....</b>	<b>104</b>
END OF INTERVIEW .....	104
PAYMENT VERIFICATION.....	104
DATA VALIDITY .....	104
<b>APPENDIX A: FORM 1 .....</b>	<b>106</b>
<b>APPENDIX B: FORM 2 .....</b>	<b>107</b>

## ID Codes and Dates

**Participant ID:** \_\_\_\_\_  
**[PARID]**                      Site ID                      Facility ID                      Respondent ID

**Interviewer ID:** \_\_\_\_\_  
**[INTID]**

**Population Definition Period (PDP) START date:** (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
**[PDPSTA1]**                      (M M / D D / Y Y Y Y)

**Population Definition Period (PDP) END date:** (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
**[PDPEND1]**                      (M M / D D / Y Y Y Y)

**Interview date:** (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
**[IDATE]**                      (M M / D D / Y Y Y Y)

**Time core questionnaire began:** \_\_\_\_:\_\_\_\_ ☐ AM ☐ PM  
**[STDEMO]**                      Hour Minute

## Demographics

**SAY:** “I'd like to thank you for taking part in this survey. Remember that all the information you give me will be confidential and your name will **not** be recorded anywhere on this paper (computer). To begin, I would like to ask you some questions about your background. The answers to some questions may seem obvious to you, but I need to ask you all of the questions.”

D1. Have you **ever** participated in the MMP interview? *[PARTCPT]*

No .....	<input type="checkbox"/>	0	→	<i>Skip to D2</i>
Yes.....	<input type="checkbox"/>	1		
Refused to answer .....	<input type="checkbox"/>	7	} →	<i>Skip to D2</i>
Don't know .....	<input type="checkbox"/>	8		

D1a. What month and year did you participate in the MMP interview? *[PARTIC]*

$\overline{\text{M}} \ \overline{\text{M}} / \overline{\text{Y}} \ \overline{\text{Y}} \ \overline{\text{Y}} \ \overline{\text{Y}}$ 
*[Month: 77 = Refused to answer, 88 = Don't know;*  
*Year: 7777 = Refused to answer, 8888 = Don't know]*

D1b. Where were you interviewed?

\_\_\_\_\_ (City) *[CITY]*

\_\_\_\_\_ (State) *[STATE]*

*[7 = Refused, 8 = Don't know]*

**Interviewer instructions:** *If the patient was previously interviewed during the 2007 data collection cycle, go to Say box before D2. Otherwise, skip to D2.*

**SAY:** “We are only interviewing people this year who haven't already been interviewed during 2007 (2008). Thank you very much for your time.” *[DISCONTINUE INTERVIEW AND GO TO INTERVIEW COMPLETION MODULE.]*

D2. What is your date of birth? *[DOB]*

$\overline{\text{M}} \ \overline{\text{M}} / \overline{\text{D}} \ \overline{\text{D}} / \overline{\text{Y}} \ \overline{\text{Y}} \ \overline{\text{Y}} \ \overline{\text{Y}}$

D2a. So, you were \_\_\_\_\_ [AGE] years old on \_\_\_\_\_ / \_\_\_\_\_ [BEGINNING OF THE PDP]. Is that correct? [AGEVERI]

No..... ☐ 0  
 Yes ..... ☐ 1

→ SAY: "Please tell me your date of birth again," and return to D2

**Interviewer instructions: If respondent was less than 18 years of age on PDP start date, go to Say box before D3; otherwise, skip to D3.**

**SAY: "We are only interviewing people who were 18 years or older on \_\_\_\_\_ / \_\_\_\_\_ [BEGINNING OF THE PDP]. Thank you very much for your time." [DISCONTINUE INTERVIEW AND GO TO INTERVIEW COMPLETION MODULE.]**

D3. What is the highest level of education you completed? [CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.] [EDUC]

Never attended school..... ☐ 1  
 Grades 1 through 8..... ☐ 2  
 Grades 9 through 11..... ☐ 3  
 Grade 12 or GED ..... ☐ 4  
 Some college, associate's degree, or technical degree..... ☐ 5  
 Bachelor's degree..... ☐ 6  
 Any post-graduate studies..... ☐ 7  
 Refused to answer..... ☐ 77  
 Don't know ..... ☐ 88

D4. Do you consider yourself to be Hispanic or Latino/a? [HISPANIC]

No..... ☐ 0 → Skip to D5  
 Yes..... ☐ 1  
 Refused to answer..... ☐ 7 } Skip to D5  
 Don't know ..... ☐ 8 }

D4a. What best describes your Hispanic ancestry? [CHECK ALL THAT APPLY. DON'T READ CHOICES.]

Mexican..... ☐ 1 [HISANCEA]  
 Puerto Rico..... ☐ 2 [HISANCEB]  
 Cuban ..... ☐ 3 [HISANCEC]  
 Dominican..... ☐ 4 [HISANCED]  
 Other 1 (Specify: \_\_\_\_\_) ..... ☐ 5 [OTHISAN1]

Other 2 (*Specify:* \_\_\_\_\_) ..... ☐ 6 *[OTHISAN2]*  
 Other 3 (*Specify:* \_\_\_\_\_) ..... ☐ 7 *[OTHISAN3]*  
 Other 4 (*Specify:* \_\_\_\_\_) ..... ☐ 8 *[OTHISAN4]*  
 Refused to answer ..... ☐ 77  
 Don't know ..... ☐ 99

D5. Which racial group or groups do you consider yourself to be in? You may choose more than one option. *[CHECK ALL THAT APPLY. READ CHOICES.]*

Asian ..... ☐ 1 *[RACEA]*  
 Black or African American ..... ☐ 2 *[RACEB]*  
 American Indian or Alaska Native ..... ☐ 3 *[RACEC]*  
 Native Hawaiian or other Pacific Islander ..... ☐ 4 *[RACED]*  
 White ..... ☐ 5 *[RACEE]*  
 Other 1 (*Specify:* \_\_\_\_\_) ..... ☐ 6 *[OTRACE]*  
 Other 2 (*Specify:* \_\_\_\_\_) ..... ☐ 7 *[OTRACE2]*  
 Other 3 (*Specify:* \_\_\_\_\_) ..... ☐ 8 *[OTRACE3]*  
 Other 4 (*Specify:* \_\_\_\_\_) ..... ☐ 9 *[OTRACE4]*  
 Refused to answer ..... ☐ 77

D6. In what country or territory were you born? *[CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.]* *[CO\_BORN]*

United States ..... ☐ 1 } *Skip to D7*  
 Puerto Rico ..... ☐ 2 }  
 Mexico ..... ☐ 3  
 Cuba ..... ☐ 4  
 Other (*Specify:* \_\_\_\_\_) ..... ☐ 5 *[OTCTRY]*  
 Refused to answer ..... ☐ 7 } *Skip to D7*  
 Don't Know ..... ☐ 8 }

D6a. How many years have you been living in the United States? *[US\_YRS]*

\_\_\_\_ years *[777 = Refused, 888 = Don't know]*

D7. In the **past 12 months**, have you been homeless at any time? By homeless, I mean you were living on the street, in a shelter, a Single Room Occupancy (SRO) hotel, temporarily staying with friends/family, or living in a car. *[HOMELES]*

No..... ☐ 0  
 Yes..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

D8. In the **past 12 months**, have you been arrested and put in jail, detention, or prison for longer than 24 hours? **[JAIL]**

No..... ☐ 0  
 Yes..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

D9. In the **past 12 months**, have you had any kind of health insurance or coverage? I am not referring to coverage for medicines only. **[HTHINS]**

No..... ☐ 0 → **Skip to D10**  
 Yes..... ☐ 1  
 Refused to answer ..... ☐ 7 } **Skip to D10**  
 Don't know ..... ☐ 8 }

D9a. What are all the kinds of health insurance or coverage you have had in the **past 12 months**? **[CHECK ALL THAT APPLY. DON'T READ CHOICES.]**

Private health insurance or HMO ..... ☐ 1 **[KINDINSA]**  
 Medicaid ..... ☐ 2 **[KINDINSB]**  
 Medicare ..... ☐ 3 **[KINDINSC]**  
 Tricare/Champus ..... ☐ 4 **[KINDINSD]**  
 Veterans Administration coverage..... ☐ 5 **[KINDINSE]**  
 Other 1 (*Specify:*.....) ..... ☐ 6 **[OTINSUR]**  
 Other 2 (*Specify:*.....) ..... ☐ 7 **[OTINSUR2]**  
 Other 3 (*Specify:*.....) ..... ☐ 8 **[OTINSUR3]**  
 Other 4 (*Specify:*.....) ..... ☐ 9 **[OTINSUR4]**  
 Refused to answer ..... ☐ 77  
 Don't know ..... ☐ 88

D9b. Was there a time in the **past 12 months** that you **didn't** have any insurance coverage? **[INS12]**

No..... ☐ 0

- Yes..... ☐ 1
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

**D10. What are the **main ways** your prescription medicines for HIV and related illnesses were paid for in the **past 12 months**? [CHECK ALL THAT APPLY. DON'T READ CHOICES.]**

- I wasn't taking any prescription medicines for HIV or related illnesses ..... ☐ 1 [PREMEDA]
- Private health care coverage ..... ☐ 2 [PREMEDB]
- I got my HIV medicines at a public clinic ..... ☐ 3 [PREMEDC]
- I paid for my HIV medicines myself ("out of pocket") ..... ☐ 4 [PREMEDD]
- AIDS Drug Assistance Program (ADAP)..... ☐ 5 [PREMEDE]
- I participated in a clinical research trial or drug study that provided my medicines ..... ☐ 6 [PREMEDF]
- An AIDS service organization provided me my medicines... ☐ 7 [PREMEDG]
- Medicaid/Medicare ..... ☐ 8 [PREMEDH]
- Other 1 (Specify: \_\_\_\_\_) ..... ☐ 9 [MEDPOT]
- Other 2 (Specify: \_\_\_\_\_) ..... ☐ 10 [MEDPOT2]
- Other 3 (Specify: \_\_\_\_\_) ..... ☐ 11 [MEDPOT3]
- Other 4 (Specify: \_\_\_\_\_) ..... ☐ 12 [MEDPOT4]
- Refused to answer ..... ☐ 77
- Don't know ..... ☐ 88

**D11. In the **past 12 months**, where did most of your money or financial support come from? [CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.] [SRC\_INC]**

- Salary or wages ..... ☐ 1
- Savings/investments..... ☐ 2
- Pension/retirement fund ..... ☐ 3
- Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) ..... ☐ 4
- Public assistance ("welfare") ..... ☐ 5
- Spouse, partner or family ..... ☐ 6
- Friends..... ☐ 7
- No income/financial support..... ☐ 8



Other (*Specify:* \_\_\_\_\_) ..... ☐ 9 *[OTSOINC]*

Refused to answer ..... ☐ 77

Don't know ..... ☐ 88

- D12. In the **past 12 months** have you **applied for** any form of public assistance or welfare, including Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)? *[ASSISTPU]*

No ..... ☐ 0

Yes ..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

- D13. In the **past 12 months** have you **received** any form of public assistance or welfare, including Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)? *[ASSISTRE]*

No ..... ☐ 0

Yes ..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

- D14. What was your sex at birth? *[CHECK ONLY ONE RESPONSE. READ CHOICES EXCEPT "Intersex/ambiguous".]* *[BIRTGEN]*

Male ..... ☐ 1

Female ..... ☐ 2

Intersex/ambiguous ..... ☐ 3

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

- D15. Do you consider yourself to be male, female, or transgender? *[CHECK ONLY ONE RESPONSE. READ CHOICES.]* *[GENDER]*

Male ..... ☐ 1

Female ..... ☐ 2

Transgender ..... ☐ 3

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

D16. Do you think of yourself as: *[CHECK ONLY ONE RESPONSE. READ CHOICES.]*  
*[SEXORI]*

Heterosexual or Straight ..... ☐ 1

Homosexual, Gay, or Lesbian..... ☐ 2

Bisexual..... ☐ 3

Other (Specify \_\_\_\_\_). ..... ☐ 4 *[OTSEXOR]*

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

## Access to Health Care

### HIV TESTING EXPERIENCES AND CARE

**SAY:** “Now I’m going to ask you some questions about getting tested for HIV and the care that you are receiving for HIV.”

A1. When did you **first** test positive for HIV? **[POS1ST]**

$\overline{\text{M}} \text{ } \overline{\text{M}} / \overline{\text{Y}} \text{ } \overline{\text{Y}} \text{ } \overline{\text{Y}} \text{ } \overline{\text{Y}}$

[Month: 77 = Refused to answer, 88 = Don’t know;  
Year: 7777 = Refused to answer, 8888 = Don’t know]

**Interviewer instructions:** If date of first HIV positive test is after the PDP end date, confirm the date in A1. If the date is correct, go to the Say box before A1a; otherwise, go to A1a.

**SAY:** “We are only interviewing people who tested positive for HIV before \_\_\_\_/\_\_\_\_ [END OF THE PDP]. Thank you very much for your time.” **[DISCONTINUE INTERVIEW AND GO TO INTERVIEW COMPLETION MODULE.]**

A1a. Had you ever been tested for HIV before that? **[HIVBEF]**

No ..... ☐ 0 → Skip to A2

Yes ..... ☐ 1

Refused to answer ..... ☐ 7 } Skip to A2

Don’t know ..... ☐ 8 }

A1b. When was your last negative test before you tested positive? **[LASTNEG]**

$\overline{\text{M}} \text{ } \overline{\text{M}} / \overline{\text{Y}} \text{ } \overline{\text{Y}} \text{ } \overline{\text{Y}} \text{ } \overline{\text{Y}}$

[Month: 77 = Refused to answer, 88 = Don’t know;  
Year: 7777 = Refused to answer, 8888 = Don’t know]

**Interviewer instructions:** Skip to Say box before A3.

A2. So when you tested positive for HIV, where were you tested? **[CHECK ONLY ONE RESPONSE. DON’T READ CHOICES.] [TESLOC]**

Community health center/primary care clinic/health  
department general medical clinic (public source) ..... ☐ 1

Hospital ..... ☐ 2

- Private physician/HMO/primary care clinic (private source) ☐ 3
- HIV counseling and testing site ..... ☐ 4
- STD clinic ..... ☐ 5
- AIDS/infectious disease clinic ..... ☐ 6
- Mobile test site (health department van, needle  
exchange, etc.) ..... ☐ 7
- Correctional facility (jail/prison) ..... ☐ 8
- Emergency room ..... ☐ 9
- Blood bank ..... ☐ 10
- Prenatal/obstetrics clinic ..... ☐ 11
- Family planning clinic ..... ☐ 12
- Drug treatment clinic ..... ☐ 13
- Military facility ..... ☐ 14
- Insurance clinic/employee clinic ..... ☐ 15
- Other(*Specify:* \_\_\_\_\_) ☐ 16 *[OTTESLOC]*
- Refused to answer ..... ☐ 77
- Don't know ..... ☐ 88

A2a. What was the **main reason** you were tested? [**CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.**] *[MRTEST]*

- Illness (pneumonia, weight loss, etc.) ..... ☐ 1
- I'm an IDU or MSM or I had high-risk sexual behavior ..... ☐ 2
- Sex partner is IDU or MSM ..... ☐ 3
- Sex partner is HIV positive ..... ☐ 4
- Sex partner was worried I might have HIV ..... ☐ 5
- Needle sharing partner is HIV positive ..... ☐ 6
- Surgery (pre-op) ..... ☐ 7
- Needle stick follow-up/ occupational exposure ..... ☐ 8
- Health department informed me of possible exposure to  
HIV (partner notification) ..... ☐ 9
- Blood donor ..... ☐ 10
- Offered as a screening test at a clinic (STD, family

- planning clinic, etc.)..... ☐ 11
- Started new relationship/wanted to stop using condoms  
with partner ..... ☐ 12
- Pregnancy/prenatal visit..... ☐ 13
- Routine check-up/physical exam ..... ☐ 14
- I just wanted to know/was curious..... ☐ 15
- Other (*Specify*.....) ..... ☐ 16 *[OTMRTEST]*
- Refused to answer ..... ☐ 77
- Don't know ..... ☐ 88

A2b. What type of test did you have? **[CHECK ONLY ONE RESPONSE. READ CHOICES.]**

An anonymous test, where you didn't give your name or .... *[TYPETEST]*

you used a code, including a home test kit ..... ☐ 1

A confidential test, where you gave your name for

identification ..... ☐ 2

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

A2c. Was this test a rapid test where you got your results within a couple of hours?

*[RAPIDTES]*

No..... ☐ 0

Yes..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

**Interviewer instructions: Skip to A4.**

**SAY:** "Now I'm going to ask you some questions about your first positive HIV test. When I say your first positive test, I mean the **very first time** you ever had a test result that was positive."

A3. Where were you tested when you had your **first** positive HIV test? **[CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.]** *[TESLOCPO]*

Community health center/primary care clinic/health

department general medical clinic (public source) ..... ☐ 1

Hospital ..... ☐ 2

- Private physician/HMO/primary care clinic (private source) ☐ 3
- HIV counseling and testing site ..... ☐ 4
- STD clinic ..... ☐ 5
- AIDS/infectious disease clinic ..... ☐ 6
- Mobile test site (health department van, needle  
exchange, etc.) ..... ☐ 7
- Correctional facility (jail/prison) ..... ☐ 8
- Emergency room ..... ☐ 9
- Blood bank ..... ☐ 10
- Prenatal/obstetrics clinic ..... ☐ 11
- Family planning clinic ..... ☐ 12
- Drug treatment clinic ..... ☐ 13
- Military facility ..... ☐ 14
- Insurance clinic/employee clinic ..... ☐ 15
- Other(*Specify:* \_\_\_\_\_) ..... ☐ 16 **[OTLOCPOS]**
- Refused to answer ..... ☐ 77
- Don't know ..... ☐ 88

A3a. When you **first** tested positive for HIV, what was the **main reason** you were tested?  
**[CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.]** **[MRREAPOS]**

- Illness (pneumonia, weight loss, etc.) ..... ☐ 1
- I'm an IDU or MSM or I had high-risk sexual behavior ..... ☐ 2
- Sex partner is IDU or MSM ..... ☐ 3
- Sex partner is HIV positive ..... ☐ 4
- Sex partner was worried I might have HIV ..... ☐ 5
- Needle sharing partner is HIV positive ..... ☐ 6
- Surgery (pre-op) ..... ☐ 7
- Needle stick follow-up/ occupational exposure ..... ☐ 8
- Health department informed me of possible exposure to  
HIV (partner notification) ..... ☐ 9
- Blood donor ..... ☐ 10
- Offered as a screening test at a clinic (STD, family

- planning clinic, etc.)..... ☐ 11
- Started new relationship/wanted to stop using condoms  
with partner ..... ☐ 12
- Pregnancy/prenatal visit..... ☐ 13
- Routine check-up/physical exam ..... ☐ 14
- I just wanted to know/was curious..... ☐ 15
- Other (*Specify*.....) ..... ☐ 16 *[OMRRPOS]*
- Refused to answer ..... ☐ 77
- Don't know ..... ☐ 88

A3b. When you **first** tested positive for HIV, what type of test did you have? *[CHECK ONLY ONE RESPONSE. READ CHOICES.] [TYTESPOS]*

- An anonymous test, where you didn't give your name or  
you used a code, including a home test kit ..... ☐ 1
- A confidential test, where you gave your name for  
identification ..... ☐ 2
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

A3c. When you **first** tested positive for HIV, was it a rapid test where you got your results within a couple of hours? *[RATESPOS]*

- No..... ☐ 0
- Yes..... ☐ 1
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

A4. After testing positive for HIV, did anyone (for example, someone from the health department or health care provider) offer to tell your sex (or drug using) partner(s) that they may have been exposed to HIV so they could be tested? *[PARTNOT]*

- No ..... ☐ 0 → *Skip to A5*
- Yes..... ☐ 1
- Refused to answer ..... ☐ 7 } *Skip to A5*
- Don't know ..... ☐ 8 }

A4a. What was your response when they offered to tell your partner(s)? **[CHECK ONLY ONE RESPONSE. READ CHOICES.]** *[RESNOTIF]*

You asked the health department (or other person)

**not to tell any** of your partner(s) ..... ☐ 1

You asked the health department (or other person)

**to tell all** of your partner(s) ..... ☐ 2 → *Skip to A5*

You asked the health department (or other person)

**to tell some** of your partners ..... ☐ 3 → *Skip to A4c*

Refused to answer ..... ☐ 7 } *Skip to A5*

Don't know ..... ☐ 8 }

A4b. What was the **main** reason you chose not to have someone from the health department or a health care provider **tell any** of your partner(s)? **[CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.]** *[NOPAR]*

I was afraid of what my partner(s) would do to me ..... ☐ 1

I didn't trust the health department/person who offered to  
tell my partner(s) ..... ☐ 2

I was afraid my partner(s) would find out it was me who  
may have infected them ..... ☐ 3

I don't think it's up to me to get my partner(s) tested ..... ☐ 4

Other (*Specify:* \_\_\_\_\_) ..... ☐ 5 *[OTNOPART]*

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

**Interviewer instructions: Skip to A5.**

A4c. What was the **main** reason you chose not to have someone from the health department or a health care provider tell **some** of your partner(s)? **[CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.]** *[NOSOMPAR]*

I was afraid of what some of my partner(s) would do to me . ☐ 1

I didn't trust the health department/person who offered to  
tell some of my partner(s) ..... ☐ 2

I was afraid some of my partner(s) would find out it was  
me who may have infected them ..... ☐ 3



- I don't think it's up to me to get some of my partner(s)  
 tested ..... ☐ 4  
 Other (*Specify:* ..... ) ..... ☐ 5 **[OTSOMPAR]**  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

A5. When did you **first** go to a health care provider for HIV care after learning you had HIV?  
**[CARE]**

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
 Year: 7777 = Refused to answer, 8888 = Don't know]*

**Interviewer instructions: If date of first HIV care is after the PDP end date, confirm the date in A5. If the date is correct, go to the Say box below; otherwise, skip to Interviewer instructions before A6a.**

**SAY:** "We are only interviewing people whose first HIV care was before \_\_\_\_ / \_\_\_\_  
**[END OF THE PDP]. Thank you very much for your time." [DISCONTINUE INTERVIEW  
 AND GO TO INTERVIEW COMPLETION MODULE.]**

**Interviewer instructions: If response to A5 (date first went to health care provider for HIV care) is more than 3 months from response to A1 (date first tested positive for HIV), go to A6a; otherwise, skip to A7.**

A6a. What were the reasons you didn't go to a health care provider soon after you learned of your HIV? **[CHECK ALL THAT APPLY. DON'T READ CHOICES.]**

- Felt good, didn't need to go ..... ☐ 1 **[RNOCAREA]**  
 Forgot to go ..... ☐ 2 **[RNOCAREB]**  
 Missed my appointment(s) ..... ☐ 3 **[RNOCAREC]**  
 Too busy to go ..... ☐ 4 **[RNOCARED]**  
 Moved or out of town ..... ☐ 5 **[RNOCAREE]**  
 Didn't want to think about being HIV positive ..... ☐ 6 **[RNOCAREF]**  
 Didn't believe test result ..... ☐ 7 **[RNOCAREG]**  
 Unable to get transportation ..... ☐ 8 **[RNOCAREH]**  
 Unable to get childcare ..... ☐ 9 **[RNOCAREI]**  
 Inconvenient (location, hours, time, etc.) ..... ☐ 10 **[RNOCAREJ]**

- |   |                          |    |            |
|---|--------------------------|----|------------|
| Didn't know where to go .....                               | <input type="checkbox"/> | 11 | [RNOCAREK] |
| Hard to find the right doctor or a good doctor for me ..... | <input type="checkbox"/> | 12 | [RNOCAREL] |
| Initial CD4 count and viral load were good.....             | <input type="checkbox"/> | 13 | [RNOCAREM] |
| Drinking or using drugs .....                               | <input type="checkbox"/> | 14 | [RNOCAREN] |
| Living on the street .....                                  | <input type="checkbox"/> | 15 | [RNOCAREO] |
| Didn't have money.....                                      | <input type="checkbox"/> | 16 | [RNOCAREP] |
| Didn't have insurance .....                                 | <input type="checkbox"/> | 17 | [RNOCAREQ] |
| Unable to get earlier appointment.....                      | <input type="checkbox"/> | 18 | [RNOCARER] |
| Incarcerated.....   | <input type="checkbox"/> | 19 | [RNOCARES] |
| Other 1 (Specify: _____) .....                              | <input type="checkbox"/> | 20 | [OTRNCR]   |
| Other 2 (Specify: _____) .....                              | <input type="checkbox"/> | 21 | [OTRNCR2]  |
| Other 3 (Specify: _____) .....                              | <input type="checkbox"/> | 22 | [OTRNCR3]  |
| Other 4 (Specify: _____) .....                              | <input type="checkbox"/> | 23 | [OTRNCR4]  |
| Refused to answer .....                                     | <input type="checkbox"/> | 77 |            |
| Don't know .....  | <input type="checkbox"/> | 88 |            |

**Interviewer instructions:** If the respondent gives only one response in A6a, enter the same response in A6b and then skip to A7. If response to A6a is "Refused to answer" or "Don't know," skip to A7.

**Note:** If more than one answer is chosen in A6a, QDS will limit possible responses in A6b to only those provided in A6a. This rule applies to all "main reason" questions.

A6b. What was the **main reason** you didn't go to the health care provider soon after you learned of your HIV? I am going to read a list of the reasons you just gave me. Please tell me which of these was your main reason. **[CHECK ONLY ONE RESPONSE. READ RESPONSES GIVEN IN A6a.]**

- |   |                          |   |            |
|---|--------------------------|---|------------|
| Felt good, didn't need to go .....                  | <input type="checkbox"/> | 1 | [RNOCARE1] |
| Forgot to go.....                                   | <input type="checkbox"/> | 2 | [RNOCARE2] |
| Missed my appointment(s).....                       | <input type="checkbox"/> | 3 | [RNOCARE3] |
| Too busy to go .....                                | <input type="checkbox"/> | 4 | [RNOCARE4] |
| Moved or out of town .....                          | <input type="checkbox"/> | 5 | [RNOCARE5] |
| Didn't want to think about being HIV positive ..... | <input type="checkbox"/> | 6 | [RNOCARE6] |
| Didn't believe test result .....                    | <input type="checkbox"/> | 7 | [RNOCARE7] |

- ☐ 8 *[RNO CARE8]*  
 Unable to get transportation.....  
☐ 9 *[RNO CARE9]*  
 Unable to get childcare .....  
☐ 10 *[RNO CARE10]*  
 Inconvenient (location, hours, time, etc.) .....  
☐ 11 *[RNO CARE11]*  
 Didn't know where to go .....  
☐ 12 *[RNO CARE12]*  
 Hard to find the right doctor or a good doctor for me .....  
☐ 13 *[RNO CARE13]*  
 Initial CD4 count and viral load were good.....  
☐ 14 *[RNO CARE14]*  
 Drinking or using drugs .....  
☐ 15 *[RNO CARE15]*  
 Living on the street .....  
☐ 16 *[RNO CARE16]*  
 Didn't have money.....  
☐ 17 *[RNO CARE17]*  
 Didn't have insurance .....  
☐ 18 *[RNO CARE18]*  
 Unable to get earlier appointment.....  
☐ 19 *[RNO CARE19]*  
 Incarcerated.....  
☐ 20 *[RNO CARE20]*  
 Other 1 (*Specify:* \_\_\_\_\_) .....  
☐ 21 *[RNO CARE21]*  
 Other 2 (*Specify:* \_\_\_\_\_) .....  
☐ 22 *[RNO CARE22]*  
 Other 3 (*Specify:* \_\_\_\_\_) .....  
☐ 23 *[RNO CARE23]*  
 Other 4 (*Specify:* \_\_\_\_\_) .....  
☐ 77  
 Refused to answer .....  
☐ 88  
 Don't know .....

A7. When did you **last** go to a health care provider for HIV care? *[LASCARE]*

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

**Interviewer instructions: If date last went to health care provider is more than 3 months prior to interview date, go to A7a; otherwise, skip to A8.**

A7a. What were the reasons you didn't go to a health care provider for HIV care during the past 3 months? *[CHECK ALL THAT APPLY. DON'T READ CHOICES.]*

- ☐ 1 *[RNO CRLA]*  
 Felt good, didn't need to go .....  
☐ 2 *[RNO CRLB]*  
 Forgot to go.....  
☐ 3 *[RNO CRLC]*  
 Missed my appointment(s).....  
☐ 4 *[RNO CRLD]*  
 Too busy to go .....

- Moved or out of town ..... ☐ 5 [RNOCRLE]
- Don't want to think about being HIV positive..... ☐ 6 [RNOCRLEF]
- Didn't believe test result ..... ☐ 7 [RNOCRLEG]
- Unable to get transportation..... ☐ 8 [RNOCRLEH]
- Unable to get childcare ..... ☐ 9 [RNOCRLEI]
- Inconvenient (location, hours, time, etc.) ..... ☐ 10 [RNOCRLEJ]
- Didn't know where to go ..... ☐ 11 [RNOCRLEK]
- Hard to find the right doctor or a good doctor for me ..... ☐ 12 [RNOCRLEL]
- CD4 count and viral load were good ..... ☐ 13 [RNOCRLELM]
- Drinking or using drugs ..... ☐ 14 [RNOCRLELN]
- Living on the street ..... ☐ 15 [RNOCRLELO]
- Didn't have money..... ☐ 16 [RNOCRLELP]
- Didn't have insurance ..... ☐ 17 [RNOCRLELQ]
- Unable to get earlier appointment..... ☐ 18 [RNOCRLELR]
- Incarcerated..... ☐ 19 [RNOCRLELS]
- Other 1 (Specify: \_\_\_\_\_) ..... ☐ 20 [OTRNCRL]
- Other 2 (Specify: \_\_\_\_\_) ..... ☐ 21 [OTRNCRL2]
- Other 3 (Specify: \_\_\_\_\_) ..... ☐ 22 [OTRNCRL3]
- Other 4 (Specify: \_\_\_\_\_) ..... ☐ 23 [OTRNCRL4]
- Refused to answer ..... ☐ 77
- Don't know ..... ☐ 88

**Interviewer instructions: If the respondent gives only one response in A7a, enter the same response in A7b and then skip to A8. If response to A7a is "Refused to answer" or "Don't know," skip to A8.**

A7b. What was the **main reason** you didn't go to a health care provider for HIV care during the past 3 months? I am going to read a list of the reasons you just gave me. Please tell me which of these was your main reason. **[CHECK ONLY ONE RESPONSE. READ RESPONSES GIVEN in A7a.]**

- Felt good, didn't need to go ..... ☐ 1 [RNOCRL1]
- Forgot to go..... ☐ 2 [RNOCRL2]
- Missed my appointment(s)..... ☐ 3 [RNOCRL3]
- Too busy to go ..... ☐ 4 [RNOCRL4]

- Moved or out of town ..... ☐ 5 *[RNOCRL5]*
- Don't want to think about being HIV positive..... ☐ 6 *[RNOCRL6]*
- Didn't believe test result ..... ☐ 7 *[RNOCRL7]*
- Unable to get transportation..... ☐ 8 *[RNOCRL8]*
- Unable to get childcare ..... ☐ 9 *[RNOCRL9]*
- Inconvenient (location, hours, time, etc.) ..... ☐ 10 *[RNOCRL10]*
- Didn't know where to go ..... ☐ 11 *[RNOCRL11]*
- Hard to find the right doctor or a good doctor for me ..... ☐ 12 *[RNOCRL12]*
- CD4 count and viral load were good ..... ☐ 13 *[RNOCRL13]*
- Drinking or using drugs ..... ☐ 14 *[RNOCRL14]*
- Living on the street ..... ☐ 15 *[RNOCRL15]*
- Didn't have money..... ☐ 16 *[RNOCRL16]*
- Didn't have insurance ..... ☐ 17 *[RNOCRL17]*
- Unable to get earlier appointment..... ☐ 18 *[RNOCRL18]*
- Incarcerated..... ☐ 19 *[RNOCRL19]*
- Other 1 (*Specify:* \_\_\_\_\_) ..... ☐ 20 *[RNOCRL20]*
- Other 2 (*Specify:* \_\_\_\_\_) ..... ☐ 21 *[RNOCRL21]*
- Other 3 (*Specify:* \_\_\_\_\_) ..... ☐ 22 *[RNOCRL22]*
- Other 4 (*Specify:* \_\_\_\_\_) ..... ☐ 23 *[RNOCRL23]*
- Refused to answer ..... ☐ 77
- Don't know ..... ☐ 88

A8. Have you **ever** participated in an HIV clinical trial? *[CLINTRIA]*

- No ..... ☐ 0  *Skip to A9*
- Yes..... ☐ 1
- Refused to answer ..... ☐ 7  *Skip to A9*
- Don't know ..... ☐ 8

A8a. Have you participated in an HIV clinical trial in the **past 12 months**? *[CLITRREC]*

- No ..... ☐ 0
- Yes..... ☐ 1
- Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

A9. Has a doctor or health care provider ever told you that your HIV infection had progressed to AIDS? **[DRAIDS]**

No ..... ☐ 0 → **Skip to A10**

Yes ..... ☐ 1

Refused to answer ..... ☐ 7 } **Skip to A10**

Don't know ..... ☐ 8 }

A9a. When were you **first** told you had progressed to AIDS? **[AIDS]**

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

**SAY:** "Now, I'm going to ask you some questions about your CD4 counts, also called T cell counts. To begin, I will ask about CD4 counts you have **ever** had."

A10. Have you **ever** had a lab test called a CD4 count? **[CD4\_DONE]**

No ..... ☐ 0 → **Skip to Say box before A12**

Yes ..... ☐ 1

Refused to answer ..... ☐ 7 } **Skip to Say box before A12**

Don't know ..... ☐ 8 }

A10a. When was your **first** CD4 count done? **[CD4FMY]**

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

A10b. What was your CD4 count the **first time** it was measured?

**[USE RESPONSE CARD A.] [CD4FCNT]**

0-49 ..... ☐ 1

50-99 ..... ☐ 2

- 100-199 ..... ☐ 3  
 200-349 ..... ☐ 4  
 350-499 ..... ☐ 5  
 500 or more ..... ☐ 6  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

**Interviewer instructions: If A10b (First CD4 Count) is "0-49," skip to Say box before A11.**

A10c. What was the **lowest** CD4 count you've **ever** had?

**[USE RESPONSE CARD A.] [CD4LOWST]**

- 0-49 ..... ☐ 1  
 50-99 ..... ☐ 2  
 100-199 ..... ☐ 3  
 200-349 ..... ☐ 4  
 350-499 ..... ☐ 5  
 500 or more ..... ☐ 6  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8



**Skip to Say box  
before A11**

**Interviewer instructions: If A10b (first CD4 count) is lower than A10c, confirm responses to A10b and/or A10c.**

A10d. What was the date of your **lowest** CD4 count? **[CD4LMY]**

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

**SAY:** "Now I'm going to ask you some questions about the **past 12 months**. That is from now (**TODAY'S DATE**) through last year (**DATE WITH PREVIOUS YEAR**)."

A11. How many CD4 counts have you had in the **past 12 months**? **[CD12\_NUM]**

\_\_\_\_ *[77=Refused to answer, 88=Don't know]*

**Interviewer instructions: If response to A11= "0," skip to Say box before A12.**

A11a. What was the **most recent** CD4 count you've had during the **past 12 months**?

*[USE RESPONSE CARD A.] [CD12LWST]*

- 0-49 ..... ☐ 1
- 50-99 ..... ☐ 2
- 100-199 ..... ☐ 3
- 200-349 ..... ☐ 4
- 350-499 ..... ☐ 5
- 500 or more ..... ☐ 6
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

**Interviewer instructions: If A11a is lower than A10c (lowest CD4 count ever), confirm responses to A10c and/or A11a.**

**SAY:** "Now I'm going to ask you some questions about your viral load tests. To begin, I will ask about tests you have **ever** had."

A12. Have you **ever** had a viral load test (to measure the amount of HIV in your blood)?

*[VL\_DONE]*

- No ..... ☐ 0 → *Skip to Say box before A14*
- Yes ..... ☐ 1
- Refused to answer ..... ☐ 7 } *Skip to Say box before A14*
- Don't know ..... ☐ 8 }

A12a. When was your **first** viral load test done? *[VL\_FMY]*

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

**Interviewer instructions: If the year field for A12a is "Refused to answer" or "Don't know," skip to A12c.**

A12b. What was your viral load the **first time** it was measured?

*[USE RESPONSE CARD B.] [VL\_FIRS]*

- Below the level of detection, undetectable ..... ☐ 1 → *Skip to A12d*



- Detectable but less than 5,000 viral copies/ml..... ☐ 2
- 5,000 to 100,000 viral copies/ml..... ☐ 3
- Greater than 100,000 viral copies/ml..... ☐ 4
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

A12c. Have you **ever** been told your viral load was “**undetectable**”? *[VL\_UNDET]*

- No ..... ☐ 0
- Yes..... ☐ 1
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

**Interviewer instructions:** If response to A12b is “greater than 100,000 viral copies/ml,” skip to A12e.

A12d. What was the **highest** viral load you **ever** had?

*[USE RESPONSE CARD B.] [VL\_HIGST]*

- Below the level of detection, undetectable ..... ☐ 1
- Detectable but less than 5,000 viral copies/ml..... ☐ 2
- 5,000 to 100,000 viral copies/ml..... ☐ 3
- Greater than 100,000 viral copies/ml..... ☐ 4
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

} Skip to Say box  
before A13

**Interviewer instructions:** If A12b (first viral load) is higher than A12d, confirm responses to A12b and/or A12d.

A12e. When was the **last** time your viral load was the highest it's ever been? *[VL\_HMY]*

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

**SAY:** “Now I’m going to ask you about your viral load tests in the **past 12 months**. That is from now (**TODAY’S DATE**) through last year (**DATE WITH PREVIOUS YEAR**).”

A13. How many viral load tests have you had in the **past 12 months**? *[VL12\_NUM]*

\_\_\_ [77=Refused to answer, 88=Don't know]

**Interviewer instructions: If response to A13= "0," skip to Say box before A14.**

A13a. What was the **most recent** viral load you've had in the **past 12 months**?

**[USE RESPONSE CARD B.] [VL\_MR12]**

Below the level of detection, undetectable ..... ☐ 1

Detectable but less than 5,000 viral copies/ml..... ☐ 2

5,000 to 100,000 viral copies/ml..... ☐ 3

Greater than 100,000 viral copies/ml..... ☐ 4

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

➔ **Skip to Say box  
before A14**

**Interviewer instructions: If A12c (ever told viral load undetectable) is "No," and A13a is "Below the level of detection, undetectable," confirm responses to A12c and/or A13a.**

**Interviewer instructions: If A13a is higher than A12d (highest viral load ever), confirm responses to A12d and/or A13a.**

**Interviewer instructions: If A12c (ever told viral load undetectable) is "No" or "Don't know," skip to Say box before A14.**

A13b. Have you been told your viral load was "**undetectable**" during the **past 12 months**?

**[VL12\_UND]**

No ..... ☐ 0

Yes..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

## USUAL SOURCE OF CARE

**SAY:** “Now I’m going to ask you some questions about the places where you get medical care for HIV. If you don’t remember everything, that’s okay. Tell me what you remember.”

- A14. In the **past 12 months**, is there one place in particular, like a doctor’s office or clinic, where you **usually** go for most of your HIV care, like CD4 tests, viral load tests, or prescriptions for HIV medicines? *[PLCARE]*

No..... ☐ 0

Yes ..... ☐ 1 → **Skip to A16**

Refused to answer ..... ☐ 7 } **Skip to A18**

Don’t know ..... ☐ 8 }

- A15. What are the reasons you don’t have a usual source of care for HIV?  
*[CHECK ALL THAT APPLY. DON’T READ CHOICES.]*

Couldn’t afford a usual source of care ..... ☐ 1 *[UC\_RSNSA]*

Didn’t know where to find regular HIV care ..... ☐ 2 *[UC\_RSNSB]*

Couldn’t get a regular appointment anywhere ..... ☐ 3 *[UC\_RSNSC]*

No HIV doctors in my area ..... ☐ 4 *[UC\_RSNSD]*

Didn’t think it was necessary ..... ☐ 5 *[UC\_RSNSE]*

Thought it was necessary, but never tried to get one ..... ☐ 6 *[UC\_RSNSF]*

Didn’t know where to find a regular doctor who speaks the same  
language as me ..... ☐ 7 *[UC\_RSNSG]*

Have just recently been diagnosed ..... ☐ 8 *[UC\_RSNSH]*

Didn’t feel the need to seek treatment for HIV ..... ☐ 9 *[UC\_RSNSI]*

Other 1 (*Specify:* \_\_\_\_\_) ..... ☐ 10 *[OT\_RSNS]*

Other 2 (*Specify:* \_\_\_\_\_) ..... ☐ 11 *[OT\_RSNS2]*

Other 3 (*Specify:* \_\_\_\_\_) ..... ☐ 12 *[OT\_RSNS3]*

Other 4 (*Specify:* \_\_\_\_\_) ..... ☐ 13 *[OT\_RSNS4]*

Refused to answer ..... ☐ 77

Don’t know ..... ☐ 88

**Interviewer instructions: After recording response(s), skip to A18.**

- A16. What is the name of this place? Remember, this information will be kept confidential.

**Interviewer instructions: Go to paper Facility Visits Log and enter facility information for this place. Write 'USL' in the Facility Type Code column. After entering this information, continue with the next question.**

A16a. Did you get any sort of care at *[USE FACILITY NAME]* between January 1, 2007 and April 30, 2007? *[CAREPER1]*

- No..... ☐ 0 → *Skip to A17*
- Yes ..... ☐ 1
- Refused to answer ..... ☐ 7 } *Skip to A17*
- Don't know ..... ☐ 8 }

A16b. Between January 1, 2007 and April 30, 2007, how many times had you been to *[USE FACILITY NAME]* for any sort of care? *[TIMECAR]*

\_\_\_\_ *[777 = Refused to answer, 888 = Don't know]*

A17. How often in the **past 12 months**, did someone at *[USE FACILITY NAME]* talk with you about the topic of safer sex? *[CHECK ONLY ONE RESPONSE. READ CHOICES.]*

*[SAFESEX]*

- Every visit ..... ☐ 1
- More than half of the visits ..... ☐ 2
- Half of the visits ..... ☐ 3
- Less than half of the visits ..... ☐ 4
- Never ..... ☐ 5 } *Skip to A17*
- Refused to answer ..... ☐ 7 }
- Don't know ..... ☐ 8 }

A17a. In the **past 12 months**, when the subject of safer sex was discussed in this clinic, who generally brought up the subject? *[DON'T READ CHOICES.]* *[SUBSASEX]*

- I always began the discussion ..... ☐ 1
- My provider or another person at the facility always began the discussion ..... ☐ 2
- Sometimes I began the discussion and sometimes my provider or another person at the facility did ..... ☐ 3
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

A18. In the **past 12 months**, have you been to any other doctor's office or clinic for your HIV care? If you were in jail or prison during the last 12 months, please include those providers as well. *[OHEPRO]*

No.....	<input type="checkbox"/> 0	→	<i>Skip to instructions before A19</i>
Yes .....	<input type="checkbox"/> 1		
Refused to answer .....	<input type="checkbox"/> 7	}	<i>Skip to instructions before A19</i>
Don't know .....	<input type="checkbox"/> 8		

A18a. What is the name of this place?

**Interviewer instructions:** Go to paper Facility Visits Log and enter facility information. Write 'OTH' in the Facility Type Code column. After entering this information, continue with the next question.

A18b. Did you get any sort of care at *[USE FACILITY NAME]* between January 1, 2007 and April 30, 2007? *[CAREPRI]*

No.....	<input type="checkbox"/> 0	→	<i>Skip to A18d</i>
Yes .....	<input type="checkbox"/> 1		
Refused to answer .....	<input type="checkbox"/> 7	}	<i>Skip to A18d</i>
Don't know .....	<input type="checkbox"/> 8		

A18c. Between January 1, 2007 and April 30, 2007, how many times had you been to *[USE FACILITY NAME]* for any sort of care? *[TIMECRI]*

\_\_\_ \_\_\_ \_\_\_ *[777 = Refused to answer, 888 = Don't know]*

A18d. In the **past 12 months**, have you been to any other doctor's office or clinic for your HIV care? *[HOSPANTI]*

No.....	<input type="checkbox"/> 0	→	<i>Skip to instructions before A19</i>
Yes .....	<input type="checkbox"/> 1		
Refused to answer .....	<input type="checkbox"/> 7	}	<i>Skip to instructions before A19</i>
Don't know .....	<input type="checkbox"/> 8		

A18e. What is the name of this place?

**Interviewer instructions:** Go to paper Facility Visits Log and enter facility information. Write 'OTH' in the Facility Type Code column. After entering this information, continue with the next question.

A18f. Did you get any sort of care at *[USE FACILITY NAME]* between January 1, 2007 and April 30, 2007? *[CAREPR2]*

No..... ☐ 0 → *Skip to A18h*  
Yes ..... ☐ 1  
Refused to answer ..... ☐ 7 } *Skip to A18h*  
Don't know ..... ☐ 8 }

A18g. Between January 1, 2007 and April 30, 2007, how many times had you been to *[USE FACILITY NAME]* for any sort of care? *[TIMECR2]*

\_\_\_ \_\_\_ \_\_\_ *[777 = Refused to answer, 888 = Don't know]*

A18h. In the **past 12 months**, have you been to any other doctor's office or clinic for your HIV care? *[HOSPANT2]*

No..... ☐ 0 → *Skip to instructions before A19*  
Yes ..... ☐ 1  
Refused to answer ..... ☐ 7 } *Skip to instructions before A19*  
Don't know ..... ☐ 8 }

A18i. What is the name of this place?

**Interviewer instructions: Go to paper Facility Visits Log and enter facility information. Write 'OTH' in the Facility Type Code column. After entering this information, continue with the next question.**

A18j. Did you get any sort of care at *[USE FACILITY NAME]* between January 1, 2007 and April 30, 2007? *[CAREPR3]*

No..... ☐ 0 → *Skip to A18l*  
Yes ..... ☐ 1  
Refused to answer ..... ☐ 7 } *Skip to A18l*  
Don't know ..... ☐ 8 }

A18k. Between January 1, 2007 and April 30, 2007, how many times had you been to *[USE FACILITY NAME]* for any sort of care? *[TIMECR3]*

\_\_\_ \_\_\_ \_\_\_ *[777 = Refused to answer, 888 = Don't know]*

A18l. In the **past 12 months**, have you been to any other doctor's office or clinic for your HIV care? *[HOSPANT3]*

No..... ☐ 0 → *Skip to instructions before A19*

Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

} *Skip to instructions before A19*

A18m. What is the name of this place?

**Interviewer instructions: Go to paper Facility Visits Log and enter facility information. Write 'OTH' in the Facility Type Code column. After entering this information, continue with the next question.**

A18n. Did you get any sort of care at [USE FACILITY NAME] between January 1, 2007 and April 30, 2007? *[CAREPR4]*

No ..... ☐ 0 → *Skip to instructions before A19*  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

} *Skip to instructions before A19*

A18o. Between January 1, 2007 and April 30, 2007, how many times had you been to [USE FACILITY NAME] for any sort of care? *[TIMECR4]*

\_\_\_ \_\_\_ \_\_\_ *[777 = Refused to answer, 888 = Don't know]*

**Interviewer instructions: If DEMOGRAPHICS D14 (birth gender) and DEMOGRAPHICS D15 (self-identified gender) are "Female," go to A19; otherwise, skip to A20.**

A19. In the **past 12 months**, have you received HIV care at an OBGYN or gynecological clinic? *[GYNECARE]*

No ..... ☐ 0 → *Skip to A20*  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

} *Skip to A20*

A19a. What is the name of this place?

**Interviewer instructions: Go to paper Facility Visits Log and enter facility information. Write 'OBGYN' in the Facility Type Code column. After entering this information, continue with the next question.**

A19b. Did you get any sort of care at [USE FACILITY NAME] between January 1, 2007 and April 30, 2007? *[CAREPER4]*

No..... ☐ 0 → *Skip to A20*  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8 } *Skip to A20*

A19c. Between January 1, 2007 and April 30, 2007, how many times had you been to [USE FACILITY NAME] for any sort of care? [TIMECAR4]

\_\_\_ [777 = Refused to answer, 888 = Don't know]

A20. In the **past 12 months**, is there one place in particular, like a doctor's office or clinic where you **usually** go to for care for any sort of medical problem? [OCARELOC]

No..... ☐ 0 → *Skip to A21*  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8 } *Skip to A21*

A20a. What is the name of this place?

**Interviewer instructions: Go to paper Facility Visits Log and enter facility information. Write 'MED' in the Facility Type Code column. After entering this information, continue with the next question.**

A20b. Did you get any sort of care at [USE FACILITY NAME] between January 1, 2007 and April 30, 2007? [CAREPER2]

No..... ☐ 0 → *Skip to A21*  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8 } *Skip to A21*

A20c. Between January 1, 2007 and April 30, 2007, how many times had you been to [USE FACILITY NAME] for any sort of care? [TIMECAR2]

\_\_\_ [777 = Refused to answer, 888 = Don't know]

A21. During the **past 12 months**, how many times did you go to an emergency room for HIV care? (Please don't include visits related to injuries such as accidents or other types of injuries.) [ERVIS]

\_\_\_ [77=Refused to answer, 88=Don't know]



A22. During the **past 12 months**, how many times did you go to an urgent care center for HIV care? (Please don't include visits related to injuries such as accidents or other types of injuries.) *[URCARVIS]*

\_\_\_ \_\_\_ *[77=Refused to answer, 88=Don't know]*

A23. During the **past 12 months**, how many times were you admitted to a hospital because of an HIV-related illness? (Please don't include visits that were made only to the emergency room.) *[HOSP]*

\_\_\_ \_\_\_ *[77=Refused to answer, 88=Don't know]*

**Interviewer instructions: If A23 is "0," "Refused to answer," or "Don't know," skip to A25.**

A24. During the **past 12 months**, how many days total did you spend in a hospital because of an HIV-related illness? *[HOSPDAY]*

\_\_\_ \_\_\_ *[77=Refused to answer, 88=Don't know]*

**Interviewer instructions: A24 cannot be "0."**

A24a. What is the name of the hospital where you were admitted?

**Interviewer instructions: Go to paper Facility Visits Log and enter facility information. Write 'HO' in the Facility Type Code column. After entering this information, continue with the next question.**

A24b. Were you admitted to any other hospital for HIV-related illness in the **past 12 months**? *[HOSADM1]*

No.....	<input type="checkbox"/> 0	→	<b>Skip to A25</b>
Yes .....	<input type="checkbox"/> 1		
Refused to answer .....	<input type="checkbox"/> 7	}	<b>Skip to A25</b>
Don't know .....	<input type="checkbox"/> 8		

A24c. What is the name of this hospital?

**Interviewer instructions: Go to paper Facility Visits Log and enter facility information. Write 'HO' in the Facility Type Code column. After entering this information, continue with the next question.**

A24d. Were you admitted to any other hospital for HIV-related illness in the **past 12 months**? *[HOSADM2]*

No..... ☐ 0 → *Skip to A25*  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7 } *Skip to A25*  
 Don't know ..... ☐ 8 }

A24e. What is the name of this hospital?

**Interviewer instructions:** Go to paper Facility Visits Log and enter facility information. Write 'HO' in the Facility Type Code column. After entering this information, continue with the next question.

A24f. Were you admitted to any other hospital for HIV-related illness in the **past 12 months**? *[HOSADM3]*

No..... ☐ 0 → *Skip to A25*  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7 } *Skip to A25*  
 Don't know ..... ☐ 8 }

A24g. What is the name of this hospital?

**Interviewer instructions:** Go to paper Facility Visits Log and enter facility information. Write 'HO' in the Facility Type Code column. After entering this information, continue with the next question.

A25. During the **past 12 months**, were you admitted to a mental health facility? *[ADMENH]*

No..... ☐ 0  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

A26. During the **past 12 months**, were you admitted to an inpatient drug or alcohol treatment facility? *[ADDRAL]*

No..... ☐ 0  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

## HIV TREATMENT

**SAY:** “Now I’m going to ask some questions about the medicines that you are taking. To begin, I’ll ask about medicines your doctor has prescribed to treat your HIV. These medicines are called antiretrovirals.”

A27. Have you **ever** taken any antiretroviral medicines to treat your HIV? These medicines are also known as ART, HAART, or the AIDS cocktail. **[ANTIRET]**

- |                        |                            |                                     |
|------------------------|----------------------------|-------------------------------------|
| No.....                | <input type="checkbox"/> 0 |                                     |
| Yes.....               | <input type="checkbox"/> 1 | → <b>Skip to A28</b>                |
| Refused to answer..... | <input type="checkbox"/> 7 |                                     |
| Don’t know.....        | <input type="checkbox"/> 8 | } <b>Skip to Say box before A41</b> |

A27a. What are the reasons you have never taken any antiretroviral medicines?

**[CHECK ALL THAT APPLY. DON’T READ CHOICES.]**

- |   |                             |                   |
|---|-----------------------------|-------------------|
| Doctor advised to delay treatment .....             | <input type="checkbox"/> 1  | <b>[NANTRETA]</b> |
| Recently into medical care/haven’t had time.....    | <input type="checkbox"/> 2  | <b>[NANTRETB]</b> |
| CD4 count and/or viral load are good.....           | <input type="checkbox"/> 3  | <b>[NANTRETC]</b> |
| Feel good, don’t need them.....                     | <input type="checkbox"/> 4  | <b>[NANTRETD]</b> |
| Worried about side effects .....                    | <input type="checkbox"/> 5  | <b>[NANTRETE]</b> |
| Drinking or using drugs .....                       | <input type="checkbox"/> 6  | <b>[NANTRETF]</b> |
| Didn’t want to think about being HIV positive ..... | <input type="checkbox"/> 7  | <b>[NANTRETG]</b> |
| No money.....                                       | <input type="checkbox"/> 8  | <b>[NANTRETH]</b> |
| No insurance .....                                  | <input type="checkbox"/> 9  | <b>[NANTRETI]</b> |
| Worried about ability to adhere/often forget .....  | <input type="checkbox"/> 10 | <b>[NANTRETJ]</b> |
| Living on the street .....                          | <input type="checkbox"/> 11 | <b>[NANTRETK]</b> |
| Taking alternative/complementary medicines .....    | <input type="checkbox"/> 12 | <b>[NANTRETL]</b> |
| Other 1 ( <i>Specify:</i> .....)                    | <input type="checkbox"/> 13 | <b>[ONANTRET]</b> |
| Other 2 ( <i>Specify:</i> .....)                    | <input type="checkbox"/> 14 | <b>[ONANTRE2]</b> |
| Other 3 ( <i>Specify:</i> .....)                    | <input type="checkbox"/> 15 | <b>[ONANTRE3]</b> |
| Other 4 ( <i>Specify:</i> .....)                    | <input type="checkbox"/> 16 | <b>[ONANTRE4]</b> |
| Refused to answer .....                             | <input type="checkbox"/> 77 |                   |
| Don’t know .....                                    | <input type="checkbox"/> 88 |                   |

**Interviewer instructions: If the respondent gives only one response in A27a, enter the same response in A27b and then skip to Say box before A41. If response to A27a is “Refused to answer” or “Don’t know,” skip to Say box before A41.**

A27b. What is the **main reason** you have never taken any antiretroviral medicines? I am going to read a list of the reasons you just gave me. Please tell me which of these was your main reason. **[CHECK ONLY ONE RESPONSE. READ RESPONSES GIVEN IN A27a.]**

- Doctor advised to delay treatment ..... ☐ 1 **[NANTRET1]**
- Recently into medical care/haven’t had time..... ☐ 2 **[NANTRET2]**
- CD4 count and/or viral load are good..... ☐ 3 **[NANTRET3]**
- Feel good, don’t need them..... ☐ 4 **[NANTRET4]**
- Worried about side effects ..... ☐ 5 **[NANTRET5]**
- Drinking or using drugs ..... ☐ 6 **[NANTRET6]**
- Didn’t want to think about being HIV positive ..... ☐ 7 **[NANTRET7]**
- No money..... ☐ 8 **[NANTRET8]**
- No insurance ..... ☐ 9 **[NANTRET9]**
- Worried about ability to adhere/often forget ..... ☐ 10 **[NANTRET10]**
- Living on the street ..... ☐ 11 **[NANTRET11]**
- Taking alternative/complementary medicines ..... ☐ 12 **[NANTRET12]**
- Other 1(**Specify:** \_\_\_\_\_) . ☐ 13 **[NANTRET13]**
- Other 2(**Specify:** \_\_\_\_\_) . ☐ 14 **[NANTRET14]**
- Other 3(**Specify:** \_\_\_\_\_) . ☐ 15 **[NANTRET15]**
- Other 4(**Specify:** \_\_\_\_\_) . ☐ 16 **[NANTRET16]**
- Refused to answer ..... ☐ 77
- Don’t know ..... ☐ 88

**Interviewer instructions: Skip to Say box before A41.**

A28. When was the first time you **ever** took any antiretroviral medicines to treat your HIV?  
**[FST\_MY]**

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88= Don’t know;  
Year: 7777 = Refused to answer, 8888 = Don’t know]*

**SAY:** “I’m going show you a card with HIV medicines on them. Please tell me which of these medicines you have **ever** taken to treat your HIV, including those that you are currently taking. If you are taking any combination medicines, please tell me the name of the combination, not the separate name of each medicine in the combination.”

A29a. Have you ever taken any **Nucleoside/Nucleotide Analogue Reverse Transcriptase Inhibitors (NRTI)**, also known as ‘Nukes’? *[CHECK ALL THAT APPLY. READ CHOICES. USE MEDICATION CHART.]*

- |                                      |                          |    |                 |
|--------------------------------------|--------------------------|----|-----------------|
| Epivir (lamivudine, 3TC).....        | <input type="checkbox"/> | 1  | <i>[NUKESA]</i> |
| Videx EC (didanosine, ddl EC) .....  | <input type="checkbox"/> | 2  | <i>[NUKESB]</i> |
| Videx (didanosine, ddl).....         | <input type="checkbox"/> | 3  | <i>[NUKESC]</i> |
| Emtriva (emtricitabine, FTC).....    | <input type="checkbox"/> | 4  | <i>[NUKESD]</i> |
| Viread (tenofovir, TDF).....         | <input type="checkbox"/> | 5  | <i>[NUKESE]</i> |
| Hivid (zalcitabine (ddC,) .....      | <input type="checkbox"/> | 6  | <i>[NUKESF]</i> |
| Zerit (stavudine, d4T) .....         | <input type="checkbox"/> | 7  | <i>[NUKESG]</i> |
| Retrovir (zidovudine, AZT, ZDV)..... | <input type="checkbox"/> | 8  | <i>[NUKESH]</i> |
| Ziagen (abacavir, ABC).....          | <input type="checkbox"/> | 9  | <i>[NUKESI]</i> |
| None.....                            | <input type="checkbox"/> | 10 | <i>[NUKESJ]</i> |
| Refused to answer .....              | <input type="checkbox"/> | 77 |                 |
| Don’t know .....                     | <input type="checkbox"/> | 88 |                 |

A29b. Have you ever taken any **Protease Inhibitors (PI)**? *[CHECK ALL THAT APPLY. READ CHOICES. USE MEDICATION CHART.]*

- |  |                          |    |              |
|--|--------------------------|----|--------------|
| Agenerase (amprenavir, APV).....           | <input type="checkbox"/> | 1  | <i>[PIA]</i> |
| Invirase (saquinavir hard gel, SQV) .....  | <input type="checkbox"/> | 2  | <i>[PIB]</i> |
| Kaletra (lopinavir/ritonavir, LPV, r)..... | <input type="checkbox"/> | 3  | <i>[PIC]</i> |
| Crixivan (indinavir, IDV) .....            | <input type="checkbox"/> | 4  | <i>[PID]</i> |
| Lexiva (fosamprenavir, FPV) .....          | <input type="checkbox"/> | 5  | <i>[PIE]</i> |
| Reyataz (atazanavir, ATV) .....            | <input type="checkbox"/> | 6  | <i>[PIF]</i> |
| Fortovase (saquinavir soft gel, SQV).....  | <input type="checkbox"/> | 7  | <i>[PIG]</i> |
| Norvir (ritonavir, RTV) .....              | <input type="checkbox"/> | 8  | <i>[PIH]</i> |
| Viracept (nelfinavir, NFV).....            | <input type="checkbox"/> | 9  | <i>[PII]</i> |
| Aptivus (tipranavir, TPV).....             | <input type="checkbox"/> | 10 | <i>[PIJ]</i> |
| Prezista (darunavir).....                  | <input type="checkbox"/> | 11 | <i>[PIK]</i> |
| None.....                                  | <input type="checkbox"/> | 12 | <i>[PIL]</i> |

Refused to answer ..... ☐ 77

Don't know ..... ☐ 88

A29c. Have you ever taken any **Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)**, also known as 'Non-nukes'? *[CHECK ALL THAT APPLY. READ CHOICES. USE MEDICATION CHART.]*

Rescriptor (delaviridine, DLV) ..... ☐ 1 *[NNUKESA]*

Viramune (nevirapine, NVP) ..... ☐ 2 *[NNUKESB]*

Sustiva (efavirenz, EFV) ..... ☐ 3 *[NNUKESC]*

None ..... ☐ 4 *[NNUKESD]*

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

A29d. Have you ever taken any **Nucleoside Analogue Combinations (Combination Treatments)**? Please remember, if you are taking any combination medicines, tell me the name of the combination, not the separate name of each medicine in the combination. *[CHECK ALL THAT APPLY. READ CHOICES. USE MEDICATION CHART.]*

Combivir (AZT+3TC) ..... ☐ 1 *[COMBOA]*

Trizivir (AZT+3TC+abacavir) ..... ☐ 2 *[COMBOB]*

Epzicom (3TC+ABC) ..... ☐ 3 *[COMBOC]*

Truvada (FTC+TDF) ..... ☐ 4 *[COMBOD]*

None ..... ☐ 5 *[COMBOE]*

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

A29e. Have you ever taken any **Entry/Fusion Inhibitors**? *[CHECK ALL THAT APPLY. READ CHOICES. USE MEDICATION CHART.]*

Fuzeon (Enfuvirtide) ..... ☐ 1 *[FUSINA]*

None ..... ☐ 2 *[FUSINB]*

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

A29f. Have you ever taken any other antiretroviral medicines? *[CHECK ALL THAT APPLY. READ CHOICES.]*

Atripla (EFV/FTC/TDF) ..... ☐ 1 *[OTHANTIA]*

Maraviroc ..... ☐ 2 *[OTHANTIB]*

Raltegravir (MK-0518) .....	<input type="checkbox"/>	3	<i>[OTHANT1C]</i>
TMC-125.....	<input type="checkbox"/>	4	<i>[OTHANT1D]</i>
Other 1 ( <i>Specify:</i> .....)	<input type="checkbox"/>	5	<i>[OTSPANM1]</i>
Other 2 ( <i>Specify:</i> .....)	<input type="checkbox"/>	6	<i>[OTSPANM2]</i>
Other 3 ( <i>Specify:</i> .....)	<input type="checkbox"/>	7	<i>[OTSPANM3]</i>
Other 4 ( <i>Specify:</i> .....)	<input type="checkbox"/>	8	<i>[OTSPANM4]</i>
None.....	<input type="checkbox"/>	9	<i>[OTHANT1F]</i>
Refused to answer .....	<input type="checkbox"/>	77	
Don't know .....	<input type="checkbox"/>	88	

A30. Are you **currently** taking any antiretroviral medicines to treat your HIV? *[CURME]*

No.....	<input type="checkbox"/>	0	
Yes.....	<input type="checkbox"/>	1	→ Skip to Say box before A31
Refused to answer.....	<input type="checkbox"/>	7	
Don't know.....	<input type="checkbox"/>	8	} Skip to A37

A30a. What are the reasons you aren't **currently** taking any antiretroviral medicines?  
*[CHECK ALL THAT APPLY. DON'T READ CHOICES.]*

Doctor advised to delay treatment .....	<input type="checkbox"/>	1	<i>[NANTRCA]</i>
Recently into medical care/haven't had time.....	<input type="checkbox"/>	2	<i>[NANTRCB]</i>
CD4 count and/or viral load are good.....	<input type="checkbox"/>	3	<i>[NANTRCC]</i>
Feel good, don't need them.....	<input type="checkbox"/>	4	<i>[NANTRCD]</i>
Worried about side effects .....	<input type="checkbox"/>	5	<i>[NANTRCE]</i>
Drinking or using drugs .....	<input type="checkbox"/>	6	<i>[NANTRCF]</i>
Didn't want to think about being HIV positive .....	<input type="checkbox"/>	7	<i>[NANTRCG]</i>
No money.....	<input type="checkbox"/>	8	<i>[NANTRCH]</i>
No insurance .....	<input type="checkbox"/>	9	<i>[NANTRCI]</i>
Worried about ability to adhere/often forget .....	<input type="checkbox"/>	10	<i>[NANTRCJ]</i>
Living on the street .....	<input type="checkbox"/>	11	<i>[NANTRCK]</i>
Taking alternative/complementary medicines .....	<input type="checkbox"/>	12	<i>[NANTRCL]</i>
Other 1 ( <i>Specify:</i> .....)	<input type="checkbox"/>	13	<i>[ONANRC]</i>
Other 2 ( <i>Specify:</i> .....)	<input type="checkbox"/>	14	<i>[NANARVC2]</i>
Other 3 ( <i>Specify:</i> .....)	<input type="checkbox"/>	15	<i>[NANARVC3]</i>

Other 4 (*Specify:* \_\_\_\_\_) ..... ☐ 16 *[NANARVC4]*  
 Refused to answer ..... ☐ 77  
 Don't know ..... ☐ 88

**Interviewer instructions: If the respondent gives only one response in A30a, enter the same response in A30b and then skip to A37. If response to A30a is "Refused to answer" or "Don't know," skip to A37.**

A30b. What is the **main reason** you aren't currently taking any antiretroviral medicines?  
 I am going to read a list of the reasons you just gave me. Please tell me which of these was your main reason. **[CHECK ONLY ONE RESPONSE. READ RESPONSES GIVEN IN A30a.]** *[NANTRM]*

Doctor advised to delay treatment ..... ☐ 1 *[NANTRC1]*  
 Recently into medical care/haven't had time..... ☐ 2 *[NANTRC2]*  
 CD4 count and/or viral load are good..... ☐ 3 *[NANTRC3]*  
 Feel good, don't need them..... ☐ 4 *[NANTRC4]*  
 Worried about side effects ..... ☐ 5 *[NANTRC5]*  
 Drinking or using drugs ..... ☐ 6 *[NANTRC6]*  
 Didn't want to think about being HIV positive ..... ☐ 7 *[NANTRC7]*  
 No money..... ☐ 8 *[NANTRC8]*  
 No insurance ..... ☐ 9 *[NANTRC9]*  
 Worried about ability to adhere/often forget ..... ☐ 10 *[NANTRC10]*  
 Living on the street ..... ☐ 11 *[NANTRC11]*  
 Taking alternative/complementary medicines ..... ☐ 12 *[NANTRC12]*  
 Other 1 *Specify:* \_\_\_\_\_) .. ☐ 13 *[NANTRC13]*  
 Other 2 *Specify:* \_\_\_\_\_) .. ☐ 14 *[NANTRC14]*  
 Other 3 *Specify:* \_\_\_\_\_) .. ☐ 15 *[NANTRC15]*  
 Other 4 *Specify:* \_\_\_\_\_) .. ☐ 16 *[NANTRC16]*  
 Refused to answer ..... ☐ 77  
 Don't know ..... ☐ 88

**Interviewer instructions: Skip to A37.**



## ADHERENCE TO HIV TREATMENT

**SAY:** “We need to understand how people with HIV really take their antiretroviral medicine. For the next questions, please tell us what you actually do. Don’t worry about telling us that you don’t take all your medicine. We need to know what you really do, not what you think we want to hear. And please remember, none of this information will be shared with your provider.”

A31. I am going to ask you about each of the antiretroviral medicines or cocktails you’re **currently** taking to treat your HIV.

**Interviewer instructions: [USE MEDICATION CHART. CHECK ALL MEDICATIONS THAT APPLY. FOR EACH MEDICATION, ASK THE FOLLOWING QUESTIONS:]**

[77 = Refused to answer, 88 = Don’t know]

Which of these medicines are you <b>currently</b> taking?	How many pills (or spoonfuls/ injections) of _____ [ <i>medicine</i> ] are you supposed to take <b>each</b> <b>time</b> you take them?	How many <b>times each</b> <b>day</b> are you supposed to take these pills (or spoonfuls/ injections)?	How many <b>times</b> did you miss taking a <b>dose or</b> <b>set</b> of these pills (or spoon- fuls/ injections) <b>yesterday?</b>	How many times did you miss taking a dose or set of these pills (or spoonfuls/ injections) <b>the day</b> <b>before</b> yesterday?
--	--	---	---	---

**Interviewer instructions: If A29a (ever taken NRTI) is “None,” skip to response 10 (PI section).**

### Nucleoside/Nucleotide Analogue Reverse Transcriptase Inhibitors (NRTI), also known as ‘Nukes’

Epivir (lamivudine, 3TC) [ <i>LAMICUR</i> ]	<input type="checkbox"/> 1	_____ [ <i>LAMIET</i> ]	_____ [ <i>LAMIDY</i> ]	_____ [ <i>LAMIMIS1</i> ]	_____ [ <i>LAMIMIS2</i> ]
Videx EC (didanosine, ddl EC) [ <i>DAECCUR</i> ]	<input type="checkbox"/> 2	_____ [ <i>DAECET</i> ]	_____ [ <i>DAECDY</i> ]	_____ [ <i>DAECMIS1</i> ]	_____ [ <i>DAECMIS2</i> ]
Videx (didanosine, ddl) [ <i>DIDACUR</i> ]	<input type="checkbox"/> 3	_____ [ <i>DIDAET</i> ]	_____ [ <i>DIDADY</i> ]	_____ [ <i>DIDAMIS1</i> ]	_____ [ <i>DIDAMIS2</i> ]
Emtriva (emtricitabine, FTC) [ <i>EMTRCUR</i> ]	<input type="checkbox"/> 4	_____ [ <i>EMTRET</i> ]	_____ [ <i>EMTRDY</i> ]	_____ [ <i>EMTRMIS1</i> ]	_____ [ <i>EMTRMIS2</i> ]
Viread (tenofovir, TDF) [ <i>TENOCUR</i> ]	<input type="checkbox"/> 5	_____ [ <i>TENOET</i> ]	_____ [ <i>TENODY</i> ]	_____ [ <i>TENOMIS1</i> ]	_____ [ <i>TENOMIS2</i> ]
Hivid (zalcitabine ddC,)	<input type="checkbox"/> 6	_____ _____	_____ _____	_____ _____	_____ _____

<b>[ZALCCUR]</b>	<input type="checkbox"/> 7	<b>[ZALCET]</b>	<b>[ZALCDY]</b>	<b>[ZALCMIS1]</b>	<b>[ZALCMIS2]</b>
Zerit (stavudine, d4T)		_____	_____	_____	_____
<b>[STAVCUR]</b>		<b>[STAVET]</b>	<b>[STAVDY]</b>	<b>[STAVMIS1]</b>	<b>[STAVMIS2]</b>
Retrovir (zidovudine, AZT, ZDV)	<input type="checkbox"/> 8	_____	_____	_____	_____
<b>[ZIDOCUR]</b>		<b>[ZIDOET]</b>	<b>[ZIDODY]</b>	<b>[ZIDOMIS1]</b>	<b>[ZIDOMIS2]</b>
Ziagen (abacavir, ABC)	<input type="checkbox"/> 9	_____	_____	_____	_____
<b>[ABACACUR]</b>		<b>[ABACET]</b>	<b>[ABACDY]</b>	<b>[ABACMIS1]</b>	<b>[ABACMIS2]</b>
		How many pills (or spoonfuls/ injections) of _____	How many times each day are you supposed to take these pills (or spoonfuls/ injections)?	How many times did you miss taking a dose or set of these pills (or spoonfuls/ injections) the day before yesterday?	How many times did you miss taking a dose or set of these pills (or spoonfuls/ injections) the day before yesterday?
Which of these medicines are you <b>currently</b> taking?		How many times each day are you supposed to take <b>each</b> time you take them?	How many times each day are you supposed to take these pills (or spoonfuls/ injections)?	How many times did you miss taking a dose or set of these pills (or spoonfuls/ injections) the day before yesterday?	How many times did you miss taking a dose or set of these pills (or spoonfuls/ injections) the day before yesterday?

**Interviewer instructions: If A29b (ever taken PI) is "None," skip to response 21 (NNRTI section).**

### Protease Inhibitors (PI)

Agenerase (amprenavir, APV)	<input type="checkbox"/> 10	_____	_____	_____	_____
<b>[AMPRCUR]</b>		<b>[AMPRET]</b>	<b>[AMPRDY]</b>	<b>[AMPRMIS1]</b>	<b>[AMPRMIS2]</b>
Invirase (saquinavir hard gel, SQV)	<input type="checkbox"/> 11	_____	_____	_____	_____
<b>[SACQCUR]</b>		<b>[SACQT]</b>	<b>[SACQDY]</b>	<b>[SACQMIS1]</b>	<b>[SACQMIS2]</b>
Kaletra (lopinavir/ritonavir, LPV, r)	<input type="checkbox"/> 12	_____	_____	_____	_____
<b>[LOPICUR]</b>		<b>[LOPIT]</b>	<b>[LOPIDY]</b>	<b>[LOPIMIS1]</b>	<b>[LOPIMIS2]</b>
Crixivan (indinavir, IDV)	<input type="checkbox"/> 13	_____	_____	_____	_____
<b>[INDICUR]</b>		<b>[INDIET]</b>	<b>[INDIDY]</b>	<b>[INDIMIS1]</b>	<b>[INDIMIS2]</b>
Lexiva (fosamprenavir, FPV)	<input type="checkbox"/> 14	_____	_____	_____	_____
<b>[FUSACUR]</b>		<b>[FUSAET]</b>	<b>[FUSADY]</b>	<b>[FOSAMIS1]</b>	<b>[FOSAMIS2]</b>
Reyataz (atazanavir, ATV)	<input type="checkbox"/> 15	_____	_____	_____	_____
<b>[ATAZCUR]</b>		<b>[ATAZET]</b>	<b>[ATAZDY]</b>	<b>[ATAZMIS1]</b>	<b>[ATAZMIS2]</b>
Fortovase (saquinavir soft gel, SQV)	<input type="checkbox"/> 16	_____	_____	_____	_____
<b>[SAC2CUR]</b>		<b>[SAC2T]</b>	<b>[SAC2DY]</b>	<b>[SAC2MIS1]</b>	<b>[SAC2MIS2]</b>
Norvir (ritonavir, RTV)	<input type="checkbox"/> 17	_____	_____	_____	_____
<b>[RITOCUR]</b>		<b>[RITOET]</b>	<b>[RITODY]</b>	<b>[RITOMIS1]</b>	<b>[RITOMIS2]</b>
Viracept (nelfinavir, NFV)	<input type="checkbox"/> 18	_____	_____	_____	_____
<b>[NELFCUR]</b>		<b>[NELFET]</b>	<b>[NELFDY]</b>	<b>[NELFMIS1]</b>	<b>[NELFMIS2]</b>
Aptivus (tipranavir, TPV)	<input type="checkbox"/> 19	_____	_____	_____	_____

[TIPRCUR]

Prezista (darunavir)

[PREZCUR]

☐ 20

[TIPRET]

[TIPRDY] [TIPRMIS1] [TIPRMIS2]

[PREZET]

[PREZDY]

[PREZMIS1] [PREZMIS2]

**Interviewer instructions: If A29c (ever taken NNRTI) is “None,” skip to response 24 (combination treatments).**

**Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI), also known as ‘Non-nukes’**

Rescriptor (delaviridine, DLV)

[DELACUR]

☐ 21

[DELAET]

[DELADY]

[DELAMIS1] [DELAMIS2]

Viramune (nevirapine, NVP)

[NEVICUR]

☐ 22

[NEVIET]

[NEVIDY]

[NEVIMIS1] [NEVIMIS2]

Sustiva (efavirenz, EFV)

[EFAVCUR]

☐ 23

[EFAVET]

[EFAVDY]

[EFAVMIS1] [EFAVMIS2]

**Interviewer instructions: If A29d (ever taken combination treatments) is “None,” skip to response 28 (Entry/Fusion Inhibitors).**

Which of these medicines  
are you **currently** taking?

How many  
pills (or  
spoonfuls/  
injections)  
of \_\_\_\_\_  
[medicine]  
are you  
supposed to  
take **each**  
**time** you  
take them?

How many  
**times each**  
**day** are you  
supposed to  
take these  
pills (or  
spoonfuls/  
injections)?

How many  
**times** did  
you miss  
taking a  
**dose or**  
**set of**  
these pills  
(or spoon-  
fuls/  
injections)  
**yesterday?**

How many  
times did  
you miss  
taking a  
dose or  
set of these  
pills (or  
spoonfuls/  
injections)  
the **day**  
**before**  
yesterday?

**Nucleoside Analogue Combinations (Combination Treatments)**

Combivir (AZT+3TC)

[COMBCUR]

☐ 24

[COMBET]

[COMBDY]

[COMBMIS1] [COMBMIS2]

Trizivir (AZT+3TC+ABC)

[TRIZCUR]

☐ 25

[TRIZET]

[TRIZDY]

[TRIZMIS1] [TRIZMIS2]

Epzicom (3TC+ABC)

[EPZICUR]

☐ 26

[EPZIET]

[EPZIDY]

[EPZIMIS1] [EPZIMIS2]

Truvada (FTC+TDF)

[TRUVCUR]

☐ 27

[TRUVET]

[TRUVDY]

[TRUVMIS1] [TRUVMIS2]

**Interviewer instructions: If A29e (ever taken Entry/Fusion Inhibitors) is “None,” skip to response 29 (other medicines section).**

### Entry/Fusion Inhibitors

Fuzeon (enfuvirtide, T-20)

[ENFUCUR]

☐ 28

[ENFUET]

[ENFUDY]

[ENFUMIS1]

[ENFUMIS2]

**Interviewer instructions: If A29f (other medicines) is “None,” skip to Interviewer instructions before A32.**

### Other Medicines

Atripla (EFV/FTC/TDF)

[ATRIPLA]

☐ 29

[ATRIPTIM]

[ATRIDAY]

[ATRIMIS1]

[ATRIMIS2]

Maraviroc

[MARAVIRO]

☐ 30

[MARATIM]

[MARADAY]

[MARMIS1]

[MARMIS2]

Raltegravir (MK-0518)

[RALTEGRA]

☐ 31

[RALTTIM]

[RALTDAY]

[RALTMIS1]

[RALTMIS2]

TMC-125

[TMC]

☐ 32

[TMCTIM]

[TMCDAY]

[TMCNIS1]

[TMCNIS2]

Other 1 (Specify: \_\_\_\_\_)

[OTSPAYN1]

☐ 33

[ODRET1]

[ODRETDY1]

[ODRMIS1]

[ODRMIS2]

Other 2 (Specify: \_\_\_\_\_)

[OTSPAYN2]

☐ 34

[ODRET2]

[ODRETDY2]

[ODRMIS21]

[ODRMIS22]

Other 3 (Specify: \_\_\_\_\_)

[OTSPAYN3]

☐ 35

[ODRET3]

[ODRETDY3]

[ODRMIS31]

[ODRMIS32]

Other 4 (Specify: \_\_\_\_\_)

[OTSPAYN4]

☐ 36

[ODRET4]

[ODRETDY4]

[ODRMIS41]

[ODRMIS42]

**Interviewer instructions: If interview is conducted on Monday or Tuesday and any missed doses are reported for A31 “Yesterday” or “The day before yesterday,” skip to A33a.**

A32. Did you miss any of your antiretroviral medicines **last weekend** – last Saturday or Sunday?

[LSTWKMIS]

No ..... ☐ 0

Yes ..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

A33. When was the **last time** you missed any of your antiretroviral medicines? [CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.] [LTMISMED]

Within the past week ..... ☐ 1

1-2 weeks ago ..... ☐ 2

3-4 weeks ago .....	<input type="checkbox"/>	3	
1-3 months ago .....	<input type="checkbox"/>	4	
More than 3 months ago .....	<input type="checkbox"/>	5	
Never skip medicines .....	<input type="checkbox"/>	6	→ <b>Skip to A34</b>
Refused to answer .....	<input type="checkbox"/>	7	
Don't know .....	<input type="checkbox"/>	8	

A33a. People may miss taking their antiretroviral medicines for various reasons. The **last time** you missed taking your antiretroviral medicines, what were the reasons? **[CHECK ALL THAT APPLY. DON'T READ CHOICES.]**

Forgot to take them .....	<input type="checkbox"/>	1	<b>[MISMEDRA]</b>
Wanted to avoid side effects .....	<input type="checkbox"/>	2	<b>[MISMEDRB]</b>
Was busy with other things .....	<input type="checkbox"/>	3	<b>[MISMEDRC]</b>
Had a change in daily routine .....	<input type="checkbox"/>	4	<b>[MISMEDRD]</b>
Had problems taking pills at specified times (with meals, on an empty stomach, etc.) .....	<input type="checkbox"/>	5	<b>[MISMEDRE]</b>
Couldn't get to a doctor or clinic .....	<input type="checkbox"/>	6	<b>[MISMEDRF]</b>
Felt depressed or overwhelmed .....	<input type="checkbox"/>	7	<b>[MISMEDRG]</b>
Was on the street .....	<input type="checkbox"/>	8	<b>[MISMEDRH]</b>
Had too many pills to take .....	<input type="checkbox"/>	9	<b>[MISMEDRI]</b>
Couldn't afford a refill .....	<input type="checkbox"/>	10	<b>[MISMEDRJ]</b>
Other 1 (Specify: _____) .....	<input type="checkbox"/>	11	<b>[ORMM]</b>
Other 2 (Specify: _____) .....	<input type="checkbox"/>	12	<b>[ORMM2]</b>
Other 3 (Specify: _____) .....	<input type="checkbox"/>	13	<b>[ORMM3]</b>
Other 4 (Specify: _____) .....	<input type="checkbox"/>	14	<b>[ORMM4]</b>
Refused to answer .....	<input type="checkbox"/>	77	
Don't know .....	<input type="checkbox"/>	88	

A34. Most antiretroviral medicines need to be taken on a schedule, such as “2 times a day” or “3 times a day” or “every 8 hours”. How often did you follow your specific schedule over the last 2 days? **[USE RESPONSE CARD C.]** **[MEDSCHD]**

Never .....	<input type="checkbox"/>	1
Rarely .....	<input type="checkbox"/>	2

- About half of the time ..... ☐ 3
- Most of the time ..... ☐ 4
- Always ..... ☐ 5
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

- A35. Do any of your antiretroviral medicines have special instructions, such as “take with food” or “on an empty stomach” or “with plenty of fluids?” *[MEDINSTR]*
- No ..... ☐ 0 → *Skip to A38*
- Yes ..... ☐ 1
- Refused to answer ..... ☐ 7 } *Skip to A38*
- Don't know ..... ☐ 8 }

- A36. How often did you follow **all** of those special instructions over the last 2 days?  
*[USE RESPONSE CARD C.] [FOLMEDIN]*

- Never ..... ☐ 1
- Rarely ..... ☐ 2
- About half of the time ..... ☐ 3
- Most of the time ..... ☐ 4
- Always ..... ☐ 5
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

**Interviewer instructions: Skip to A38.**

- A37. Have you taken antiretroviral medicines in the **past 12 months**?  
*[ANTMED12]*
- No ..... ☐ 0 → *Skip to Say box before A39*
- Yes ..... ☐ 1
- Refused to answer ..... ☐ 7 } *Skip to Say box before A39*
- Don't know ..... ☐ 8 }

- A38. In the **past 12 months**, have you ever purposefully taken a “drug holiday” from your antiretroviral medicines that wasn’t recommended by your health care provider? That is did you **plan** to not take any doses of one or more of your antiretroviral medicines for **at least two whole days in a row**? *[DRUGHOL]*

- No..... ☐ 0 → *Skip to Say box before A39*
- Yes..... ☐ 1
- Refused to answer..... ☐ 7 } *Skip to Say box before A39*
- Don't know..... ☐ 8 }

A38a. For your **most recent** drug holiday, what were the reasons you took a drug holiday from your antiretroviral medicines? **[CHECK ALL THAT APPLY. DON'T READ CHOICES.]**

- Medicine has side effects or makes me feel bad..... ☐ 1 **[REDRHOA]**
- Got tired of taking medicines/needed a break..... ☐ 2 **[REDRHOB]**
- Was partying / using drugs or alcohol ..... ☐ 3 **[REDRHOC]**
- Was on vacation ..... ☐ 4 **[REDRHOD]**
- Felt good ..... ☐ 5 **[REDRHOE]**
- Other (*Specify:* \_\_\_\_\_) ... ☐ 6 **[OREDRHO]**
- Other (*Specify:* \_\_\_\_\_) ... ☐ 7 **[OREDRHO2]**
- Refused to answer ..... ☐ 77
- Don't know ..... ☐ 88

**Interviewer instructions: If the respondent gives only one response in A38a, enter the same response in A38b and then skip to Say box before A39. If response to A38a is "Refused to answer" or "Don't know," skip to Say box before A39.**

A38b. I am going to read a list of the reasons you just gave me for taking your most recent drug holiday. What was the **main** reason that you took a drug holiday from your antiretroviral medicines? **[CHECK ONLY ONE RESPONSE. READ RESPONSES GIVEN IN A38a.]**

- Medicine has side effects or makes me feel bad..... ☐ 1 **[RDRHOA]**
- Got tired of taking medicines/needed a break..... ☐ 2 **[RDRHOB]**
- Was partying / using drugs or alcohol ..... ☐ 3 **[RDRHOC]**
- Was on vacation ..... ☐ 4 **[RDRHOD]**
- Felt good ..... ☐ 5 **[RDRHOE]**
- Other (*Specify:* \_\_\_\_\_) ... ☐ 6 **[RDRHOF]**
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

**SAY:** “HIV can develop resistance to antiretroviral medicines especially if they aren’t taken as prescribed. Once the virus develops resistance, the medicines may not work as well.”

A39. During the **past 12 months**, did a health care provider where you get HIV care discuss drug resistant virus with you? *[RESIST]*

No..... ☐ 0

Yes..... ☐ 1

Refused to answer..... ☐ 7

Don’t know..... ☐ 8

A40. During the **past 12 months**, did a health care provider give you a test to check if your HIV was resistant to antiretroviral medicines? *[TESRESI]*

No..... ☐ 0

Yes..... ☐ 1

Refused to answer..... ☐ 7

Don’t know..... ☐ 8



## PREVENTIVE THERAPY

**SAY:** “Now I’m going to ask you about AIDS-related infections. Many patients with HIV take medicines to prevent or treat these infections. The first of these is called tuberculosis or TB.”

A41. Have you **ever** had a skin test (PPD) for TB? *[TEST\_PPD]*

- No..... ☐ 0      → *Skip to A42*
- Yes..... ☐ 1
- Refused to answer..... ☐ 7      } *Skip to A42*
- Don’t know..... ☐ 8

A41a. When did you have your **most recent** TB skin test? *[PPD\_MY]*

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don’t know;  
Year: 7777 = Refused to answer, 8888 = Don’t know]*

A41b. Was your most recent skin test positive? *[PPD\_POS]*

- No..... ☐ 0
- Yes..... ☐ 1
- Refused to answer..... ☐ 7
- Don’t know..... ☐ 8

A42. In the **past 12 months**, have you been seen at a Tuberculosis or TB clinic? *[TBCLIN]*

- No..... ☐ 0
- Yes..... ☐ 1
- Refused to answer..... ☐ 7
- Don’t know..... ☐ 8

**SAY:** “Another infection that people with HIV can get is *Pneumocystis* pneumonia or PCP.”

A43. Have you **ever** been told by health care provider that you had PCP? *[PCP]*

- No..... ☐ 0      → *Skip to A44*
- Yes..... ☐ 1
- Refused to answer..... ☐ 7      } *Skip to A44*
- Don’t know..... ☐ 8

A43a. When were you **first** told that you had PCP? *[PCP\_MY]*

(M M / Y Y Y Y)

[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]

- A44. Has a doctor or other health care provider **ever** prescribed medicine for you to **prevent or treat** PCP? This includes medicines like Bactrim (Septra, Cotrim, Co-trimoxazole), Dapsone, Pentamidine, Atovaquone, Clindamycin + Primaquine, or Dapsone + Pyrimethamine + Folinic Acid. **[USE PCP AND MAC MEDICATION CARD.]**

**[PCP\_MEDS]**

No..... ☐ 0  
Yes..... ☐ 1  
Refused to answer..... ☐ 7  
Don't know..... ☐ 8

**Interviewer instructions: If response to A10c (lowest CD4 count ever) was "0-49," go to Say box before A45; otherwise, skip to A46.**



**SAY:** "Another infection that people with HIV can get is Mycobacterium avium complex or MAC."

- A45. Has a doctor or other health care provider **ever** prescribed medicine for you to **prevent or treat** MAC? This includes medicines like Clarithromycin, Azithromycin, and Rifabutin. **[USE PCP AND MAC MEDICATION CARD.]**

**[MAC\_MEDS]**

No..... ☐ 0  
Yes..... ☐ 1  
Refused to answer..... ☐ 7  
Don't know..... ☐ 8

- A46. During the **past 12 months**, did you receive a vaccine or shot to protect you from influenza or the "Flu?" **[VACFLU]**

No..... ☐ 0  **Skip to A47**  
Yes..... ☐ 1  
Refused to answer..... ☐ 7  **Skip to A47**  
Don't know..... ☐ 8

- A46a. Where did you receive this vaccine? **[CHECK ALL THAT APPLY. DON'T READ CHOICES.]**

My primary HIV care provider..... ☐ 1 **[LOCVACA]**

- A doctor who isn't my primary HIV care provider ..... ☐ 2 **[LOCVACB]**
- A health department clinic ..... ☐ 3 **[LOCVACC]**
- Another type of clinic ..... ☐ 4 **[LOCVACD]**
- A drugstore or store (like CVS , Walgreens, Target, etc)..... ☐ 5 **[LOCVACE]**
- Other 1 (*Specify:* \_\_\_\_\_) ..... ☐ 6 **[LOCVAC0]**
- Other 2 (*Specify:* \_\_\_\_\_) ..... ☐ 7 **[LOCVAC02]**
- Other 3 (*Specify:* \_\_\_\_\_) ..... ☐ 8 **[LOCVAC03]**
- Other 4 (*Specify:* \_\_\_\_\_) ..... ☐ 9 **[LOCVAC04]**
- Refused to answer ..... ☐ 77
- Don't know ..... ☐ 88

- A47. In the past 5 years, have you received a vaccine or shot to help protect you from developing pneumonia? This vaccine is called Pneumovax. **[VACFLU2]**
- No ..... ☐ 0
- Yes..... ☐ 1
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

**Interviewer instructions: If DEMOGRAPHICS D14 (birth gender) and DEMOGRAPHICS D15 (self-identified gender) are "Female," go to Say box before A48; otherwise, skip to Say box before A53.**

## REPRODUCTIVE/GYNECOLOGICAL HISTORY

**SAY:** "I'm now going to ask some questions about pelvic exams, Pap smears, and pregnancy."

A48. Have you **ever** had a pelvic (vaginal) examination? *[PLV\_EXAM]*

- No ..... ☐ 0 → *Skip to Say box before A51*
- Yes ..... ☐ 1
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8 } *Skip to Say box before A51*

A48a. When was your **most recent** pelvic (vaginal) examination? *[PLV\_MY]*

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

A48b. Where was this pelvic (vaginal) exam done? *[CHECK ONLY ONE RESPONSE. READ CHOICES.] [PLV\_PL]*

- Where you usually get HIV health care ..... ☐ 1
- Where you usually get medical care that isn't for HIV ..... ☐ 2
- In a different clinic or doctor's office (not at usual source  
of HIV or primary care) ..... ☐ 3
- At an OB/GYN office ..... ☐ 4
- Other (*Specify:* \_\_\_\_\_) ..... ☐ 5 *[PLV\_PLOT]*
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

A48c. At your **most recent** pelvic exam, did you have a Pap smear? A Pap smear (also called a cervical cancer test or Pap test) is a specific test used to check for cancer of the cervix.  
*[PLV\_LPAP]*

- No ..... ☐ 0
- Yes ..... ☐ 1 → *Skip to A50*
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8 } *Skip to Say box before A51*

A49. Have you **ever** had a Pap smear? *[PAP\_HAD]*

- No ..... ☐ 0 → *Skip to Say box before A51*

Yes..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

} **Skip to Say box before A51**

A49a. When was your **last** Pap smear? **[PAP\_MY]**

(M M / Y Y Y Y) *[Month: 77 = Refused to answer, 88 = Don't know;  
 Year: 7777 = Refused to answer, 8888 = Don't know]*

A50. Have you **ever** had a Pap smear where the results **weren't normal**? **[PAP\_ABN]**

No..... ☐ 0 → **Skip to Say box before A51**  
 Yes..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

} **Skip to Say box before A51**

A50a. Did you receive a follow-up exam or treatment for this abnormal result? **[PAP\_FL]**

No..... ☐ 0  
 Yes..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

**SAY:** “Now I would like to ask you some questions about any pregnancies you had **after you learned you had HIV.**”

A51. How many times have you been pregnant **after you learned you had HIV**? **[PREG]**

\_\_\_ \_\_\_ \_\_\_ *[777 = Refused to answer, 888 = Don't know]*

**Interviewer instructions:** If response to A51 is “0,” “Refused to answer,” or “Don't know,” skip to Say box before A53. If response to A51 is “1,” go to A51a. If response to A51 is greater than 1, skip to Say box before A52.

A51a. Were you trying to get pregnant? **[TRYPREG]**

No..... ☐ 0  
 Yes..... ☐ 1  
 Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

A51b. What was the outcome of this pregnancy? *[READ CHOICES.]* *[OUTPREG]*

Abortion ..... ☐ 1

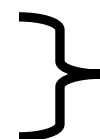
Stillbirth ..... ☐ 2

Live Birth ..... ☐ 3

Currently Pregnant ..... ☐ 4

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8



*Skip to A51d*



*Skip to A51d*

A51c. What is your due date? *[DUE DATE]*

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

**Interviewer instructions: Skip to Say box before A53.**

A51d. In what month and year did this outcome occur? *[OUTDATE]*

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

**Interviewer instructions: Skip to Say box before A53.**

**SAY:** "Now I would like to ask about each of your pregnancies **after you learned you had HIV**. Let's begin with your first pregnancy and talk about each one up to the present."

A52. For the **first** pregnancy after you learned you had HIV, were you trying to get pregnant?  
*[TRPREG1]*

No ..... ☐ 0

Yes ..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

A52a. What was the outcome of this pregnancy? *[READ CHOICES.]* *[OPREG1]*

Abortion ..... ☐ 1

Stillbirth ..... ☐ 2  
 Live Birth ..... ☐ 3  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

A52b. For the **second** pregnancy after you learned you had HIV, were you trying to get pregnant? *[TRPREG2]*

No ..... ☐ 0  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

A52c. What was the outcome of this pregnancy? *[READ CHOICES.] [OPREG2]*

Abortion ..... ☐ 1  
 Stillbirth ..... ☐ 2  
 Live Birth ..... ☐ 3  
 Currently Pregnant ..... ☐ 4  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

*Skip to instructions  
before A52e*

*Skip to instruction  
before A52e.*

A52d. What is your due date? *[DUE DAT2]*

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
 Year: 7777 = Refused to answer, 8888 = Don't know]*

**Interviewer instructions: If response to A51 is "2," skip to Say box before A53.**

A52e. For the **third** pregnancy after you learned you had HIV, were you trying to get pregnant?  
*[TRPREG3]*

No ..... ☐ 0  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

A52f. What was the outcome of this pregnancy? *[READ CHOICES.] [OPREG3]*

Abortion ..... ☐ 1

*Skip to instructions  
before A52h*

- Stillbirth ..... ☐ 2  
 Live Birth ..... ☐ 3  
 Currently Pregnant ..... ☐ 4  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8
- } *Skip to instructions before A52h*

A52g. What is your due date? **[DUE DAT3]**

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
 Year: 7777 = Refused to answer, 8888 = Don't know]*

**Interviewer instructions: If response to A51 is "3," skip to Say box before A53.**

A52h. For the **fourth** pregnancy after you learned you had HIV, were you trying to get pregnant? **[TRPREG4]**

- No ..... ☐ 0  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

A52i. What was the outcome of this pregnancy? **[READ CHOICES.] [OPREG4]**

- Abortion ..... ☐ 1  
 Stillbirth ..... ☐ 2  
 Live Birth ..... ☐ 3  
 Currently Pregnant ..... ☐ 4  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8
- } *Skip to instructions before A52k*
- } *Skip to instructions before A52k*

A52j. What is your due date? **[DUE DAT4]**

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
 Year: 7777 = Refused to answer, 8888 = Don't know]*

**Interviewer instructions: If response to A51 is "4," skip to Say box before A53.**

A52k. For the **fifth** pregnancy after you learned you had HIV, were you trying to get pregnant? **[TRPREG5]**



No ..... ☐ 0  
 Yes..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

A52l. What was the outcome of this pregnancy? **[READ CHOICES.]** **[OPREG5]**

Abortion ..... ☐ 1  
 Stillbirth ..... ☐ 2  
 Live Birth..... ☐ 3  
 Currently Pregnant..... ☐ 4  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8



*Skip to instructions  
before A52n*



*Skip to instructions  
before A52n*

A52m. What is your due date? **[DUEDAT5]**

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
 Year: 7777 = Refused to answer, 8888 = Don't know]*

**Interviewer instructions: If response to A51 is "5," skip to Say box before A53.**

A52n. For the **sixth** pregnancy after you learned you had HIV, were you trying to get pregnant? **[TRPREG6]**

No ..... ☐ 0  
 Yes..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

A52o. What was the outcome of this pregnancy? **[READ CHOICES.]** **[OPREG6]**

Abortion ..... ☐ 1  
 Stillbirth ..... ☐ 2  
 Live Birth..... ☐ 3  
 Currently Pregnant..... ☐ 4  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

*Skip to instructions  
before A52q*

*Skip to instructions  
before A52q*

A52p. What is your due date? **[DUEDAT6]**

(M M / Y Y Y Y)

[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]

**Interviewer instructions: If response to A51 is "6," skip to Say box before A53.**

A52q. For the **seventh** pregnancy after you learned you had HIV, were you trying to get pregnant? **[TRPREG7]**

No ..... ☐ 0  
Yes ..... ☐ 1  
Refused to answer ..... ☐ 7  
Don't know ..... ☐ 8

A52r. What was the outcome of this pregnancy? **[READ CHOICES.] [OPREG7]**

Abortion ..... ☐ 1  
Stillbirth ..... ☐ 2  
Live Birth ..... ☐ 3  
Currently Pregnant ..... ☐ 4  
Refused to answer ..... ☐ 7  
Don't know ..... ☐ 8

} Skip to instructions before A52t

} Skip to instructions before A52t

A52s. What is your due date? **[DUE DAT7]**

(M M / Y Y Y Y)

[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]

**Interviewer instructions: If response to A51 is "7," skip to Say box before A53.**

A52t. For the **eighth** pregnancy after you learned you had HIV, were you trying to get pregnant? **[TRPREG8]**

No ..... ☐ 0  
Yes ..... ☐ 1  
Refused to answer ..... ☐ 7  
Don't know ..... ☐ 8

A52u. What was the outcome of this pregnancy? **[READ CHOICES.] [OPREG8]**

Abortion .....	<input type="checkbox"/>	1	}	<i>Skip to Say box before A53</i>
Stillbirth .....	<input type="checkbox"/>	2		
Live Birth .....	<input type="checkbox"/>	3		
Currently Pregnant .....	<input type="checkbox"/>	4	}	<i>Skip to Say box before A53</i>
Refused to answer .....	<input type="checkbox"/>	7		
Don't know .....	<input type="checkbox"/>	8		

A52v. What is your due date? ***[DUE DAT8]***

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

## HEALTH CONDITIONS

**SAY:** “The next questions are about health conditions other than HIV that you may have had. The first is about Hepatitis, an infection of the liver.”

A53. Have you ever had a **blood test** to check or screen for hepatitis infection? *[BLOHEP]*

No ..... ☐ 0 → *Skip to A54*

Yes ..... ☐ 1

Refused to answer ..... ☐ 7 } *Skip to A54*

Don't know ..... ☐ 8 }

A53a. There are several different types of hepatitis, such as hepatitis A, B, and C. Which types of hepatitis infections were you tested for? *[READ CHOICES.]*

	Yes (1)	No (0)	Refused	Don't know (8)
Hepatitis A <i>[TYPEHETA]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B <i>[TYPEHETB]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C <i>[TYPEHETC]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other( <i>Specify:</i> _____) <i>[OHEPTES]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other( <i>Specify:</i> _____) <i>[OHEPTES2]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A54. Has a doctor, nurse or other health care provider ever **told you** that you had hepatitis? *[HEP]*

No ..... ☐ 0 → *Skip to Say box before A55*

Yes ..... ☐ 1

Refused to answer ..... ☐ 7 } *Skip to Say box before A55*

Don't know ..... ☐ 8 }

A54a. What type or types of hepatitis have you had? *[READ CHOICES.]*

	Yes (1)	No (0)	Refused	Don't know (8)
Hepatitis A <i>[TYPEHEPA]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B <i>[TYPEHEPB]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C <i>[TYPEHEPC]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other( <b>Specify:</b> .....) <i>[OHEP1]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other( <b>Specify:</b> .....) <i>[OHEP2]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SAY:** “There are vaccinations or shots for prevention of Hepatitis A and Hepatitis B. Now I am going to ask you whether you have received any of these vaccines. Don’t include shots of immunoglobulin (also called IgG) that you may have received to prevent infection after a known exposure to someone with Hepatitis A or B.”

A55. Have you **ever** received any vaccinations for hepatitis? *[HEPVAC]*

No ..... ☐ 0 → *Skip to A56a*

Yes ..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8 } *Skip to Say box before A57*

A56. When you were vaccinated for Hepatitis, did you receive the Hepatitis A vaccine alone (which is usually 2 shots), B vaccine alone (which is usually 3 shots), or the Combination A and B vaccine (which is usually 3 shots)? **[CHECK ALL THAT APPLY.]**

Hepatitis A alone ..... ☐ 1 *[HEPTYPEA]*

Hepatitis B alone ..... ☐ 2 *[HEPTYPEB]*

Hepatitis A and B in combination ..... ☐ 3 *[HEPTYPEC]*

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

**Interviewer instructions: After recording response, skip to Say box before A57.**

A56a. What are the reasons that you didn’t receive any vaccinations to prevent hepatitis?  
**[CHECK ALL THAT APPLY. DON’T READ CHOICES.]**

- |  |                             |                   |
|--|-----------------------------|-------------------|
| I have already had hepatitis.....                            | <input type="checkbox"/> 1  | <b>[RSNHEPA]</b>  |
| I currently have hepatitis.....                              | <input type="checkbox"/> 2  | <b>[RSNHEPB]</b>  |
| My doctor told me I don't need the vaccine .....             | <input type="checkbox"/> 3  | <b>[RSNHEPC]</b>  |
| Costs too much/insurance doesn't cover vaccinations.....     | <input type="checkbox"/> 4  | <b>[RSNHEPD]</b>  |
| I plan to get vaccinated, but I haven't had time yet .....   | <input type="checkbox"/> 5  | <b>[RSNHEPE]</b>  |
| I don't believe I am at risk for contracting hepatitis ..... | <input type="checkbox"/> 6  | <b>[RSNHEPF]</b>  |
| I don't want to get the vaccination.....                     | <input type="checkbox"/> 7  | <b>[RSNHEPG]</b>  |
| I don't like needles.....                                    | <input type="checkbox"/> 8  | <b>[RSNHEPH]</b>  |
| I don't trust doctors .....                                  | <input type="checkbox"/> 9  | <b>[RSNHEPI]</b>  |
| I don't think the vaccination is effective.....              | <input type="checkbox"/> 10 | <b>[RSNHEPJ]</b>  |
| I didn't know the vaccine existed .....                      | <input type="checkbox"/> 11 | <b>[RSNHEPK]</b>  |
| Afraid the vaccine will make me sick.....                    | <input type="checkbox"/> 12 | <b>[RSNHEPL]</b>  |
| Other 1 ( <i>Specify:</i> .....)                             | <input type="checkbox"/> 13 | <b>[OTRSNHEP]</b> |
| Other 2 ( <i>Specify:</i> .....)                             | <input type="checkbox"/> 14 | <b>[OTRSNHE2]</b> |
| Other 3 ( <i>Specify:</i> .....)                             | <input type="checkbox"/> 15 | <b>[OTRSNHE3]</b> |
| Other 4 ( <i>Specify:</i> .....)                             | <input type="checkbox"/> 16 | <b>[OTRSNHE4]</b> |
| Refused to answer .....                                      | <input type="checkbox"/> 77 |                   |
| Don't know .....   | <input type="checkbox"/> 88 |                   |

**SAY:** "Now I'm going to ask you some questions about sexually transmitted diseases or STDs".

A57. In the **past 12 months**, did you have a test to check for any of the following: **[READ CHOICES.]**

	Yes (1)	No (0)	Refused	Don't know (8)
a. Syphilis [SYPHIL]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gonorrhea ("clap" or "drip") [GONO]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chlamydia [CHLAM]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Herpes (HSV) [HERP]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Genital warts (HPV) [GENWAR]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Interviewer instructions: Only ask A57f if response to DEMOGRAPHICS D14 (birth gender) is "Male" and DEMOGRAPHICS D15 (self-identified gender) is "Male," OR if response to DEMOGRAPHICS D14 is "Female" and DEMOGRAPHICS D15 is "Male" or "Transgender."**

f. Non-gonococcal urethritis (NGU) [NGONOUR]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other [OSTD1] (Specify: _____) [OSTD2]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A58. In the **past 12 months**, has a doctor, nurse, or other health care provider told you that you had any of the following: **[READ CHOICES.]**

	Yes (1)	No (0)	Refused	Don't know (8)
a. Syphilis <i>[DIASYPH]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gonorrhea ("clap" or "drip") <i>[DIAGONO]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chlamydia <i>[DIACHLA]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Herpes (HSV) <i>[DIAHERP]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Genital warts (HPV) <i>[DIAGENW]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Interviewer instructions: Only ask A58f if response to DEMOGRAPHICS D14 (birth gender) is "Male" and DEMOGRAPHICS D15 (self-identified gender) is "Male," OR if response to DEMOGRAPHICS D14 is "Female" and DEMOGRAPHICS D15 is "Male" or "Transgender."**

f. Non-gonococcal urethritis (NGU) <i>[DIANGONO]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other <i>[OSTD3]</i> (Specify: _____) <i>[OSTD4]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A59. During the **past 12 months**, have you gone to an STD clinic for testing, diagnosis or treatment of a sexually transmitted disease? *[STDCLIN]*

No .....	<input type="checkbox"/>	0
Yes.....	<input type="checkbox"/>	1
Refused to answer .....	<input type="checkbox"/>	7
Don't know .....	<input type="checkbox"/>	8



## UNMET NEEDS

**SAY:** “Now I am going to ask you some questions about your need for services related to HIV.”

In the **past 12 months**, have you needed any of these services: *[SHOW RESPONSE CARD D.]*

**Interviewer instructions:** *If response to N1a is “No,” “Refused to answer,” or “Don’t know”, skip to N2a; otherwise, go to N1b. If response to N1b is “Yes,” “Refused to answer,” or “Don’t know,” skip to N2a; otherwise, go to N1c. Follow the same pattern for N1-N14.*

	[Needed this service in the past 12 months?]	<i>If “Yes” in N1a-N14a, ask: Have you been able to get this service in the past 12 months?</i>	<i>If “No” in N1b-N14b, ask: What was the main reason you haven’t been able to get this service?</i>
	<b>CODE:</b> <i>No = 0, Yes = 1, Refused to answer = 7, Don’t know = 8</i>	<b>CODE:</b> <i>No = 0, Yes = 1, Refused to answer = 7, Don’t know = 8</i>	<b>CODE:</b> <i>SEE CODE LIST BELOW FOR RESPONSES. [CHECK ONLY ONE. DON’T READ CHOICES.]</i>
N1. HIV case management services <i>[HIVCMS][HIVCMS12][HIVCMSRS]</i>	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>
N2. Mental health counseling <i>[MENCON][MENCON12][MENCONRS]</i>	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>
N3. Social services, such as insurance assistance or financial counseling <i>[SOCSER][SOCSER12][SOCSERRS]</i>	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>
N4. Assistance in finding a doctor for ongoing medical services <i>[DOCASS][ASSDOC12][ASSDOCRS]</i>	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>
N5. Assistance in finding dental services <i>[DENSER][DENSER12][DENSERRS]</i>	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>
N6. Adherence support services <i>[ASS][ASS12][ASSRS]</i>	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>
N7. Home health services, such as home nursing care or assistance <i>[HHSASS][HHSASS12][HHSSERRS]</i>	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>
N8. Chore or homemaker services (paid or	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>

- volunteer)  
*[HOMSER][HOMSER12][HOMSERRS]*
- N9. Assistance in finding shelter or housing  
*[SHLTER][SHLTER12][SHLTRRS]* a.  b.  c.
- N10. Assistance with finding meals or food  
*[MLSFOD][MLSFOD12][MLSFODRS]* a.  b.  c.
- N11. Transportation assistance  
*[TRSASS][TRSASS12][TRSSERRS]* a.  b.  c.
- N12. Childcare services  
*[CHLDCR][CHLDCR12][CHDCARRS]* a.  b.  c.
- N13. Education or information on HIV risk reduction  
*[HIVEDU][HIVEDU12][HIVEDURS]* a.  b.  c.
- N14. Other (*Specify:* \_\_\_\_\_) a.  b.  c.   
*[OTHSEARNM][OTHSEARN12][OTHSEARRS]*

***Interviewer instructions: For N1c-N14c: [ENTER ONLY ONE RESPONSE. DON'T READ CHOICES.]***

- 1 I don't know where to go or who to call
- 2 Didn't complete application process
- 3 The system is too confusing
- 4 The waiting list is too long
- 5 It isn't available in my area
- 6 They charge too much
- 7 I don't have the money to pay
- 8 Transportation problems
- 9 Language barrier
- 10 Not eligible / denied services
- 11 I'm too sick to get out
- 12 Other (*Specify:* \_\_\_\_\_)
- 77 Refused to answer
- 88 Don't know

## SEXUAL BEHAVIOR

***Interviewer instructions: Use your discretion in using slang terms for the following sexual behavior questions.***

**SAY:”** Next, I’m going to ask you some questions about having sex. Please remember your answers will be kept confidential. For these questions, ‘having sex’ means oral sex - mouth on the vagina or penis; vaginal sex - penis in the vagina; and anal sex - penis in the anus (butt). Also, “sex without a condom” includes any acts where you only used a condom **part** of the time. I need to ask you all the questions, even if some may not apply to your situation.”

***Interviewer instructions: Refer to DEMOGRAPHICS D14 (birth gender) and DEMOGRAPHICS D15 (self-identified gender):***

***If both are coded as “Male,” go to S1.***

***If both are coded as “Female,” skip to S6.***

***If one variable is coded as “Male” and the other as “Female,” or if DEMOGRAPHICS D15 is coded as “Transgender,” skip to Say box before S9.***

***Otherwise, skip to the Say box before U1.***

## MALE RESPONDENT – FEMALE PARTNER

S1. In the **past 12 months**, with how many different women have you had oral, anal, or vaginal sex? *[M\_FOSX12]*

\_\_\_\_\_ *[7777 = Refused to answer, 8888 = Don't know]*

**Interviewer instructions: If “0,” “Refused to answer,” or “Don’t know,” skip to S3.**

<b>MULTIPLE FEMALE PARTNERS</b> [Read questions in this column] No = 0, Yes = 1, Refused to answer= 7777, Don't know = 8888			<b>ONE FEMALE PARTNER</b> [Read questions in this column] No = 0, Yes = 1, Refused to answer= 7, Don't know = 8		
<i>Question</i>	<i>Response</i>	<i>Skip Pattern</i>	<i>Question</i>	<i>Response</i>	<i>Skip Pattern</i>
S2a. Of your _____ <i>[response from S1]</i> female partners in the <b>past 12 months</b> , with how many did you have <u>vaginal sex</u> where you put your penis in her vagina? <i>[M_FOVVS]</i>	[ ]	<i>If “0,” 7777, or 8888 skip to S2c.</i>  <i>If “0,” don’t ask S2j and S2k.</i>	S2a. In the <b>past 12 months</b> , did you have <u>vaginal sex</u> with this woman where you put your penis in her vagina? <i>[M_FOIVS]</i>	[ ]	<i>If “No,” 7, or 8 skip to S2c.</i>  <i>If “No,” don’t ask S2j and S2k.</i>
S2b. Of these _____ <i>[response from S2a]</i> women, with how many did you have <u>vaginal sex</u> without a condom in the <b>past 12 months</b> ? <i>[M_FOUVS]</i>	[ ]		S2b. Did you have <u>vaginal sex</u> with her without a condom in the <b>past 12 months</b> ? <i>[M_FOIVVS]</i>	[ ]	
S2c. Of your _____ <i>[response from S1]</i> female partners in the <b>past 12 months</b> , with how many did you have <u>anal sex</u> where you put your penis in her anus (butt)? <i>[M_FOAS]</i>	[ ]	<i>If “0,” don’t ask S2l and S2m.</i>	S2c. In the <b>past 12 months</b> , did you have <u>anal sex</u> with this woman where you put your penis in her anus (butt)? <i>[M_FOIAS]</i>	[ ]	<i>If “No,” don’t ask S2l and S2m.</i>
S2d. Of these _____ <i>[response from S2c]</i> women, with how many did you have <u>anal sex</u> without a condom in the <b>past 12 months</b> ? <i>[M_FOUAS]</i>	[ ]		S2d. Did you have <u>anal sex</u> without a condom with her in the <b>past 12 months</b> ? <i>[M_FOIUAS]</i>	[ ]	
S2e. Of your _____ <i>[response from S1]</i> female partners in the <b>past 12 months</b> , with how many did you discuss BOTH your HIV status and their HIV status before you had sex for the first time? <i>[M_NFODIS]</i>	[ ]	<i>If “0,” don’t ask S2q.</i>	<i>The version of this question is asked in S2q.</i>		

S2f. In the **past 12 months**, did you have sex with any of these partners in exchange for things like money, drugs, food, shelter or transportation? *[M\_FLOXCH]*

- No ..... ☐ 0 → *Skip to Say box before S2h*
- Yes ..... ☐ 1
- Refused to answer ..... ☐ 7 } *Skip to Say box before S2h*
- Don't know ..... ☐ 8 }

S2g. Did you give them things in exchange for sex or did they give you things in exchange for sex or both? *[CHECK ONLY ONE RESPONSE. READ CHOICES.] [M\_FLOPAY]*

- I gave them things in exchange for sex ..... ☐ 1
- They gave me things in exchange for sex ..... ☐ 2
- They gave me things and I gave them things ..... ☐ 3
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

**SAY:** "Now I would like to ask you about the **last time** you had sex with a female partner."

S2h. When was the last time you had oral, anal, or vaginal sex with your **most recent** female partner? *[M\_FLOSX]*

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

S2i. Was the woman you had sex with that last time a main or casual partner?  
By "main partner," I mean a woman you have sex with and who you feel committed to above anyone else. This is a partner that you would call your girlfriend, wife, significant other, or life partner. By "casual partner," I mean a woman you have sex with, but do not feel committed to or don't know very well. *[M\_FLCM]*

- Main ..... ☐ 1
- Casual ..... ☐ 2
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

**Interviewer instructions:** If S2a is "0" or "No," then skip to S2l.

S2j. When you had sex that last time, did you have vaginal sex where you put your penis in her vagina? *[M\_FLOVSJ]*

- No ..... ☐ 0 → *Skip to S2l*

Yes..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8 } **Skip to S2l**

S2k. During vaginal sex with that partner, did you use a condom none of the time, part of the time or the whole time? **[CHECK ONLY ONE RESPONSE. READ CHOICES.]** *[M\_FLOCVS]*

None of the time..... ☐ 1  
 Part of the time..... ☐ 2  
 The whole time ..... ☐ 3  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

**Interviewer instructions: If S2c is "0" or "No," then skip to S2n.**

S2l. When you had sex that last time, did you have anal sex where you put your penis in her anus (butt)? *[M\_FLOAS]*

No..... ☐ **Skip to S2n**  
 0 →

Yes..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8 } **Skip to S2n**

S2m. During anal sex with that partner, did you use a condom none of the time, part of the time or the whole time? **[CHECK ONLY ONE RESPONSE. READ CHOICES.]** *[M\_FLOCAS]*

None of the time..... ☐ 1  
 Part of the time..... ☐ 2  
 The whole time ..... ☐ 3  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

S2n. Before or during the last time you had sex with this partner, did you use:  
**[CHECK ONLY ONE RESPONSE. READ CHOICES.]** *[M\_FLOHI]*

Alcohol..... ☐ 1  
 Drugs..... ☐ 2  
 Alcohol and drugs..... ☐ 3

Neither one..... ☐ 4  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

S2o. The last time you had sex with this partner, did you know her HIV status?  
*[M\_FLOKNO]*

No ..... ☐ 0  
 Yes..... ☐ 1  
 Partner hadn't been tested ..... ☐ 2  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

*Skip to S2q*

*Skip to S2q*

S2p. What was her HIV status? *[CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.]*  
*[M\_FLOHIV]*

HIV-negative..... ☐ 1  
 HIV-positive ..... ☐ 2  
 Indeterminate ..... ☐ 3  
 Refused to answer ..... ☐ 7

**Interviewer instructions: If S2e is "0," skip to S3.**

S2q. Before you had sex with this partner for the **first time**, did you discuss BOTH your HIV status and her HIV status? *[M\_FLODIS]*

No ..... ☐ 0  
 Yes..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

## MALE RESPONDENT - MALE PARTNER

S3. In the **past 12 months**, with how many different men have you had anal or oral sex?

*[M\_MOSX12]*

\_\_\_\_ [Refused to answer = 7777, Don't know = 8888]

**Interviewer instructions: If "0," "Refused to answer," or "Don't know," skip to the Say box before U1.**

<b>MULTIPLE MALE PARTNERS</b> [Read questions in this column] No = 0, Yes = 1, Refused to answer= 7777, Don't know = 8888			<b>ONE MALE PARTNER</b> [Read questions in this column] No = 0, Yes = 1, Refused to answer = 7, Don't know = 8		
Question	Response	Skip Pattern	Question	Response	Skip Pattern
S4a. Of your _____ <i>[response from S3]</i> male partners in the <b>past 12 months</b> , with how many did you have <u>anal sex</u> ? By anal sex, I mean penis in the anus (butt). <i>[M_MOAS]</i>	[ ]	<i>If "0," 7777, or 8888 skip to S4c.</i>  <i>If "0," don't ask S4d and S4i – S4l.</i>	S4a. In the <b>past 12 months</b> did you have <u>anal sex</u> with this man? By anal sex, I mean penis in the anus (butt). <i>[M_MO1AS]</i>	[ ]	<i>If "No," 7, or 8 skip to S4e.</i>  <i>If "No," don't ask S4d and S4i – S4l.</i>
S4b. Of these _____ <i>[response from S4a]</i> men, with how many did you have <u>anal sex</u> without a condom in the <b>past 12 months</b> ? <i>[M_MOUAS]</i>	[ ]		S4b. Did you have <u>anal sex</u> without a condom with him in the <b>past 12 months</b> ? <i>[M_MO1UAS]</i>	[ ]	
S4c. Of your _____ <i>[response from S3]</i> male partners in the <b>past 12 months</b> , with how many did you discuss BOTH your HIV status and their HIV status before you had sex for the <b>first time</b> ? <i>[M_NMODIS]</i>	[ ]	<i>If "0," don't ask S4p.</i>	<i>The version of this question is asked in S4p.</i>		

**Interviewer instructions: If S4a is "0" or "No," skip to S4e.**

S4d. In the **past 12 months**, when you had anal sex with those \_\_\_\_\_ *[RESPONSE FROM S4A]* partners, did you have insertive anal sex (where you were the top) or receptive anal sex (where you were the bottom) or both? *[CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.]* *[M\_MIRAS]*

I was insertive partner ..... ☐ 1



I was receptive partner ..... ☐ 2  
 Both..... ☐ 3  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

S4e. In the **past 12 months**, did you have sex with any of the \_\_\_\_\_ *[RESPONSE FROM S3]*  
 partners in exchange for things like money, drugs, food, shelter, or  
 transportation? *[M\_MLMXCH]*

No ..... ☐ 0 → *Skip to Say box  
before S4g*  
 Yes..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8 } *Skip to Say box  
before S4g*

S4f. Did you give them things in exchange for sex or did they give you things in exchange for sex  
 or both? *[CHECK ONLY ONE RESPONSE. READ CHOICES.] [M\_MLMPAY]*

I gave them things in exchange for sex..... ☐ 1  
 They gave me things in exchange for sex..... ☐ 2  
 They gave me things and I gave them things..... ☐ 3  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

**SAY:** “Now I would like to ask you about the **last time** you had sex with a male partner.”

S4g. When was the last time you had anal or oral sex with your **most recent** male partner?

*[M\_MLOSX]*

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88= Don't know;  
 Year: 7777 = Refused to answer, 8888 = Don't know]*

S4h. Was this man a main partner or casual partner? By “main partner,” I mean a man you  
 have sex with and who you feel committed to above anyone else. This is a partner that  
 you would call your boyfriend, husband, significant other, or life partner. By “casual  
 partner,” I mean a man you have sex with, but do not feel committed to or don't know  
 very well. *[CHECK ONLY ONE RESPONSE. READ CHOICES.] [M\_MLCM]*

Main ..... ☐ 1  
 Casual..... ☐ 2  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

**Interviewer instructions: If S4a is "0" or "No," then skip to S4m.**

S4i. When you had sex that last time, did you have receptive anal sex where he put his penis in your anus (butt)? *[M\_MLORAS]*

- No ..... ☐ 0 → **Skip to S4k**
- Yes..... ☐ 1
- Refused to answer ..... ☐ 7 } **Skip to S4k**
- Don't know ..... ☐ 8 }

S4j. During receptive anal sex with that partner, did he use a condom none of the time, part of the time, or the whole time? **[CHECK ONLY ONE RESPONSE. READ CHOICES.]** *[M\_MLOCRA]*

- None of the time..... ☐ 1
- Part of the time..... ☐ 2
- The whole time ..... ☐ 3
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

S4k. When you had sex that last time, did you have insertive anal sex where you put your penis in his anus (butt)? *[M\_MLOIAS]*

- No ..... ☐ 0 → **Skip to S4m**
- Yes..... ☐ 1
- Refused to answer ..... ☐ 7 } **Skip to S4m**
- Don't know ..... ☐ 8 }

S4l. During insertive anal sex with that partner, did you use a condom none of the time, part of the time, or the whole time? **[CHECK ONLY ONE RESPONSE. READ CHOICES.]** *[M\_MLOCIA]*

- None of the time..... ☐ 1
- Part of the time..... ☐ 2
- The whole time ..... ☐ 3
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

**Confirmation message: If S4i and S4k are "No," say the following: "So this means you only had oral sex the last time you had sex?" If "No," return to S4i.**

S4m. Before or during the last time you had sex with this partner, did you use: *[M\_MLOHI]*

***[CHECK ONLY ONE RESPONSE. READ CHOICES.]***

- Alcohol..... ☐ 1  
Drugs..... ☐ 2  
Alcohol and drugs..... ☐ 3  
Neither one..... ☐ 4  
Refused to answer..... ☐ 7  
Don't know..... ☐ 8

S4n. The last time you had sex with this partner, did you know his HIV status? ***[M\_MLOKNO]***

- No..... ☐ 0 → ***Skip to S4p***  
Yes..... ☐ 1  
Partner hadn't been tested..... ☐ 2 } ***Skip to S4p***  
Refused to answer..... ☐ 7  
Don't know..... ☐ 8

S4o. What was his HIV status? ***[CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.]***  
***[M\_MLOHIV]***

- HIV-negative..... ☐ 1  
HIV-positive..... ☐ 2  
Indeterminate..... ☐ 3  
Refused to answer..... ☐ 7

***Interviewer instructions: If S4c is "0," then skip to S5.***

S4p. Before you had sex with this partner for the **first time**, did you discuss BOTH your HIV status and his HIV status? ***[M\_MOFDIS]***

- No..... ☐ 0  
Yes..... ☐ 1  
Refused to answer..... ☐ 7  
Don't know..... ☐ 8

S5. The next question is about whether you have told people that you are attracted to men and/or have sex with men. I'll read a list of people you may have told, please tell me which ones apply. I need to ask you all the questions, even if some may not apply to your situation. Have you told any: ***[CHECK ALL THAT APPLY. READ CHOICES.]***

- Gay, lesbian, or bisexual friends..... ☐ 1 ***[ATTMENA]***  
Friends who are not gay, lesbian, or bisexual..... ☐ 2 ***[ATTMENB]***

Family members.....	<input type="checkbox"/>	3	<i>[ATTMENC]</i>
Spouse or partner .....	<input type="checkbox"/>	4	<i>[ATTMEND]</i>
Health care providers .....	<input type="checkbox"/>	5	<i>[ATTMENE]</i>
Someone else .....	<input type="checkbox"/>	6	<i>[ATTMENF]</i>
Haven't told anyone.....	<input type="checkbox"/>	7	<i>[ATTMENG]</i>
Refused to answer .....	<input type="checkbox"/>	77	
Don't know .....	<input type="checkbox"/>	88	

***Confirmation message: if no boxes are checked, interviewer must confirm that respondent hasn't told anyone, and then check the "Haven't told anyone" response.***

***Interviewer instructions: Skip to the Say box before U1.***

## FEMALE RESPONDENT - MALE PARTNER

S6. In the **past 12 months**, with how many different men have you had oral, anal, or vaginal sex?

**[F\_MMSX12]**

\_\_\_\_

*[Refused to answer = 7777, Don't know = 8888]*

**Interviewer instructions: If S6 is "0," "Refused to answer," or "Don't know," skip to S7.**

<b>MULTIPLE MALE PARTNERS</b> <b>[Read questions in this column]</b> <b>No = 0, Yes = 1, Refused to answer = 7777,</b> <b>Don't know = 8888</b>			<b>ONE MALE PARTNER</b> <b>[Read questions in this column]</b> <b>No = 0, Yes = 1, Refused to answer = 7,</b> <b>Don't know = 8</b>		
<b>Question</b>	<b>Response</b>	<b>Skip Pattern</b>	<b>Question</b>	<b>Response</b>	<b>Skip Pattern</b>
S6a. Of your ____ <b>[response from S6]</b> male partners in the <b>past 12 months</b> , with how many did you have <u>vaginal sex</u> where he put his penis in your vagina? <b>[F_MMVS]</b>	[ ]	<i>If "0," 7777, or 8888 skip to S6c.</i>  <i>If "0," don't ask S6j and S6k.</i>	S6a. In the <b>past 12 months</b> did you have <u>vaginal sex</u> with this man where he put his penis in your vagina? <b>[F_MMIVS]</b>	[ ]	<i>If "No," 7, or 8 skip to S6c.</i>  <i>If "No," don't ask S6j and S6k.</i>
S6b. Of these ____ <b>[response from S6a]</b> men, with how many did you have <u>vaginal sex</u> without a condom in the <b>past 12 months</b> ? <b>[F_MMUVS]</b>	[ ]		S6b. Did you have <u>vaginal sex</u> without a condom with him in the <b>past 12 months</b> ? <b>[F_MMUVS]</b>	[ ]	
S6c. Of your ____ <b>[response from S6]</b> male partners in the <b>past 12 months</b> , with how many did you have <u>anal sex</u> where he put his penis in your anus (butt)? <b>[F_MMAS]</b>	[ ]	<i>If "0," 7777, or 8888 skip to S6e.</i>  <i>If "0," don't ask S6l and S6m.</i>	S6c. In the <b>past 12 months</b> , did you have <u>anal sex</u> with this man where he put his penis in your anus (butt)? <b>[F_MMIAS]</b>	[ ]	<i>If "No," 7, or 8 skip to S6f.</i>  <i>If "No," don't ask S6l and S6m.</i>
S6d. Of these ____ <b>[response from S6c]</b> men, with how many did you have <u>anal sex</u> without a condom in the <b>past 12 months</b> ? <b>[F_MMUAS]</b>	[ ]		S6d. Did you have <u>anal sex</u> without a condom with him in the <b>past 12 months</b> ? <b>[F_MMUAS]</b>	[ ]	
S6e. Of your ____ <b>[response from S6]</b> male partners, with how many did you discuss BOTH your HIV status and their HIV status before you had sex for the first time? <b>[F_NMMDIS]</b>	[ ]	<i>If "0," don't ask S6q.</i>	<i>The version of this question is asked in S6q.</i>		

S6f. In the **past 12 months**, did you have sex with any of these partners in exchange for things like money, drugs, food, shelter or transportation? **[F\_MLMXCH]**

No ..... ☐ 0 → *Skip to Say box before S6h*

Yes ..... ☐ 1

Refused to answer ..... ☐ 7 } *Skip to Say box before S6h*

Don't know ..... ☐ 8 }

S6g. Did you give them things in exchange for sex or did they give you things in exchange for sex or both? **[CHECK ONLY ONE RESPONSE. READ CHOICES.]** *[F\_MLMPAY]*

I gave them things in exchange for sex ..... ☐ 1

They gave me things in exchange for sex ..... ☐ 2

They gave me things and I gave them things ..... ☐ 3

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

**SAY:** "Now I would like to ask you about the **last time** you had sex with a male partner."

S6h. When was the last time you had oral, anal, or vaginal sex with your **most recent** male partner? *[F\_MLMSX]*

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

S6i. Was this man a main partner or casual partner? By "main partner," I mean a man you have sex with and who you feel committed to above anyone else. This is a partner that you would call your boyfriend, husband, significant other, or life partner. By "casual partner," I mean a man you have sex with, but do not feel committed to or don't know very well. **[CHECK ONLY ONE RESPONSE. READ CHOICES.]** *[F\_MLCM]*

Main ..... ☐ 1

Casual ..... ☐ 2

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

**Interviewer instructions:** If S6a is "0" or "No," then skip to S6l.

S6j. When you had sex that last time, did you have vaginal sex where he put his penis in your vagina? *[F\_MLMVS]*

No ..... ☐ 0 → *Skip to S6l*

Yes ..... ☐ 1

Refused to answer ..... ☐ 7 } *Skip to S6l*

Don't know ..... ☐ 8

S6k. During vaginal sex with that partner, did he use a condom none of the time, part of the time, or the whole time? **[CHECK ONLY ONE RESPONSE. READ CHOICES.]**  
**[F\_MLMCVS]**

None of the time..... ☐ 1  
Part of the time..... ☐ 2  
The whole time ..... ☐ 3  
Refused to answer ..... ☐ 7  
Don't know ..... ☐ 8

**Interviewer instructions: If S6c is "0" or "No," then skip to S6n.**

S6l. When you had sex that last time, did you have anal sex where he put his penis in your anus (butt)? **[F\_MLMAS]**

No..... ☐ 0 → **Skip to S6n**  
Yes..... ☐ 1  
Refused to answer ..... ☐ 7 } **Skip to S6n**  
Don't know ..... ☐ 8 }

S6m. During anal sex with that partner, did he use a condom none of the time, part of the time, or the whole time? **[CHECK ONLY ONE RESPONSE. READ CHOICES.]** **[F\_MLMCAS]**

None of the time..... ☐ 1  
Part of the time..... ☐ 2  
The whole time ..... ☐ 3  
Refused to answer ..... ☐ 7  
Don't know ..... ☐ 8

S6n. Before or during the **last time** you had sex with this partner, did you use:  
**[CHECK ONLY ONE RESPONSE. READ CHOICES.]** **[F\_MLMHI]**

Alcohol..... ☐ 1  
Drugs..... ☐ 2  
Alcohol and drugs ..... ☐ 3  
Neither one..... ☐ 4  
Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

S6o. The **last time** you had sex with this partner, did you know his HIV status? *[F\_MLMKNO]*

No ..... ☐ 0 → *Skip to S6q*

Yes ..... ☐ 1

Partner hadn't been tested ..... ☐ 2

Refused to answer ..... ☐ 7 } *Skip to S6q*

Don't know ..... ☐ 8

S6p. What was his HIV status? *[CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.]*  
*[F\_MLMHIV]*

HIV-negative ..... ☐ 1

HIV-positive ..... ☐ 2

Indeterminate ..... ☐ 3

Refused to answer ..... ☐ 7

**Interviewer instructions: If S6e is "0," skip to S7.**

S6q. Before you had sex with this partner for the **first time**, did you discuss BOTH your HIV status and his HIV status? *[F\_MMFDIS]*

No ..... ☐ 0

Yes ..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8



## FEMALE RESPONDENT - FEMALE PARTNER

S7. In the **past 12 months**, how many different women have you had sex with? *[F\_FSX12]*

\_\_\_\_ *[Refused to answer = 7777, Don't know = 8888]*

**Interviewer instructions: If S7="0," "Refused to answer," or "Don't know," skip to Say box before U1.**

S7a. When was the last time you had sex with your **most recent** female partner? *[LASSXFF]*

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

S7b. Was the woman you had sex with that last time a main or casual partner? By "main partner," I mean a woman you have sex with and who you feel committed to above anyone else. This is a partner that you would call your girlfriend, wife, significant other, or life partner. By "casual partner," I mean a woman you have sex with, but do not feel committed to or don't know very well. ***[CHECK ONLY ONE RESPONSE. READ CHOICES.]*** *[PARTYEFF]*

Main ..... ☐ 1  
Casual..... ☐ 2  
Refused to answer ..... ☐ 7  
Don't know ..... ☐ 8

S7c. Before or during the last time you had sex with this partner, did you use:  
***[CHECK ONLY ONE RESPONSE. READ CHOICES.]*** *[ALCDRUFF]*

Alcohol..... ☐ 1  
Drugs..... ☐ 2  
Alcohol and drugs ..... ☐ 3  
Neither one..... ☐ 4  
Refused to answer ..... ☐ 7  
Don't know ..... ☐ 8

S7d. The last time you had sex with this partner, did you know her HIV status? *[HIVSTAFF]*

No ..... ☐ 0 → **Skip to S7f**  
Yes..... ☐ 1  
Partner hadn't been tested..... ☐ 2 } **Skip to S7f**  
Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

S7e. What was her HIV status? **[CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.]**  
**[HIVSTKFF]**

HIV-negative..... ☐ 1

HIV-positive ..... ☐ 2

Indeterminate ..... ☐ 3

Refused to answer ..... ☐ 7

S7f Before you had sex with this partner for the **first time**, did you discuss BOTH your HIV status and her HIV status? **[BOTSTAFF]**

No ..... ☐ 0

Yes..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

S8. The next question is about whether you have told people that you are attracted to women and/or have sex with women. I'll read a list of people you may have told, please tell me which ones apply. I need to ask you all the questions, even if some may not apply to your situation. Have you told any: **[CHECK ALL THAT APPLY. READ CHOICES.]**

Gay, lesbian, or bisexual friends..... ☐ 1 **[ATTWOMA]**

Friends who are not gay, lesbian, or bisexual ..... ☐ 2 **[ATTWOMB]**

Family members..... ☐ 3 **[ATTWOMC]**

Spouse or partner ..... ☐ 4 **[ATTWOMD]**

Health care providers ..... ☐ 5 **[ATTWOME]**

Someone else ..... ☐ 6 **[ATTWOMF]**

Haven't told anyone..... ☐ 7 **[ATTWOMG]**

Refused to answer ..... ☐ 77

Don't know ..... ☐ 88

**Confirmation message: If no boxes are checked, interviewer must confirm that respondent hasn't told anyone, and then check the "Haven't told anyone" response.**

**Interviewer instructions: Skip to Say box before U1.**

## TRANSGENDER RESPONDENT

S9. In the **past 12 months**, with how many different partners have you had oral, anal or vaginal sex? *[MX12NT]*

\_\_\_\_ *[Refused to answer = 7777, Don't know = 8888]*

**Interviewer instructions:** If S9 = "0," "Refused to answer," or "Don't know," skip to Say box before U1.

S9a. Of these \_\_\_\_\_ *[RESPONSE FROM S9]* partners, with how many did you have oral, anal, or vaginal sex without a condom in the past 12 months? *[N\_MSVU]*

\_\_\_\_ *[Refused to answer = 7777, Don't know = 8888]*

S10. During the **past 12 months**, did you have sex with any of these partners in exchange for things like money, drugs, food, shelter or transportation? *[N\_MLMXCH]*

No.....	<input type="checkbox"/> 0	→	<b>Skip to Say box before S11</b>
Yes .....	<input type="checkbox"/> 1		
Refused to answer .....	<input type="checkbox"/> 7	}	<b>Skip to Say box before S11</b>
Don't know .....	<input type="checkbox"/> 8		

S10a. Did you give your partners things in exchange for sex or did your partners give you things in exchange for sex or both? *[CHECK ONLY ONE RESPONSE. READ CHOICES.]*  
*[N\_MLMPAY]*

I gave them things in exchange for sex.....	<input type="checkbox"/> 1
They gave me things in exchange for sex.....	<input type="checkbox"/> 2
They gave me things and I gave them things.....	<input type="checkbox"/> 3
Refused to answer .....	<input type="checkbox"/> 7
Don't know .....	<input type="checkbox"/> 8

**SAY:** "Now I would like to ask you about the **last time** you had sex with a partner."

S11. When was the **last time** you had oral, anal, or vaginal sex with your most recent partner?  
*[D\_LMS]*

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88 = Don't know;  
Year: 7777 = Refused to answer, 8888 = Don't know]*

S12. Was this person a main partner or casual partner? By “main partner,” I mean someone you have sex with and who you feel committed to above anyone else. By “casual partner,” I mean someone you have sex with, but do not feel committed to or don’t know very well. **[CHECK ONLY ONE RESPONSE. READ CHOICES.]** *[T\_MLCM]*

- Main ..... ☐ 1  
 Casual..... ☐ 2  
 Refused to answer ..... ☐ 7  
 Don’t know ..... ☐ 8

S13. During oral, anal, or vaginal sex with that partner, did you and your partner use a condom none of the time, part of the time, or the whole time? **[CHECK ONLY ONE RESPONSE. READ CHOICES.]** *[LMSVU]*

- None of the time..... ☐ 1  
 Part of the time..... ☐ 2  
 The whole time ..... ☐ 3  
 Refused to answer ..... ☐ 7  
 Don’t know ..... ☐ 8

S14. Before or during the last time you had sex with this partner, did you use:  
**[CHECK ONLY ONE RESPONSE. READ CHOICES.]** *[LMS\_DA]*

- Alcohol..... ☐ 1  
 Drugs..... ☐ 2  
 Alcohol and drugs ..... ☐ 3  
 Neither one..... ☐ 4  
 Refused to answer ..... ☐ 7  
 Don’t know ..... ☐ 8

S15. Was this partner transgender? *[LMS\_TG]*

- No..... ☐ 0  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don’t know ..... ☐ 8

S16. The last time you had sex with this partner did you know their HIV status? *[LMS\_KNO]*

- No..... ☐ 0 → **Skip to S16b**  
 Yes..... ☐ 1

- Partner hadn't been tested ..... ☐ 2
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8
- } **Skip to S16b**

S16a. What was your partner's HIV status? **[CHECK ONLY ONE RESPONSE. DON'T READ CHOICES.]** *[LMS\_HIV]*

- HIV-negative ..... ☐ 1
- HIV-positive ..... ☐ 2
- Indeterminate ..... ☐ 3
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

S16b. Before you had sex with this partner for the **first time**, did you discuss BOTH your HIV status and your partner's HIV status? *[LMS\_FDIS]*

- No ..... ☐ 0
- Yes ..... ☐ 1
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

## Drug and Alcohol Use History

### INJECTION DRUG USE

**SAY:** “The next questions are about drug and alcohol use. Please remember your answers will be kept confidential and that you can refuse to answer any question you are not comfortable with. First I’m going to ask you about injection drug use. This means injecting drugs yourself and/or having someone who isn’t a health care provider inject you.”

- U1. Have you ever shot up or injected any drugs that weren’t used for medical purposes? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping or muscling. **[EVERINJ]**
- No ..... ☐ 0 → **Skip to Say box before U8**
- Yes..... ☐ 1
- Refused to answer ..... ☐ 7 } **Skip to Say box before U8**
- Don’t know ..... ☐ 8 }

- U2. When was the last time you shot up or injected any drugs (that weren’t used for medical purposes)? **[LASTINJ]**

(M M / Y Y Y Y)

*[Month: 77 = Refused to answer, 88= Don’t know;  
Year: 7777 = Refused to answer, 8888 = Don’t know]*

**Interviewer instructions: If MM/YYYY = 77/7777 or 88/8888, skip to Say box before U8.**

**SAY:** I’m going to read you a list of drugs. For each drug I mention, please tell me how often you **injected** it in the **past 12 months**.”

- U3. How often did you inject: **[CHECK ONLY ONE RESPONSE PER TYPE OF DRUG. USE RESPONSE CARD E. READ EACH DRUG CHOICE.]**

- |  | Didn't<br>use                 | More<br>than<br>once<br>a day    | Once<br>a day                    | More<br>than<br>once a<br>week   | Once a<br>week                   | More<br>than<br>once a<br>month  | Once a<br>month                  | Less<br>than<br>once a<br>month  | Ref                            | Don't<br>Know               |
|--|-------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------|-----------------------------|
| a. Heroin and cocaine<br>together (speedballs) <b>[HERCOC]</b> | <input type="checkbox"/> 1 .. | <input type="checkbox"/> 2 ..... | <input type="checkbox"/> 3 ..... | <input type="checkbox"/> 4 ..... | <input type="checkbox"/> 5 ..... | <input type="checkbox"/> 6 ..... | <input type="checkbox"/> 7 ..... | <input type="checkbox"/> 8 ..... | <input type="checkbox"/> 77 .. | <input type="checkbox"/> 88 |

- b. Heroin alone..... ☐ 1. ☐ 2 ..... ☐ 3 ..... ☐ 4..... ☐ 5..... ☐ 6 ..... ☐ 7 ..... ☐ 8..... ☐ 77... ☐ 88  
**[HEROIN]**
- c. Cocaine alone..... ☐ 1.. ☐ 2 ..... ☐ 3 ..... ☐ 4..... ☐ 5..... ☐ 6 ..... ☐ 7 ..... ☐ 8..... ☐ 77... ☐ 88  
**[COCAINE]**
- d. Crack..... ☐ 1.. ☐ 2 ..... ☐ 3 ..... ☐ 4..... ☐ 5..... ☐ 6 ..... ☐ 7 ..... ☐ 8..... ☐ 77... ☐ 88  
**[CRACK]**
- e. Methamphetamines  
 (crystal, meth, tina,  
 crank, ice) ☐ 1.. ☐ 2 ..... ☐ 3 ..... ☐ 4..... ☐ 5..... ☐ 6 ..... ☐ 7 ..... ☐ 8..... ☐ 77... ☐ 88  
**[CRAMTCI]**
- f. Other amphetamines ☐ 1.. ☐ 2 ..... ☐ 3 ..... ☐ 4..... ☐ 5..... ☐ 6 ..... ☐ 7 ..... ☐ 8..... ☐ 77... ☐ 88  
**[AMPHETA]**
- g. Oxycontin..... ☐ 1. ☐ 2 ..... ☐ 3 ..... ☐ 4..... ☐ 5..... ☐ 6 ..... ☐ 7 ..... ☐ 8..... ☐ 77... ☐ 88  
**[OXYCON]**
- h. Steroids/hormones... ☐ 1. ☐ 2 ..... ☐ 3 ..... ☐ 4..... ☐ 5..... ☐ 6 ..... ☐ 7 ..... ☐ 8..... ☐ 77... ☐ 88  
**[STRHRM]**
- i. Other injected drug... ☐ 1. ☐ 2 ..... ☐ 3 ..... ☐ 4..... ☐ 5..... ☐ 6 ..... ☐ 7 ..... ☐ 8..... ☐ 77... ☐ 88  
**[OINJDRY]**  
 (Specify: \_\_\_\_\_) **[OINJDR]**

- U4. During the **past 12 months** when you injected, how often did you use a new, sterile needle?  
 By a new, sterile needle, I mean a needle never used before by anyone, even you.  
**[CHECK ONLY ONE RESPONSE. USE RESPONSE CARD C. READ CHOICES.]**  
**[NEWNEE]**

- Never..... ☐ 1
- Rarely ..... ☐ 2
- About half the time ..... ☐ 3
- Most of the time ..... ☐ 4
- Always ..... ☐ 5
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8
- } **Skip to U6**

- U5. During the **past 12 months**, how often have you shared needles or rigs with other people?  
 This means more than one person using the same needle. **[CHECK ONLY ONE RESPONSE. USE RESPONSE CARD C. READ CHOICES.]** **[SOMNEE]**
- Never..... ☐ 1
- Rarely ..... ☐ 2
- About half the time ..... ☐ 3
- Most of the time ..... ☐ 4

Always ..... ☐ 5  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

U6. During the **past 12 months** when you injected, how often did you share drug using equipment or works? This would include cookers, cottons or rinse water. **[CHECK ONLY ONE RESPONSE. USE RESPONSE CARD C. READ CHOICES.]** *[SOMCOOK]*

Never ..... ☐ 1  
 Rarely ..... ☐ 2  
 About half the time ..... ☐ 3  
 Most of the time ..... ☐ 4  
 Always ..... ☐ 5  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

U7. During the **past 12 months**, how often did you divide up drugs with a syringe someone already injected with? **[CHECK ONLY ONE RESPONSE. USE RESPONSE CARD C. READ CHOICES.]** *[SYRDRU2]*

Never ..... ☐ 1  
 Rarely ..... ☐ 2  
 About half the time ..... ☐ 3  
 Most of the time ..... ☐ 4  
 Always ..... ☐ 5  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8



## NON-INJECTION DRUG USE

**SAY:** “Now I’m going to ask you about alcohol and drugs that you may have used but did not inject. I will refer to these as non-injection drugs. This includes drugs like marijuana, crystal, cocaine, crack, club drugs, painkillers, or poppers. Again, we are interested in drugs you did not use for medical purposes.”

U8. In the **past 12 months**, have you used alcohol or any non-injection drugs? *[ANID12]*

No ..... ☐ 0

Yes ..... ☐ 1

Refused to answer ..... ☐ 7

Don’t know ..... ☐ 8

➔ *Skip to Say box  
before U9*

**Interviewer instructions:** If responses to U3a-i indicate injection drug use in the past 12 months, skip to Say box before U14a; otherwise, skip to Say box before P1.

**SAY:** The next few questions ask about the past 30 days, rather than the **past 12 months**.

U9. During the **past 30 days**, on how many days did you have a drink containing alcohol?

*[DRINK]*

\_\_\_ \_\_\_ *[Refused to answer = 77, Don’t know = 88]*

**Interviewer instructions:** If U9 is “0,” “Refused to answer,” “Don’t know,” skip to Say box before U13.

U10. During the **past 30 days**, how many drinks did you have on a **typical** day when you were drinking? By a drink I mean a can of beer, a glass of wine or a shot of hard liquor. *[NDRINK]*

\_\_\_ \_\_\_ *[Refused to answer = 77, Don’t know = 88]*

**Interviewer instructions:** If DEMOGRAPHICS D14 (birth gender) is “Female” or “Intersex/ambiguous,” skip to U12.

U11. On how many days in the **past 30 days** did you have 5 or more drinks? *[DRINK5]*

\_\_\_ \_\_\_ *[Refused to answer = 77, Don’t know = 88]*

**Interviewer instructions:** After recording response, skip to Say box before U13.

U12. On how many days in the **past 30 days** did you have 4 or more drinks? *[DRINK4]*

\_\_\_ \_\_\_ *[Refused to answer = 77, Don’t know = 88]*

**SAY:** "I'm going to read you a list of drugs, including alcohol. For each one I mention, please tell me how often you used it in the **past 12 months**. **Don't** include drugs you injected or drugs that were used for medical purposes."

U13. How often did you use: *[CHECK ONLY ONE RESPONSE PER TYPE OF DRUG. USE RESPONSE CARD E. READ EACH DRUG CHOICE.]*

	Didn't use	More than once a day	Once a day	More than once a week	Once a week	More than once a month	Once a month	Less than once a month	Ref	Don't Know
a. Alcohol.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 77	<input type="checkbox"/> 88
<i>[ALCOHOL]</i>										

**Interviewer instructions:** If U9 is not "0," "Refused to answer," or "Don't know" AND U13a is "Didn't use," return to Say box before U9.

b. Methamphetamines (crystal, meth, tina, crank, ice).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 77	<input type="checkbox"/> 88
<i>[CRYMTCI]</i>										
c. Other amphetamines.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 77	<input type="checkbox"/> 88
<i>[AMPHETAI]</i>										
d. Crack .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 77	<input type="checkbox"/> 88
<i>[CRACKI]</i>										
e. Cocaine that is smoked or snorted.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 77	<input type="checkbox"/> 88
<i>[COCSMO]</i>										
f. Downers such as Valium, Ativan, or Xanax.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 77	<input type="checkbox"/> 88
<i>[DOWNERS]</i>										
g. Painkillers such as Oxycontin, Vicodin, or Percocet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 77	<input type="checkbox"/> 88
<i>[PAINKILL]</i>										
h. Hallucinogens such as LSD or mushrooms.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 77	<input type="checkbox"/> 88
<i>[HALLUC]</i>										
i. X or Ecstasy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 77	<input type="checkbox"/> 88
<i>[XECT]</i>										
j. Special K (ketamine).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 77	<input type="checkbox"/> 88
<i>[SPECK]</i>										
k. GHB.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 77	<input type="checkbox"/> 88
<i>[GHB]</i>										
l. Heroin/opium that is smoked or snorted.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 77	<input type="checkbox"/> 88

**[HEROINS]**

m. Marijuana..... ☐ 1 ☐ 2 ..... ☐ 3 ..... ☐ 4 ..... ☐ 5 ..... ☐ 6 ..... ☐ 7 ..... ☐ 8 ..... ☐ 77... ☐ 88

**[MARIJU]**

n. Poppers ( amyl nitrate)..... ☐ 1 ☐ 2 ..... ☐ 3 ..... ☐ 4 ..... ☐ 5 ..... ☐ 6 ..... ☐ 7 ..... ☐ 8 ..... ☐ 77... ☐ 88

**[POPPERS]**

o. Steroids/Hormones..... ☐ 1 ☐ 2 ..... ☐ 3 ..... ☐ 4 ..... ☐ 5 ..... ☐ 6 ..... ☐ 7 ..... ☐ 8 ..... ☐ 77... ☐ 88

**[STRHORMS]**

U13p. Did you use any other non-injection drugs that I haven't asked about? **[ONINJDY]**

No ..... ☐ 0  **Skip to Say box before U14a**  
 Yes..... ☐ 1  
 Refused to answer ..... ☐ 7  **Skip to Say box before U14a**  
 Don't know ..... ☐ 8

U13q. What other drug did you use? (Specify: \_\_\_\_\_) **[ONINJDRJ]**

U13r. How often did you use \_\_\_\_\_ **[RESPONSE TO U13q]**

	Didn't use	More than once a day	Once a day	More than once a week	Once a week	More than once a month	Once a month	Less than once a month	Ref	Don't Know
Other drug.....	<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 77	<input type="checkbox"/> 88

**[ONINJDRH]**

**Interviewer instructions: If S1 and S3 = 0 (for male respondents), or S6 and S7 = 0 (for female respondents), or S9 = 0 (for transgender respondents), skip to Say box before P1.**

**SAY:** “Now I’m going to ask you about your use of alcohol or drugs before or during sex.”

**Interviewer instructions: The following question is asked separately for respondents who answered “More than Once a Day” through “Less than Once a Month” for each drug provided in U3d-f, U13a-d, U13i-k, AND/OR U13n. If using a paper questionnaire, record responses on FORM 1.**

U14a -U14h. In the **past 12 months**, did you use \_\_\_\_\_ **[DRUG USED]** before or during sex?

No ..... ☐ 0  
 Yes..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

**Interviewer instructions: If DEMOGRAPHICS D14 (birth gender) is “Female” AND DEMOGRAPHICS D15 (self-identified gender) is “Female,” skip Say box before P1.**

- U15. In the **past 12 months**, have you used Viagra, Levitra or Cialis? *[VLC]*
- |                         |                            |   |                                      |
|-------------------------|----------------------------|---|--------------------------------------|
| No .....                | <input type="checkbox"/> 0 | → | <i>Skip Say box<br/>before P1</i>    |
| Yes.....                | <input type="checkbox"/> 1 |   |                                      |
| Refused to answer ..... | <input type="checkbox"/> 7 | } | <i>Skip to Say box<br/>before P1</i> |
| Don't know .....        | <input type="checkbox"/> 8 |   |                                      |

**Interviewer instructions: The following questions are asked separately for respondents who answered “Yes” for each drug provided in U14a-h. If using a paper questionnaire, record responses on FORM 2.**



U16a – U16h.

When you used \_\_\_\_\_ *[DRUG USED]* before or during sex, did you use Viagra, Levitra or Cialis at the same time?

- |                         |                            |
|-------------------------|----------------------------|
| No .....                | <input type="checkbox"/> 0 |
| Yes.....                | <input type="checkbox"/> 1 |
| Refused to answer ..... | <input type="checkbox"/> 7 |
| Don't know .....        | <input type="checkbox"/> 8 |

## Assessment of Prevention Activities

**SAY:** “Next I’d like to ask you about HIV prevention activities.”

- P1. In the **past 12 months**, have you received any free condoms? **[COND12]**
- No ..... ☐ 0  *Skip to Interviewer instructions before P2*
- Yes ..... ☐ 1
- Refused to answer ..... ☐ 7  *Skip to Interviewer instructions before P2*
- Don’t know ..... ☐ 8
- P1a. From what type of organization(s) did you get those condoms?  
**[CHECK ALL THAT APPLY. DON’T READ CHOICES]**
- HIV/AIDS-focused community-based organization ..... ☐ 1 **[CONFR1BA]**
- GLBTQ community health center ..... ☐ 2 **[CONFR1BB]**
- GLBTQ organization (not a health center/HIV org.) ..... ☐ 3 **[CONFR1BC]**
- Needle exchange program ..... ☐ 4 **[CONFR1BD]**
- IDU outreach organization ..... ☐ 5 **[CONFR1BE]**
- Adult HIV/AIDS specialty clinic ..... ☐ 6 **[CONFR1BF]**
- Sexually transmitted disease clinic ..... ☐ 7 **[CONFR1BG]**
- Community health center/public health clinic ..... ☐ 8 **[CONFR1BH]**
- Family planning clinic ..... ☐ 9 **[CONFR1BI]**
- Prenatal/obstetrics clinic ..... ☐ 10 **[CONFR1BJ]**
- Drug treatment program ..... ☐ 11 **[CONFR1BK]**
- Private doctor’s office (including HMO) ..... ☐ 12 **[CONFR1BL]**
- Other 1 (*Specify:* \_\_\_\_\_) ..... ☐ 13 **[CONFR1C]**
- Other 2 (*Specify:* \_\_\_\_\_) ..... ☐ 14 **[CONFR2C]**
- Other 3 (*Specify:* \_\_\_\_\_) ..... ☐ 15 **[CONFR3C]**
- Other 4 (*Specify:* \_\_\_\_\_) ..... ☐ 16 **[CONFR4C]**
- Refused to answer ..... ☐ 77
- Don’t know ..... ☐ 88
- P1b. Have you used any of the free condoms you received? **[CONDUSE]**
- No ..... ☐ 0
- Yes ..... ☐ 1

Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

P1c. Do you think getting these free condoms made you more likely to use condoms during sex? **[CONDSEX]**

No ..... ☐ 0  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7  
 Don't know ..... ☐ 8

**Interviewer instructions: If the date for Drug Use U2 is within 12 months of the interview date (i.e., IDU in past 12 months), go to P2; otherwise, skip to P4.**

P2. In the **past 12 months**, have you received any free new sterile needles? **[STENEE]**

No ..... ☐ 0 → **Skip to P3**  
 Yes ..... ☐ 1  
 Refused to answer ..... ☐ 7 } **Skip to P3**  
 Don't know ..... ☐ 8 }

P2a. From what organization(s) did you get those needles?  
**[CHECK ALL THAT APPLY. DON'T READ CHOICES]**

HIV/AIDS-focused community-based organization	<input type="checkbox"/> 1	<b>[ORGNE1BA]</b>
GLBTQ community health center	<input type="checkbox"/> 2	<b>[ORGNE1BB]</b>
GLBTQ organization (not a health center/HIV org.)	<input type="checkbox"/> 3	<b>[ORGNE1BC]</b>
Needle exchange program	<input type="checkbox"/> 4	<b>[ORGNE1BD]</b>
IDU outreach organization	<input type="checkbox"/> 5	<b>[ORGNE1BE]</b>
Adult HIV/AIDS specialty clinic	<input type="checkbox"/> 6	<b>[ORGNE1BF]</b>
Sexually transmitted disease clinic	<input type="checkbox"/> 7	<b>[ORGNE1BG]</b>
Community health center/public health clinic	<input type="checkbox"/> 8	<b>[ORGNE1BH]</b>
Family planning clinic	<input type="checkbox"/> 9	<b>[ORGNE1BI]</b>
Prenatal/obstetrics clinic	<input type="checkbox"/> 10	<b>[ORGNE1BJ]</b>
Drug treatment program	<input type="checkbox"/> 11	<b>[ORGNE1BK]</b>
Private doctor's office (including HMO)	<input type="checkbox"/> 12	<b>[ORGNE1BL]</b>
Other 1 ( <i>Specify:</i> _____)	<input type="checkbox"/> 13	<b>[ORGNE1C]</b>
Other 2 ( <i>Specify:</i> _____)	<input type="checkbox"/> 14	<b>[ORGNE2C]</b>

Other 3 (*Specify:* \_\_\_\_\_)

☐ 15 *[ORGNE3C]*

Other 4 *Specify:* \_\_\_\_\_)

☐ 16 *[ORGNE4C]*

Refused to answer

☐ 77

Don't know

☐ 88

P2b. Have you used any of the free new sterile needles you received? *[USENEE]*

No ..... ☐ 0

Yes ..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

P2c. Do you think getting these free new sterile needles made you more likely to use new sterile needles to inject? *[NEWNEED]*

No ..... ☐ 0

Yes ..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

P3. In the **past 12 months**, have you received any free kits that have items like cookers, cotton, or water for rinsing needles or preparing drugs? *[KITS]*

No ..... ☐ 0

Yes ..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

➔ *Skip to P4*

} *Skip to P4*

P3a. From what type of organization(s) did you get those kits? *[CHECK ALL THAT APPLY. DON'T READ CHOICES.]*

HIV/AIDS-focused community-based organization ..... ☐ 1 *[ORGKI1BA]*

GLBTQ community health center ..... ☐ 2 *[ORGKI1BB]*

GLBTQ organization (not a health center/HIV org.) ..... ☐ 3 *[ORGKI1BC]*

Needle exchange program ..... ☐ 4 *[ORGKI1BD]*

IDU outreach organization ..... ☐ 5 *[ORGKI1BE]*

Adult HIV/AIDS specialty clinic ..... ☐ 6 *[ORGKI1BF]*

Sexually transmitted disease clinic ..... ☐ 7 *[ORGKI1BG]*

- Community health center/public health clinic ..... ☐ 8 *[ORGKI1BH]*
- Family planning clinic ..... ☐ 9 *[ORGKI1BI]*
- Prenatal/obstetrics clinic ..... ☐ 10 *[ORGKI1BJ]*
- Drug treatment program..... ☐ 11 *[ORGKI1BK]*
- Private doctor's office (including HMO)..... ☐ 12 *[ORGKI1BL]*
- Other 1 (*Specify:*.....) .... ☐ 13 *[ORGKI1C]*
- Other 2 (*Specify:*.....) .... ☐ 14 *[ORGKI2C]*
- Other 3 (*Specify:*.....) .... ☐ 15 *[ORGKI3C]*
- Other 4 (*Specify:*.....) .... ☐ 16 *[ORGKI4C]*
- Refused to answer ..... ☐ 77
- Don't know ..... ☐ 88

P3b. Have you used any of the free kits you received? *[USEDKIT]*

- No ..... ☐ 0
- Yes..... ☐ 1
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

P3c. Do you think getting these free kits made you more likely to use clean cookers, clean cotton, and clean water when you injected? *[CLEANINJ]*

- No ..... ☐ 0
- Yes..... ☐ 1
- Refused to answer ..... ☐ 7
- Don't know ..... ☐ 8

P4. In the **past 12 months**, not including when you may have been tested for HIV, have you had a one-on-one conversation with an outreach worker, counselor, or prevention program worker about ways to protect yourself or your partners from getting HIV or other sexually transmitted diseases? *[TALKHIV]*

- No ..... ☐ 0  *Skip to P5*
- Yes..... ☐ 1
- Refused to answer ..... ☐ 7  *Skip to P5*
- Don't know ..... ☐ 8

P4a. What organization(s) did this person work for? *[CHECK ALL THAT APPLY. DON'T READ CHOICES.]*



- HIV/AIDS-focused community-based organization..... ☐ 1 **[TLKOR1BA]**
- GLBTQ community health center ..... ☐ 2 **[TLKOR1BB]**
- GLBTQ organization (not a health center/HIV org.)..... ☐ 3 **[TLKOR1BC]**
- Needle exchange program..... ☐ 4 **[TLKOR1BD]**
- IDU outreach organization..... ☐ 5 **[TLKOR1BE]**
- Adult HIV/AIDS specialty clinic..... ☐ 6 **[TLKOR1BF]**
- Sexually transmitted disease clinic ..... ☐ 7 **[TLKOR1BG]**
- Community health center/public health clinic ..... ☐ 8 **[TLKOR1BH]**
- Family planning clinic ..... ☐ 9 **[TLKOR1BI]**
- Prenatal/obstetrics clinic ..... ☐ 10 **[TLKOR1BJ]**
- Drug treatment program..... ☐ 11 **[TLKOR1BK]**
- Private doctor's office (including HMO)..... ☐ 12 **[TLKOR1BL]**
- Other 1 (*Specify:* \_\_\_\_\_) .... ☐ 13 **[TLKOR1C]**
- Other 2 (*Specify:* \_\_\_\_\_) .... ☐ 14 **[TLKOR2C]**
- Other 3 (*Specify:* \_\_\_\_\_) .... ☐ 15 **[TLKOR3C]**
- Other 4 (*Specify:* \_\_\_\_\_) .... ☐ 16 **[TLKOR4C]**
- Refused to answer ..... ☐ 77
- Don't know ..... ☐ 88

P4b. During those one-on-one conversation(s), did you:

**[ASK EACH QUESTION, MARK NO OR YES FOR EACH]**

- |   | No                              | Yes                             | Refused                         | Don't Know                 |
|---|---------------------------------|---------------------------------|---------------------------------|----------------------------|
| P4b-1. Discuss ways to talk to a partner about safe sex?<br><b>[DISCTLK]</b>    | <input type="checkbox"/> 0..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 7..... | <input type="checkbox"/> 8 |
| P4b-2. Practice ways to talk with a partner about safe sex?<br><b>[PRACTLK]</b> | <input type="checkbox"/> 0..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 7..... | <input type="checkbox"/> 8 |
| P4b-3. Discuss ways to use condoms effectively?<br><b>[DISCCON]</b>             | <input type="checkbox"/> 0..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 7..... | <input type="checkbox"/> 8 |
| P4b-4. Practice ways to use condoms effectively?<br><b>[PRACCON]</b>            | <input type="checkbox"/> 0..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 7..... | <input type="checkbox"/> 8 |

**Interviewer instructions: If date in Drug Use U2 is within 12 months of interview date (IDU in past 12 months) ask P4b-5 and P4b-6; otherwise, skip to instructions before P4c.**

- P4b-5. Discuss safe drug-injecting practices? ☐ 0..... ☐ 1..... ☐ 7..... ☐ 8  
**[LERNIDU]**

P4b-6. Practice how to prepare for safe injections?

☐ 0..... ☐ 1..... ☐ 7..... ☐ 8

**[PRACIDU]**

**Interviewer instructions: If P4b-1 or P4b-2 is “Yes” (discussed or practiced talking to a partner), go to P4c; otherwise skip to instructions before P4d.**

P4c. Do you think you talk with your partner(s) differently about safe sex now because of those one-on-one conversations? **[DIFFTLK]**

No ..... ☐ 0  
Yes..... ☐ 1  
Refused to answer ..... ☐ 7  
Don't know ..... ☐ 8

**Interviewer instructions: If P4b-5 or P4b-6 is “Yes” (discussed or practiced safer drug-injecting practices), go to P4d; otherwise skip to P5.**

P4d. Do you think you practice safe drug-injecting now because of those one-on-one conversations? **[SAFEINJ]**

No ..... ☐ 0  
Yes..... ☐ 1  
Refused to answer ..... ☐ 7  
Don't know ..... ☐ 8

P5. In the **past 12 months**, not including discussions with friends, have you been a participant in any organized session(s) involving a small group of people to discuss ways to prevent HIV? **[GROUP12]**

No ..... ☐ 0  
Yes..... ☐ 1  
Refused to answer ..... ☐ 7  
Don't know ..... ☐ 8

→ **Skip to Say box before H1**

} **Skip to Say box before H1**

P5a. What organization(s) conducted or sponsored these sessions?  
**[CHECK ALL THAT APPLY. DON'T READ CHOICES]** [

HIV/AIDS-focused community-based organization..... ☐ 1 **[GRPORGBA]**  
GLBTQ community health center ..... ☐ 2 **[GRPORGBB]**  
GLBTQ organization (not a health center/HIV org.)..... ☐ 3 **[GRPORGBC]**  
Needle exchange program..... ☐ 4 **[GRPORGBD]**

- IDU outreach organization..... ☐ 5 **[GRPORGBE]**
- Adult HIV/AIDS specialty clinic..... ☐ 6 **[GRPORGBF]**
- Sexually transmitted disease clinic ..... ☐ 7 **[GRPORGBG]**
- Community health center/public health clinic ..... ☐ 8 **[GRPORGBH]**
- Family planning clinic ..... ☐ 9 **[GRPORGBI]**
- Prenatal/obstetrics clinic ..... ☐ 10 **[GRPORGBJ]**
- Drug treatment program..... ☐ 11 **[GRPORGBK]**
- Private doctor's office (including HMO)..... ☐ 12 **[GRPORGBL]**
- Other 1 (*Specify:* \_\_\_\_\_) .... ☐ 13 **[GRPORG C]**
- Other 2 (*Specify:* \_\_\_\_\_) .... ☐ 14 **[GRPORG C2]**
- Other 3 (*Specify:* \_\_\_\_\_) .... ☐ 15 **[GRPORG C3]**
- Other 4 (*Specify:* \_\_\_\_\_) .... ☐ 16 **[GRPORG C4]**
- Refused to answer ..... ☐ 77
- Don't know ..... ☐ 88

P5b. During these organized group session(s), did you:

**[ASK EACH QUESTION, MARK NO OR YES FOR EACH]**

- |  | No                              | Yes                             | Refused                         | Don't Know                 |
|--|---------------------------------|---------------------------------|---------------------------------|----------------------------|
| P5b-1. Discuss ways to talk to a partner about safe sex?<br><b>[GDISCTLK]</b>    | <input type="checkbox"/> 0..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 7..... | <input type="checkbox"/> 8 |
| P5b-2. Practice ways to talk with a partner about safe sex?<br><b>[GPRACTLK]</b> | <input type="checkbox"/> 0..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 7..... | <input type="checkbox"/> 8 |
| P5b-3. Discuss ways to effectively use condoms?<br><b>[GDISCCON]</b>             | <input type="checkbox"/> 0..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 7..... | <input type="checkbox"/> 8 |
| P5b-4. Practice ways to effectively use condoms?<br><b>[GPRACCON]</b>            | <input type="checkbox"/> 0..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 7..... | <input type="checkbox"/> 8 |

**Interviewer instructions: If the date in Drug Use U2 is within 12 months of the interview date (IDU in past 12 months), go to P5b-5; otherwise, skip to instructions before P5c.**

- P5b-5. Discuss safe drug-injecting practices? ☐ 0..... ☐ 1..... ☐ 7..... ☐ 8  
**[GLERNIDU]**
- P5b-6. Practice how to prepare for safe injections? ☐ 0..... ☐ 1..... ☐ 7..... ☐ 8  
**[GPRACIDU]**

**Interviewer instructions: If P5b1 or P5b2 is "Yes" (discussed or practiced talking to a partner), go to P5c, otherwise, skip to instructions before P5d.**

P5c. Do you think you talk with your partner(s) differently about safe sex now because of these organized group session(s)? **[GDIFFTLK]**

No..... ☐ 0

Yes..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

***Interviewer instructions: If P5b-5 or P5b-6 is "Yes" (discussed or practiced safer drug-injecting practices), go to P5d; otherwise, go to Say box before H1.***

P5d. Do you think you practice safe drug-injection now because of these organized group session(s)? **[GSAFEINJ]**

No..... ☐ 0

Yes..... ☐ 1

Refused to answer ..... ☐ 7

Don't know ..... ☐ 8

## HEALTH AND WELL-BEING

**SAY:** “The next questions ask for your views about your overall health; not just related to HIV. This information will help keep track of how you feel and how well you are able to do your usual activities.”

H1. In general, would you say your health is: *[D\_HEALTH]*

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

*[Refused to answer = 7]*

H2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf <i>[MODACT]</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Climbing <u>several</u> flights of stairs <i>[CLIMSTAI]</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

*[Refused to answer = 7]*

H3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf <i>[MODACT4W]</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Climbing <u>several</u> flights of stairs <i>[CLIMST4W]</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. <u>Accomplished less</u> than you would like <i>[ACCLESS]</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Were limited in the <u>kind</u> of work or other activities <i>[WORACT]</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

*[Refused to answer = 7]*

H4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <u>Accomplished less</u> than you would like <i>[ACCLESEM]</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Did work or other activities <u>less</u> <u>carefully than usual</u> <i>[WOLESCAR]</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

*[Refused to answer = 7]*

H5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? *[PAINWOR]*

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

*[Refused to answer = 7]*

H6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful? <i>[CALMPEA]</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Did you have a lot of energy? <i>[ENERGY]</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Have you felt downhearted and depressed? <i>[DOWHEDEP]</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

*[Refused to answer = 7]*

H7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? *[PHYEMOPR]*

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

*[Refused to answer = 7]*

***Time core questionnaire ended: \_\_\_\_ : \_\_\_\_ ☐ AM ☐ PM***  
***[ENDTIME] Hour Minute***

***Interviewer instructions: Go to screener question for Local Questions.***



## Local Questions Module

O1. **Interviewer:**

Does your project area ask local questions? *[LOCMOD]*

No..... ☐ 0    ➡ *Skip to the Interview completion*

Yes..... ☐ 1    ➡ *Go to Local Questions*

## INTERVIEW COMPLETION

### End of Interview

**SAY:** “Thank you again for taking part in this interview. Please remember that all the information you have given me will be kept confidential.”

#### ***Interviewer instructions:***

***Offer assistance with information and resources, according to local protocol.***

***Don’t pay the respondent if the respondent already participated in an MMP interview during the 2008 data collection cycle OR the respondent is less than 18 years old.***

***Pay the respondent if the respondent’s first HIV positive test was after the PDP, OR the interview was partially or fully completed.***

### Payment Verification

#### C1. ***Payment made:***

No..... ☐ 0

Yes..... ☐ 1 → ***Skip to C2***

#### C1a. ***Why was payment not made?***

Participant refused payment..... ☐ 1 } ***Skip to C3***

Other (Specify: \_\_\_\_\_)..... ☐ 2 }

#### C2. ***Receipt signed (or initialed):***

No..... ☐ 0

Yes..... ☐ 1 → ***Skip to C3***

#### C2a. ***Why was receipt not signed?***

Participant refused to sign..... ☐ 1

Other (Specify: \_\_\_\_\_)..... ☐ 2 → ***Skip to C3***

### Data Validity

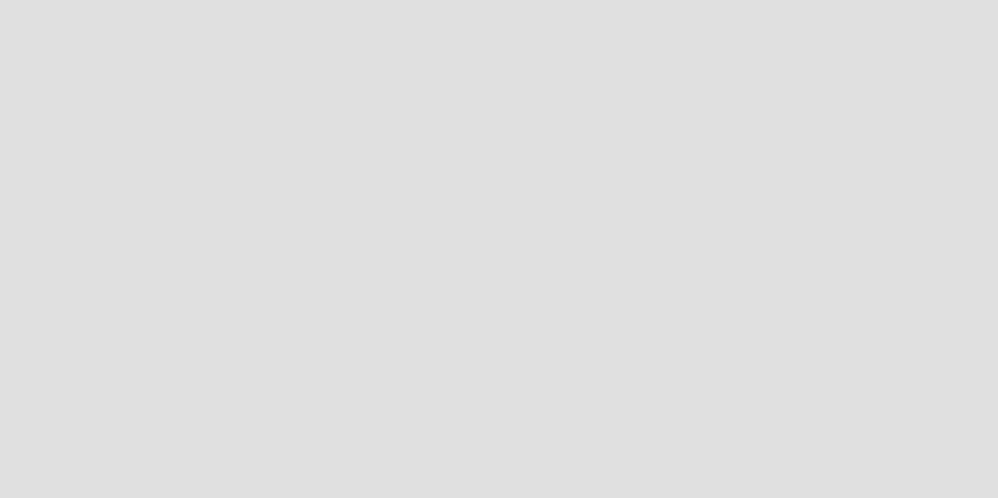
#### C3. ***How confident are you of the validity of the respondent’s answers?***

Confident..... ☐ 1

2



C4.

[illegible]

## Appendix A: Form 1

**Use this form to record responses for Drug and Alcohol Use History U14a – U14h ONLY if the interviewer is administering the paper version of the questionnaire. [CHECK THE APPROPRIATE RESPONSE.]**

**Only ask about substances respondent mentioned using in the past 12 months. This refers to any responses of “More than once a day” through “Less than once a month” for U3d-f (injection drug use) U13a-d, U13i-k, and/or U13n (alcohol and non-injection drug use):**

		No	Yes	Refused to answer	Don't know
U14a.	In the <b>past 12 months</b> , did you use <b>alcohol</b> before or during sex? <i>[ALCOHOL1]</i>				
U14b.	In the <b>past 12 months</b> , did you use <b>crack</b> before or during sex? <i>[CRACK2]</i>				
U14c.	In the <b>past 12 months</b> , did you use <b>crystal, meth, tina, crank, ice, or methamphetamines</b> , before or during sex? <i>[CRAMTCI1]</i>				
U14d.	In the <b>past 12 months</b> , did you use <b>other amphetamines</b> , before or during sex? <i>[AMPHETA2]</i>				
U14e.	In the <b>past 12 months</b> , did you use <b>X or ecstasy</b> before or during sex? <i>[XECTI]</i>				
U14f.	In the <b>past 12 months</b> , did you use <b>special K (ketamine)</b> before or during sex? <i>[SPECK1]</i>				
U14g.	In the <b>past 12 months</b> , did you use <b>GHB</b> before or during sex? <i>[GHB1]</i>				
U14h.	In the <b>past 12 months</b> , did you use <b>poppers</b> before or during sex? <i>[POPPERS1]</i>				

## Appendix B: Form 2

<i>non-injection drug use:</i>		No	Yes	answer	know
U16a.	Did you use Viagra, Levitra, or Cialis at the same time you were using <b>alcohol</b> before or during sex? <i>[ALCOHOL2]</i>				
U16b.	Did you use Viagra, Levitra, or Cialis at the same time you were using <b>crack</b> before or during sex? <i>[CRACK3]</i>				
U16c.	Did you use Viagra, Levitra, or Cialis at the same time you were using <b>crystal, meth, tina, crank, ice, or methamphetamines</b> before or during sex? <i>[CRAMTCI2]</i>				
U16d.	Did you use Viagra, Levitra, or Cialis at the same time you were using <b>other amphetamines</b> before or during sex? <i>[AMPHETA4]</i>				
U16e.	Did you use Viagra, Levitra, or Cialis at the same time you were using <b>X or ecstasy</b> before or during sex? <i>[XECT2]</i>				
U16f.	Did you use Viagra, Levitra, or Cialis at the same time you were using <b>special K (ketamine)</b> before or during sex? <i>[SPECK2]</i>				
U16g.	Did you use Viagra, Levitra, or Cialis at the same time you were using <b>GHB</b> before or during sex? <i>[GHB2]</i>				
U16h.	Did you use Viagra, Levitra, or Cialis at the same time you were using <b>poppers</b> before or during sex? <i>[POPPERS2]</i>				

### Changes between 3.2.0 and 3.3.0

1. A skip pattern was added to page 87 of the instrument so that participants who reported no sex in the prior 12 months are skipped out of the questions about drug/alc use during sex in the prior 12 months. QDS codes needs to now incorporate this change.
2. A skip pattern was added to page 82 so that participants who refuse/don't know the complete date of last drug use are skipped out of the subsequent questions about specific drugs used in the past 12 months. If a person has missing/DK/ref info for month only, QDS auto-fills with month '06' so the calculation for past 12 months can still process (albeit, not very accurately). QDS codes needs to now incorporate this change.
3. Say box on page 63 was moved below the skip patterns so that patients who will not be asked the questions are not read the info about the Sex Behav module. QDS codes needs to now incorporate this change.
4. Insertion of Facility Visits Log Facility Type Codes into the Interview Instructions boxes. Previously, there were no instructions about the Facility Type Code to be entered. QDS codes needs to now incorporate this change.
5. Version number updated to 3.3.0 on cover page.
6. Footnote date changed.

### Changes between 3.3.0 and 3.3.1

1. Variable names added throughout.
2. Variable name for H3a. changed from modact to modact4w
3. Variable name for H3b. changed from climstai to climst4w
4. Footnote date changed.