2007 Short Questionnaire for
Medical Monitoring Project (MMP)

VERSION 3.2

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
Atlanta, GA 30333

2007 MMP SHORT QUESTIONNAIRE

Participant ID: ___ ___ ___ ___   ___ ___ ___ ___   ___ ___ ___ ___
Site ID   Facility ID   Respondent ID
[SITEID]   *[FACILID]*   *[INDID]*

Interviewer ID: ___ ___ ___ [INTID]

Population Definition Period (PDP) START date: (__ __/ __ __ / __ __ __ __)
(M M / D D / Y Y Y Y)

[PDPSTA1]

Population Definition Period (PDP) END date: (__ __/ __ __ / __ __ __ __)
(M M / D D / Y Y Y Y)

[PDPEND1]

Interview Language: English ☐₁   Spanish ☐ 2

Other *(Specify_____)* ☐ 3 [LANGUAG]

Interview date: (__ __/ __ __ / __ __ __ __) [IDATE]
(M M / D D / Y Y Y Y)

Time core questionnaire began: __ __:__ __   ☐ AM   ☐ PM [STTIME]
Hour Minute

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."

Q1.   Have you **ever** participated in the MMP interview? [PARTCPT]

No...☐ 0 ⟶ *Skip to Q2*

Yes ....☐ 1

Refused to answer ....☐ 7

Don't know ....☐ 8 } *Skip to Q2*

Q1a.   What month and year did you participate in the MMP interview? [PARTIC]

__ __ / __ __ __ __
(M M / Y Y Y Y)

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

Q1b.   Where were you interviewed?

_____ (City) [CITY]

_____ (State) [STATE]

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

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.]*

Q2.   What is your date of birth?

__ __ / __ __ / __ __ __ __   [DOB]
(M M / D D / Y Y Y Y)

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.]*

Q3.   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

Q3a.   Do you consider yourself to be male, female, or transgender? *[CHECK ONLY ONE RESPONSE.]*   *[GENDER]*

Male ....❏ 1

Female...❏ 2

Transgender..❏ 3

Refused to answer..❏ 7

Don't know ....❏ 8

Q4.   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

Q5.   Do you consider yourself to be Hispanic or Latino/a? [HISPANIC]

No...❏ 0   ⟶   *Skip to Q6*

Yes ....❏ 1

Refused to answer..❏ 7

Don't know ....❏ 8

Q5a. What best describes your Hispanic ancestry? *[CHECK ALL THAT APPLY. DON'T READ CHOICES.] [HISANCE]*

Mexican...☐ 1 [HISANCEA]

Puerto Rican..☐ 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 ....☐ 88

Q6. 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.] [RACE]*

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

Q7. 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

Q8. 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 Q9a*

Yes ....☐ 1

Q8a.   Was there a time in the **past 12 months** that you **didn't** have any insurance coverage? [INS12]

No..☐ 0

Yes ....☐ 1

Q9.   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.] [PREMED]*

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 ("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 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]

Q9a. 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.] [PREMEDX]*

I wasn't taking any prescription medicines for HIV or

related illnesses .... ☐ 1 [PREMEDXA]

I got my HIV medicines at a public clinic .... ☐ 2 [PREMEDXB]

I paid for my HIV medicines ("out of pocket") .... ☐ 3 [PREMEDXC]

AIDS Drug Assistance Program (ADAP) .... ☐ 4 [PREMEDXD]

I participated in a clinical research trial or drug study

that provided my medicines .... ☐ 5 [PREMEDXE]

An AIDS service organization provided my medicines .... ☐ 6 [PREMEDXF]

Other 1 (*Specify:* _____) ...... ☐ 7 [MEDPOTX]

Other 2 (*Specify:* _____) ...... ☐ 8 [MEDPOTX2]

Other 3 (*Specify:* _____) ...... ☐ 9 [MEDPOTX3]

Other 4 (*Specify:* _____) ...... ☐ 10 [MEDPOTX4]

Refused to answer .... ☐ 77

Don't know .... ☐ 88

Q10. 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

Q10a. 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

SAY: "Now I'm going to ask you some questions about getting tested for HIV and the care that you are receiving for HIV."

Q11.   When did you **first** test positive for HIV? [POS1ST]

$\underline{}\ \underline{}\ /\ \underline{}\ \underline{}\ \underline{}\ \underline{}$
(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: "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.]

Q12.   When did you **first** go to a health care provider for HIV care after learning you had HIV?

$\underline{}\ \underline{}\ /\ \underline{}\ \underline{}\ \underline{}\ \underline{}$ [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]

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.]

Q13.   What were the reasons you didn't go to a health care provider soon after you learned of
your HIV infection? *[CHECK ALL THAT APPLY. DON'T READ CHOICES.]*
[RNOCARE]

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 .... ☐ 11 [RNOCAREK]

Hard to find the right doctor or a good doctor for me .... ☐ 12 [RNOCAREL]

Initial CD4 count and viral load were good .... ☐ 13 [RNOCAREM]

Drinking or using drugs .... ☐ 14 [RNOCAREN]

Living on the street .... ☐ 15 [RNOCAREO]

Didn't have money.. ☐ 16 [RNOCAREP]

Didn't have insurance .... ☐ 17 [RNOCAREQ]

Unable to get earlier appointment....................................... ☐ 18 [RNOCARER]

Incarcerated.. ☐ 19 [RNOCARES]

Other 1 *(Specify:* _____) .... ☐ 20 [OTRNCR]

Other 2 *(Specify:* _____) .... ☐ 21 [OTRNCR2]

Other 3 *(Specify:* _____) .... ☐ 22 [OTRNCR3]

Other 4 *(Specify:* _____) .... ☐ 23 [OTRNCR4]

Refused to answer .... ☐ 77

Don't know .... ☐ 88

Q14.   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]

Q14a. 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.] [RNOCRL]*

Felt good, didn't need to go .... ☐ 1 [RNOCRLA]

Forgot to go.. ☐ 2 [RNOCRLB]

Missed my appointment(s)... ☐ 3 [RNOCRLC]

Too busy to go .... ☐ 4 [RNOCRLD]

Moved or out of town .... ☐ 5 [RNOCRLE]

Didn't want to think about being HIV positive .... ☐ 6 [RNOCRLF]

Didn't believe test result .... ☐ 7 [RNOCRLG]

Unable to get transportation .... ☐ 8 [RNOCRLH]

Unable to get childcare .... ☐ 9 [RNOCRLI]

Inconvenient (location, hours, time, etc.) .... ☐ 10 [RNOCRLJ]

Didn't know where to go .... ☐ 1 [RNOCRLK]

Hard to find the right doctor or a good doctor for me .... ☐ 12 [RNOCRLL]

CD4 count and viral load were good .... ☐ 13 [RNOCRLM]

Drinking or using drugs .... ☐ 14 [RNOCRLN]

Living on the street .... ☐ 15 [RNOCRLO]

Didn't have money .... ☐ 16 [RNOCRLP]

Didn't have insurance .... ☐ 17 [RNOCRLQ]

Unable to get earlier appointment .... ☐ 18 [RNOCRLR]

Incarcerated .... ☐ 19 [RNOCRLS]

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

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

Q15.   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 →

Refused to answer .... ☐ 7 }

Don't know .... ☐ 8 }

Q15a. What are the reasons you don't have a usual source of care for treatment of HIV?
[CHECK ALL THAT APPLY. DON'T READ CHOICES.] [UC_RSNS]

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]

Did not 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

Q15b. What is the name of the place? Remember, this information will be kept confidential.

Q15c. Did you get any sort of care at *[USE FACILITY NAME]* between January 1, 2007 and
April 30, 2007? [CAREPER1]

No .... ☐ 0 → *Skip to Q16*

Yes .... ☐ 1

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

Q15d. 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]*

Q16. 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...☐ 0 ➞ *Skip to Q17*

Yes ....☐ 1

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

Q16a. What is the name of the place?

Q16b. Did you get any sort of care at *[USE FACILITY NAME]* between January 1, 2007 and April 30, 2007?   [CAREPRI]

No...☐ 0 ➞ *Skip to Q16d*

Yes ....☐ 1

Refused to answer ....☐ 7 } *Skip to Q16d*
Don't know ....☐ 8

Q16c. Between January 1, 2007 and April 30, 2007, how many times had you been to *[USE FACILITY NAME]* for any sort of care?   [TIMECR1]

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

Q16d. In the **past 12 months**, have you been to any other doctor's office or clinic for your HIV care?   [HOSPANT1]

No...☐ 0 ➞

Yes ....☐ 1

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

Q16e. What is the name of this place?

```

```

Q16f. Did you get any sort of care at *[USE FACILITY NAME]* between January 1, 2007 and
April 30, 2007?   [CAREPR2]

No .... ☐ 0 ➡️ *Skip to Q16h*

Yes .... ☐ 1

Refused to answer .... ☐ 7 ⎫
                                                                              ⎬ *Skip to Q16h*
Don't know .... ☐ 8 ⎭

Q16g. 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]*

Q16h. In the **past 12 months**, have you been to any other doctor's office or clinic for your HIV
care?   [HOSPANT2]

No .... ☐ 0 ➡️

Yes .... ☐ 1

Refused to answer .... ☐ 7 ⎫
                                                                              ⎬
Don't know .... ☐ 8 ⎭

Q16i. What is the name of this place?

```

```

Q16j. Did you get any sort of care at *[USE FACILITY NAME]* between January 1, 2007 and
April 30, 2007?   [CAREPR3]

No .... ☐ 0 ➡️ *Skip to Q16l*

Yes .... ☐ 1

Refused to answer .... ☐ 7 ⎫
                                                                              ⎬ *Skip to Q16l*
Don't know .... ☐ 8 ⎭

Q16k. 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]*

Q16l.   In the **past 12 months**, have you been to any other doctor's office or clinic for your HIV care?   [HOSPANT3]

No...☐ 0 ➡️

Yes ....☐ 1

Refused to answer ....☐ 7 ⎫

Don't know ....☐ 8 ⎭

Q16m. What is the name of this place?

Q16n.   Did you get any sort of care at *[USE FACILITY NAME]* between January 1, 2007 and April 30, 2007?   [CAREPR4]

No...☐ 0 ➡️

Yes ....☐ 1

Refused to answer ....☐ 7 ⎫

Don't know ....☐ 8 ⎭

Q16o.   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]*

Q17.   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]*

Q18.   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]*

Q19.   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]*

Q19a. What is the name of the hospital where you were admitted?

Q19b. Were you admitted to any other hospital for HIV-related illness in the **past 12 months**? [HOSADM1]

No...☐ 0 ➡

Yes ....☐ 1

Refused to answer ....☐ 7 ⎫
                                                                                              ⎬
Don't know ....☐ 8 ⎭

Q19c. What is the name of this hospital?

Q19d. Were you admitted to any other hospital for HIV-related illness in the **past 12 months**? [HOSADM2]

No...☐ 0 ➡

Yes ....☐ 1

Refused to answer ....☐ 7 ⎫
                                                                                              ⎬
Don't know ....☐ 8 ⎭

Q19e. What is the name of this hospital?

Q19f. Were you admitted to any other hospital for HIV-related illness in the **past 12 months**? [HOSADM3]

No...☐ 0 ➡

Yes ....☐ 1

Refused to answer ....☐ 7 ⎫
                                                                                              ⎬
Don't know ....☐ 8 ⎭

Q19g. What is the name of this hospital?

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."

Q20. 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.. ❑ 0

Yes .... ❑ 1 ➞ *Skip to Q21*

Refused to answer .... ❑ 7 ⎫

Don't know .... ❑ 8 ⎭

Q20a. What are the reasons you have never taken any antiretroviral medicines?
[CHECK ALL THAT APPLY. DON'T READ CHOICES.] [NANTRET]

Doctor advised to delay treatment .... ❑ 1 [NANTRETA]

Recently into medical care/haven't had time......................... ❑ 2 [NANTRETB]

CD4 count and/or viral load are good.................................... ❑ 3 [NANTRETC]

Feel good, don't need them.. ❑ 4 [NANTRETD]

Worried about side effects .... ❑ 5 [NANTRETE]

Drinking or using drugs .... ❑ 6 [NANTRETF]

Didn't want to think about being HIV positive .... ❑ 7 [NANTRETG]

No money... ❑ 8 [NANTRETH]

No insurance .... ❑ 9 [NANTRETI]

Worried about ability to adhere/often forget .... ❑ 10 [NANTRETJ]

Living on the street .... ❑ 11 [NANTRETK]

Taking alternative/complimentary medicines....................... ❑ 12 [NANTRETL]

Other 1 *(Specify:* _____ *)* .... ❑ 13 [ONANTRET]

Other 2 *(Specify:* _____ *)* .... ❑ 14 [ONANTRE2]

Other 3 *(Specify:* _____ *)* .... ❑ 15 [ONANTRE3]

Other 4 *(Specify:* _____ *)* .... ❑ 16 [ONANTRE4]

Refused to answer .... ❑ 77

Don't know .... ❑ 88

Q21.   Are you **currently** taking any antiretroviral medicines to treat your HIV? [CURME]

No...☐ 0

Yes ....☐ 1

Refused to answer ....☐ 7

Don't know ....☐ 8
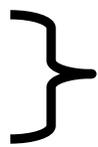
Q21a. What are the reasons you aren't **currently** taking any antiretroviral medicines?
[CHECK ALL THAT APPLY. DON'T READ CHOICES] [NANTRC]

Doctor advised to delay treatment ....☐ 1 [NANTRCA]

Recently into medical care/haven't had time.......................☐ 2 [NANTRCB]

CD4 count and/or viral load are good..................................☐ 3 [NANTRCC]

Feel good, don't need them...☐ 4 [NANTRCD]

Worried about side effects ....☐ 5 [NANTRCE]

Drinking or using drugs ....☐ 6 [NANTRCF]

Didn't want to think about being HIV positive ....☐ 7 [NANTRCG]

No money...☐ 8 [NANTRCH]

No insurance ....☐ 9 [NANTRCI]

Worried about ability to adhere/often forget ....☐ 10 [NANTRCJ]

Living on the street ....☐ 11 [NANTRCK]

Taking alternative/complimentary medicines......................☐ 12 [NANTRCL]

Other 1 (*Specify:* _____) ....☐ 13 [ONANRC]

Other 2 (*Specify:* _____) ....☐ 14 [NANARVC2]

Other 3 (*Specify:* _____) ....☐ 15 [NANARVC3]

Other 4 (*Specify:* _____) ....☐ 16 [NANARVC4]

Refused to answer ....☐ 77

Don't know ....☐ 88

Q22.   Have you taken antiretroviral medicines in the **past 12 months**? [ANTMED12]

No...☐ 0

Yes ....☐ 1

Refused to answer ....☐ 7

Don't know ....☐ 8

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 Q23a is "No," "Refused to answer," or "Don't know," skip to Q24a; otherwise, go to Q23b. If response to Q23b is "Yes," "Refused to answer," or "Don't know," skip to Q24a; otherwise, go to Q23c. Follow the same pattern for Q23-Q36.

	[Needed this service in the past 12 months?] *CODE: No = 0, Yes = 1, Refused to answer = 7, Don't know = 8*	*If "Yes" in Q23a-Q36a, ask:* **Have you been able to get this service in the past 12 months?** *CODE: No = 0, Yes = 1, Refused to answer = 7, Don't know = 8*	*If "No" in Q23b-Q36b, ask:* **What was the main reason you haven't been able to get this service?** *CODE: SEE CODE LIST BELOW FOR RESPONSES. [CHECK ONLY ONE. DON'T READ CHOICES.]*
Q23. HIV case management services	a. [_____] [HIVCMS]	b. [_____] [HIVCMS12]	c. [_____] [HIVCMSRS]
Q24. Mental health counseling	a. [_____] [MEMCON]	b. [_____] [MENCON12]	c. [_____] [MENCONRS]
Q25. Social services, such as insurance assistance or financial counseling	a. [_____] [SOCSER]	b. [_____] [SOCSER12]	c. [_____] [SOCSERRS]
Q26. Assistance in finding a doctor for ongoing medical services	a. [_____] [DOCASS]	b. [_____] [ASSDOC12]	c. [_____] [ASSDOCRS]
Q27. Assistance in finding dental services	a. [_____] [DENSER]	b. [_____] [DENSER12]	c. [_____] [DENSERRS]
Q28. Adherence support services	a. [_____] [ASS]	b. [_____] [ASS12]	c. [_____] [ASSRS]
Q29. Home health services, such as home nursing care or assistance	a. [_____] [HHSASS]	b. [_____] [HHSSASS12]	c. [_____] [HHSERRS]
Q30. Chore or homemaker services (paid or	a. [_____]	b. [_____]	c. [_____]

| volunteer) | [HOMSER] | [HOMSER12] | [HOMSERRS] |

Q31. Assistance in finding shelter or housing	a. [_____] [SHLTER]	b. [_____] [SHLTER12]	c. [_____] [SHLTRRS]
Q32. Assistance with finding meals or food	a. [_____] [MLSFOD]	b. [_____] [MLSFOD12]	c. [_____] [MLSFODRS]
Q33. Transportation assistance	a. [_____] [TRSASS]	b. [_____] [TRSASS12]	c. [_____] [TRSSERRS]
Q34. Childcare services	a. [_____] [CHLDCR]	b. [_____] [CHLDCR12]	c. [_____] [CHDCARRS]
Q35. Education or information on HIV risk reduction	a. [_____] [HIVEDU]	b. [_____] [HIVEDU12]	c. [_____] [HIVEDURS]
Q36. Other (Specify:_____)	a. [_____] [OTHSER]	b. [_____] [OTHSER12]	c. [_____] [OTHSERRS]
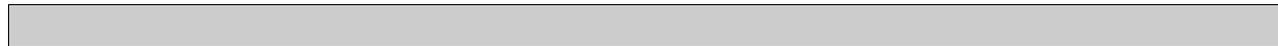
1   Didn't know where to go or who to call
2   Didn't complete application process
3   The system is too confusing
4   The waiting list is too long
5   It's not available in my area
6   They charge too much
7   Didn't have the money to pay
8   Transportation problems
9   Language barrier
10   Not eligible / denied services
11   Too sick to get out
12   Other (Specify_____)
77   Refused to answer
88   Don't know
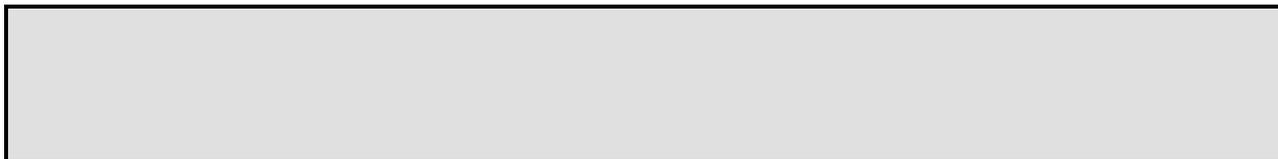
Interview Completion

END OF INTERVIEW

SAY: "Thank you again for taking part in this survey. Please remember that all the information you have given me will be kept confidential. "

Interviewer: Please enter the following items <u>after completion of the interview</u>.

PAYMENT VERIFICATION

C1.   Payment made: [PAYMENT]

No……………………………………………….….......☐ 0

Yes ...……………………………...……...……..   ☐ 1 ➡ *Skip to C2*

C1a.   Why was payment not made? [PAYNMAD]

Participant refused payment…………………………... ☐ 1 ➡ *Skip to C3*

Other………………………………...……...……… ☐ 2 ➡ *Skip to C3*
(Specify:)(OPAY)
_____

C2   Receipt signed (or initialed): [RECEIPT]

No…………………………………….…..……….…... ☐ 0

Yes...…………………………….……...…..……….. ☐ 1 ➡ *Skip to C3*

C2a.   Why was receipt not signed? [RECNS]

Participant refused to sign.…………………….….... ☐ 1

Other………………………………...……...……… ☐ 2
(Specify:) _____   [ORECEI]

C3.   Reason *MMP Short Questionnaire* was administered: [SHRSN]

Participant is ill….………..……………………...…………… ☐ 1

Interview required a translator………………………… ☐ 2

Other……………………………………..…….…..……. ☐ 3
(Specify:) _____   *[OTHSRSN]*

C4.   How confident are you of the validity of the respondent's answers? [CONF]

Confident..………………………….……….............…… ☐ 1

Some doubts.................………………….…………...... ☐ 2

Not confident at all.............…………………………...... ☐ 3

C5.   Record any additional comments, including disruptions that might have taken place during the interview, reason the interview might have been stopped, or why the respondent's answers may not have been reliable. [ADDCOM1]

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____