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2008 Short Questionnaire for Medical Monitoring Project (MMP)

VERSION 4.1.0

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention

Atlanta, GA 30333



2008 MMP SHORT QUESTIONNAIRE

Interviewer instructions: Enter Preliminary Information prior to interview.

- I1. **Participant ID:** _____
[PARID] **Site ID** **Facility ID** **Respondent ID**
- I2. **Interviewer ID:** _____
[INTID]
- I3. **Interview setting: [CHECK ONLY ONE.] [INTSET]**
- Outpatient health facility..... 1
- Inpatient health facility 2
- Prison or jail facility..... 3
- Community-based organization 4
- Private home 5
- Public venue (i.e., coffee shop, library) 6
- Other (*Specify:* _____) 7 **[INTSETOS]**
- I4. **Interview language: [CHECK ONLY ONE.]**
- English 1
- Spanish..... 2
- Other (*Specify:* _____) 3
- I5. **Interview date:** / / / / / / /
[IDATE] (M M / D D / Y Y Y Y)
- I6. **Time questionnaire began:** : AM PM
[STDEMO] Hour Minute
- I7. **Was the interview originally administered on paper?**
- No..... 0
- Yes 1

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?
- No..... 0 **→** *Skip to Q2*
- Yes 1
- Refused to answer 7 **}** *Skip to Q2*
- Don’t know 8

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

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

Inconsistency check: Q1a (date respondent participated in MMP) cannot be earlier than January 2005 or later than 15 (interview date).

Interviewer instructions: If Q1a is “Refused to answer” or “Don’t know,” skip to Q2.

Q1b. Where were you interviewed?

_____ (City)

_____ (State)

[7 = Refused, 8 = Don’t know]

Interviewer instructions: If the patient was previously interviewed during the 2008 data collection cycle, go to Say box before Q2. Otherwise, skip to Q2.

SAY: “We are only interviewing people this year who haven’t already been interviewed during 2008 (2009). Thank you very much for your time.” **[DISCONTINUE INTERVIEW AND SKIP TO INTERVIEW COMPLETION MODULE.]**

QDS programming note for Say box after Q1b: use 2008 if date of interview is in 2008. Use 2009 if date of interview is in 2009.

Q2. What is your date of birth?

(M M / D D / Y Y Y Y)

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

Inconsistency check: Q2 (date of birth) cannot be earlier than January 1, 1900 or later than the I5 (interview date).

Interviewer instructions: If Q2 is “Don’t know” or “Refused to answer,” skip to Say box before Q3.

SAY: “We are only interviewing people who were 18 years or older on January 1, 2008. Thank you very much for your time.” [DISCONTINUE INTERVIEW AND SKIP TO INTERVIEW COMPLETION MODULE.]

Q3. What was your sex at birth? [**CHECK ONLY ONE. READ CHOICES EXCEPT “Intersex/ambiguous”.**]

- 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.**]

- 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.**]

- 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  **Skip to Q6**
 - Don't know..... 8 

- Q5a. 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

- 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.]**

- Asian..... 1
- Black or African American..... 2
- American Indian or Alaska Native..... 3
- Native Hawaiian or other Pacific Islander..... 4
- White..... 5
- Other 1 (*Specify:* _____)..... 6
- Other 2 (*Specify:* _____)..... 7
- Other 3 (*Specify:* _____)..... 8
- Other 4 (*Specify:* _____)..... 9

Refused to answer 77

Don't know 99

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.

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.

No..... 0

Yes 1

Refused to answer 7

Don't know 8

→ Skip to Q9a

} Skip to Q9

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

No..... 0

Yes 1

Refused to answer 7

Don't know 8

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.**]

I wasn't taking any prescription medicines for HIV or related illnesses 1

Private health care coverage 2

I got my HIV medicines at a public clinic 3

I paid for my HIV medicines ("out of pocket") 4

AIDS Drug Assistance Program (ADAP)..... 5

I participated in a clinical research trial or drug study that provided my medicines 6

An AIDS service organization provided my medicines 7

- Medicaid/Medicare 8
- Other 1 (*Specify:* _____) 9
- Other 2 (*Specify:* _____) 10
- Other 3 (*Specify:* _____) 11
- Other 4 (*Specify:* _____) 12
- Refused to answer 77
- Don't know 88

Interviewer instructions: Skip to Q10.

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.**]

- I wasn't taking any prescription medicines for HIV or related illnesses 1
- I got my HIV medicines at a public clinic 2
- I paid for my HIV medicines ("out of pocket") 3
- AIDS Drug Assistance Program (ADAP)..... 4
- I participated in a clinical research trial or drug study that provided my medicines 5
- An AIDS service organization provided my medicines 6
- Other 1 (*Specify:* _____) 7
- Other 2 (*Specify:* _____) 8
- Other 3 (*Specify:* _____) 9
- Other 4 (*Specify:* _____) 10
- 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)?

- 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)?

- 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?

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

Inconsistency check: Q11 (date first tested positive for HIV) cannot be earlier than Q2 (respondent’s date of birth) or later than April 30, 2008, the PDP end date. If Q11 is earlier than March 1985 then confirm response.

Interviewer instructions: If Q11 (date of first HIV positive test) is after April 30, 2008, go to Say box before Q12; otherwise, skip to Q12.

SAY: “We are only interviewing people who tested positive for HIV before April 30, 2008. Thank you very much for your time.” **[DISCONTINUE INTERVIEW AND SKIP TO INTERVIEW COMPLETION MODULE.]**

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

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

Inconsistency check: Confirmation is required if A5 (date first went to provider for HIV care) is earlier than A1 (date first tested positive for HIV).

Interviewer instructions: If response to Q12 (date first went to provider for HIV care) is more than 3 months from response to Q11 (date first tested positive for HIV), go to Q13; otherwise, skip to Q14.

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.]**

- Felt good, didn't need to go 1
- Forgot to go..... 2
- Missed my appointment(s)..... 3
- Too busy to go 4
- Moved or out of town 5
- Didn't want to think about being HIV positive 6
- Didn't believe test result 7
- Unable to get transportation..... 8
- Unable to get childcare 9
- Inconvenient (location, hours, time, etc.) 10
- Didn't know where to go 11
- Hard to find the right doctor or a good doctor for me 12
- Initial CD4 count and viral load were good..... 13
- Drinking or using drugs 14
- Living on the street 15
- Didn't have money..... 16
- Didn't have insurance 17
- Unable to get earlier appointment..... 18
- Incarcerated..... 19
- Other 1 (*Specify:* _____) 20
- Other 2 (*Specify:* _____) 21
- Other 3 (*Specify:* _____) 22
- Other 4 (*Specify:* _____) 23
- Refused to answer 77
- Don't know 88

Q14. When did you **last** go to a health care provider for 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]*

Inconsistency check: Q14 (date of most recent visit to a provider for HIV care) cannot be earlier than Q12 (first visit to a provider for HIV care). Q14 cannot be later than 15 (date of the interview).

Interviewer instructions: If Q14 (date last went to provider) is more than 3 months prior to interview date, go to Q14a; otherwise, skip to Say Box before Q15.

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.]

- Felt good, didn't need to go 1
- Forgot to go..... 2
- Missed my appointment(s)..... 3
- Too busy to go 4
- Moved or out of town 5
- Didn't want to think about being HIV positive 6
- Didn't believe test result 7
- Unable to get transportation..... 8
- Unable to get childcare 9
- Inconvenient (location, hours, time, etc.) 10
- Didn't know where to go 11
- Hard to find the right doctor or a good doctor for me 12
- CD4 count and viral load were good 13
- Drinking or using drugs 14
- Living on the street 15
- Didn't have money..... 16
- Didn't have insurance 17
- Unable to get earlier appointment..... 18
- Incarcerated..... 19
- Other 1 (Specify: _____) 20
- Other 2 (Specify: _____) 21
- Other 3 (Specify: _____) 22
- Other 4 (Specify: _____) 23
- 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?

- No..... 0
- Yes 1 **→ Skip to Q15b**
- Refused to answer 7 **} Skip to Q16**
- 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.]

- Couldn’t afford a usual source of care 1
- Didn’t know where to find regular HIV care 2
- Couldn’t get a regular appointment anywhere 3
- No HIV doctors in my area 4
- Didn’t think it was necessary 5
- Thought it was necessary, but never tried to get one 6
- Didn’t know where to find a regular doctor who speaks the
 same language as me 7
- Have just recently been diagnosed 8
- Did not feel the need to seek treatment for HIV 9
- Other 1 (*Specify:* _____) 10
- Other 2 (*Specify:* _____) 11
- Other 3 (*Specify:* _____) 12
- Other 4 (*Specify:* _____) 13
- Refused to answer 77
- Don’t know 88

Interviewer instructions: Skip to Q16.

Q15b. What is the name of the 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.

Q15c. Did you get any sort of care at [USE FACILITY NAME] between January 1, 2008 and April 30, 2008?

- No..... 0 Skip to Q16
- Yes 1
- Refused to answer 7 Skip to Q16
- Don't know 8

Q15d. Between January 1, 2008 and April 30, 2008, how many times had you been to [USE FACILITY NAME] for any sort of care?

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

Inconsistency check: The number of times the respondent visited a particular facility between January 1, 2008 and April 30, 2008 cannot be less than 1 or greater than 121.

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.

- No..... 0 Skip to Q17
- Yes 1
- Refused to answer 7 Skip to Q17
- Don't know 8

Q16a. What is the name of the 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.

Q16b. Did you get any sort of care at [USE FACILITY NAME] between January 1, 2008 and April 30, 2008?

- No..... 0 Skip to Q16d
- Yes 1
- Refused to answer 7 Skip to Q16d
- Don't know 8

Q16c. Between January 1, 2008 and April 30, 2008, how many times had you been to [USE FACILITY NAME] for any sort of care?

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

Inconsistency check: The number of times the respondent visited a particular facility between January 1, 2008 and April 30, 2008 cannot be less than 1 or greater than 121.

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

- No..... 0 **→** Skip to Q17
- Yes 1
- Refused to answer 7 **} Skip to Q17**
- Don't know 8

Q16e. 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.

Q16f. Did you get any sort of care at [USE FACILITY NAME] between January 1, 2008 and April 30, 2008?

- No..... 0 **→** Skip to Q16h
- Yes 1
- Refused to answer 7 **} Skip to Q16h**
- Don't know 8

Q16g. Between January 1, 2008 and April 30, 2008, how many times had you been to [USE FACILITY NAME] for any sort of care?

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

Inconsistency check: The number of times the respondent visited a particular facility between January 1, 2008 and April 30, 2008 cannot be less than 1 or greater than 121.

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

- No..... 0 **→** Skip to Q17
- Yes 1
- Refused to answer 7 **} Skip to Q17**

Don't know 8

Q16i. 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.

Q16j. Did you get any sort of care at [USE FACILITY NAME] between January 1, 2008 and April 30, 2008?

No..... 0 → Skip to Q16l
Yes 1
Refused to answer 7 } Skip to Q16l
Don't know 8 }

Q16k. Between January 1, 2008 and April 30, 2008, how many times had you been to [USE FACILITY NAME] for any sort of care?

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

Inconsistency check: The number of times the respondent visited a particular facility between January 1, 2008 and April 30, 2008 cannot be less than 1 or greater than 121.

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

No..... 0 → Skip to Q17
Yes 1
Refused to answer 7 } Skip to Q17
Don't know 8 }

Q16m. 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.

Q16n. Did you get any sort of care at [USE FACILITY NAME] between January 1, 2008 and April 30, 2008?

No..... 0 → Skip to Q17
Yes 1

Refused to answer 7
Don't know 8 } Skip to Q17

Q160. Between January 1, 2008 and April 30, 2008, how many times had you been to [USE FACILITY NAME] for any sort of care?

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

Inconsistency check: The number of times the respondent visited a particular facility between January 1, 2008 and April 30, 2008 cannot be less than 1 or greater than 121.

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).

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

Inconsistency check: Q17 (number of times the respondent visited the emergency room for HIV care) cannot be greater than 76.

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).

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

Inconsistency check: Q18 (number of times the respondent visited the urgent care clinic for HIV care) cannot be greater than 76.

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.)

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

Inconsistency check: Q19 (number of times admitted to a hospital for an HIV-related illness) cannot be greater than 76.

Interviewer instructions: If Q19 is "0," "Refused to answer," or "Don't know," skip to Q20.

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

Interviewer instructions: Go to paper Facility Visits Log and enter facility information. After entering this information, continue with the next question.

- Q19b. Were you admitted to any other hospital for HIV-related illness in the **past 12 months**?
- No..... 0 **→** *Skip to Say box before Q20*
 - Yes 1
 - Refused to answer 7 **}** *Skip to Say box before Q20*
 - Don't know 8

Q19c. What is the name of this hospital?

Interviewer instructions: Go to paper Facility Visits Log and enter facility information. After entering this information, continue with the next question.

- Q19d. Were you admitted to any other hospital for HIV-related illness in the **past 12 months**?
- No..... 0 **→** *Skip to Say box before Q20*
 - Yes 1
 - Refused to answer 7 **}** *Skip to Say box before Q20*
 - Don't know 8

Q19e. What is the name of this hospital?

Interviewer instructions: Go to paper Facility Visits Log and enter facility information. After entering this information, continue with the next question.

- Q19f. Were you admitted to any other hospital for HIV-related illness in the **past 12 months**?
- No..... 0 **→** *Skip to Say box before Q20*
 - Yes 1
 - Refused to answer 7 **}** *Skip to Say box before Q20*
 - Don't know 8

Q19g. What is the name of this hospital?

Interviewer instructions: Go to paper Facility Visits Log and enter facility information. After entering this information, continue with the next question.

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.

- No..... 0
- Yes 1  **Skip to Q21**
- Refused to answer 7
- Don't know 8  **Skip to Say Box before Q23**

Q20a. What are the reasons you have never taken any antiretroviral medicines?

[CHECK ALL THAT APPLY. DON'T READ CHOICES.]

- Doctor advised to delay treatment 1 **[NANTRS8A]**
- Participant believed he/she didn't need medications because felt healthy or believed HIV laboratory results were good.... 2 **[NANTRS8B]**
- Due to side effects of medication..... 3 **[NANTRS8C]**
- Felt depressed or overwhelmed 4 **[NANTRS8D]**
- Didn't want to think about being HIV positive 5 **[NANTRS8E]**
- Worried about ability to adhere 6 **[NANTRS8F]**
- Drinking or using drugs 7 **[NANTRS8G]**
- Money or insurance issues 8 **[NANTRS8H]**
- Homeless..... 9 **[NANTRS8I]**
- Taking alternative or complementary medicines 10 **[NANTRS8J]**
- Other 1 (*Specify:* _____) 11 **[NANTRS8K]**
- Other 2 (*Specify:* _____) 12 **[NANTRS8L]**
- Other 3 (*Specify:* _____) 13 **[NANTRS8M]**
- Other 4 (*Specify:* _____) 14 **[NANTRS8N]**
- Refused to answer 77
- Don't know 88

Interviewer instructions: Skip to Say Box before Q23.

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

- No..... 0
- Yes 1
- Refused to answer 7
- Don't know 8  **Skip to Say Box before Q23**

Q21a. What are the reasons you aren't **currently** taking any antiretroviral medicines?

[CHECK ALL THAT APPLY. DON'T READ CHOICES]

- Doctor advised to delay or stop treatment 1 [NANS8CA]
- Participant believed he/she didn't need medications because
felt healthy or believed HIV laboratory results were good.... 2 [NANS8CB]
- Due to side effects of medications 3 [NANS8CC]
- Felt depressed or overwhelmed 4 [NANS8CD]
- Didn't want to think about being HIV positive 5 [NANS8CE]
- Worried about ability to adhere 6 [NANS8CF]
- Drinking or using drugs 7 [NANS8CG]
- Money or insurance issues 8 [NANS8CH]
- Homeless 9 [NANS8CI]
- Taking alternative or complementary medicines 10 [NANTRCJ]
- Other 1 (*Specify:* _____) 11 [NANS8CK]
- Other 2 (*Specify:* _____) 12 [NANS8CL]
- Other 3 (*Specify:* _____) 13 [NANS8CM]
- Other 4 (*Specify:* _____) 14 [NANS8CN]
- Refused to answer 77
- Don't know 88

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

- 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?]	<i>If “Yes” in Q23a-Q36a, ask: Have you been able to get this service in the past 12 months?</i>	<i>If “No” in Q23b-Q36b, ask: What was the main reason you haven’t been able to get this service?</i>
		<i>CODE: No = 0, Yes = 1, Refused to answer = 7, Don’t know = 8</i>	<i>CODE: No = 0, Yes = 1, Refused to answer = 7, Don’t know = 8</i>	<i>CODE: SEE CODE LIST BELOW FOR RESPONSES. [CHECK ONLY ONE. DON’T READ CHOICES.]</i>
Q23.	HIV case management services	a. [_____]	b. [_____]	c. [_____]
Q24.	Mental health counseling	a. [_____]	b. [_____]	c. [_____]
Q25.	Social services, such as insurance assistance or financial counseling	a. [_____]	b. [_____]	c. [_____]
Q26.	Assistance in finding a doctor for ongoing medical services	a. [_____]	b. [_____]	c. [_____]
Q27.	Assistance in finding dental services	a. [_____]	b. [_____]	c. [_____]
Q28.	Adherence support services	a. [_____]	b. [_____]	c. [_____]
Q29.	Home health services, such as home nursing care or assistance	a. [_____]	b. [_____]	c. [_____]
Q30.	Chore or homemaker services (paid or volunteer)	a. [_____]	b. [_____]	c. [_____]
Q31.	Assistance in finding shelter or housing	a. [_____]	b. [_____]	c. [_____]
Q32.	Assistance with finding meals or food	a. [_____]	b. [_____]	c. [_____]
Q33.	Transportation assistance	a. [_____]	b. [_____]	c. [_____]
Q34.	Childcare services	a. [_____]	b. [_____]	c. [_____]

		[Needed this service in the past 12 months?]	<i>If “Yes” in Q23a-Q36a, ask:</i> Have you been able to get this service in the past 12 months?	<i>If “No” in Q23b-Q36b, ask:</i> What was the main reason you haven’t been able to get this service?
		<i>CODE:</i> <i>No = 0,</i> <i>Yes = 1,</i> <i>Refused to answer = 7,</i> <i>Don’t know = 8</i>	<i>CODE:</i> <i>No = 0,</i> <i>Yes = 1,</i> <i>Refused to answer = 7,</i> <i>Don’t know = 8</i>	<i>CODE:</i> <i>SEE CODE LIST BELOW FOR RESPONSES. [CHECK ONLY ONE. DON’T READ CHOICES.]</i>
Q35.	Education or information on HIV risk reduction	a. [_____]	b. [_____]	c. [_____]
Q36.	Other (<i>Specify:</i> _____)	a. [_____]	b. [_____]	c. [_____]

For Q23c-Q36c: [ENTER ONLY ONE RESPONSE. DON’T READ CHOICES.]

- 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

Time questionnaire ended: _____:_____ □ AM □ PM
Hour Minute



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 2009 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
Other (Specify: _____) 2 } **Skip to C3**

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

Use of Short Questionnaire

C3. Reason MMP Short questionnaire was administered.

Participant is ill 1

Response Cards

RESPONSE CARD A

0 to 49
50 to 99
100 to 199
200 to 349
350 to 499
500 or more

RESPONSE CARD B

Below the level of detection, Undetectable
Detectable but less than 5,000 viral copies/ml
5,000 to 100,000 viral copies/ml
Greater than 100,000 copies/ml

RESPONSE CARD C

Never
Rarely
About half of the time
Most of the time
Always

RESPONSE CARD D

1. HIV case management services
2. Mental health counseling
3. Social services, such as insurance assistance or financial counseling
4. Assistance in finding a doctor for ongoing medical services
5. Assistance in finding dental services
6. Adherence support services
7. Home health services, such as home nursing care or assistance
8. Chore or homemaker services (paid or volunteer)
9. Assistance in finding shelter or housing
10. Assistance with finding meals or food
11. Transportation assistance
12. Childcare services
13. Education or information on HIV risk reduction
14. Other

RESPONSE CARD E

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

