2008 Short Questionnaire for Medical Monitoring Project (MMP)

VERSION 4.1.0

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0011). Do not send the completed form to this address.

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.**

11. **Participant ID:** ___ ___ ___ ___       ___ ___ ___ ___          ___ ___ ___ ___
    [PARID]                     Site ID       Facility ID                Respondent ID

12. **Interviewer ID:** ___ ___ ___
    [INTID]

13. **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:_____________) ..................................................          □[INTSETOS]

14. **Interview language:** [CHECK ONLY ONE.]
    English ...................................................................................          □ 1
    Spanish ...................................................................................          □ 2
    Other (Specify:_____________) ..................................................          □ 3

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

16. **Time questionnaire began:** __ __:__ __ □ AM  □ PM
    [STDEMO] Hour      Minute

17. **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?
   __ __/ __ __ __ __ [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?
Inconsistency check: Q2 (date of birth) cannot be earlier than January 1, 1900 or later than the 15 (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 [OUTHISAN1]
Other 2 (Specify: _____________________________) .......... ☐ 6 [OUTHISAN2]
Other 3 (Specify: _____________________________) .......... ☐ 7 [OUTHISAN3]
Other 4 (Specify: _____________________________) .......... ☐ 8 [OUTHISAN4]
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
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 ............................................................... [Box] 0
- Yes ............................................................ [Box] 1
- Refused to answer ....................................... [Box] 7
- Don’t know ................................................ [Box] 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 ............................................................... [Box] 0
- Yes ............................................................ [Box] 1
- Refused to answer ....................................... [Box] 7
- Don’t know ................................................ [Box] 8

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

- No ............................................................... [Box] 0
- Yes ............................................................ [Box] 1
- Refused to answer ....................................... [Box] 7
- Don’t know ................................................ [Box] 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 ................................ [Box] 1
- Private health care coverage ................................ [Box] 2
- I got my HIV medicines at a public clinic ............ [Box] 3
- I paid for my HIV medicines (“out of pocket”) ....... [Box] 4
- AIDS Drug Assistance Program (ADAP) ............ [Box] 5
- I participated in a clinical research trial or drug study that provided my medicines .................... [Box] 6
- An AIDS service organization provided my medicines ........ [Box] 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?

(\(\text{Month} / \text{Year} / \text{Year} / \text{Year}\))

[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?

(\(\text{Month} / \text{Year} / \text{Year} / \text{Year}\))

[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 ................................................................... 23
- Don’t know ........................................................................... 88

Q14. When did you last go to a health care provider for HIV care?

( ) / (Y 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 I5 (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
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
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.]

- 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.
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
Don’t know .............................................................................................................. ☐ 8 → Skip to Q16

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
Don’t know .............................................................................................................. ☐ 8 → Skip to Q17

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
Don’t know .............................................................................................................. ☐ 8 → Skip to Q16d
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

Yes ....................................................................................... 1

Refused to answer ................................................................ 7

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

Yes ....................................................................................... 1

Refused to answer ................................................................ 7

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

Yes ....................................................................................... 1

Skip to Q17
Q16o. Between January 1, 2008 and April 30, 2008, how many times had you been to \textit{USE FACILITY NAME} for any sort of care?

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

\textit{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 \textbf{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).

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

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

Q18. During the \textbf{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).

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

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

Q19. During the \textbf{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.)

\[ \_\_\_\_\_\_{\text{77 = Refused to answer, 88 = Don’t know}} \]

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

\textit{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?
Q19b. Were you admitted to any other hospital for HIV-related illness in the past 12 months?
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?
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?
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.

No ........................................................................................................... [0]
Yes ......................................................................................................... [1]
Refused to answer ................................................................................. [7]
Don’t know ............................................................................................ [8]

Skip to Q21

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

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

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

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 ........................................... [NANS8CA]
- [ ] Participant believed he/she didn't need medications because felt healthy or believed HIV laboratory results were good.... [NANS8CB]
- [ ] Due to side effects of medications .................................................. [NANS8CC]
- [ ] Felt depressed or overwhelmed .................................................... [NANS8CD]
- [ ] Didn’t want to think about being HIV positive ............................ [NANS8CE]
- [ ] Worried about ability to adhere .................................................... [NANS8CF]
- [ ] Drinking or using drugs ................................................................. [NANS8CG]
- [ ] Money or insurance issues ............................................................ [NANS8CH]
- [ ] Homeless ...................................................................................... [NANS8CI]
- [ ] Taking alternative or complementary medicines .......................... [NANTRCJ]
- [ ] Other 1 *(Specify: ______________________________)* .................. [NANS8CK]
- [ ] Other 2 *(Specify: ______________________________)* .................. [NANS8CL]
- [ ] Other 3 *(Specify: ______________________________)* .................. [NANS8CM]
- [ ] Other 4 *(Specify: ______________________________)* .................. [NANS8CN]
- [ ] Refused to answer ........................................................................ [NANS8CN]
- [ ] Don’t know ................................................................................. [NANS8CN]

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

- [ ] No.................................................................................................... [NANS8D]
- [ ] Yes .................................................................................................. [NANS8D]
- [ ] Refused to answer .......................................................................... [NANS8D]
- [ ] Don’t know .................................................................................... [NANS8D]

*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.*
<p>| Q23. | HIV case management services | a. [<strong><strong><strong>] | b. [</strong></strong></strong>] | c. [<strong><strong><strong>] |
| Q24. | Mental health counseling | a. [</strong></strong></strong>] | b. [<strong><strong><strong>] | c. [</strong></strong></strong>] |
| Q25. | Social services, such as insurance assistance or financial counseling | a. [<strong><strong><strong>] | b. [</strong></strong></strong>] | c. [<strong><strong><strong>] |
| Q26. | Assistance in finding a doctor for ongoing medical services | a. [</strong></strong></strong>] | b. [<strong><strong><strong>] | c. [</strong></strong></strong>] |
| Q27. | Assistance in finding dental services | a. [<strong><strong><strong>] | b. [</strong></strong></strong>] | c. [<strong><strong><strong>] |
| Q28. | Adherence support services | a. [</strong></strong></strong>] | b. [<strong><strong><strong>] | c. [</strong></strong></strong>] |
| Q29. | Home health services, such as home nursing care or assistance | a. [<strong><strong><strong>] | b. [</strong></strong></strong>] | c. [<strong><strong><strong>] |
| Q30. | Chore or homemaker services (paid or volunteer) | a. [</strong></strong></strong>] | b. [<strong><strong><strong>] | c. [</strong></strong></strong>] |
| Q31. | Assistance in finding shelter or housing | a. [<strong><strong><strong>] | b. [</strong></strong></strong>] | c. [<strong><strong><strong>] |
| Q32. | Assistance with finding meals or food | a. [</strong></strong></strong>] | b. [<strong><strong><strong>] | c. [</strong></strong></strong>] |
| Q33. | Transportation assistance | a. [<strong><strong><strong>] | b. [</strong></strong></strong>] | c. [<strong><strong><strong>] |
| Q34. | Childcare services | a. [</strong></strong></strong>] | b. [<strong><strong><strong>] | c. [</strong></strong></strong>] |</p>
<table>
<thead>
<tr>
<th>Q23c-Q36c: [ENTER ONLY ONE RESPONSE. DON'T READ CHOICES.]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Didn’t know where to go or who to call</td>
</tr>
<tr>
<td>2  Didn’t complete application process</td>
</tr>
<tr>
<td>3  The system is too confusing</td>
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<td>4  The waiting list is too long</td>
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<td>5  It’s not available in my area</td>
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<td>6  They charge too much</td>
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<tr>
<td>7  Didn’t have the money to pay</td>
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<tr>
<td>8  Transportation problems</td>
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<td>9  Language barrier</td>
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<tr>
<td>10 Not eligible / denied services</td>
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<tr>
<td>11 Too sick to get out</td>
</tr>
<tr>
<td>12 Other (Specify:__________________)</td>
</tr>
<tr>
<td>77 Refused to answer</td>
</tr>
<tr>
<td>88 Don’t know</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CODE: SEE CODE LIST BELOW FOR RESPONSES. [CHECK ONLY ONE. DON’T READ CHOICES.]</th>
</tr>
</thead>
<tbody>
<tr>
<td>No = 0, Yes = 1, Refused to answer = 7, Don’t know = 8</td>
</tr>
<tr>
<td>CODE: No = 0, Yes = 1, Refused to answer = 7, Don’t know = 8</td>
</tr>
<tr>
<td>CODE: 77  Refused to answer</td>
</tr>
<tr>
<td>88  Don’t know</td>
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</table>

| Q35. Education or information on HIV risk reduction a. [______] b. [______] c. [______] |
| Q36. Other (Specify:__________________) a. [______] b. [______] c. [______] |

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 ➔ 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

Use of Short Questionnaire

C3. Reason MMP Short questionnaire was administered.
    Participant is ill ..........................................................................................☐ 1
<table>
<thead>
<tr>
<th>Interview required a translator</th>
<th>☐ 2</th>
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<tr>
<td>Other (Specify__________)</td>
<td>☐ 3</td>
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Data Validity

<table>
<thead>
<tr>
<th>C4. How confident are you of the validity of the respondent’s answers?</th>
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<tbody>
<tr>
<td>Confident ................................................................................</td>
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<tr>
<td>Some doubts ...........................................................................</td>
</tr>
<tr>
<td>Not confident at all ................................................................</td>
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<tr>
<th>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.</th>
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**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
Facility Visits Log – Medical Monitoring Project (MMP) 2008

Record information on facilities as indicated in the questionnaire. Only obtain contact information (street address/city/state) for facilities with which you are not familiar or those outside of your MMP project area’s jurisdiction.

<table>
<thead>
<tr>
<th>Interview Date: ___ <em><strong>/</strong></em> ___ ___ ___</th>
<th>Participant ID: ___ ___ ___ ___</th>
<th>Site ID</th>
<th>Facility ID</th>
<th>Respondent ID</th>
<th>Interviewer ID: ___ ___ ___</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Facility type(^1) (from question)</th>
<th>What was the name of this facility?</th>
<th>What was the name of the person you usually saw there?</th>
<th>About how many times did you go to this facility during the past 12 months?</th>
<th>What was the street address of this facility? (complete as needed)</th>
<th>What city and state was this facility in? (complete as needed)</th>
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**Facility Type Codes:**
- USL = usual HIV care
- OTH = other HIV care
- OBGYN = OB or GYN care
- MED = general medical care
- HO = inpatient hospital