2009 Short Questionnaire for
Medical Monitoring Project (MMP)

VERSION 5.2.0

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

Table of Contents

General QDS programming notes (additional programming notes are located throughout the questionnaire):

1)
2) Every question requires a response to move forward in the application unless otherwise noted.
3) Use the following values: .D = 8, .R = 7, NA = 6.
4) Add a questionnaire type variable (one for the standard version and one for the short version).
5) For all "other-specify" variables in "check all that apply" questions, use the "other" variable name (which should end in "O") and add an "S" on the end. If the variable name becomes too long, then drop the letter immediately preceding the consecutive letter at the end of the **main part** of the variable name. For example, if the "other" variable is named *"KINDG_9O"(where KIND is the stem variable name and G denotes the lettered response option)* the "specify" variable should be named *"KING_9OS"*
6) QDS programming notes are not included in the application; they are merely there to help with coding.
7) Interviewer instructions and inconsistency checks are notes for the interviewers, but may also include coding instructions.
8) Code book should have a brief description of the variable. This includes all calculated variables.
9) Calculate version number using variable name VERSION.
10) Calculate data collection cycle using variable name CYCYR. CYCYR = 2009.
11) For all date variables also create an automatic variable that is a copy of the date variable. For example, if the variable for date was called DATE, then the automatic variable would look like: a. variable name: TXFOR, b. type of date: String Expression, c. numeric calculation/string expression: DATE
12) Label module sections in the code book. Use the Table of Contents for guidance.
13) PDP start date is January 1, 2009.
14) PDP end date is April 30, 2009.
15) Calculate the time to conduct an interview from Q1 to 39a.
16) Do not include the Facility Visits Log, Response Cards, and calendars in the QDS program.
17) Distinguish between English and Spanish versions of the questionnaires (note this is different than the language variable used in the short questionnaire).

2009 MMP Short Questionnaire

PRELIMINARY INFORMATION

Interviewer instructions: Enter Preliminary Information prior to interview.

I1.   **Participant ID** *[PARID]*
       Site ID *[SITEID]*   ___ ___ ___ ___
       Facility ID *[FACILID]*   ___ ___ ___ ___
       Respondent ID *[INDID]*   ___ ___ ___ ___

QDS programming note:
Site ID, Facility ID, and Respondent ID all must be 4 digits with leading 0s. *[PARID]* is a 12 digit calculated variable based on *[SITEID]* + *[FACILID]* + *[INDID]*

I2.   **Interviewer ID:**   ___ ___ ___
       [INTID]

QDS programming note:
Range 0-999

I2a.   **Handheld and computer device ID:** ___ ___ ___
       [DEVICEID]

QDS programming note:
Range 0-999

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

QDS programming notes for I4: Automatically calculate in QDS.

I5.   **Interview language:** *[LANGUAG]*

       English .... ❑ 1

Spanish .... □ 2

    Other *(Specify_____)* .... □ 3 *[LANGUAOS]*

I6.   ***Was the interview originally administered on paper?*** *[MODEADM]*

    No.. □ 0

    Yes .... □ 1

I7.   ***Time questionnaire began***: __ __:__ __   □ AM   □ PM
    [STDEMO]   Hour   Minute

QDS programming notes for I7: Automatically calculate in QDS.

DEMOGRAPHICS

> *SAY:* "I'd like to thank you for taking part in this interview. Remember that all the information you give me will be kept confidential and your name won't be recorded anywhere on this paper. The answers to some questions may seem obvious to you, but I need to ask you all of the questions."

QDS programming note for Say box before Q1: Use the word "computer" instead of "paper."

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

No .... ☐ 0 → *Skip to Q2*

Yes .... ☐ 1

Refused to answer .... ☐ 7 → *Skip to Say box before Q2*

Don't know .... ☐ 8 → *Skip to Q2*

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

$$\frac{\underline{\quad}\ \underline{\quad}}{(M\ \ M}\ /\ \frac{\underline{\quad}\ \underline{\quad}\ \underline{\quad}\ \underline{\quad}}{Y\ \ Y\ \ Y\ \ Y)}$$

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

> *Inconsistency check: Q1a (date participated in MMP) cannot be earlier than January 2005 or later than I4 (interview date). If Q1a is "Refused to answer" or "Don't know," skip to Q2.*

QDS programming note for Q1a: This requires a full response for month and year. A full response could be "don't know" or "refused" to some or all of the components of this date variable.

Q1b.   In what city and state were you interviewed?

_____ (City) *[CITY_9]*

_____ (State) *[STATE_9]*

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

> *Interview instructions: If Q1a (date participated in MMP) is during the 2009 data collection cycle, "Refused to answer," or "Don't know,"go to Say box before Q2; otherwise, skip to Q2.*

QDS programming note for Interviewer instructions after Q1b: parameters for the 2009 data collection cycle are May 1, 2009 to I4 (interview date).

SAY: "We are only interviewing people who haven't already been interviewed during **2009** (2009). Thank you very much for your time." *[DISCONTINUE INTERVIEW AND SKIP TO INTERVIEW COMPLETION.]*

QDS programming note for Say box <u>after</u> Q1b: use 2009 if the year in I4 (date of interview) is 2009. Use 2010 if the year in I4 (date of interview) is 2010.

Q2.   What is your date of birth? *[DOB]*

$$\overline{(M\ \ M}\ /\ \overline{D\ \ D}\ /\ \overline{Y\ \ Y\ \ Y\ \ Y\ )}$$

> *[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 <u>earlier</u> than January 1, 1900 or <u>later</u> than the I4 (interview date).*

Interviewer instructions: If the respondent was <u>less</u> than 18 on January 1, 2009 (PDP start date), go to Say box before Q3; otherwise, skip to Q3. If Q2 is "Refused to answer" or "Don't know," go to Say box before Q3.

QDS programming note for Q2: This requires a full response for month, day, and year.

SAY: "We are only interviewing people who were 18 years or older on **January 1, 2009**. Thank you very much for your time." *[DISCONTINUE INTERVIEW AND SKIP TO INTERVIEW COMPLETION.]*

Q3.   What is the highest level of education you completed? *[DON'T READ CHOICES. CHECK ONLY ONE.]* *[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

Q4.   Do you consider yourself to be Hispanic or Latino? *[HISPAN_9]*

No .... ☐ 0

Yes .... ☐ 1

Refused to answer .... ☐ 7

Don't know .... ☐ 8

Q5. Which racial group or groups do you consider yourself to be in? You may choose more than one option. *[READ CHOICES. CHECK ALL THAT APPLY.]* [RACE_9]

American Indian or Alaska Native .... ☐ 1 *[RACE9_A]*

Asian .... ☐ 2 *[RACE9_B]*

Black or African American .... ☐ 3 *[RACE9_C]*

Native Hawaiian or Other Pacific Islander .... ☐ 4 *[RACE9_D]*

White .... ☐ 5 *[RACE9_E]*

Refused to answer .... ☐ 77

Don't know .... ☐ 88

Q6. In what country or territory were you born? *[DON'T READ CHOICES. CHECK ONLY ONE.* [CO_BORN]

United States .... ☐ 1 ⎤
Puerto Rico .... ☐ 2 ⎦ *Skip to Q7*

Mexico .... ☐ 3

Cuba .... ☐ 4

Other (*Specify_____*) .... ☐ 5 *[OTCTRY]*

Refused to answer .... ☐ 7 ⎤
Don't know .... ☐ 8 ⎦ *Skip to Q7*

Interviewer instructions: If Q6a (years living in the U.S.) is < 1 year, enter "0."

Q6a. How many years have you been living in the United States? *[US_YRS]*

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

Inconsistency check: *D6a (years living in the U.S.) must be ≤ the respondent's age at the date of the interview.*

Q7. What was your sex at birth? *[READ CHOICES EXCEPT "Intersex/ambiguous". CHECK ONLY ONE.]* [BIRTGEN]

Male .... ☐ 1

Female .... ❑ 2

Intersex/ambiguous .... ❑ 3

Refused to answer .... ❑ 7

Don't know .... ❑ 8

Q8.   Do you consider yourself to be male, female, or transgender? *[READ CHOICES. CHECK ONLY ONE.]* [GENDER]

Male .... ❑ 1

Female .... ❑ 2

Transgender .... ❑ 3

Refused to answer .... ❑ 7

Don't know .... ❑ 8

SAY: "Now I am going to ask you about the **past 12 months**. That is from last year (*DATE WITH PREVIOUS YEAR*) to now (*INTERVIEW DATE*)."

QDS programming note for Say box before D11: The QDS program should enter the appropriate dates. EXAMPLE: If IDATE is 11/11/2008 then the program should read "That is from last year, 11/11/2007 to now 11/11/2008."

Q9.   During the **past 12 months**, have you had any kind of health insurance or health coverage? This includes Medicaid and Medicare. [HTHINS_9]

No .... ❑ 0   → *Skip to Say box before Q10*

Yes .... ❑ 1

Refused to answer .... ❑ 7   } *Skip to Say box before Q10*

Don't know .... ❑ 8

Q9a.   During the **past 12 months**, was there a time that you didn't have any health insurance or health coverage? [INS12_9]

No .... ❑ 0

Yes .... ❑ 1

Refused to answer .... ❑ 7

Don't know .... ❑ 8

ACCESS TO CARE

HIV Testing and Care Experiences

SAY: "Now I'm going to ask you some questions about getting tested for HIV."

Q10.   What month and year did you **first** test positive for HIV? Tell me when you got your result, not when you got your test. *[POS1S_9]*

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

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

Inconsistency check: Q10 (date first tested positive for HIV) cannot be earlier than Q2 (respondent's date of birth). If Q10 is earlier than March 1985 or later than April 30, 2009, the PDP end date, confirm response.

Interviewer instructions: If Q10 (date first tested positive for HIV) is after April 30, 2009, go to the Say box before Q11; otherwise, skip to instructions before Q11. If Q10 is "Refused to answer," "Don't know," or the month is unknown (??), skip to Q13.

QDS programming note for Inconsistency check after Q10: If Q10 is earlier than 03/1985, display note to the interviewer: "The date entered is earlier than 03/1985 (date of first FDA-approved HIV test). Confirm date of HIV test." Program should move forward regardless of date. Allow a "??" response for month response. If Q10 is later than April 30, 2009, display note to interviewers: "The date entered is after 04/30/2009 (PDP end date). Confirm date of HIV test." The program will then go to the Say box before Q11.

SAY: "We are only interviewing people who tested positive for HIV before **April 30, 2009.** Thank you very much for your time." *[DISCONTINUE INTERVIEW AND SKIP TO INTERVIEW COMPLETION.]*

Interviewer instructions: If Q10 (date first tested positive for HIV) is 5 years or less than April 30, 2009, go to Q11; otherwise skip to Q13.

SAY: "Now I'm going to ask you about HIV medical care. When I say 'HIV medical care,' I mean physical exams, prescriptions for HIV medicines, or lab tests such as HIV viral load and CD4 testing."

Q11.   Since testing positive for HIV, what month and year did you **first** visit a doctor, nurse, or other health care worker for HIV medical care? *[CARE_9]*

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

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

Inconsistency check: Confirm response if Q11 (date first went to provider for HIV care) is earlier than the Q10 (date first tested positive for HIV) or later than April 30, 2009, the PDP end

date.

QDS programming note for Inconsistency check after Q11: If Q11 is earlier than Q10, display note to interviewer: "The date entered is earlier than the date first tested positive for HIV care. Go back to previous question to confirm the date." Allow the program to advance. If Q11 is later than 04/30/2009 display a note to the interviewer: "The date entered is later than April 30, 2009 (PDP end date). Go back to previous question and confirm response." Allow the program to advance. Allow a "??" for month response.

Interviewer instructions: If Q11 (date first went to provider for HIV care) is > 3 months after Q10 (date first tested positive for HIV), go to Q12; otherwise, skip to Q13. If Q11 is "Refused to answer," "Don't know," or an unknown month (??), skip to Q13.

Q12.   What was the <u>main reason</u> you didn't go to a doctor, nurse, or other health care worker for HIV medical care **within 3 months** of testing positive for HIV? *[DON'T READ CHOICES. CHECK ONLY ONE.] [MRNOCA_9]*

Felt good .... ❏ 1

Initial CD4 count and viral load were good .... ❏ 2

Didn't believe test result .... ❏ 3

Didn't want to think about being HIV positive .... ❏ 4

Didn't have enough money or health insurance .... ❏ 5

Had other responsibilities such as child care or work .... ❏ 6

Experienced homelessness .... ❏ 7

Was drinking or using drugs .... ❏ 8

Felt sick .... ❏ 9

Forgot to go .... ❏ 10

Missed appointment(s) .... ❏ 11

Moved or out of town .... ❏ 12

Unable to get transportation .... ❏ 13

Facility is inconvenient (location, facility hours, wait-time) . ❏ 14

Didn't know where to go .... ❏ 15

Couldn't find the right HIV health care provider .... ❏ 16

Unable to get earlier appointment .... ❏ 17

Unaware of recommendation to enter care within 3 months . ❏ 18

Other (*Specify:*_____) ..... ❏ 19 *[MRNO_9OS]*

Refused to answer .... ❏ 77

Don't know .... ☐ 88

Q13. When was your **most recent** visit to a doctor, nurse, or other health care worker for HIV medical care? Please tell me the month and year. *[LASCA_9]*

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

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

Inconsistency check: *Q13 (date of most recent visit to a provider for HIV care) cannot be <u>earlier</u> than Q11 (date first visit to a provider for HIV care) or <u>later</u> than I4 (interview date).*

QDS programming note for Q13: Allow a "??" for month response.

Interviewer instructions: If Q13 (date of most recent visit to a provider for HIV care) is > <u>6 months</u> prior to I4 (interview date), go to Q13a; otherwise, skip to Say box before Q14. If A7 is "Refused to answer," "Don't know," or an unknown month (??), skip to Say box before Q14.

Q13a. What was the <u>main reason</u> you didn't visit a doctor, nurse, or other health care worker for HIV medical care during the **past 6 months**? *[DON'T READ CHOICES. CHECK ONLY ONE. SHOW CALENDAR.] [MRNOCL_9]*

Felt good .... ☐ 1

CD4 count and viral load were good .... ☐ 2

Didn't believe test result .... ☐ 3

Didn't want to think about being HIV positive .... ☐ 4

Didn't have enough money or health insurance .... ☐ 5

Had other responsibilities such as child care or work........... ☐ 6

Experienced homelessness.. ☐ 7

Was drinking or using drugs .... ☐ 8

Felt sick... ☐ 9

Forgot to go... ☐ 10

Missed appointment(s).. ☐ 11

Moved or out of town .... ☐ 12

Unable to get transportation... ☐ 13

Facility is inconvenient (location, facility hours, wait-time). ☐ 14

Didn't know where to go .... ☐ 15

Couldn't find the right HIV health care provider .... ☐ 16

Unable to get earlier appointment..☐ 17

Unaware of recommendation to enter care within 3 months.☐ 18

Other (*Specify:*_____) ......☐ 19 *[MRNL_9OS]*

Refused to answer ....☐ 77

Don't know ....☐ 88

Sources of Care

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

Q14.   During the **past 12 months**, was there one usual place, like a doctor's office or clinic, where you went for most of your HIV medical care? *[PLCARE_9]*

No...☐ 0

Yes ....☐ 1   ⟶   *Skip to Q14b*

Refused to answer ....☐ 7

Don't know ....☐ 8   *Skip to Q15*

Q14a.   What was the <u>main reason</u> you didn't have a usual place to get HIV medical care during the **past 12 months**? *[DON'T READ CHOICES. CHECK ONLY ONE.]* *[UC_RSN_9]*

Couldn't afford a usual source of HIV care...........................☐ 1

Didn't know where to find a usual source of HIV care ....☐ 2

Couldn't get regular appointments anywhere ....☐ 3

It wasn't available in the area ....☐ 4

Didn't think it was necessary...☐ 5

Thought it was necessary, but never tried to get a usual

     source of care ....☐ 6

Other (*Specify*_____) ☐ 7 *[UC_R_9OS]*

Refused to answer ....☐ 77

Don't know ....☐ 88

Interviewer instructions: Skip to Q15.

Q14b.   What is the name of this place where you went for most of your HIV medical care during the **past 12 months**?

QDS programming note: response for this question is not recorded in QDS.

Q14c. Did you get any sort of care at *[USE FACILITY NAME]* between January 1, 2009 and April 30, 2009? *[CAREPER1]*

No .... ☐ 0 ⟶ *Skip to Q15*

Yes .... ☐ 1

Refused to answer .... ☐ 7

Don't know .... ☐ 8 ⎫ *Skip to Q15*

Q14d. Between January 1, 2009 and April 30, 2009, how many times had you been to *[USE FACILTY NAME]* for any sort of care? *[TIMECAR]*

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

Inconsistency check: **The number of times the respondent visited a particular facility must be ≥ 1 and ≤ 121.**

Q15. During the **past 12 months**, had you been to any other doctor's office or clinic for your HIV medical care? *[OHEPRO_9]*

No .... ☐ 0 ⟶ *Skip to Q16*

Yes .... ☐ 1

Refused to answer .... ☐ 7

Don't know .... ☐ 8 ⎫ *Skip to Q16*

Q15a. What is the name of this place where you got HIV medical care?

QDS programming note: response for this question is not recorded in QDS.

Q15b. Did you get any sort of care at *[USE FACILITY NAME]* between January 1, 2009 and April 30, 2009? *[CAR1_1_9]*

No .... ☐ 0 ⟶ *Skip to Q16*

Yes .... ☐ 1

Refused to answer .... ☐ 7 ⎫ *Skip to Q16*

Don't know .... ☐ 8

Q15c. Between January 1, 2009 and April 30, 2009, how many times had you been to *[USE FACILITY NAME]* for any sort of care? *[TIM1_1_9]*

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

Inconsistency check: The number of times the respondent visited a particular facility must be ≥ 1 and ≤ 121.

Q16. During the **past 12 months**, how many times did you go to an emergency room or urgent care center for HIV medical care? *[ERU_VI_9]*

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

Inconsistency check: Q16 (number of times respondent visited the emergency room or urgent care center for HIV care) must be ≤ 76.

Q17. 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]*

Inconsistency check: Q17 (number of times respondent was admitted to a hospital for an HIV-related illness) must be ≤ 76.

Q18. During the **past 12 months**, were you enrolled in an inpatient mental health facility? *[ADMENH_9]*

No.. ☐ 0

Yes .... ☐ 1

Refused to answer .... ☐ 7

Don't know .... ☐ 8

Q19. During the **past 12 months**, were you enrolled in an inpatient drug or alcohol treatment facility? *[ADDRAL_9]*

No.. ☐ 0

Yes .... ☐ 1

Refused to answer .... ☐ 7

Don't know .... ☐ 8

Met and Unmet Needs

> *SAY: "Now I'm going to ask about services you used or needed during the* **past 12 months**. *Remember, the past 12 months is last year (**DATE WITH PREVIOUS YEAR**) to now (**INTERVIEW DATE**)."*

> QDS programming note for Say box before met and unmet need questions: The QDS program should enter the appropriate dates. EXAMPLE: If IDATE is 11/11/2008 then the program should read "That is from last year, 11/11/2007 to now 11/11/2008."

> *Interviewer instructions: Use Response Card C. If response to Q20a is "No," "Refused to answer," or "Don't know," go to Q20b; otherwise, skip to Q21a. If response to Q20b is "Yes," go to Q20c; otherwise, skip to Q21a. Follow the same pattern for Q20–Q36.*

> *Interviewer instructions: For Q20c–Q36c: [DON'T READ CHOICES. CHECK ONLY ONE.]*

		During the **past 12 months**, did you get: *CODE:* *No = 0,* *Yes = 1, Refused to answer = 7,* *Don't know = 8*	IF "NO" IN Q20a–Q36a, ASK: During the **past 12 months**, have you needed: *CODE:* *No = 0,* *Yes = 1, Refused to answer = 7,* *Don't know = 8*	IF "YES" IN Q20b–Q36b, ASK: What was the main reason you haven't been able to get this service during the **past 12 months**? *CODE:* *SEE CODE LIST BELOW FOR RESPONSES.* *[DON'T READ CHOICES. CHECK ONLY ONE]*
Q20.	HIV case management services	a. [_____] *[HIVC12_9]*	b. [_____] *[HIVCMS_9]*	c. [_____] *[HIVCRS_9]* Other *(Specify:_____)* *[HIVC_9OS]*
Q21.	Counseling about how to prevent the spread of HIV	a. [_____] *[HIVE12_9]*	b. [_____] *[HIVEDU_9]*	c. [_____] *[HIVERS_9]* Other *(Specify:_____)* *[HIVE_9OS]*

> *Interviewer instructions: If applicable, use the state program name for ADAP when asking Q22 (medicine through ADAP).*

		During the **past 12 months**, did you get: *CODE:* *No = 0,* *Yes = 1, Refused to answer = 7,* *Don't know = 8*	*IF "NO" IN Q20a–Q36a, ASK:* During the **past 12 months**, have you needed: *CODE:* *No = 0,* *Yes = 1, Refused to answer = 7,* *Don't know = 8*	*IF "YES" IN Q20b–Q36b, ASK:* What was the main reason you haven't been able to get this service during the **past 12 months**? *CODE:* *SEE CODE LIST BELOW FOR RESPONSES.* *[DON'T READ CHOICES. CHECK ONLY ONE]*
Q22.	Medicine through the AIDS Drug Assistance Program (ADAP)	a. [_____] *[GET_ADAP]*	b. [_____] *[NED_ADAP]*	c. [_____] *[RS_ADAP]* Other *(Specify:_____)* *[RS_A_9OS]*
Q23.	Professional help remembering to take your HIV medicines on time or correctly	a. [_____] *[ASS12_9]*	b. [_____] *[ASS_9]*	c. [_____] *[ASSRS_9]* Other *(Specify:_____)* *[ASSR_9OS]*
Q24.	HIV peer group support	a. [_____] *[GET_GRP]*	b. [_____] *[NED_GRP]*	c. [_____] *[RS_GRP]* Other *(Specify:_____)* *[RS_G_9OS]*
Q25.	Dental care	a. [_____] *[DENS12_9]*	b. [_____] *[DENSER_9]*	c. [_____] *[DENSRS_9]* Other *(Specify:_____)* *[DENS_9OS]*
Q26.	Mental health services	a. [_____] *[MENC12_9]*	b. [_____] *[MENCON_9]*	c. [_____] *[MENCRS_9]* Other *(Specify:_____)* *[MENC_9OS]*
Q27.	Drug or alcohol counseling or treatment	a. [_____] *[GET_SUBU]*	b. [_____] *[NED_SUBU]*	c. [_____] *[RS_SUBU]* Other *(Specify:_____)* *[RS_U_9OS]*

		During the **past 12 months**, did you get: *CODE:* *No = 0,* *Yes = 1, Refused to answer = 7,* *Don't know = 8*	*IF "NO" IN Q20a–Q36a, ASK:* During the **past 12 months**, have you needed: *CODE:* *No = 0,* *Yes = 1, Refused to answer = 7,* *Don't know = 8*	*IF "YES" IN Q20b–Q36b, ASK:* What was the main reason you haven't been able to get this service during the **past 12 months**? *CODE:* *SEE CODE LIST BELOW FOR RESPONSES.* *[DON'T READ CHOICES. CHECK ONLY ONE]*
Q28.	Public benefits including Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)	a. [_____] *[GET_SSDI]*	b. [_____] *[NED_SSDI]*	c. [_____] *[RS_SSDI]* Other *(Specify:_____)* *[RS_S_9OS]*
Q29.	Domestic violence services	a. [_____] *[GET_DOMS]*	b. [_____] *[NED_DOMS]*	c. [_____] *[RS_DOMS]* Other *(Specify:_____)* *[RS_D_9OS]*
Q30.	Shelter or housing services	a. [_____] *[SHLT12_9]*	b. [_____] *[SHLTER_9]*	c. [_____] *[SHLTRS_9]* Other *(Specify:_____)* *[SHLT_9OS]*
Q31.	Meal or food services	a. [_____] *[MLSF12_9]*	b. [_____] *[MLSFOD_9]*	c. [_____] *[MLSFRS_9]* Other *(Specify:_____)* *[MLSF_9OS]*
Q32.	Home health services	a. [_____] *[HHSA12_9]*	b. [_____] *[HHSASS_9]*	c. [_____] *[HHSARS_9]* Other *(Specify:_____)* *[HHSA_9OS]*
Q33.	Transportation assistance	a. [_____] *[TRAS12_9]*	b. [_____] *[TRASAS_9]*	c. [_____] *[TRASRS_9]* Other *(Specify:_____)* *[TRAS _9OS]*

		During the **past 12 months**, did you get: *CODE:* *No = 0,* *Yes = 1, Refused to answer = 7,* *Don't know = 8*	IF "NO" IN Q20a–Q36a, ASK: During the **past 12 months**, have you needed: *CODE:* *No = 0,* *Yes = 1, Refused to answer = 7,* *Don't know = 8*	IF "YES" IN Q20b–Q36b, ASK: What was the main reason you haven't been able to get this service during the **past 12 months**? *CODE:* *SEE CODE LIST BELOW FOR RESPONSES.* *[DON'T READ CHOICES. CHECK ONLY ONE]*
Q34.	Childcare services	a. [_____] *[CHLD12_9]*	b. [_____] *[CHLDCR_9]*	c. [_____] *[CHLDRS_9]* Other *(Specify:_____)* *[CHLD_9OS]*
Q35.	Interpreter services	a. [_____] *[GET_INTS]*	b. [_____] *[NED_INTS]*	c. [_____] *[RS_INTS]* Other *(Specify:_____)* *[RS_I_9OS]*
Q36.	Other HIV-related services	a. [_____] *[OTHS12_9]* *If "Yes," then ask:* Other 1 *(Specify:_____)* *[OTHSP_91]* Other 2 *(Specify:_____)* *[OTHSP_92]* Other 3 *(Specify:_____)* *[OTHSP_93]* Other 4 *(Specify:_____)* *[OTHSP_94]*	b. [_____] *[OTHSER_9]* *If "Yes," then ask:* Other 1 *(Specify:_____)* *[OTHSE_91]* Other 2 *(Specify:_____)* *[OTHSE_92]* Other 3 *(Specify:_____)* *[OTHSE_93]* Other 4 *(Specify:_____)* *[OTHSE_94]*	Other 1 ca. [_____] *[OTHSR1_9]* Other 1 *(Specify:_____)* *[O112_9OS]* Other 2 cb. [_____] *[OTHSR2_9]* Other 2 *(Specify:_____)* *[O212_9OS]* Other 3 cc. [_____] *[OTHSR3_9]* Other 3 *(Specify:_____)* *[O312_9OS]* Other 4 cd. [_____] *[OTHSR4_9]* Other 4 *(Specify:_____)* *[O412_9OS]*

Code list for Q20c–Q36c

1   Didn't know where to go or whom to call
2   In process of getting the service
3   Waiting list is too long
4   Service isn't available
5   Not eligible or denied services
6   Transportation problems
7   Service hours are inconvenient
8   Service costs too much/lack of insurance
9   Language barrier
10   Too sick to get service
11   Psychological barrier
12   Other *(Specify:_____)*
77   Refused to answer
88   Don't know

HIV TREATMENT AND ADHERENCE

SAY: "Now I'm going to ask some questions about medicines that you are taking for your HIV. These medicines are called antiretrovirals, also known as ART, HAART, or the AIDS cocktail."

Q37.   Have you **ever** taken any antiretroviral medicines for your HIV? *[ANTIRE_9]*

No……………………………………………….…….................... ☐ 0

Yes………………………………………….…… .... ☐ 1 ⟶ *Skip to Q38*

Refused to answer………………………….…..................... ☐ 7

Don't know…......... …………………………….................... ☐ 8 } *Skip to Interview completion*

Q37a.   What is the <u>main reason</u> you have **never** taken any antiretroviral medicines? *[DON'T READ RESPONSES. CHECK ONLY ONE.] [NANTRE_9]*

Doctor advised to delay treatment .... ☐ 1

Participant believed he/she didn't need medications because

felt healthy or believed HIV laboratory results were good.... ☐ 2

Due to side effects of medication... ☐ 3

Felt depressed or overwhelmed .... ☐ 4

Didn't want to think about being HIV positive .... ☐ 5

Worried about ability to adhere .... ☐ 6

Drinking or using drugs .... ☐ 7

Money or insurance issues .... ☐ 8

Homeless...☐ 9

Taking alternative or complementary medicines....................☐ 10

Other (*Specify:*_____) ....☐ 11 *[NANT_9OS]*

Refused to answer..☐ 77

Don't know ....☐ 88

Interviewer instructions: Skip to Interview completion.

Q38.　Are you **currently** taking any antiretroviral medicines for your HIV? *[CURME_9]*

No…………………………………………...................☐ 0

Yes…………………………………………. ....☐ 1　　→　*Skip to Q39a*

Refused to answer…………………... ....☐ 7

Don't know…......... ....☐ 8　　}　*Skip to Q39*

Q38a.　What is the <u>main reason</u> you aren't **currently** taking any antiretroviral medicines? *[DON'T READ RESPONSES. CHECK ONLY ONE.] [NMANT8_9]*

Doctor advised to delay or stop treatment ....☐ 1

Participant believed he/she didn't need medications because

felt health or believed HIV laboratory results were good .....☐ 2

Due to side effects of medications ....☐ 3

Felt depressed or overwhelmed ....☐ 4

Didn't want to think about being HIV positive ....☐ 5

Worried about ability to adhere ....☐ 6

Drinking or using drugs ....☐ 7

Money or insurance issues ....☐ 8

Homeless...☐ 9

Taking alternative or complementary medicines....................☐ 10

Other (*Specify:*_____) ....☐ 11 *[NMA8_9OS]*

Refused to answer..☐ 77

Don't know ....☐ 88

Q39.　During the **past 12 months**, have you taken antiretroviral medicines? *[ATMD12_9]*

No…………………………………………….....................☐ 0　　→　*Skip to Interview completion*

Yes…………………………………………… ....☐ 1

Refused to answer…………………………. ....☐ 7　　}　*Skip to Interview completion*

Don't know…......... ....☐ 8

Q39a. During the **past 12 months**, what were the ways your antiretroviral medicines were paid for? *[DON'T READ CHOICES. CHECK ALL THAT APPLY.]* *[PREMD_9]*

Private health insurance ....☐ 1 *[PREMD_9A]*

Medicaid ....☐ 2 *[PREMD_9B]*

Medicare ....☐ 3 *[PREMD_9C]*

AIDS Drug Assistance Program (ADAP).............................☐ 4 *[PREMD_9D]*

An AIDS service organization provided medicines...............☐ 5 *[PREMD_9E]*

Got medicines at a public clinic..☐ 6 *[PREMD_9F]*

Clinical trial or drug study provided medicines....................☐ 7 *[PREMD_9G]*

Paid for medicines out of pocket ....☐ 8 *[PREMD_9H]*

Other 1 (*Specify:* _____) ....☐ 9 *[PREMO_9I] [PREM91OS]*

Other 2 (*Specify:* _____) ....☐ 10 *[PREMJ_9O] [PREM92OS]*

Other 3 (*Specify:* _____) ....☐ 11 *[PREMK_9O] [PREM93OS]*

Other 4 (*Specify:* _____) ....☐ 12 *[PREML_9O] [PREM94OS]*

Refused to answer ....☐ 77

Don't know ....☐ 88

Time questionnaire ended: ___ ___:___ ___   □ *AM*   □ *PM* *[ENDSHORT]*
                                    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 <u>less than</u> 18 years old.
Pay the respondent if the respondent's first HIV positive test was <u>after</u> the PDP, OR the interview was partially or fully completed.

Payment Verification

E1.   *Payment made: [PAYMENT]*

   No ....☐ 0

   Yes ....☐ 1 ➡ *Skip to E2*

E1a.   *Why was payment not made? [PAYNMAD]*

   Participant refused payment ....☐ 1 ⎫
   Skip to E3
   *Other (Specify:_____) ....☐ 2 ⎭
   [OPAY]*

E2.   *Receipt signed (or initialed): [RECEIPT]*

   No ....☐ 0

   Yes ....☐ 1 ➡ *Skip to E3*

E2a.   *Why was receipt not signed? [RECNS]*

   Participant refused to sign ....☐ 1

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

Data Validity

E3. *How confident are you of the validity of the respondent's answers?* [CONF]

Confident ....❏ 1

Some doubts...❏ 2

Not confident at all...❏ 3

E4. *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]

FACILITY VISITS LOG – MEDICAL MONITORING PROJECT 2009

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. **Interviewers should not write on the shaded row or column**.

Box A	Box B	Box C
Interview Date: ___ ___/___ ___/ ___ ___ ___ ___	**Participant ID:** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Site ID Facility ID Respondent ID	**Interviewer ID:** ___ ___ ___

Facility Type Code[1] *(from question)*	What was the name of this facility?	What is the MMP 8-digit facility ID number? Data manager use only	What was the name of the health care provider you usually saw there?		About how many times did you go to this facility during the past 12 months?	What was the street address of this facility? *(complete as needed)*	What city and state was this facility in? *(complete as needed)*	
			Last name	**First name**			**City**	**State**
SAMP Data manager use only								

Facility Type Codes:
USL = usual HIV care   **INC** = care while incarcerated   **OTH** = other HIV care   **OBGYN =** OB or GYN care   **MED** = general medical care   **HO** = inpatient hospital
SAMP = facility where patient was sampled

HIV case management services

Counseling about how to prevent the spread of HIV

Medicine through the AIDS Drug Assistance Program (ADAP)

Professional help remembering to take your HIV medicines on time or correctly

HIV peer group support

Dental care

Mental health services

Drug or alcohol counseling or treatment

Public benefits including Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)

Domestic violence services

Shelter or housing services

Meal or food services

Home health services

Transportation assistance

Childcare services

Interpreter services

Other HIV-related services

2008 CALENDAR

	January		February		March

January

```
Su Mo Tu We Th Fr Sa
       1  2  3  4  5
 6  7  8  9 10 11 12
13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30 31
```

February

```
Su Mo Tu We Th Fr Sa
                1  2
 3  4  5  6  7  8  9
10 11 12 13 14 15 16
17 18 19 20 21 22 23
24 25 26 27 28 29
```

March

```
Su Mo Tu We Th Fr Sa
                   1
 2  3  4  5  6  7  8
 9 10 11 12 13 14 15
16 17 18 19 20 21 22
23 24 25 26 27 28 29
30 31
```

April

```
Su Mo Tu We Th Fr Sa
       1  2  3  4  5
 6  7  8  9 10 11 12
13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30
```

May

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Su Mo Tu We Th Fr Sa
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 4  5  6  7  8  9 10
11 12 13 14 15 16 17
18 19 20 21 22 23 24
25 26 27 28 29 30 31
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June

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Su Mo Tu We Th Fr Sa
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 8  9 10 11 12 13 14
15 16 17 18 19 20 21
22 23 24 25 26 27 28
29 30
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July

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Su Mo Tu We Th Fr Sa
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 6  7  8  9 10 11 12
13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30 31
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August

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Su Mo Tu We Th Fr Sa
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 3  4  5  6  7  8  9
10 11 12 13 14 15 16
17 18 19 20 21 22 23
24 25 26 27 28 29 30
31
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September

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14 15 16 17 18 19 20
21 22 23 24 25 26 27
28 29 30
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October

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Su Mo Tu We Th Fr Sa
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 5  6  7  8  9 10 11
12 13 14 15 16 17 18
19 20 21 22 23 24 25
26 27 28 29 30 31
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November

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Su Mo Tu We Th Fr Sa
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 2  3  4  5  6  7  8
 9 10 11 12 13 14 15
16 17 18 19 20 21 22
23 24 25 26 27 28 29
30
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December

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Su Mo Tu We Th Fr Sa
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 7  8  9 10 11 12 13
14 15 16 17 18 19 20
21 22 23 24 25 26 27
28 29 30 31
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2009 CALENDAR

January
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Su Mo Tu We Th Fr Sa
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 4  5  6  7  8  9 10
11 12 13 14 15 16 17
18 19 20 21 22 23 24
25 26 27 28 29 30 31
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February
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Su Mo Tu We Th Fr Sa
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 8  9 10 11 12 13 14
15 16 17 18 19 20 21
22 23 24 25 26 27 28
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March
```
Su Mo Tu We Th Fr Sa
 1  2  3  4  5  6  7
 8  9 10 11 12 13 14
15 16 17 18 19 20 21
22 23 24 25 26 27 28
29 30 31
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April
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Su Mo Tu We Th Fr Sa
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 5  6  7  8  9 10 11
12 13 14 15 16 17 18
19 20 21 22 23 24 25
26 27 28 29 30
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May
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10 11 12 13 14 15 16
17 18 19 20 21 22 23
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June
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July
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Su Mo Tu We Th Fr Sa
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 5  6  7  8  9 10 11
12 13 14 15 16 17 18
19 20 21 22 23 24 25
26 27 28 29 30 31
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August
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16 17 18 19 20 21 22
23 24 25 26 27 28 29
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September
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Su Mo Tu We Th Fr Sa
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13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30
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October
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Su Mo Tu We Th Fr Sa
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11 12 13 14 15 16 17
18 19 20 21 22 23 24
25 26 27 28 29 30 31
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November
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Su Mo Tu We Th Fr Sa
 1  2  3  4  5  6  7
 8  9 10 11 12 13 14
15 16 17 18 19 20 21
22 23 24 25 26 27 28
29 30
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December
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Su Mo Tu We Th Fr Sa
       1  2  3  4  5
 6  7  8  9 10 11 12
13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30 31
```