2009 Short Questionnaire for
Medical Monitoring Project (MMP)

VERSION 5.2.0

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

PRELIMINARY INFORMATION ............................................................................................................................ 4

DEMOGRAPHICS ..................................................................................................................................................... 6

ACCESS TO CARE .................................................................................................................................................... 9

- HIV Testing and Care Experiences .................................................................................................................. 9
- Sources of Care .................................................................................................................................................. 13
- Met and Unmet Needs ....................................................................................................................................... 16

HIV TREATMENT AND ADHERENCE .............................................................................................................. 20

INTERVIEW COMPLETION ................................................................................................................................. 23

- End of Interview .............................................................................................................................................. 23
- Payment Verification ........................................................................................................................................ 23
- Data Validity ...................................................................................................................................................... 24

FACILITY VISITS LOG – MEDICAL MONITORING PROJECT 2009 .......................................................... 25

RESPONSE CARD C ............................................................................................................................................. 26

2008 CALENDAR ................................................................................................................................................ 27

2009 CALENDAR ............................................................................................................................................... 28
General QDS programming notes (additional programming notes are located throughout the questionnaire):

1) Every question requires a response to move forward in the application unless otherwise noted.
2) Use the following values: .D = 8, .R = 7, NA = 6.
3) Add a questionnaire type variable (one for the standard version and one for the short version).
4) 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”.
5) QDS programming notes are not included in the application; they are merely there to help with coding.
6) Interviewer instructions and inconsistency checks are notes for the interviewers, but may also include coding instructions.
7) Code book should have a brief description of the variable. This includes all calculated variables.
8) Calculate version number using variable name VERSION.
9) Calculate data collection cycle using variable name CYCYR. CYCYR = 2009.
10) 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
11) Label module sections in the code book. Use the Table of Contents for guidance.
12) PDP start date is January 1, 2009.
13) PDP end date is April 30, 2009.
14) Do not include the Facility Visits Log, Response Cards, and calendars in the QDS program.
15) Distinguish between English and Spanish versions of the questionnaires (note this is different than the language variable used in the 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 ........................................................ [ ]
- Inpatient health facility ......................................................... [ ]
- Prison or jail facility ................................................................ [ ]
- Community-based organization ............................................. [ ]
- Private home ......................................................................... [ ]
- Public venue (i.e., coffee shop, library) ................................. [ ]
- Other (Specify_____________) .................................................... [ ]

**I4.**  
**Interview date:** ____________________________  
**[IDATE]** (M / D / Y)

QDS programming notes for I4: Automatically calculate in QDS.

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

Q1. Have you ever participated in the MMP interview? [PARTCPT]
   - No .................................................................................................. 0
   - Yes .................................................................................................. 1
   - Refused to answer ........................................................................ 7
   - Don’t know .................................................................................. 8

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

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.
**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.]

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

(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 I4 (interview date).

**Interviewer instructions:** If the respondent was less 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]
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 ........................................ [RACE9_A]
- Asian ...................................................................................... [RACE9_B]
- Black or African American .................................................... [RACE9_C]
- Native Hawaiian or Other Pacific Islander ............................ [RACE9_D]
- White ...................................................................................... [RACE9_E]
- Refused to answer ..........................................................................
- Don’t know ..................................................................................

Q6. In what country or territory were you born? [DON’T READ CHOICES. CHECK ONLY ONE.] [CO_BORN]
- United States ..........................................................................
- Puerto Rico.............................................................................
- Mexico ...................................................................................
- Cuba........................................................................................
- Other (Specify ______________________________) ....................... [OTCTRY]
- Refused to answer ..................................................................
- Don’t know ............................................................................

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 ........................................................................................
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).”

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
Yes ........................................................................................... 1
Refused to answer ..................................................................... 7
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. *[POSIS_9]*

\[
\text{(M M / Y Y Y Y)}
\]

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

**Inconsistency check:** 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]*

\[
\text{(M M / Y Y Y Y)}
\]

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

**Inconsistency check:** 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.
Q12. What was the main reason 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
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]

[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 earlier than Q11 (date first visit to a provider for HIV care) or later 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 > 6 months 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 main reason 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
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 **main reason** 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? [CAREPERI]

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 FACILITY 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.

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

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 \( \text{USE FACILITY NAME} \) for any sort of care? \( \text{TIM1_1_9} \)

___ ___ ___ \( [777 = \text{Refused to answer}, 888 = \text{Don’t know}] \)

**Inconsistency check:** The number of times the respondent visited a particular facility must be \( \geq 1 \) and \( \leq 121 \).

Q16. During the past 12 months, how many times did you go to an emergency room or urgent care center for HIV medical care? \( \text{ERU_VI_9} \)

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

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

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.) \( \text{HOSP} \)

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

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

Q18. During the past 12 months, were you enrolled in an inpatient mental health facility? \( \text{ADMENH_9} \)

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? \( \text{ADDRAL_9} \)

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.]

<table>
<thead>
<tr>
<th>Question</th>
<th>Service</th>
<th>Code Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q20. HIV case management services</td>
<td>a. [_____] [HIVC12_9]</td>
<td>b. [_____] [HIVCMS_9]</td>
</tr>
</tbody>
</table>

**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] |
Other  
(Specify: [______]) [DENS_9OS] |
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:  

*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]  

| 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. [_____] [SHTER_9] | c. [_____] [SHTLTRS_9]  
| Other (Specify: ______) [SHTL_9OS]  
| Other (Specify: ______) [MLSF_9OS]  
| Other (Specify: ______) [HHS_9OS]  
| Other (Specify: ______) [TRAS_9OS]  

2009 MMP Short Questionnaire v5.2
<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Q34 | Childcare services | a. [_____] [CHLD12_9] b. [_____] [CHLDCR_9] c. [_____] [CHLDRS_9] [Specify: _______] | CODE:  
No = 0,  
Yes = 1,  
Refused to answer = 7,  
Don't know = 8 |
| Q35 | Interpreter services | a. [_____] [GET_INTS] b. [_____] [NED_INTS] c. [_____] [RS_INTS] [Specify: _______] | CODE:  
No = 0,  
Yes = 1,  
Refused to answer = 7,  
Don't know = 8 |
| Q36 | Other HIV-related services | a. [_____] [OTHS12_9] [Specify: _______] b. [_____] [OTHSER_9] [Specify: _______] | If “Yes,” then ask:  
**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 ]
- Refused to answer............................................. [ 7 ]
- Don’t know...................................................... [ 8 ]

**Q37a.** What is the **main reason** 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 ]
Q38. Are you currently taking any antiretroviral medicines for your HIV? [CURME_9]

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

Skip to Q39a

Q38a. What is the main reason 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

Skip to Q39

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

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

Skip to Interview completion

Skip to Interview completion
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 .......................................................... [PREMD_9A]
Medicaid ........................................................................... [PREMD_9B]
Medicare ................................................................................ [PREMD_9C]
AIDS Drug Assistance Program (ADAP)................................ [PREMD_9D]
An AIDS service organization provided medicines.......... [PREMD_9E]
Got medicines at a public clinic ............................................ [PREMD_9F]
Clinical trial or drug study provided medicines .................... [PREMD_9G]
Paid for medicines out of pocket ........................................... [PREMD_9H]
Other 1 (Specify: _____________________________) .......... [PREMO_9I] [PREM91OS]
Other 2 (Specify: _____________________________) ............ [PREM_9O] [PREM92OS]
Other 3 (Specify: _____________________________) ............ [PREMK_9O] [PREM93OS]
Other 4 (Specify: _____________________________) ............ [PREML_9O] [PREM94OS]
Refused to answer .................................................................. [PREMD_9I]
Don’t know ........................................................................... [PREMD_9I]

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 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

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

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]*

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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.

<table>
<thead>
<tr>
<th>Facility Type Code¹ (from question)</th>
<th>What was the name of this facility?</th>
<th>What is the MMP 8-digit facility ID number? Data manager use only</th>
<th>What was the name of the health care provider 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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<td>Respondent ID</td>
<td>Last name</td>
<td>First name</td>
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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

Interview Date: ___ ___/___ ___/ ___ ___ ___ ___
Participant ID: ___ ___ ___ ___    ___ ___ ___ ___     ____ ___ ___ ___
Interviewer ID: ___ ___ ___
**RESPONSE CARD C**

- 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
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1 2 3 4 5
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13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30 31

February
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22 23 24 25 26 27 28
29 30 31

March
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April
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May
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June
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July
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August
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September
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October
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November
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December
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# 2009 Calendar

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