

Attachment 3
Patient Questionnaire

Patient Survey

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**THIS QUESTIONNAIRE IS ANONYMOUS
 YOUR ANSWERS ARE PRIVATE AND CANNOT BE LINKED TO YOU**

Please DO NOT write your name on this questionnaire

1a. Were you offered an HIV test today?

1. Yes
 - Did you refuse the test you were offered?
 - I refused the test.
 - I took the test. **Please go to question 2**
2. No. **Please go to question 6**

1b. Please rate on a scale of 1 to 5, where 1 means “not at all” and 5 means “most important,” how much each of the following reasons affected your decision to refuse the HIV test today.

	0 I prefer not to answer	1 Not at all	2 Very little	3 Somewhat	4 A lot	5 Most important
I don't think I'm at risk for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of finding out the result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned that someone will learn my HIV status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I am positive, I may not be able to get health insurance or life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid that if I am positive, people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

will treat me differently						
I didn't have time to do the test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't want to take the test here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU REFUSED THE TEST TODAY, PLEASE SKIP TO QUESTION 3.

2a. What was the result of the test?

- Negative
- Positive
- Invalid/ indeterminate
- I don't know
- I prefer not to answer

2b. Overall, how would you rate your experience with HIV testing today?

Excellent	Very Good	Good	Fair	Poor	Don't Know	I prefer not to answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3a. How pressured did you feel to take the test?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3b. How much of an obligation or responsibility did you feel you had to take the test?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3c. How disappointed do you think people would be if you refused the test?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3d. How much did you feel as though you would be disobeying the doctors and/or nurses by refusing the test?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3e. How judged did you feel for taking/not taking the test?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3f. How rude do you think it would have been to refuse to take the HIV test?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3g. How much of a choice do you feel you had about taking the test?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3h. How much do you feel like your choice to take or refuse the test was voluntary?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3i. How confidential/ private did you feel the HIV test was?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3j. When the doctor/nurse gave you your results, how confidential/ private was it?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3k. How happy are you with the information you received today about HIV testing?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU DID NOT GET TESTED DURING YOUR VISIT TODAY, PLEASE SKIP TO QUESTION 5.

4a. How happy are you with how long it took to get your results?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	Very	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4b. How important do you feel it is for health care facilities to provide counseling to patients about their HIV test results?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4c. Do you feel as though HIV testing interfered with your overall care?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5a. How important is separate, written informed consent to you?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5b. How important is it to you that HIV testing is offered every time you visit a health-care facility?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5c. How important do you think it is to have HIV testing as a regular part of health care?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6a. How likely do you think it is that medical providers assume people with HIV sleep around?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6b. To what extent do you think nurses and doctors treat people who have HIV as if they are contagious?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	All the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6c. How much do you think that nurses and doctors dislike caring for patients with HIV?

I prefer not to Answer	I don't know	Not at all	A little	Somewhat	A lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7a. How would you describe your sexual orientation?

1. Heterosexual/ Straight
2. Bisexual
3. Homosexual/ Gay/ Lesbian/ Queer
4. Other (specify _____)
5. I don't know
6. I prefer not to answer

7b. Have you...? (Mark all that apply)

	<u>Within 1 Year</u>	<u>Ever</u>	<u>Never</u>	<u>I don't know</u>	<u>I prefer not to answer</u>
1. Had sex with the other gender.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Had sex with the same gender.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Been in jail.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Injected street drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exchanged sex for money or drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had an STD (like syphilis).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever had an HIV test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If yes, what was the result?					
<input type="checkbox"/> Negative					
<input type="checkbox"/> Positive					
<input type="checkbox"/> I never received the results					
<input type="checkbox"/> Invalid/ Indeterminate					
<input type="checkbox"/> I don't know					
<input type="checkbox"/> I prefer not to answer					

7c. Approximately how many different sexual partners (vaginal or anal sex) have you had in the past year?

1. 0 partners
2. 1 partner
3. 2-5 partners
4. 6-10 partners
5. 11-50 partners
6. More than 50 partners
7. I don't know
8. I prefer not to answer