

FORM APPROVED
OMB. NO. 0920-09xx
EXPIRES XX/XX/XXXX

“Evaluation of Pharmacy Syringe Access Linked to HIV Testing for Injection Drug Users in New York City (Pharm-HIV)”

Pharmlink Participant – Baseline Survey

Public reporting burden of this collection of information is estimated to average 30 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 persons is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-09XX)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
Atlanta, Georgia 30333



PharmLink Participant Baseline Survey

Date: _____

Start Time: ____ : ____ AM / PM

End Time: ____ : ____ AM / PM

Interviewer ID #: _____

Participant ID # _____

INTERVIEW INTRODUCTION

READ: I am going to ask you about some of your experiences with pharmacies, HIV testing, syringe use and sexual practices. Please remember to take as much time as you need so that I can collect information that is as accurate as possible. All your responses are completely confidential. If you cannot, or do not wish to answer a particular question tell me and I will go on to the next one. Remember, there are no right or wrong answers to these questions, so just answer them as best you can. Your participation will make a difference in helping others.

Demographic Form

SECTION A: GENERAL INFORMATION & DEMOGRAPHICS

A1. How are you feeling today: excellent, good, fair, or poor?

- 0 Excellent
- 1 Good
- 2 Fair
- 3 Poor
- Refused
- ++ Don't know

A2. All in all, would you say your health is excellent, good, fair, or poor?

- 0 Excellent
- 1 Good
- 2 Fair
- 3 Poor
- Refused
- ++ Don't know

A3. What is your full birth date? Month: _____ Day: _____ Year: _____

A4. That makes you how old?

A5. What is your sex? _____ years

- 01 Male
- 02 Female
- Refused

A6. a. Do you consider yourself to be Hispanic or Latino?

- 01 Yes**
- 02 No**

b. What race do you consider yourself (check all that apply)?

- 01 Black or African-American [A7b]**
- 02 White [A8]**
- 03 Asian [A8]**
- 04 Native Hawaiian or Other Pacific Islander [A8]**
- 05 American Indian or Alaskan Native [A8]**
- Refused [A8]**
- ++ Don't know [A8]**

A7. a. [IF HISPANIC OR LATINO(A)] Do you consider yourself to be? [READ LIST]

- 1 Puerto Rican [A8]**
- 2 Central American [A8]**
- 3 South American [A8]**
- 4 Mexican American [A8]**
- 5 Cuban [A8]**
- 6 Dominican [A8]**
- 7 Spaniard or Portuguese [A8]**
- 8 Other [A8]**
- Refused [A8]**
- ++ Don't know [A8]**

b. [IF BLACK] Do you consider yourself to be? [READ LIST]

- 1 African American
- 2 West Indian/Caribbean, English Speaking
- 3 Caribbean, Spanish speaking
- 4 Caribbean, French/Creole Speaking
- 5 Hispanic
- 6 African
- 7 Mixed
- 08 Other
- Refused
- ++ Don't know

A8. a. Where were you born?

- 01 New York City

- 02 Puerto Rico
- 03 Dominican Republic
- 04 Cuba
- 05 Mexico
- 06 Continental US
- 07 Other (specify _____)
- Refused
- ++ Don't know

b. How long have you lived in New York? [Please circle one]

- 01 Born here
- 02 20 years or longer
- 03 10-19 years
- 04 5-9 years
- 05 1-4 years
- 06 Less than 1 year
- Refused
- ++ Don't know

A9. What is your marital status? [CHOOSE ONE]

- 01 Single, never married
- 02 Married, living as married
- 03 Divorced
- 04 Separated
- 05 Widowed
- 06 Other
- Refused
- ++ Don't know

A10. Have you been enrolled in school anytime in the past 6 months?

- 01 No
- 02 Yes
- Refused
- ++ Don't know

A11. What is the highest level of education or schooling that you have completed?

- 1 No schooling completed
- 2 kindergarten to 8th grade
- 3 Some high school [9th to 11th grade]
- 4 High school equivalency [GED]
- 5 High school graduate [12th grade]
- 6 Some college or technical training
- 7 College graduate
- 8 Graduate work
- 9 Other
- Refused
- ++ Don't know

A12. a. Have you ever dropped out of school?

- 00 No [Skip to A12]
- 01 Yes
- Refused [Skip to A12]
- ++ Don't know [Skip to A12]

b. How old were you when you first dropped out of school?

_____ years old
 [-- REFUSED]
 [++ DON'T KNOW]

Now I would like to ask you some questions about your income. Please remember that everything that you tell me is confidential.

A13. a. During the last 6 months, did you receive any money from:

[INTERVIEWER: READ ALOUD EACH CHOICE FROM THE COLUMN BELOW AND MARK YES OR NO FOR EACH ONE.]		No	Yes	Refused	Don't know
1	Regular job employed with a regular salary (full or part time) Where you get paid with a check, receive vacation benefits or had to clock in with a time card.	0	1	--	++
2	Public Assistance, Welfare, SSI, or State or Federal Benefits (like Food stamps, State Public Aid, disability, unemployment)	0	1	--	++
3	Have own business (like street vending, etc.)	0	1	--	++
4	Temporary work (include odd jobs, off-books, etc)- jobs where you are paid in cash for your hourly work.	0	1	--	++
5	Recycling cans, returning bottles for deposits, windshield wiping, or panhandling for money	0	1	--	++
6	A parent, friend, relative, or spouse's income	0	1	--	++
7	Theft, robbing, stealing, conning	0	1	--	++
I would like to remind you that everything you say is confidential. Your answers are kept according to number. Your name is not on any information we collect from you.					
8	Selling drugs	0	1	--	++
9	Sex for money	0	1	--	++
66	Other (specify)	0	1	--	++

b. Of the places you got money from, which gave you the most?

[READ PREVIOUS "YES" ITEMS, CIRCLE ONLY ONE]

- 1 Regular job employed with a regular salary (full or part time)
- 2 Public Assistance, Welfare, SSI, State or Federal Benefits (Food stamps, State Public Aid, disability, unemployment)

- 3 Have own business.
- 4 Temporary work (include odd jobs, off-books, etc)
- 5 Recycling cans, returning bottles for deposits, windshield wiping, or panhandling for money
- 6 A parent, friend, relative, or spouse's income
- 7 Theft, robbing, or stealing
- 8 Selling drugs
- 9 Sex for money
- 66 Other
- Refused
- ++ Don't know

A14. a. What was your total legal income (on the books) before taxes in the past year, this includes public assistance, SSI, ...etc?

- 01 No income
- 02 Less than or equal to \$5,000 [ABOUT \$400 PER MONTH]
- 03 More than \$5,000 and less than \$10,000 [ABOUT \$800 PER MONTH]
- 04 More than \$10,000 and less than \$20,000 [ABOUT \$1600 PER MONTH]
- 05 More than \$20,000 and less than \$30,000 [ABOUT \$2500 PER MONTH]
- 06 greater than \$30,000 [MORE THAN \$2500 PER MONTH]
- Refused
- ++ Don't know

b. What was your total UNTAXABLE income (off the books) in the past year?

- 01 No income
- 02 Less than or equal to \$5,000 [ABOUT \$400 PER MONTH]
- 03 More than \$5,000 and less than \$10,000 [ABOUT \$800 PER MONTH]
- 04 More than \$10,000 and less than \$20,000 [ABOUT \$1600 PER MONTH]
- 05 More than \$20,000 and less than \$30,000 [ABOUT \$2500 PER MONTH]
- 06 greater than \$30,000 [MORE THAN \$2500 PER MONTH]
- Refused
- ++ Don't know

Now I would like to ask you some questions about housing.

A15. As a child, did you ever live in an orphanage, a foster home, a group home, or were you a ward of the state?

- 0 No
- 1 Yes
- Refused
- ++ Don't know

A16. a. Have you ever been homeless?

- 0 No [Skip to A15e]
- 1 Yes

- Refused [Skip to A15e]
- ++ Don't know [Skip to A15e]

b. How old were you the first time you were homeless?

_____ years old
 [-- REFUSED]
 [++ DON'T KNOW]

c. Have you been homeless in the past 6 months?

- 0 No [Skip to A15e]
- 1 Yes
- Refused [Skip to A15e]
- ++ Don't know [Skip to A15e]

d. Are you currently homeless?

- 0 No
- 1 Yes
- Refused
- ++ Don't know

e. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- 0 No
- 1 Yes
- Refused
- ++ Don't know

SECTION B: DRUG USE AND SYRINGE ACQUISITION

Now I would like to ask you some questions about cigarettes, alcohol, and drugs. I understand that these are personal questions and I assure everything you say is confidential. Please answer as honestly as you can.

B1. I am going to ask you if you have ever or are currently using certain drugs.
[INTERVIEWER: PLEASE DETERMINE IF THEY HAVE EVER USED EACH DRUG BY FIRST ASKING COLUMNS b. AND c. FOR ALL ROWS, AND THEN GOING BACK TO COLUMN d.]

	a. [DRUG TYPE]	b. Have you ever ...	c. Age first use ...	d. During the last 6 months, how often did you...? [Show Card 1]
A.	Smoked cigarettes?	0 No 1 Yes -- Refused ++ Dk	_ _	

a. [DRUG TYPE]		b. Have you ever ...	c. Age first use ...	d. During the last 6 months, how often did you...? [Show Card 1]
B.	Sniffed or snorted cocaine by itself?	0 No 1 Yes -- Refused ++ Dk	___	_____
C.	Sniffed or snorted heroin by itself?	0 No 1 Yes -- Refused ++ Dk	___	_____
D.	Sniffed or snorted heroin with cocaine (together)?	0 No 1 Yes -- Refused ++ Dk	___	_____
E.	Sniffed or snorted any other drug? Specify _____	0 No 1 Yes -- Refused ++ Dk	___	_____
F.	Used street methadone (not from a program)?	0 No 1 Yes -- Refused ++ Dk	___	_____
G.	Injected heroin by itself?	0 No 1 Yes -- Refused ++ Dk	___	_____
H.	Injected cocaine by itself?	0 No 1 Yes -- Refused ++ Dk	___	_____
I.	Injected heroin and cocaine together?	0 No 1 Yes -- Refused ++ Dk	___	_____
J.	Injected speed/ amphetamines/stimulants (uppers, black beauties)?	0 No 1 Yes -- Refused ++ Dk	___	_____

a. [DRUG TYPE]		b. Have you ever ...	c. Age first use ...	d. During the last 6 months, how often did you...? [Show Card 1]
K.	Injected heroin and amphetamines together?	0 No 1 Yes -- Refused ++ Dk	___	_____
L.	Injected crack?	0 No 1 Yes -- Refused ++ Dk	___	_____
M.	Injected steroids or hormones?	0 No 1 Yes -- Refused ++ Dk	___	_____
N.	Injected any other drug? Specify _____	0 No 1 Yes -- Refused ++ Dk	___	_____
O.	Smoked crack, ready-rock or Freebase cocaine?	0 No 1 Yes -- Refused ++ Dk	___	_____
P.	Smoked heroin by itself?	0 No 1 Yes -- Refused ++ Dk	___	_____
Q.	Smoked heroin and crack together?	0 No 1 Yes -- Refused ++ Dk	___	_____

INTERVIEWER: Refer to rows G-N above and question B2 to determine injector/non-injector. Review entire grid and question B2 to determine whether diabetic only.

- 1 Diabetic only (Answered "No" to all rows in drug use grid, answered "Yes" to B2) [Skip to **B11**]
- 2 Injector (Non prescription drugs)
- 3 Non-injector [Skip to **B11**]

B2. Have you ever injected insulin, or any other drug prescribed by a doctor?

- 01 Yes
02 No
-- Refused

++ Don't know

B3. How old were you when you first injected drugs (not prescribed to you by your doctor)?

_____ years old
-- Refused
++ Don't know

B4. When was the last time that you injected drugs?

___ / ___ / ___ (MM/DD/YY)
-- Refused
++ Don't know

B5. In the last 3 months, how often have you injected drugs (not prescribed to you by your doctor)?

0 Never [**Skip to B8**]
1 Once a month or less
2 2-3 days a month
3 About once a week
4 2-3 days a week
5 4-6 days a week
6 Everyday
-- Refused
++ Don't know

B6. In the past 3 months, how many people did you usually inject drugs with?

_____ # of people
-- Refused
++ Don't know
[IF USUALLY INJECT ALONE, WRITE "00"]

B7. Now I am going to ask you some questions about your experiences with syringes in the past 3 months.

	Never	Rarely	Less than ½ the time	Half the time	More than half the time	Always	Refused	Don't know
A. In the past 3 months, how often did you use a needle that you knew someone had used before you?	0	1	2	3	4	5	--	++
B. In the past 3 months, how often did you use a needle that	0	1	2	3	4	5	--	++

you were absolutely sure had not been used by anyone else? By this I mean you heard or could feel the cap “snap” when you turned the cap to remove it from the needle.								
C. In the past 3 months, how often did you use a needle that you thought was clean but MAY not have been sterile? For example, someone gave or sold you a new needle but you did not hear or feel the click when you turned the cap?	0	1	2	3	4	5	--	++
D. In the past 3 months, how often did you clean a needle with bleach before you used it?	0	1	2	3	4	5	--	++
E. In the past 3 months, how often did you pass your needle to somebody else to use?	0	1	2	3	4	5	--	++
F. In the past 3 months, how often did you usually inject with a single needle before you got rid of it?	0	1	2	3	4	5	--	++

B8. If you were to get a NEW needle on the street today, how much would you have to pay for it?

\$ _____ . _____
00 Never bought
-- REFUSED
++ DON'T KNOW

B9. a. In the past 3 months, when you finished using a needle or syringe, what did you do with it most of the time? [Probe: ready to get rid of it, NOT keep it any longer]

[INTERVIEWER: ASK OPEN-ENDED AND CIRCLE THE MOST APPROPRIATE RESPONSE.]

A.	Brought it to a needle exchange program?	1
B.	Brought it to a hospital or nursing home? SPECIFY(_____)	2
C.	Brought it to a free-standing clinic or Health Department? SPECIFY (_____)	3
D.	Brought it to a doctor's office? SPECIFY (_____)	4
E.	Brought it to a pharmacy? SPECIFY (_____)	5
G.	Sold it?	6
H.	Returned it (if it wasn't yours)?	7
I.	Threw it away?	8

J.	Gave it away?	9
K.	Left it where you shot up?	10
L.	Put it in a sharps container, Fitpack or soda/laundry bottle & then threw it away? SPECIFY TYPE OF CONTAINER_____	11
M.	Other SPECIFY (_____)	77
N.	Refused to Answer	--
O.	Don't Know	++

[INTERVIEWER: ONLY IF ANSWER IS I OR L GO TO **B11b** AND ASK OPEN-ENDED AND CIRCLE THE MOST APPROPRIATE RESPONSE.] OTHERWISE, SKIP TO **B12**]

b. Where did you throw it away most of the time?

A.	Throw it in a garbage can at home?	1
B.	Throw it in the garbage anywhere else?	2
C.	Throw it on the ground, vacant lot or alley?	3
D.	Throw it in the bushes?	4
E.	Throw it down the sewer/storm drain?	5
F.	Flush it down the toilet?	6
G.	Put it in a red medical container or sharps box? SPECIFY LOCATION(_____)	7
H.	Put in red disposal mailbox? SPECIFY LOCATION (_____)	8
I.	Other (_____)	77
J.	Refused to Answer	--
K.	Don't Know	++

B10. I would like to ask you some questions about how you got syringes in the last 3 months.

FIRST, ASK ALL THE QUESTIONS IN **COLUMN "a"** FOR EACH ROW A-L. THEN, GO BACK TO

EACH QUESTION ANSWERED "YES" AND ASK THE QUESTIONS IN COLUMNS "b" AND "c".]

Needle Source	a. Did you get your needles from....?	b. How often did you get needles from.... [Show Card 1]	c. How many would you usually get at one time from?
A. Pharmacy (you went to Pharmacy yourself)	0 No 1 Yes -- Refused ++ Don't know	_____	_____ # [--- Refused] [+++ Don't know]
B. Needle Exchange Program (you went to NEP yourself)	0 No 1 Yes -- Refused ++ Don't know	_____	_____ # -- Refused ++ Don't know
C. Needle Dealer or Drug Dealer	0 No 1 Yes -- Refused ++ Don't know	_____	_____ # -- Refused ++ Don't know
D. Diabetic Friend/ Relative/ Acquaintance	0 No 1 Yes -- Refused ++ Don't know	_____	_____ # -- Refused ++ Don't know
E. Other (Please specify _____)	0 No 1 Yes -- Refused ++ Don't know	_____	_____ # -- Refused ++ Don't know

B11. The following statements refer to using heroin, cocaine, speed or crack. Please tell me how much you agree or disagree with each of the following:

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Refuse
A. Your drug use is a problem for you	1	2	3	4	5	--
B. Your drug use is more trouble than it's worth	1	2	3	4	5	--
C. Your drug use is under control	1	2	3	4	5	--
D. You are ready to quit using drugs right now.	1	2	3	4	5	--
E. You plan to quit using drugs in the next 30 days.	1	2	3	4	5	--
F. You plan to quit using drugs in the next six months.	1	2	3	4	5	--

B12. a. When was the first time you bought a needle in a pharmacy without a prescription in New York State?

____ / ____ (MM/YY)
-- Refused
++ Don't Know

b. How did you decide which pharmacy to go to the first time you bought a needle without a prescription in New York? [YOU MAY CIRCLE MORE THAN ONE RESPONSE]

- 1 Needle Exchange told me about it
 - 2 Some other agency told me about it Specify _____
 - 3 Heard about it from friend or family member who **also uses drugs**
 - 4 Heard about it from friend or family member who **does not use drugs**
 - 5 Close to where I live or hang out
 - 6 Went to my regular pharmacy (where I go for prescriptions or other things)
 - 7 An Outreach Worker told me about it
 - 8 Other (Please Specify: _____)
- Refused
++ Don't know

B13. How often have you visited this pharmacy (for any reason)?

- 0 First time [**Skip to B16**]
- 1 Once a year or less
- 2 A few times a year
- 3 About once a month
- 4 2-3 times a month
- 5 At least once a week
- 6 Daily
- 88 Refused
- 99 Don't know

B14. If you had a prescription that needed to be filled, would you fill it at this pharmacy?

- 0 No
- 1 Yes
- 88 Refused
- 99 Don't know

B15. If you had a prescription that needed to be filled would you prefer to get your syringes at a different pharmacy than where you get prescriptions?

- 1 No
 - 2 Yes (prefers to go to different pharmacy)
 - 3 N/A (Never fills prescriptions)
- Refused
++ Don't know

The next question is about your experiences at pharmacies.

B16. FIRST, ASK ALL THE QUESTIONS IN **COLUMN “a”** FOR EACH ROW A-E. THEN, GO BACK TO EACH QUESTION ANSWERED “YES” AND ASK THE QUESTIONS IN **COLUMNS “b” AND “c”**.]

	a. Since you started buying syringes in pharmacies without a prescription, has a pharmacist or pharmacy clerk ever...	b. How many times in the past 3 months has this happened? [IF ANSWERED "YES" IN COLUMN a.]
A. Asked you to sign a log-book or required any personal information?	0 No 1 Yes -- Refused ++ Don't know	_____ # of times [000 None] [--- Refused] [+++ Don't know]
B. Asked what the syringes will be used for?	0 No 1 Yes -- Refused ++ Don't know	_____ # of times [000 None] [--- Refused] [+++ Don't know]
C. Declined to sell you syringes?	0 No 1 Yes -- Refused ++ Don't know	_____ # of times [000 None] [--- Refused] [+++ Don't know]
D. Charged more than \$1.00 per syringe?	0 No 1 Yes -- Refused ++ Don't know	_____ # of times [000 None] [--- Refused] [+++ Don't know]
E. Refused to sell you "single" syringes?	0 No 1 Yes -- Refused ++ Don't know	_____ # of times [000 None] [--- Refused] [+++ Don't know]

B17.

I'm going to read you some statements about getting syringes. After each statement, please tell me if you strongly agree, agree, disagree, or strongly disagree.

[INTERVIEWER: READ EACH STATEMENT ALOUD, ASK PARTICIPANT TO SELECT ONE RESPONSE, AND WRITE THE ANSWER CODE IN THE SPACE PROVIDED.]

- Strongly Agree ----- 0
- Agree ----- 1
- Disagree ----- 2
- Strongly Disagree ----- 3
- Not Applicable ----- 4

[INTERVIEWER: NOT APPLICABLE (4) DOES NOT APPEAR ON THE RESPONSE CARD AND SHOULD ONLY BE WRITTEN AS A RESPONSE FOR LINES J-R IF THE PARTICIPANT HAS NEVER BEEN TO A SYRINGE EXCHANGE AND HAS NO KNOWLEDGE OF SYRINGE EXCHANGE PROGRAMS; ALL OTHER LINES MUST BE ANSWERED USING RESPONSES 0-3.]

A. Pharmacists should sell sterile syringes to injection drug users.	-----
B. It doesn't matter to me if people know why I'm buying syringes when I'm in line at the pharmacy.	-----
C. Pharmacists care about my health and well being.	-----
D. I think I have a good relationship with the pharmacy staff at pharmacies where I buy syringes.	-----
E. I would return to a pharmacy to buy syringes.	-----
F. I would return to a pharmacy where I bought syringes for prescription and non-prescription items.	-----
G. I would return to a pharmacy where I bought syringes for general referrals.	-----
H. Police will take notice if I go to a pharmacy to buy syringes.	-----
I. I feel comfortable trying to buy a syringe at any pharmacy even if I don't know if they'll sell to me before I go into the store.	-----
J. It wouldn't matter to me if people saw me walk into a syringe exchange program.	-----
K. The staff at syringe exchange programs seem to care about my health and well being.	-----
L. Getting other services at syringe exchange programs is/would be important to me.	-----
M. Syringe exchange programs are sometimes too far for me to get to.	-----
N. It's generally hard for me to make syringe exchange programs hours.	-----
O. Syringes I've bought on the street are safe [safe means never used before by anyone].	-----
P. It's difficult for me to get a clean syringe when I need one.	-----
Q. It's easiest for me to get a needle on the street.	-----
R. It's easiest for me to get clean syringes at a syringe exchange program.	-----
S. I know which pharmacies to go to for syringes.	-----

SECTION C: SEXUAL BEHAVIOR

The questions in this section are about your sexual behaviors. When I say “sex”, I mean vaginal, oral, or anal sex. “Sex” includes all of these, whether they were paid or unpaid, and whether you wanted to do them or not. I want you to remember that everything you say is confidential. You can refuse to answer any question. Do you have any questions right now?

C1. In the last 2 months, overall, how many women have you had sex with?

_____ # women
[00 NONE]
[- - REFUSED]
[++ DON'T KNOW]

C2. In the last 2 months, overall, how many men have you had sex with?

_____ # men
[00 NONE]
[- - REFUSED]
[++ DON'T KNOW]

[IF ANSWERED **ZERO** (00) TO BOTH C1 & C2, SKIP TO QUESTION **C4**]

C3. a. How many times have you had sex (vaginal or anal) in the last 30 days?

_____ # times
[00 NONE]
[- - REFUSED]
[++ DON'T KNOW]

b. Of those times, how many times did you use a condom?

_____ # times
[00 NONE]
[- - REFUSED]
[++ DON'T KNOW]

C4. Do you consider yourself to be: [READ ALL]

0	Straight/heterosexual
1	Gay/homosexual
2	Lesbian/homosexual
3	Bisexual
4	Transsexual
5	Other
88	Refused
99	Don't know

SECTION D: TESTING

D1. a. Have you ever been tested for HIV or AIDS?

- 00 No [Skip to D4]
- 01 Yes
- 88 Refused [Skip to D5]
- 99 Don't know [Skip to D5]

b. What were the results?

- 00 Negative [Go to D1c]
- 01 Positive [Go to D1d]
- 88 Refused [Skip to D2]
- 99 Don't know [Skip to D2]

c. [If tested negative] When was the last time you tested negative? (Probe for month)

____ / ____ [Go to D2]
[Month / Year]
[- - REFUSED]
[++ DON'T KNOW]

d. [If tested positive] When was the first time you tested positive? (Probe for month)

____ / ____
[Month / Year]
[- - REFUSED]
[++ DON'T KNOW]

e. After you first found out you were infected with HIV/AIDS, how much time passed before you first got care (medical treatment)?

- 0 The same day
- 1 Within a week
- 2 Within a month
- 3 Within 3 months
- 4 Within 6 months
- 5 Within 1 year
- 6 More than 1 year
- 88 Refused
- 99 Don't know

D2. When was the first time you were tested for HIV? (Probe for month)

____ / ____
[Month / Year]
[- - REFUSED]

[++ DON'T KNOW]

D3. About how many times have you been tested for HIV? (Probe: Ever in life)

_____ # times [Skip to D5]
[000 NONE] [Go to D4 if never been tested]
[- - REFUSED] [Skip to D5]
[++ DON'T KNOW] [Skip to D5]

D4. Why have you never been tested for HIV?

0 Don't want to know results
1 Don't trust the results
2 Don't feel I'm at risk
3 Don't know where to go to be tested
4 Don't want others to know my results (if positive)
5 Don't trust counseling staff
88 Refused
99 Don't know

D5. Were you or will you be tested today?

00 No
01 Yes [Skip to D7]
88 Refused
99 Don't know

D6. Why did you choose not to get tested today?

6 Was already tested within the past 6 months
7 Don't want to know results
8 Don't trust the results
9 Don't feel I'm at risk
10 Prefer an anonymous testing site (confidentiality)
11 Don't want to get tested at the pharmacy
88 Refused
99 Don't know

D7. Have you ever received information on HIV at a pharmacy?

00 No [Skip to D10]
01 Yes
- - Refused [Skip to D10]
++ Don't know [Skip to D10]

D8. What type of information on HIV have you received? [please circle all that apply]

0 HIV Testing
1 HIV Testing Referrals
2 HIV Treatment
3 HIV Treatment Referrals

4 HIV Prevention information
- - Refused
++ Don't know

D9. Did you feel comfortable being referred to HIV testing by your pharmacist or pharmacy technician?

0 No
1 Yes
-- Refused
++ Don't know

D10. Would you come back to this pharmacy the next time you need to get an HIV test or an HIV testing referral?

0 No
1 Yes
-- Refused
++ Don't know

D11. Would you feel comfortable getting referrals or information about other types of services from a pharmacist or pharmacy staff?

0 No
1 Yes
-- Refused
++ Don't know

D12. Will you go to this or any other pharmacy in order to get any referrals to services that you may need?

0 No
1 Yes
-- Refused
++ Don't know

D13. Do you have a regular doctor or medical provider?

00 No
01 Yes
-- Refused
++ Don't know

D14. How often do you visit your regular doctor or medical provider?

0 Once a week
1 2-3 times a month
2 Once a month
3 Once every 2-6 months
4 About once a year
5 Less than once a year

-- Refused
 ++ Don't know

D15. Where do you usually go to see a doctor, nurse, or physician's assistant for medical care?

01 Doctor's office or clinic
 02 Medicaid/HMO
 03 Emergency room in a hospital
 04 Drug treatment clinic
 05 Nowhere [MK36]
 06 Other
 -- Refused
 ++ Don't know

D16. When you go there, do you usually (more than 90% of the time) see the same doctor, nurse, or physician's assistant?

01 No
 02 Yes
 -- Refused
 ++ Don't know [

D17. In the past 6 months, were you covered by health insurance of any sort?

01 No [SKIP TO D19]
 02 Yes
 -- Refused
 ++ Don't know

D18. In the last 6 months, were you covered by:

	No	Yes	Ref	DK
A. Medicaid	0	1	8	9
B. An HMO plan (through your policy or spouse/family policy)	0	1	8	9
C. Private insurance (through your policy or spouse/family member policy)	0	1	8	9
D. VA hospital or medical coverage/benefits	0	1	8	9
E. Other types of health insurance (through your policy or spouse/family policy) This includes Child Health Plus Care (CHP)	0	1	8	9

I'd like to ask you about your opinions about HIV testing. Please tell me if you agree or disagree with the following statements.

D19. It is important to me to know my HIV status.

- 00 Agree
- 01 Disagree
- 88 Refused
- 99 Don't know

D20. I would share my status with partners (sexual and/or those I use drugs with).

- 00 Agree
- 01 Disagree
- 88 Refused
- 99 Don't know

D21. I would want to know the HIV status of my partners (sexual and/or those I use drugs with).

- 00 Agree
- 01 Disagree
- 88 Refused
- 99 Don't know

D22. I know where to go to get tested.

- 00 Agree
- 01 Disagree
- 88 Refused
- 99 Don't know

D23. There are enough places to get tested.

- 00 Agree
- 01 Disagree
- 88 Refused
- 99 Don't know

D24. Do you know anyone who has HIV/AIDS?

- 00 No [skip to E1a]
- 01 Yes
- 88 Refused
- 99 Don't know

D25. Can you tell me who? (Read list, mark all that apply)

A.	Spouse	1
B.	Girlfriend/Boyfriend/Sex partner	2
C.	Parent	3
D.	Grandparent	4
E.	Brother or Sister	5
F.	Other Relative	6

G.	Friend	7
H.	Other (Specify: _____)	8

SECTION L: DISCRIMINATION

[INTERVIEWER: READ] I am now going to ask a few questions about situations where you were made to feel like you were being treated unfairly. Some of these questions are difficult to answer. Take as long as you need to answer each question as accurately as you can.

E1. a. In your lifetime, have you ever been discriminated against, prevented from doing something, or been hassled or made to feel inferior because of any of the following?

[PROBE: This could be something that you simply felt]

[INTERVIEWER: READ ALL OF THE CHOICES AND CHECK ALL THAT APPLY]

		NO	YES
A.	Age	0	1
B.	Race	0	1
C.	Sex (gender)	0	1
D.	Sexual Orientation	0	1
E.	Poverty	0	1
F.	Drug Use	0	1
G.	Having Been in Jail or Prison	0	1
H.	Religion	0	1
I.	Mental Illness [Can you specify? _____]	0	1
J.	Physical Illness [Can you specify? _____]	0	1
K.	Other [Can you specify? _____]	0	1
L.	No, I have never been discriminated against [END]	0	1
M.	Refused	8	
N.	Don't Know	9	

[INTERVIEWER: IF ONLY CHOSE 1, SKIP TO **E2a**]

b. Which one of these impacted MOST on your life?

[INTERVIEWER: READ OPTIONS IDENTIFIED IN E1a ABOVE AND CHOOSE ONE]

- 0 Age
- 1 Race
- 2 Sex (gender)
- 3 Sexual orientation
- 4 Poverty

- 5 Drug use
- 6 Having been in jail or prison
- 7 Religion
- 8 Mental illness [Can you specify? _____]
- 9 Physical illness or disability [Can you specify? _____]
- 10 Other [Can you specify? _____]
- 88 Refused
- 99 Don't know

E2. a. In the past 6 months, have you ever been discriminated against, prevented from doing something, or been hassled or made to feel inferior because of any of the following?

[PROBE: This could be something that you simply felt.]

[INTERVIEWER: READ ALL OPTIONS AND CHECK ALL THAT APPLY]

		NO	YES
A.	Age	0	1
B.	Race	0	1
C.	Sex (gender)	0	1
D.	Sexual Orientation	0	1
E.	Poverty	0	1
F.	Drug Use	0	1
G.	Having Been in Jail or Prison	0	1
H.	Religion	0	1
I.	Mental Illness [Can you specify? _____]	0	1
J.	Physical Illness [Can you specify? _____]	0	1
K.	Other [Can you specify? _____]	0	1
L.	No, I have never been discriminated against [END]	0	1
M.	Refused	8	
N.	Don't Know	9	

[IF NOT DISCRIMINATED AGAINST OR CHOSE ONLY 1, END]

b. In the past month, which one of these impacted MOST on your life?

[INTERVIEWER: READ OPTIONS IDENTIFIED IN E2a ABOVE AND CHOOSE ONE]

- 00 Age
- 01 Race
- 02 Sex (gender)
- 03 Sexual orientation
- 04 Poverty
- 05 Drug use
- 06 Having been in jail or prison

- 07 Religion
- 08 Mental illness [Can you specify? _____]
- 09 Physical illness or disability [Can you specify?
_____]
- 10 Other [Can you specify? _____]
- 88 Refused
- 99 Don't know

THANK YOU FOR PARTICIPATING IN THIS SURVEY TODAY!