

Appendix F

Patient Baseline Survey

You will need to provide an answer to every question in order to complete the survey. If you do not want to answer a particular question, select the refuse option. You will be able to move through the survey by clicking on the 'Next' and 'Back' buttons shown at the bottom of the screen. Please DO NOT use your internet browser's back button because it will kick you out of the survey.

If you have any problems completing the survey or have questions concerning how to answer any of the questions, please inform [onsite study coordinator].

DEMOGRAPHICS

To start off, we are going to ask you some questions to learn a little bit about you.

1. What is the highest level of education you have completed, so far?

- Primary (grade school) or middle school
- Some high school but not a graduate
- High school graduate (or GED)
- Some college or technical school, but not a graduate
- College graduate or higher
- Refuse to answer

2. Are you currently... (CHECK ALL THAT APPLY)

- Working part time
- Working full time
- Going to school part time
- Going to school full time
- Refuse to answer

3. What is your current relationship status? Are you...

- Single
- In a relationship with a man
- In a relationship with a woman
- Married to a man
- Married to a woman
- Separated, divorced, or widowed
- Refuse to answer

4. Do you currently have a steady partner (a husband, wife, girlfriend, boyfriend)?

- Yes
- No → (SKIP TO Q7)
- Refuse to answer

5. How many months and years have you and your steady partner been together?

___ years ___ months

6. What is your steady partner's gender?

- Female
- Male
- Transgender male to female or transwoman
- Transgender female to male or transmale
- Other
- Don't Know
- Refused

7. Do you have any children, including biological, adopted, step and foster children?

- Yes
- No
- Refuse to answer

8. How much do you disagree or agree with the following statement:

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree	Refuse to answer
I feel like I have a stable place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Who do you currently live with? (CHECK ALL THAT APPLY)

- Nobody
- Steady partner (husband, wife, girlfriend, boyfriend, fiancé or fiancée)
- Mother or step-mother
- Father or step-father
- Siblings
- Aunt or uncle
- Cousin
- Grandparents
- Children or step-children
- Other family member (specify) _____
- A friend
- Roommate(s)
- Someone else (specify) _____
- Refused

10. How safe do you feel in your current living situation?

- Very safe
- Somewhat safe
- Somewhat unsafe
- Very unsafe
- Don't Know
- Refused

11. From time to time, people may have trouble taking care of their basic needs. In the past 3 months, how often have you had trouble...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Refuse to answer
a. Finding a place to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting enough to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Having enough clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finding a place to wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Finding a place to use the bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes
- No
- Refuse to answer

13. Did you ever spend a day in a juvenile or adult jail, prison, detention center or other correctional facility?

- Yes
- No
- Refuse to answer

USE OF TECHNOLOGY

The next questions are about your cell phone service and Internet usage.

14. What service do you have for your personal cell phone?

- Verizon
- Sprint
- T-Mobile
- AT&T (Cingular)
- MetroPCS
- US Cellular
- Tracfone
- Boost Mobile
- Virgin Mobile
- STI Mobile
- Net 10
- Other: Specify: _____
- Don't know
- Refuse to answer

15. Do you access the Internet... (CHECK ALL THAT APPLY)

- At home?
- At school?
- At work?
- At someplace other than home or work (e.g., café, library)?
- On your cell phone?
- I do not use the internet
- Refuse to answer

HEALTH AND WELLNESS

Now we are going to switch gears and talk a little bit about your health and wellness.

16. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor
- Refuse to answer

These questions are about how you feel and how things have been with you during the past three months. For each question, please give the one answer that comes closest to the way you have been feeling.

17. During the past 3 months, how much of the time has your physical health interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Refuse to answer

18. During the past 3 months, how much of the time have any emotional problems, like depression or anxiety, interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Refuse to answer

19. During the past 3 months, how often have you

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Refuse to answer
a. Felt lonely or sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Been told you seem sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Felt isolated or lonely, even when around other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Felt that things were going your way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Had trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Had a poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Felt confident in your ability to handle your personal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Felt you could not cope with all the things you had to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions are about HIV and STDs.

20. Were you born with HIV?

- Yes → [SKIP TO Q22]
- No
- Refuse to answer

21. What month and year did you get your first positive test for HIV? If you can't remember the month or year, please give your best guess. |__|__| |__|__|__|__|

Month Year

- Don't know
- Refuse to answer

If the respondent enters a year prior to 1985: "This test was not available before 1985. Please enter a year that is between 1985-2010. Click on the continue button to return to this question." DISALLOW DATES IN THE FUTURE.

22. Have you ever been diagnosed with a sexually transmitted infection other than HIV?

- Yes
- No → [SKIP TO Q24]
- Refuse to answer → [SKIP TO Q24]

23. When were you last diagnosed with a sexually transmitted infection other than HIV?

- 0-3 months ago
- 4-6 months ago
- 7-12 months ago
- More than 12 months ago
- Refuse to answer

ADHERENCE

24. Are you currently taking any medications that a doctor has prescribed to treat HIV?

- Yes
- No → [SKIP TO Q34]
- Refuse to answer → [SKIP TO Q34]

25. When did you first start taking medications to treat HIV?

- 0-3 months ago
- 4-6 months ago
- 7-12 months ago
- More than 12 months ago
- Refuse to answer

26. How frequently are you supposed to take your HIV medications?

- Once a day
- Twice a day
- Three times a day
- Four times a day
- More than four times a day
- Refuse to answer

27. At what time(s) do you take your HIV medication each day? Mark all that apply.

- Morning
- Lunchtime
- Dinnertime
- Bedtime
- Other (specify _____)
- Refuse to answer

28. Many people don't take their medication perfectly all the time. Thinking about the past 7 days, on how many of these days did you miss taking any of your HIV medications? (0-7)
|_ |

- Don't know
- Refuse to answer

None of the time	Almost none of the time	Less than half of the time	About half of the time	More than half of the time	Almost all of the time	All of the time	Refuse to answer
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29. In the past 30 days, how often did you take your HIV medications as prescribed?

<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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People may miss taking their medications for various reasons. Here is a list of possible reasons why you may have missed taking any medications in the past 30 days. Please mark all that apply

30. In the past 30 days, did you miss taking your HIV medications because you:

	Yes	No	Refuse to answer
a. Were away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were busy with other things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Simply forgot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Had too many pills to take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Didn't like the way they made me feel (side effects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Did not want others to notice me taking medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Had a change in my daily routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Felt like the drug was toxic/harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fell asleep/slept through dose time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Felt sick or ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Felt depressed/overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Had problem taking pills at certain times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Ran out of pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Didn't know how to get a refill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Missed my appointment with my health care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Went into jail or prison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Was released from jail or prison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Felt good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Were drunk or high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Didn't want to deal with it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. The person who usually gives me my medications did not give them to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These next questions are about how confident you feel to follow your HIV medication plan. Responses range from 0 (Not at all sure) to 10 (Totally sure).

31. How sure are you that you can... (0= not at all sure and 10=totally sure)

	Not at all sure	0	1	2	3	4	5	6	7	8	9	Totally sure	RF
a. Take your medications correctly and on time every day?		<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"/>
b. Work with your health care provider to reach agreement on the best medications for you overall?		<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"/>
c. Discuss openly with your health care provider any problems that may be related to your medications?		<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"/>
d. Stick to your treatment plan even when side effects begin to interfere with daily activities?		<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"/>
e. Integrate your treatment plan into your daily routine?		<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"/>
f. Stick to your treatment plan even when your daily routine is disrupted?		<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"/>
g. Stick to your treatment plan when you aren't feeling well?		<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"/>
h. Continue with your treatment plan even when you are feeling discouraged about your health?		<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"/>

Please tell us how much you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree	Refuse to answer
32. My parent or guardian helps me remember to take my HIV medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Other people (like family members, household members or friends) who know that I have HIV help me remember to take my HIV medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL SUPPORT

34. People sometimes look to others for help in managing their health conditions. How often is each of the following kinds of support available to you if you need it to manage HIV?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Refuse to answer
a. Someone you can count on to remind you to take your medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Someone to refill your prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone to give you good advice about HIV medications or their side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Someone who understands managing HIV can be hard to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Someone who pays for your medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Someone who helps you take care of problems related to HIV if they come up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Someone who appreciates how hard you are working to manage your HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Someone who can drive you to the doctor or clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Someone to tell you what to do if you have questions about managing HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Who provides you with support you need to help manage HIV? [CHECK ALL THAT APPLY]

- Nobody
- Steady partner (husband, wife, girlfriend, boyfriend, fiancé or fiancée)
- Mother or step-mother
- Father or step-father
- Siblings
- Aunt or uncle
- Cousin
- Grandparents
- Children or step-children
- Other family member (specify) _____
- A friend
- Roommate(s)
- Someone else (specify) _____
- Refuse to answer

36. In general, how satisfied are you with the support you get from others to help you manage HIV?

- Very dissatisfied
- Somewhat dissatisfied
- Somewhat satisfied
- Very satisfied
- Refuse to answer

37. People sometimes look to others for companionship, assistance, or other types of support that do not have to do with managing HIV. How often is each of the following kinds of support available to you if you need it?

	None of the time	A little of the time	Som e of the time	Most of the time	All of the tim e	Refuse to answer
a. Someone you can count on to listen to you when you need to talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Someone to give you information to help you understand a situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone to give you good advice about a crisis or personal problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Someone who understands your problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Tangible support like money, food or a place to stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Someone to take care of you if you were sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Someone who shows you love and affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Someone to have a good time with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Someone to get together with for relaxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Who provides you with companionship, assistance, or other types of support that do not have to do with managing HIV? (check all that apply.)

- Nobody
- Steady partner (husband, wife, girlfriend, boyfriend, fiancé or fiancée)
- Mother or step-mother
- Father or step-father
- Siblings
- Aunt or uncle
- Cousin
- Grandparents
- Children or step-children
- Other family member (specify _____)
- A friend
- Roommate(s)
- Someone else (specify _____)
- Refused

39. In general, how satisfied are you with the overall support you get from others?

- Very dissatisfied
- Somewhat dissatisfied
- Somewhat satisfied
- Very satisfied
- Refuse to answer

40. Do you currently attend any support groups?

- Yes
- No → [SKIP TO Q42]
- Refuse to answer → [SKIP TO Q42]

41. In general, how satisfied are you with the overall support you get from the support groups you attend?

- Very dissatisfied
- Somewhat dissatisfied
- Somewhat satisfied
- Very satisfied
- Refuse to answer

HIV Stigma

These next items are about some of your experiences, feelings, and opinions on how people with HIV feel and how they are treated.

42. Please tell me the extent to which you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Refuse to answer
a. In many areas of my life, no one knows that I have HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel set apart and isolated from the rest of the world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Most people with HIV are rejected when others find out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I worry about people discriminating against me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I never feel the need to hide the fact that I have HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Most of the people I live with know my HIV status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Most of my family and friends know my HIV status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These next set of questions assume that you have told other people that you have HIV or that others know. This may not be true for you. If the item refers to something that has not actually happened to you, please imagine yourself in that situation.

43. Whom have you told that you are HIV positive? (CHECK ALL THE BOXES THAT APPLY)

- Main sexual partner (that is, a partner you would call your boyfriend or girlfriend, spouse, lover, significant other, or life partner)
- Non-Main (casual) sex partner(s) (that is, somebody you did not consider to be a boyfriend or girlfriend, spouse, lover, significant other, or life partner)
- Mother
- Father
- Other Relative
- Teacher
- Counselor
- Any friends
- Any co-workers
- Any neighbors
- Anyone else
- None of the above (No one) → [SKIP TO Q45]
- Refuse to answer

44. Please tell me the extent to which you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Refuse to answer
a. I have been hurt by how people reacted to learning I have HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I regret having told some people that I have HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDES/BELIEFS

45. Please tell me the extent to which you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Refuse to answer
a. It is important to tell someone you are thinking about having sex with that you have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is important to ask someone you are thinking about having sex with if they have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It is important to tell your sex partners that you have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is important to ask your sex partners if they have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is important to talk about STDs with someone you are going to have sex with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is important to keep learning about HIV, its treatment, and new developments in HIV research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Talking with your partners about sex can help you make decisions that may lower your risk of transmitting HIV to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. It is important for my health to keep appointments with my health care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I believe taking HIV medications can keep me healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Taking HIV medications as prescribed can help keep me from getting sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. It is important to take my HIV medications correctly and on time each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. It is important to use a condom the right way each time I have sex..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. It is important to get my viral load checked by your health care provider as often as they tell you to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I know where to go for help finding a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I know where to go for information about going back to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I know where to go for support if I am worried about making ends meet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I know where to go for help with budgeting or managing my money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I know where to go for help with finding housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I know how to look at my health records online.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Monogamy is an effective prevention strategy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HIV KNOWLEDGE

46. In this section are statements about HIV. Please indicate whether the statements are true, false, or if you don't know the answer.

	True	False	Don't know	Refuse to answer
a. Once someone's HIV viral load results are "undetectable," they should stop taking their HIV medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Certain oral health problems, such as oral candidiasis and herpes simplex, are common in people with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If a person does not take their HIV medications as prescribed, they can become resistant to their HIV medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HIV is cured when someone's HIV viral load is "undetectable."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If someone's viral load is "undetectable," they don't need to use condoms during sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eating a high-fat diet helps people with HIV digest their medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. People who have HIV can get infected with another type of HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Exercise is always unsafe for people with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Recreational drugs can make a person's HIV medications less effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. It is best for a person to stop taking their HIV medications as soon as they feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Taking HIV medications regularly protects people from getting common illnesses, such as food poisoning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. After a few months, it becomes less important for people to take their HIV medications at the right time of day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. HIV medications reduce the amount of virus in the body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Some HIV medications cause nausea and vomiting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Smoking weakens the immune system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Depression is not treatable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Getting infected with an STD can make a person's HIV worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. There are 5 stages of HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Lower CD4 counts are better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. A person can get HIV by sharing a glass of water with someone who has HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. All pregnant women who have HIV will have babies born with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Women are always tested for STDs during their Pap smears.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Drug or alcohol use can increase the risk for passing HIV to others because people are more likely to do risky behaviors when they are drunk or high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continued)

	True	False	Don't know	Refuse to answer
x. If both sexual partners have HIV, they don't need to use condoms during sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Taking folic acid before and during pregnancy can help prevent birth defects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. It is healthy to eat 5 servings of fruits and vegetables a day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Taking HIV medications can lower a person's chances of transmitting HIV to a sex partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Taking HIV medications can lower a person's chance of getting a superinfection from a positive partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Not having anal or vaginal sex is the best way to avoid transmitting HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Men cannot get HIV from having vaginal sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Having sex without a condom puts an HIV positive person at risk for STDs and HIV superinfection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Oral sex is less risky than vaginal or anal sex for transmitting HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. HIV can be transmitted through saliva, sweat and tears.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. During anal sex, it is possible for either partner to get HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. It is less risky for the positive partner to bottom during anal sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Playing with sex toys is a safe way to protect oneself and others from HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. People who inject drugs are at very high risk for HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Sharing needles/syringes or other injection equipment is very risky because they may contain blood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. About 1 out of every 10 HIV infections in the U.S. is from injection drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Mother-to-child transmission of HIV is the most common way that children get HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. If a woman is treated for HIV early in her pregnancy, the risk of transmitting HIV to her baby can be 2% or less.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. If a person has an STD, they are more likely to transmit HIV to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
qq. Once a person has HIV, it can't be cured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rr. HIV is transmitted through the blood, semen, pre-seminal fluid, vaginal fluid, rectal secretions or breast milk of a person who has HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss. Female condoms are a good choice to lower the risk of transmitting HIV if you cannot use a male condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELF EFFICACY

Please tell us how strongly you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Refuse to answer
47. I am confident that I can talk to someone I'm thinking about having sex with about using condoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. I am confident that I can talk to my sex partners about using condoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. I am confident that I can refuse to have sex if my partner doesn't want to use a condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. I am confident that I can still use a condom even if I am drunk or high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. I am confident that I can protect myself from STDs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. I am confident that I can protect myself from getting an HIV superinfection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. I am confident that I can prevent transmitting HIV or other STDs to my sex partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. I am confident that I can always use condoms correctly with my sex partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. I am confident that I can keep my appointments with my HIV care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. I am confident I can tell my sex partners my HIV status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. I am confident I can ask my sex partners about their HIV status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. I am confident I can talk to my sex partners about STDs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEXUAL BEHAVIORS

These next questions are about your sexual behavior in the past 3 months. Remember all of your answers are kept private.

59. Have you ever had vaginal or anal sex with another person?

- Yes
 No → [SKIP TO Q107]
 Refused → [SKIP TO Q107]

60. Have you had vaginal or anal sex with another person in the past 3 months?

- Yes
 No → [SKIP TO Q107]
 Refused → [SKIP TO Q107]

Now I'm going to be asking you some questions about the sexual partners you've had in the past 3 months.

FOR MALES

61. In the past 3 months, how many different female sexual partners have you had sex with?
This includes steady partners, casual partners, and sex trade partners.

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999=REF

[If 61=000 or 999, skip to 72]

62. How many of these partners did you have vaginal sex with? By vaginal sex we mean you put your penis in a woman's vagina.

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999=REF

[If 62=000 or 999, skip questions 64-67]

63. How many of these partners did you have anal sex with? By anal sex, we mean you put your penis in a woman's butt.

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999=REF

[If 63=000 or 999, skip questions 68-71]

64. You said that you had vaginal sex with **[FILL NUMBER 62]** partners in the past 3 months. I am going to ask you whether you knew if these partners were HIV positive, HIV negative, or if you didn't know their HIV status. How many of these **[fill number 62]** partners were:

64a. HIV negative?

64b. HIV positive?

64c. of unknown HIV status?

64d. Refuse to answer

65. How much of the time did you use condoms when having vaginal sex with female partners who you knew were HIV-negative?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

66. How much of the time did you use condoms when having vaginal sex with female partners who you knew were HIV-positive?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

67. How much of the time did you use condoms when having vaginal sex with female partners who you did not know their HIV status?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

68. You said that you had anal sex with **[FILL NUMBER 63]** female sexual partners in the past 3 months. I am going to ask you whether you knew if these partners were HIV positive, HIV negative or if you didn't know their HIV status. How many of these **[fill number 63]** partners were:

68a. HIV negative?

68b. HIV positive?

68c. of unknown HIV status?

68d. Refuse to answer

69. How much of the time did you use condoms when having anal sex with female partners who you knew were HIV-negative?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

70. How much of the time did you use condoms when having anal sex with female partners who you knew were HIV-positive?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

71. How much of the time did you use condoms when having anal sex with female partners who you did not know their HIV status?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

72. In the past 3 months, how many different male sexual partners have you had sex with?
This includes steady partners, casual partners and sex trade partners.

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REF=999

[If 72=000 or 999, skip to 83]

73. How many of these partners did you have insertive anal sex with? By insertive anal sex, we mean you put your penis in a man's butt.

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REF=999

[If 73=000 or 999, skip questions 75-78]

74. How many of these partners did you have receptive anal sex with? By receptive anal sex, we mean a man put his penis in your butt.

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REF=999

[If 74=000 or 999, skip questions 79-82]

75. You said that you had insertive anal sex with **[FILL NUMBER 73]** male sexual partners in the past 3 months. Again, insertive means putting your penis in his butt. I am going to ask you whether you knew if these partners were HIV positive, HIV negative or if you didn't know their HIV status. How many of these **[fill number 73]** partners were:

75a. HIV negative?

75b. HIV positive?

75c. of unknown HIV status?

75d. Refuse to answer

76. How much of the time did you use condoms when having insertive anal sex with male partners who you knew were HIV-negative?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

77. How much of the time did you use condoms when having insertive anal sex with male partners who you knew were HIV-positive?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

78. How much of the time did you use condoms when having insertive anal sex with male partners who you did not know their HIV status?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

79. You said that you had receptive anal sex (a man puts his penis in your butt) with **[FILL NUMBER 74]** male sexual partners in the past 3 months. I am going to ask you whether you knew if these partners were HIV positive, HIV negative or if you didn't know their HIV status. How many of these **[fill number 74]** partners were:

- 79a. HIV negative?
- 79b. HIV positive?
- 79c. of unknown HIV status?
- 79d. Refuse to answer

80. How much of the time did you use condoms when having receptive anal sex with male partners who you knew were HIV-negative?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

81. How much of the time did you use condoms when having receptive anal sex with male partners who you knew were HIV-positive?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

82. How much of the time did you use condoms when having receptive anal sex with male partners who you did not know their HIV status?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

83. Have you had sex with any transgender partners in the past 3 months?

- Yes
- No
- Refuse to answer

FOR FEMALES

84. In the past 3 months, how many different male sexual partners have you had sex with?
This includes steady partners, casual partners and sex trade partners.

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REF=999

[If 84=000 or 999, skip to 95]

85. How many of these partners did you have vaginal sex with? By vaginal sex we mean "straight sex" or a man put his penis in your vagina.

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[REF=999]

[If 85=000 or 999, skip questions 87-90]

86. How many of these partners did you have anal sex with? By anal sex, we mean a man put his penis in your butt.

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REF=999

[If 86=000 or 999, skip questions 91-94]

87. You said that you had vaginal sex with **[Fill number 85]** male sexual partners in the past 3 months. I am going to ask you whether you knew if these partners were HIV positive, HIV negative or if you didn't know their HIV status. How many of these **[fill number 85]** partners were:

87a. HIV negative?

87b. HIV positive?

87c. of unknown HIV status?

87d. Refuse to answer

88. How much of the time did you use condoms when having vaginal sex with male partners who you knew were HIV-negative?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

89. How much of the time did you use condoms when having vaginal sex with male partners who you knew were HIV-positive?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

90. How much of the time did you use condoms when having vaginal sex with male partners who you did not know their HIV status?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

91. You said that you had anal sex with **[Fill number 86]** male sexual partners in the past 3 months. I am going to ask you whether you knew if these partners were HIV positive, HIV negative or if you didn't know their HIV status. How many of these **[fill number 86]** partners were:

91a. HIV negative?

91b. HIV positive?

91c. of unknown HIV status?

91d. Refuse to answer

92. How much of the time did you use condoms when having anal sex with male partners who you knew were HIV-negative?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

93. How much of the time did you use condoms when having anal sex with male partners who you knew were HIV-positive?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

94. How much of the time did you use condoms when having anal sex with male partners who you did not know their HIV status?

- Never
- Rarely
- Sometimes
- Always
- Refuse to answer

95. How many different FEMALE partners have you had sex with in the past 3 months? ***This includes steady partners, casual partners and sex trade partners.***

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REF=999

96. Have you had sex with any transgender partners in the past 3 months?

- Yes
- No
- Refuse to answer

FOR TRANSGENDER, OTHER, or DK

97. How many different male partners have you had sex with in the past 3 months?

REF=999

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[If 97=000 or 999, skip to 99]

98. Did you have vaginal or anal intercourse *without using a condom* with any of your male partners in the past 3 months?

- Yes
- No
- Refuse to answer

99. How many different female partners have you had sex with in the past 3 months?

REF=999

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[If 99=000 or 999; skip to 101]

100. Did you have vaginal or anal intercourse *without using a condom* with any of your female partners in the past 3 months?

- Yes
- No
- Refuse to answer

101. How many different transgender partners have you had sex with in the past 3 months?

REF=999

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[If 101=000 or 999, skip to 103]

102. Did you have vaginal or anal intercourse *without using a condom* with any of your transgender partners in the past 3 months?

- Yes
- No
- Refuse to answer

READ: Now we're going to talk about things you might exchange for sex.

	Yes	No	Refuse to Answer
103. In the past 3 months, has anybody given you money in exchange for sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. In the past 3 months, has anybody given you drugs in exchange for sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. In the past 3 months, have YOU given anyone money in exchange for sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. In the past 3 months, have YOU given anyone drugs in exchange for sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SMOKING AND SUBSTANCE USE

People have various health habits. The following questions ask about smoking, alcohol and drug use.

107. Do you smoke cigarettes?

- Yes
- No → [SKIP TO Q109]
- Refuse to answer → [SKIP TO Q109]

108. Are you seriously considering stopping smoking within the next 3 months?

- Yes
- No
- Refuse to answer

109. On average, how often in the past 3 months have you had a drink containing alcohol (e.g., a glass of beer or wine, a mixed drink, or any other kind of alcoholic beverage)?

- Never → [SKIP TO Q111]
- Once a month
- 2 or 3 times a month
- Once or twice a week
- 3 or 4 times a week
- Nearly every day
- Daily
- Refuse to answer

110. On average, how often in the past 3 months have you had 4 or more drinks of alcohol within a couple of hours (e.g., 2-4 hours)?

- Never
- Once a month
- 2 or 3 times a month
- Once or twice a week
- 3 or 4 times a week
- Nearly every day
- Daily
- Refuse to answer

111. Have you ever used... [MARK ALL THAT APPLY]

	Yes	No	Refuse to answer
a. Marijuana?	<input type="checkbox"/> [GO TO Q112a]	<input type="checkbox"/>	<input type="checkbox"/>
b. Cocaine (powder, crack, or freebase)?	<input type="checkbox"/> [GO TO Q112b]	<input type="checkbox"/>	<input type="checkbox"/>
c. Heroin?	<input type="checkbox"/> [GO TO Q112c]	<input type="checkbox"/>	<input type="checkbox"/>
d. Methamphetamine?	<input type="checkbox"/> [GO TO Q112d]	<input type="checkbox"/>	<input type="checkbox"/>
e. MDMA (ecstasy)	<input type="checkbox"/> [GO TO Q112e]	<input type="checkbox"/>	<input type="checkbox"/>
f. GHB (liquid X)	<input type="checkbox"/> [GO TO Q112f]	<input type="checkbox"/>	<input type="checkbox"/>
g. Ketamine (special K)	<input type="checkbox"/> [GO TO Q112g]	<input type="checkbox"/>	<input type="checkbox"/>

112. Have you used any of the following within the past 3 months?

	Yes	No	Refuse to answer
a. Marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cocaine (powder, crack, or freebase)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Heroin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Methamphetamine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. MDMA (ecstasy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. GHB (liquid X)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ketamine (special K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY OUTCOME/PATIENT SATISFACTION

These next questions are about your experiences with this clinic.

113. How long have you received your HIV-related medical care here?

- Less than 1 year
- 1 to 2 years
- 3 to 5 years
- More than 5 years
- Refuse to answer

114. When was your last HIV-related medical care visit?

- Within the last 3 months
- 4 to 6 months ago
- More than 6 months ago
- Refuse to answer

115. Think about your last experience with your HIV health care provider(s) at this clinic. Now, please tell me the extent to which you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree	Refuse to answer
a. My health care provider(s) made sure I understood what my lab test results (such as CD4 and viral load) meant for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My health care provider(s) spent enough time with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I asked my health care provider(s) all of the questions I had about my HIV care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I felt comfortable talking about personal or intimate issues with my health care provider(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I was involved in making decisions about my care with my health care provider(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I asked my health care provider(s) questions about my HIV care, I understood their answers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I found my health care provider(s) to be accepting and non-judgmental of my life and my choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My health care provider(s) and I work as a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have a strong, trusting relationship with my health care provider(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This next series of questions are about communication with your health care provider(s). Please answer yes or no for each statement.

116. My health care provider(s) explained the side effects of my HIV medications in a way I could understand.

- Yes
- No
- I am not taking any medications prescribed by my doctor to treat HIV
- Refuse to answer

117. My health care provider(s) suggested ways to help me remember to take my HIV medications.

- Yes
- No
- I am not taking any medications prescribed by my doctor to treat HIV
- Refuse to answer

	Yes	No	Refuse to answer
118. My health care provider(s) explained to me what kinds of medical tests I should be getting and how often I should get them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. My health care provider(s) talked to me about how to avoid transmitting HIV to other people and how to protect myself from getting infected again with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. My health care provider(s) talked to me about how to protect myself from getting STDs or how to avoid transmitting them on to others if I already had one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. My health care provider(s) or case manager(s) asked me how I was feeling emotionally and made a referral to a mental health provider, counselor or support group if I needed help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. My health care provider(s) asked me about my drug and alcohol use and made a referral if I needed help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

123. I would rate my health care providers' knowledge of the newest developments in HIV medical standards as

- Excellent
- Very good
- Average
- Fair
- Poor
- Refuse to answer