

Appendix G

Patient Follow-up 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 your current relationship status? Are you...

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

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

- Yes
- No → [SKIP TO Q5]
- Refuse to answer

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

___ years ___ months

4. 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

5. 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"/>

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

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

7. 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"/>

USE OF TECHNOLOGY

8. Have you experienced any disruptions in your cell phone service in the past 3 months (e.g., new carrier or phone number)?

- Yes
- No
- Refuse to answer

9. Have you made any changes to your cell phone service in the past 3 months?

- Yes
- No
- Refuse to answer

[IF Q8 OR Q9 = YES, CONTINUE; ELSE SKIP TO Q12]

10. Did the disruption or change in your cell phone service affect your ability to send or receive text messages?

- Yes
- No
- Don't know
- Refuse to answer

[IF Q10 = YES, CONTINUE; ELSE SKIP TO Q12]

11. How long was your ability to send or receive text messages affected?

- Less than 1 week
- 1-2 weeks
- 3-4 weeks
- More than 4 weeks
- Don't know
- Refuse to answer

HEALTH AND WELLNESS

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

12. 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.

13. 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

14. 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

15. 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"/>

16. Have you been diagnosed with a sexually transmitted infection other than HIV in the past 3 months?

- Yes
- No
- Refuse to answer

17. Are you currently taking any medications that your doctor has prescribed to treat HIV?

- Yes
- No → [SKIP TO Q25]
- Refuse to answer → [SKIP TO Q25]

18. In the past 3 months, has your doctor made any changes to which HIV medications you take or when you take them?

- Yes
- No
- Refuse to answer

ADHERENCE

19. 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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20. 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

21. 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. Were 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).

22. 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
23. 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"/>
24. 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"/>

REACTION/RECEPTIVITY TO MESSAGES

These next questions ask your opinions about the text messages you received as part of the study.

25. Please tell me the extent to which you agree or disagree with the following statements about the messages you received.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Refuse to answer
a. Overall, I liked the text messages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned something new from the text messages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The text messages were easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was interested in the message topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I trusted the information in the messages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The text messages were convincing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The messages said something important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The messages grabbed my attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The messages told me something I didn't already know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The messages were confusing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continued)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Refuse to answer
k. I did not like getting the messages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The messages were boring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The messages were interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I felt like the messages were designed for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. The messages suggested behaviors that are difficult for me to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. The messages motivated me to change my behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. The messages would motivate people living with HIV to act in ways that would prevent giving HIV to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. The messages contradicted what I know about HIV prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. The messages helped me to remember to take my HIV medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. The messages motivated me to be involved in my health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I learned about services or resources available to me from the messages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. The messages gave me good advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. The messages gave me ideas for how to stay healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. The messages cheered me up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. The messages made me feel bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. The messages reminded me to go to my health care appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. The messages gave me ideas about how to lower my stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. How would you describe the text messages? [CHOOSE ALL THAT APPLY]

- Accurate
- Annoying
- Believable
- Complex
- Effective
- Embarrassing
- Clever
- Clear
- Condescending
- Dishonest
- Familiar
- Farfetched
- Creative
- Inappropriate
- Informative
- Interesting
- Irritating
- Offensive
- Original
- Pointless
- Realistic
- Silly
- Stigmatizing
- Worth remembering
- None of the above
- Refuse to answer

27. On a scale of 0 to 10, where 0 is the worst possible message and 10 is the best possible message, please give an overall rating to the categories of messages you received:

	Worst possible message	0	1	2	3	4	5	6	7	8	9	Best possible message	I did not receive this type of message	Refuse
a. Appointment reminders		<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"/>
b. Informational messages about HIV 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"/>	<input type="checkbox"/>
c. Medication reminders		<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"/>
d. General health and wellness		<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"/>
e. Reducing risky sexual behaviors		<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"/>
f. Preventing or reducing alcohol/drug use		<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"/>
g. Social support		<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"/>
h. Smoking		<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"/>
i. Being actively involved in my health care		<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"/>
j. Where to find other resources		<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"/>
k. Information about HIV		<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"/>

28. How often did you read the text messages you received from the study?

- Always
- Usually
- Sometimes
- Never
- Refuse to answer

29. How often did you use the information that was in the messages?

- Always
- Usually
- Sometimes
- Never
- Refuse to answer

- | | Very | Somewhat | A little | Not at all | Refuse to answer |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 30. How concerned were you that people could see the text messages you got from the study? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Did having the option to enter a PIN to get some of the messages make you feel less concerned about your privacy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. How helpful were the text messages that you received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No | Refuse to answer |
|--|--------------------------|--------------------------|--------------------------|
| 33. Did you visit any of the websites that were sent in the messages you received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Did you call any of the phone numbers that were sent in the messages you received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Did you sign up for any of the other text messaging programs that were mentioned in the messages you received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

36. How satisfied were you with the messages you received?

- Very
- Somewhat
- A little
- Not at all
- Refuse to answer

37. Would you recommend this program to a friend who has HIV?

- Yes
- No
- Refuse to answer

38. On a scale of 0 to 10, where 0 is the worst and 10 is the best, how would you rate the following:

	Worst										Best	Refuse to answer
	0	1	2	3	4	5	6	7	8	9	10	
a. The number of messages you received	<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. The timing of the messages you received	<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. The content of the messages you received	<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"/>

39. How important is it to have programs like this one where people can receive information from their health care providers through text messages?

- Very
- Somewhat
- A little
- Not at all
- Refuse to answer

SOCIAL SUPPORT

40. 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 medication or its 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"/>

41. 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

42. 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	Some of the time	Most of the time	All of the time	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"/>

43. 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

44. Do you currently attend any support groups?

- Yes
- No → [SKIP TO Q46]
- Refuse to answer → [SKIP TO Q46]

45. 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.

46. 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.

47. 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

48. 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 partner 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 my appointments with my health care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continued)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Refuse to answer
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

49. 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"/>

(continued)

	True	False	Don't know	Refuse to answer
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"/>
y. 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"/>
z. Taking folic acid before and during pregnancy can help prevent birth defects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. 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"/>
bb. 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"/>
cc. 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"/>
dd. 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"/>
ee. Men cannot get HIV from having vaginal sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. 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"/>
gg. 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"/>
hh. HIV can be transmitted through saliva, sweat and tears.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. During anal sex, it is possible for either partner to get HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. 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"/>
kk. 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"/>
ll. People who inject drugs are at very high risk for HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. 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"/>
nn. 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"/>
oo. 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"/>
pp. 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"/>

(continued)

	True	False	Don't know	Refuse to answer
qq. 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"/>
rr. Once a person has HIV, it can't be cured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss. 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"/>
tt. 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
50. 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"/>
51. 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"/>
52. 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"/>
53. 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"/>
54. 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"/>
55. 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"/>
56. 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"/>

(continued)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Refuse to answer
57. 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"/>
58. 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"/>
59. 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"/>
60. 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"/>
61. 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.

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

- Yes
- No → [SKIP TO Q108]
- Refused → [SKIP TO Q108]

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

- Yes
- No → [SKIP TO Q109]
- Refused → [SKIP TO Q109]

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

FOR MALES

64. 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 64=000 or 999, skip to 74]

65. 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 65=000 or 999, skip questions 67-70]

66. 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.

--	--	--

999=REF

[If 66=000 or 999, skip questions 71-74]

67. You said that you had vaginal sex with **[FILL NUMBER 65]** 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 65]** partners were:

67a. HIV negative?

67b. HIV positive?

67c. of unknown HIV status?

67d. Refuse to answer

68. 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

69. 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

70. 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

71. You said that you had anal sex with **[FILL NUMBER 66]** 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 66]** partners were:

- 71a. HIV negative?
- 71b. HIV positive?
- 71c. of unknown HIV status?
- 71d. Refuse to answer

72. 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

73. 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

74. 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

75. 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.

--	--	--

REF=999

[IF 75=000 or 999, skip to 86]

76. 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 76=000 or 999, skip questions 78-81]

77. 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.

--	--	--

REF=999

[IF 77=000 or 999, skip questions 82-85]

78. You said that you had insertive anal sex with **[FILL NUMBER 76]** 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 76]** partners were:

78a. HIV negative?

78b. HIV positive?

78c. of unknown HIV status?

78d. Refuse to answer

79. 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

80. 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

81. 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

82. You said that you had receptive anal sex (a man puts his penis in your butt) with **[FILL NUMBER 77]** 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 77]** partners were:

82a. HIV negative?

82b. HIV positive?

82c. of unknown HIV status?

82d. Refuse to answer

83. 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

84. 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

85. 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

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

- Yes
- No
- Refuse to answer

FOR FEMALES

87. 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.

--	--	--

REF=999

[IF 87=000 or 999, skip to 98]

88. 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 88=000 or 999, skip questions 90-93]

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

--	--	--

REF=999

[IF 89=000 or 999, skip questions 94-97]

90. You said that you had vaginal sex with **[Fill number 88]** 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 88]**
partners were:

90a. HIV negative?

90b. HIV positive?

90c. of unknown HIV status?

90d. Refuse to answer

91. 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

92. 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

93. 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

94. You said that you had anal sex with **[Fill number 89]** 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 89]** partners were:

- 94a. HIV negative?
- 94b. HIV positive?
- 94c. of unknown HIV status?
- 94d. Refuse to answer

95. 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

96. 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

97. 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

98. 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

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

- Yes
- No
- Refuse to answer

FOR TRANSGENDER, OTHER, or DK

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

REF=999

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[IF 100= 000 or 999, skip to 102]

101. 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

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

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REF=999

[IF 102= 000 or 999, skip to 104]

103. 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

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

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REF=999

[IF 104= 000 or 999, skip to 106]

105. 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
106. In the past 3 months, has anybody given you money in exchange for sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. In the past 3 months, has anybody given you drugs in exchange for sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. In the past 3 months, have YOU given anyone money in exchange for sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. 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.

110. Have you smoked cigarettes during the past 3 months?

- Yes
- No → [SKIP TO Q112]
- Refuse to answer → [SKIP TO Q112]

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

- Yes
- No
- Refuse to answer

112. 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 Q114]
- 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

113. 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

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

	Yes	No	Refuse to answer
a. Marijuana?	<input type="checkbox"/> [GO TO Q115a]	<input type="checkbox"/>	<input type="checkbox"/>
b. Cocaine (powder, crack, or freebase)?	<input type="checkbox"/> [GO TO Q115b]	<input type="checkbox"/>	<input type="checkbox"/>
c. Heroin?	<input type="checkbox"/> [GO TO Q115c]	<input type="checkbox"/>	<input type="checkbox"/>
d. Methamphetamine?	<input type="checkbox"/> [GO TO Q115d]	<input type="checkbox"/>	<input type="checkbox"/>
e. MDMA (ecstasy)	<input type="checkbox"/> [GO TO Q115e]	<input type="checkbox"/>	<input type="checkbox"/>
f. GHB (liquid X)	<input type="checkbox"/> [GO TO Q115f]	<input type="checkbox"/>	<input type="checkbox"/>
g. Ketamine (special K)	<input type="checkbox"/> [GO TO Q115g]	<input type="checkbox"/>	<input type="checkbox"/>

115. 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.

116. 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

117. 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.

	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