**MHPPPI: Client Qualitative Interview**

**Knowledge, Attitudes, Experiences**

**INTRODUCTION & PURPOSE**

Greeting: *Hello, thank you for speaking with me today. As part of the Midwest HIV Prevention and Planning Initiative, I would like to ask you some questions about HIV and pregnancy planning. This information will help our program develop curriculum to cross-train HIV medical care providers and reproductive health care providers so that they can deliver more comprehensive care to their patients.* Would you be willing to participate in a 30-45 minute interview?

Consent: *Before we get started, I will need to ask you a few questions to make sure you meet the eligibility criteria for this interview. If you are eligible and willing to participate, we will then need to go through the consent process before I can ask you the interview questions. Do you have any questions for me before we begin?*

**ELIGIBILITY:**

***These next few questions will help me determine your eligibility to participate in the survey.***

Are you currently between the 15-49 years of age?

0 No **([SKIP PATTERN:] If no, CLIENT IS NOT ELIGIBLE.)**

1 Yes **([SKIP PATTERN:] If yes, continue to next question.)**

Regardless of you or your partner’s gender identities, were you in a sexual partnership in the past 12 months that could have resulted in a pregnancy?

0 No **([SKIP PATTERN:] If no, CLIENT IS NOT ELIGIBLE.)**

1 Yes **([SKIP PATTERN:] If yes, continue to next question.)**

Within that sexual partnership, were one or both of you HIV+? (Select one)

0 No **([SKIP PATTERN:] If no, CLIENT IS NOT ELIGIBLE.)**

1 Yes **([SKIP PATTERN:] If yes, continue to next question.)**

In the past 12 months, have you attended or accompanied your sexual partner to a medical appointment related to HIV care or reproductive health care? (Check all that apply)

0 No **([SKIP PATTERN:] If no, CLIENT IS NOT ELIGIBLE.)**

1 Yes, I attended a medical appointment related to my own HIV care

2 Yes, I attended a medical appointment related to my partner’s HIV care

3 Yes, I attended a medical appointment related to my own reproductive health care

4 Yes, I attended a medical appointment related to my partner’s reproductive health care

[Program skip if E1, E2, E3 or E4 = No, then client is NOT eligible; all else skip to Eligible script]

**CLIENT IS NOT ELIGIBLE**: *Thank you for answering my questions. Based on your responses, you do not meet our eligibility criteria for this interview. I appreciate your time and willingness to speak with me. Please accept this $5 gift card in appreciation for your time. Thank you and have a nice day.*

**CLIENT IS ELIGIBLE**: *Thank you for answering my questions. Based on your responses, you do meet our eligibility criteria for this interview. If you are still willing participate, we will continue on with completing the consent form before we begin the interview. Please let me know if you have questions at any time.*