

**"Community-based Organization Outcome Monitoring Projects for CBO HIV
Prevention Services Clients"**

Attachment 5a#

Category 1 Baseline Interview

Public reporting burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

General Information- to be completed by staff member

Complete the General Information section prior to administering the questionnaire.

G1. Name of the CBO (Choose one)

- TBD
- TBD
- TBD

G2. Screener ID:

G3. CBO-OMP ID:

G4. Staff ID:

G5. Interview date:

___/___/____ (MM/DD/YYYY)

G6. Interview site: (Choose one)

- TBD
- TBD
- TBD

G7. Interview time point: (Choose one)

- First interview

G8. Interview administered by: (Choose one)

- Provider (in-person)
- Provider (on phone)

G9. Was this participant first diagnosed by an HIV test funded by CBO-HPS? (Choose one)

- Yes
- No

G10. When did the participant receive the most recent referral to HIV medical care from the CBO-HPS program?

___/___/____ (MM/DD/YYYY)

G11. Since (MM/DD/YYYY listed above), what new CBO-HPS referrals was the participant provided? (Choose all that apply)

HIP Behavioral Interventions: (Note: this may be known by different names at each CBO.)

- PROMISE
- d-up!
- Mpowerment
- Popular Opinion Leader
- CLEAR
- WILLOW
- Healthy Relationships
- CONNECT
- Partnership for Health (Safer Sex)
- START

- € Other CDC-supported evidenced-based intervention

Linkage to Care Intervention:

- € ARTAS

Medication Adherence Support Services:

- € Peer Support
- € Every Dose Every Day Mobile Application
- € HEART
- € SMART Couples
- € Partnership for Health (Medication Adherence)

Screening and treatment for STDs, Hepatitis, and TB

- € Screening for STDs syphilis, gonorrhea, and chlamydia
- € Treatment for STDs syphilis, gonorrhea, and chlamydia
- € Screening for hepatitis
- € Vaccination for hepatitis
- € Treatment for hepatitis
- € Screening for TB
- € Treatment for TB

Other Prevention Services

- € Insurance navigation and enrollment
- € Mental health counseling and services
- € Substance abuse treatment and services
- € Housing
- € Transportation services (to and from HIV prevention and medical care appointments)
- € Employment services h. Basic education continuation and completion services
- € Sex education, including HIV education (e.g., risk reduction programs, school-based HIV prevention providers)

Participant Interview

Interviewer: Welcome and thank you for participating. This interview will cover a variety of topics related to your experiences with different HIV-related services. For some of these experiences, we will ask you about them during each interview. But there will be other information that we only ask you once. I want to assure you that anything you tell me will be kept private. This first interview will take approximately 30 minutes. The other interviews will be a little shorter, about 20 minutes. Feel free to stop me at any time if you have questions. Do you have any questions before we begin? Let's get started.

Participant Demographics

Interviewer: Now, I will ask you some basic questions about yourself.

1. Please tell me the month and year of your date of birth?

___/____ (MM/YYYY)

2. How old are you?

3. Are you: (Choose one)

- € Hispanic or Latino
- € Not Hispanic or Latino
- € Decline to answer

Don't know

4. What is your race? (Choose all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Declined to answer
- Don't know

5. What was your sex at birth? (Don't read responses. Choose only one.)

- Male
- Female
- Declined to answer
- Don't know

6. Do you consider yourself to be male, female, or transgender? (Don't read responses. Choose only one.)

- Male
- Female
- Transgender (MTF)
- Transgender (FTM)
- Transgender (not specified)
- Declined to answer
- Don't know

7. Do you think of yourself as: (Choose one)

- Lesbian or gay
- Straight, that is, not gay or lesbian
- Bisexual
- Something else
- Declined to answer
- Don't know

8. Are you attracted to other males? (Only ask if participant identifies gender as male, any transgender, and is 19 years old or younger) (Choose one)

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

9. Where were you born? (Choose one)

- U.S. (Go to "Is English your first language?")
- Other, specify: _____
- Decline to answer (Go to "Is English your first language?")
- Don't know (Go to "Is English your first language?")

10. What year did you come to live in the U.S? ____ (YYYY) (Only ask if participant indicates being born in a country other than the U.S.)

- Decline to answer
- Don't know

11. Is English your first language? (Choose one)

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

12. What is the highest level of education that you have completed? (Choose one)

- No schooling completed
- 8th grade or less
- Some high school
- High school graduate/GED
- Some college (including technical school or training)
- Bachelor's degree
- Post-graduate (Doctoral-level degree)
- Post-graduate (Master's-level degree)
- Declined to answer
- Don't know

13. What best describes your employment status? Are you: (Choose one)

- Employed full-time
- Employed part-time
- A homemaker
- A full-time student
- Retired
- Unable to work for health reasons
- Unemployed
- Other
- Decline to answer
- Don't know

14. Do you currently have health insurance or health care coverage? (Choose one)

- Yes (Go to "What kind of health insurance or coverage do you currently have?")
- No
- Declined to answer
- Don't know

15. What kind of health insurance or coverage do you currently have? (Only ask if participant indicates currently having health care coverage.) (Choose all that apply.)

- A private health plan (through an employer or purchased directly)
- Medicaid (for people with low incomes)
- Medicare (for the elderly and people with disabilities)
- TRICARE (CHAMPUS)
- Veterans Administration coverage
- Some other government plan
- Some other health care plan
- Declined to answer
- Don't know

16. What was your income last year before taxes? (Show Flashcard A to participant. Ask them to indicate which letter on the flashcard shows the correct income.) (Choose one)

- a. 0 to \$417 a month **OR** 0 to \$4,999 a year
- b. \$418 to \$833 a month **OR** \$5,000 to \$9,999 a year
- c. \$834 to \$1041 a month **OR** \$10,000 to \$12,499 a year
- d. \$1042 to \$1250 a month **OR** \$12,500 to \$14,999 a year
- e. \$1251 to \$1667 a month **OR** \$15,000 to \$19,999 a year
- f. \$1668 to \$2082 a month **OR** \$20,000 to \$24,999 a year
- g. \$2083 to \$2500 a month **OR** \$25,000 to \$29,999 a year
- h. \$2501 to \$2916 a month **OR** \$30,000 to \$34,999 a year
- i. \$2917 to \$3333 a month **OR** \$35,000 to \$39,999 a year
- j. \$3334 to \$4167 a month **OR** \$40,000 to \$49,999 a year
- k. \$4168 to \$4999 a month **OR** \$50,000 to \$59,999 a year
- l. \$5000 to \$6250 a month **OR** \$60,000 to \$74,999 a year
- m. \$6251 or more a month **OR** \$75,000 or more a year
- n. Decline to answer
- o. Don't know

17. Including yourself, how many people depend on this income?

- € ___ Decline to answer
- € Don't know

Participant Characteristics

Interviewer: Now, I am going to ask you some questions about sex, drug use, and jail. Remember all of your responses are private.

18. In the past 5 years, have you had oral, vaginal, or anal sex with a male? (Choose one)

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

19. In the past 5 years, have you had oral, vaginal, or anal sex with a female? (Choose one)

- Yes
- No (If participant has not had sex with a male or female in the past 5 years go to "In the last 5 years, have you shot up...")
- Declined to answer
- Don't know

20. In the past 12 months, have you had vaginal or anal sex without a condom? (Only ask if participant has had oral, vaginal, or anal sex in the past 5 years) (Choose one)

- € Yes
- € No
- € Declined to answer
- € Don't know

21. In the past 12 months, did a sex partner give you drugs, money, a place to stay, clothing or something else you needed in exchange for sex? (Only ask if participant has had oral, vaginal, or anal sex in the past 5 years) (Choose one)

- € Yes
- € No
- € Declined to answer
- € Don't know

22. In the past 12 months, did you give a sex partner drugs, money, a place to stay, clothing or something else you needed in exchange for sex? (Only ask if participant has had oral, vaginal, or anal sex in the past 5 years) (Choose one)

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

23. In the past 12 months, have you had chlamydia, gonorrhea, or syphilis? (Only ask if participant has had oral, vaginal, or anal sex in the past 5 years) (Choose one)

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

24. In the past 5 years, have you shot up or injected any drugs that weren't used for medical purposes? (Choose one)

- Yes
- No (Go to "In the past 12 months were you in jail or prison for more than 24 hours?")
- Declined to answer
- Don't know

25. In the past 12 months, have you shared injection or drug preparation equipment to inject drugs not prescribed to you by a clinician for medical purposes? (Only ask if participant has shot up or injected drugs that weren't used for medical purposes in the last 12 months.) (Choose one)

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

26. In the last 12 months were you in jail or prison for more than 24 hours? (Choose one)

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

Interviewer: The next set of questions will ask you about your experiences, in general, with doctors, nurses, and other health care providers. Please tell me how strongly you disagree or agree with the following statements.

27. I doubt that my HIV health care provider really cares about me as a person (Choose one)

- Totally agree
- Agree
- Neutral
- Disagree
- Totally disagree
- Decline to answer
- Don't know

28. My HIV health care provider is considerate of my needs and puts them first (Choose one)

- Totally disagree
- Disagree
- Neutral
- Agree
- Totally agree
- Decline to answer

Don't know

29. I trust my HIV health care provider so much I always try to follow his/her advice (Choose one)

- Totally disagree
- Disagree
- Neutral
- Agree
- Totally agree
- Decline to answer
- Don't know

30. If my HIV health care provider tells me something is so, then it must be true (Choose one)

- Totally disagree
- Disagree
- Neutral
- Agree
- Totally agree
- Decline to answer
- Don't know

31. I sometimes distrust my HIV health care provider opinions and would like a second one (Choose one)

- Totally agree
- Agree
- Neutral
- Disagree
- Totally disagree
- Decline to answer
- Don't know

32. I trust my HIV health care provider's judgements about my medical care (Choose one)

- Totally disagree
- Disagree
- Neutral
- Agree
- Totally agree
- Decline to answer
- Don't know

33. I feel my HIV health care provider does not do everything he/she should about my medical care (Choose one)

- Totally disagree
- Disagree
- Neutral
- Agree
- Totally agree
- Decline to answer
- Don't know

34. I trust my HIV health care provider to put my medical needs above all other considerations when treating my medical problems (Choose one)

- Totally agree
- Agree
- Neutral
- Disagree
- Totally disagree
- Decline to answer
- Don't know

35. My HIV health care provider is well-qualified to manage (diagnose and treat or make an appropriate referral) medical problems like mine (Choose one)

- Totally disagree
- Disagree
- Neutral
- Agree
- Totally agree
- Decline to answer
- Don't know

36. I trust my HIV health care provider to tell me if a mistake was made about my treatment (Choose one)

- Totally disagree
- Disagree
- Neutral
- Agree
- Totally agree
- Decline to answer
- Don't know

37. I sometimes worry that my HIV health care provider may not keep the information we discuss totally private (Choose one)

- Totally agree
- Agree
- Neutral
- Disagree
- Totally disagree
- Decline to answer
- Don't know

Previous Participant Engagement with CBO

Interviewer: This question is about your experience with [CBO]. You were referred to [PROGRAM(S) AND SERVICE(S)].

38. Prior to those referral(s), what was your experience with [CBO]? (Choose one)

- I am actively involved with [CBO] (e.g., I regularly participate in activities at the agency or activities sponsored by the agency, I routinely use services they provide, and/or I have volunteered at the agency)
- I have used [CBO]'s services or participated in some activities, but not on an ongoing basis
- I have had no involvement with [CBO] prior to these referrals
- Other experience (specify: _____)
- Decline to answer
- Don't know

HIV Medical Care

Interviewer: Now, I'm going to ask you some questions about your experiences since receiving your HIV positive test result. Some of the questions are about the medical care for HIV infection. We will refer to HIV medical care providers and this may mean doctors, nurses, or other health care providers that deliver HIV medical care.

39. When did you first test positive for HIV? (If they don't remember the month or year, please ask them to provide their best estimate.)

- ____/____/____
- Declined to answer
 - Don't know

40. After you tested positive did someone from the health department or a health care provider offer to tell or help you tell your sex or drug use partners that they may have been exposed to HIV? (Choose one)

- Yes
- No (Go to “Interviewer: [CBO] referred you to HIV medical care on [insert date]. The next few questions...”)
- Declined to answer (Go to “Interviewer: [CBO] referred you to HIV medical care on [insert date]. The next few questions...”)
- Don't know (Go to “Interviewer: [CBO] referred you to HIV medical care on [insert date]. The next few questions...”)

41. Which of the following applies to this experience? (Choose one)

- I was contacted but declined the interview
- I completed the interview
- Declined to answer
- Don't know

Interviewer: [CBO] referred you to HIV medical care on [insert date]. The next few questions are related to that referral.

42. Which of the following things were you offered? (Choose all that apply, unless it's “Only contact information...”)

- Only contact information for HIV medical care providers
- Help making an appointment for HIV medical care
- Help with transportation to your HIV medical care appointment
- Someone to go with you to your HIV medical care appointment
- Help figuring out if you qualified for free or low-cost HIV medical care
- Declined to answer
- Don't know

43. After you received the referral for HIV medical care (insert date), did you visit an HIV medical care provider? (Choose one)

- Yes (go to “What was the date you first visited an HIV medical care provider ...”)
- No, it is scheduled but hasn't happened yet (go to “What is the date of your scheduled appointment?”)
- No, did not go for another reason (Go to “I'm going to read you a list of possible reasons people with HIV may have not gone to see their HIV medical care provider ...”)
- Declined to answer
- Don't know

44. What is the date of your scheduled appointment? (Only ask if participant indicates that they have not been to their HIV medical care appointment because it has not occurred yet. If they don't remember the day, please ask them to provide their best estimate.)

___/___/___ (MM/DD/YYYY)

- Declined to answer
- Don't know

(Go to Previous HIV medical care, intro text at “Before receiving your referral to HIV medical care on [insert date], had you ever seen HIV medical care provider for HIV medical care? ...”)

45. What was the date you first visited an HIV medical care provider for HIV medical care after receiving the referral on (insert date)? (If they don't remember the day or the month, please ask them to provide their best estimate.)

___/___/___ (MM/DD/YYYY)

- Declined to answer
- Don't know

46. Did someone from [CBO] help you with transportation to your HIV medical care appointment? (Only ask if participant attended an HIV medical care appointment based on this referral.) (Choose one)

- Yes

- No
- Declined to answer
- Don't know

47. Did you want someone from [CBO] to help you with transportation to your HIV medical care appointment? (Choose one)

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

48. Did someone from [CBO] go with you to your HIV medical care appointment? (Only ask if participant attended an HIV medical care appointment based on this referral.) (Choose one)

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

49. Did you want someone from [CBO] to go with you to your HIV medical care appointment? (Choose one)

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

Interviewer: You attended a medical care appointment on [insert date]. The next set of questions will ask you about your experiences, with these specific doctors, nurses, and other HIV health care providers. For each statement, please tell me in your opinion, how often your HIV health care providers

50. ...listen carefully to you? (Choose one)

- Never
- Sometimes
- Usually
- Always
- Declined to answer
- Don't know

51. ... explain things in a way that you can understand? (Choose one)

- Never
- Sometimes
- Usually
- Always
- Declined to answer
- Don't know

52. ... show respect for what you have to say? (Choose one)

- Never
- Sometimes
- Usually
- Always
- Declined to answer
- Don't know

53. ... spend enough time with you? (Choose one)

- Never

- € Sometimes
- € Usually
- € Always
- € Declined to answer
- € Don't know

Go to "Since your appointment on (insert date) did an HIV medical care provider prescribe HIV medicines?"

Interviewer: I'm going to read you a list of possible reasons people with HIV may have not gone to see their HIV medical care provider for HIV medical care.

54. Please tell me whether or not each reason applies to you. Is one of the reasons...? (Only ask questions in this section if participant indicates "No, did not go for another reason" to the question "After you received the referral for HIV medical care did you visit an HIV medical care provider for HIV medical care?") (Choose one)

a. ...because you had difficulties scheduling an appointment?

- € Yes
- € No
- € Declined to answer
- € Don't know

b. ...because you couldn't get time off of work for the appointment?

- € Yes
- € No
- € Declined to answer
- € Don't know

c. ...because you couldn't find childcare?

- € Yes
- € No
- € Declined to answer
- € Don't know

d. ...because you didn't think you needed to?

- € Yes
- € No
- € Declined to answer
- € Don't know

e. ...because you haven't felt sick?

- € Yes
- € No
- € Declined to answer
- € Don't know

f. ...because you haven't believed that HIV medicine will improve your health?

- € Yes
- € No
- € Declined to answer
- € Don't know

g. ...because you've been afraid or in denial about being HIV positive?

- € Yes
- € No

- Declined to answer
- Don't know

h. ...because you haven't wanted anyone to know that you have HIV?

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

i. ...because you haven't liked or trusted health care providers?

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

j. ...because of problems with money or health insurance?

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

k. ...because you've been drinking or using drugs?

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

l. ...because you've been depressed or been having other mental health problems?

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

m. ...because you've been physically sick or hospitalized?

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

n. ...because you've been in prison or jail?

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

o. ...because the HIV medical care provider is too far away?

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

p. ...because you haven't found HIV medical care provider that spoke your language?

- Yes
- No
- Declined to answer

€ Don't know

q. ...because you've had trouble getting transportation to an HIV medical care provider?

€ Yes

€ No

€ Declined to answer

€ Don't know

r. ...because you forgot?

€ Yes

€ No

€ Declined to answer

€ Don't know

s. ...because of some other reason(s)?

€ Yes

€ No

€ Declined to answer

€ Don't know

t. If yes, please tell me the other reason(s) that you may not have gotten outpatient HIV medical care.

€ Declined to answer

€ Don't know

55. Of all the reasons you just gave, which is the most important one? ____ (Choose only one response a-v)

€ Declined to answer

€ Don't know

HIV Medicines

(Note: only ask if participants attended their first HIV medical care appointment from this referral.)

Interviewer: Now, I'm going to ask some questions about medicines that you may be taking for your HIV. These medicines are called HIV medicines, and are also known as antiretroviral medicines, ART, or HAART.

You went to a medical care appointment on (insert date from "What was the date you first visited HIV medical care provider for HIV medical care ...").

56. Are you currently taking HIV medicines? (Only ask if participant was prescribed HIV medicines at this appointment) (Choose one)

€ Yes (Go to "In the last 30 days, how much did you pay out of pocket for your HIV medicines or for HIV medical care visits.")

€ No

€ Declined to answer (Go to "In the last 30 days, how much did you pay out of pocket for your HIV medicines or for HIV medical care visits.")

€ Don't know (Go to "In the last 30 days, how much did you pay out of pocket for your HIV medicines or for HIV medical care visits.")

Interviewer: I'm going to read you a list of possible reasons people with HIV may not be taking HIV medicines.

57. Please tell me whether or not each reason applies to you. Is one of the reasons... (Only ask the questions in this section if participant indicates not currently taking any HIV medicines.) (Choose one)

a. ...because you have not filled your prescription yet?

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

b. ...because your HIV medical care provider did not give you a prescription or said you should not take HIV medicines?

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

c. ...because you have problems paying for or getting insurance or coverage for HIV medicines?

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

d. ... because you don't think you need them?

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

e. ... because you think they would make you feel sick or harm you?

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

f. ...because HIV medicines caused side effects in the past?

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

g. ...because you decided not to take HIV medicines for some other reason?

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

h. Please tell me the other reason that you decided not to take HIV medicines?

- _____
- Declined to answer
 - Don't know

58. Of all the reasons you just gave, what is the most important one? ____ (Enter only one response a-h)

59. In the last 30 days, how much did you pay out of pocket for your HIV medicines or for HIV medical care visits? (Only ask if participant attended HIV medical care appointment through this referral). (Choose one)

- \$0-\$100
- \$101-200
- More than \$200

- € Declined to Answer
- € Don't Know

Previous HIV Medical Care

Now, I'm going to ask some questions about your previous experiences with HIV medical care.

60. Before receiving your referral to HIV medical care from [CBO] on [insert date], had you ever seen HIV medical care provider? (Choose one)

- € Yes
- € No (Go to "Before receiving your referral to HIV medical care on...had you ever taken HIV medicines?")
- € Declined to answer
- € Don't know

61. Before receiving your referral to HIV medical care from [CBO] on [insert date], had you ever been prescribed HIV medicines for your HIV infection? (Choose one)

- € Yes
- € No
- € Declined to answer
- € Don't know

62. Before receiving your referral to HIV medical care from [CBO] on [insert date], had you ever taken HIV medicines for your HIV infection? (Choose one)

- € Yes
- € No
- € Declined to answer
- € Don't know

Other CBO-HPS Referrals and Services

The questions below will be based on responses to G11. Participants will only be asked about referrals they received.

Interviewer: I am now going to ask you some questions about other referrals and services you received.

HIP Behavioral Interventions

63. You were referred to [insert HIP behavioral intervention here]. Did you attend at least one session? (Choose one)

- € Yes (Go to "Did you complete or graduate from...")
- € No
- € Declined to answer
- € Don't know

Interviewer: I'm going to read you a list of possible reasons people may not have attended a session.

64. Please tell me whether or not each reason applies to you. Is one of the reasons you have not attended [insert HIP behavioral intervention here]... (Only ask questions in this section if participant did not attend at least one session of the intervention, declined to answer, or don't know.) (Choose one)

a. ...because you couldn't get time off of work to attend?

- € Yes
- € No
- € Declined to answer

Don't know

b. ...because you couldn't find childcare?

Yes

No

Declined to answer

Don't know

c. ...because you didn't think you needed to?

Yes

No

Declined to answer

Don't know

d. ...because you've been afraid or in denial about being HIV positive?

Yes

No

Declined to answer

Don't know

e. ...because you haven't wanted anyone to know that you have HIV?

Yes

No

Declined to answer

Don't know

f. ...because you've been drinking or using drugs?

Yes

No

Declined to answer

Don't know

g. ...because you've been depressed or been having other mental health problems?

Yes

No

Declined to answer

Don't know

h. ...because you've been physically sick or hospitalized?

Yes

No

Declined to answer

Don't know

i. ...because you've been in prison or jail?

Yes

No

Declined to answer

Don't know

j. ...because the location was too far away?

Yes

- € No
- € Declined to answer
- € Don't know

k. ...because the services offered were not in your language?

- € Yes
- € No
- € Declined to answer
- € Don't know

l. ...because you've had trouble getting transportation?

- € Yes
- € No
- € Declined to answer
- € Don't know

m. ...because you forgot?

- € Yes
- € No
- € Declined to answer
- € Don't know

n. ...because of some other reason(s)?

- € Yes
- € No
- € Declined to answer
- € Don't know

o. If yes, please tell me the other reason(s) that you did not attend [insert HIP behavioral intervention here].

- _____
- € Declined to answer
 - € Don't know

65. Of all the reasons you just gave, what is the most important one? _____ (Enter one of the responses above a-o)

- € Declined to answer
- € Don't know

(If did not go to at least one session of [INTERVENTION1], go to questions for next referral.)

66. Did you complete or graduate from [insert HIP behavioral intervention]? (Choose one)

- € Yes (Go to questions for next referral.)
- € No
- € Declined to answer
- € Don't know

(Repeat questions in this section for each intervention the participant was referred to.)

ARTAS

67. You were referred to ARTAS. Did you attend at least one session? (Choose one)

- € Yes (Go to questions for next referral.)
- € No
- € Declined to answer

€ Don't know

Interviewer: I'm going to read you a list of possible reasons people may not have attended a session of ARTAS.

68. Please tell me whether or not each reason applies to you. Is one of the reasons... (Only ask questions in this section if participant did not attend at least one session of ARTAS.) (Choose one)

a. ...because you couldn't get time off of work to attend?

- € Yes
- € No
- € Declined to answer
- € Don't know

b. ...because you couldn't find childcare?

- € Yes
- € No
- € Declined to answer
- € Don't know

c. ...because you didn't think you needed to?

- € Yes
- € No
- € Declined to answer
- € Don't know

d. ...because you've been afraid or in denial about being HIV positive?

- € Yes
- € No
- € Declined to answer
- € Don't know

e. ...because you haven't wanted anyone to know that you have HIV?

- € Yes
- € No
- € Declined to answer
- € Don't know

f. ...because you've been drinking or using drugs?

- € Yes
- € No
- € Declined to answer
- € Don't know

g. ...because you've been depressed or been having other mental health problems?

- € Yes
- € No
- € Declined to answer
- € Don't know

h. ...because you've been physically sick or hospitalized?

- € Yes
- € No
- € Declined to answer
- € Don't know

i. ...because you've been in prison or jail?

- € Yes
- € No
- € Declined to answer
- € Don't know

j. ...because the location was too far away?

- € Yes
- € No
- € Declined to answer
- € Don't know

k. ...because the services offered were not in your language?

- € Yes
- € No
- € Declined to answer
- € Don't know

l. ...because you've had trouble getting transportation?

- € Yes
- € No
- € Declined to answer
- € Don't know

m. ...because you forgot?

- € Yes
- € No
- € Declined to answer
- € Don't know

n. ...because of some other reason(s)?

- € Yes
- € No
- € Declined to answer
- € Don't know

o. If yes, please tell me the other reason(s) that you did not attend ARTAS.

-
- € Declined to answer
 - € Don't know

69. Of all the reasons you just gave, what is the most important one? ____ (Enter one of the responses above a-t)

€ Declined to answer

€ Don't know

(Go to questions for next referral.)

Medication Adherence Support Services

70. You were referred to [insert medication adherence support service]. Did you attend at least one session? (Choose one)

€ Yes (Go to "Did you complete or graduate from [insert medication adherence support service]")

€ No

€ Declined to answer

€ Don't know

Interviewer: I'm going to read you a list of possible reasons people may not have attended a session.

71. Please tell me whether or not each reason applies to you. Is one of the reasons you have not attended [insert medication adherence support service]... (Only ask questions in this section if participant did not attend at least one session of [insert medication adherence support service].) (Choose one)

a. ...because you couldn't get time off of work to attend?

€ Yes

€ No

€ Declined to answer

€ Don't know

b. ...because you couldn't find childcare?

€ Yes

€ No

€ Declined to answer

€ Don't know

c. ...because you didn't think you needed to?

€ Yes

€ No

€ Declined to answer

€ Don't know

d. ...because you've been afraid or in denial about being HIV positive?

€ Yes

€ No

€ Declined to answer

€ Don't know

e. ...because you haven't wanted anyone to know that you have HIV?

€ Yes

€ No

€ Declined to answer

€ Don't know

f. ...because you've been drinking or using drugs?

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

g. ...because you've been depressed or been having other mental health problems?

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

h. ...because you've been physically sick or hospitalized?

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

i. ...because you've been in prison or jail?

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

j. ...because the location was too far away?

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

k. ...because the services offered were not in your language?

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

l. ...because you've had trouble getting transportation?

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

m. ...because you forgot?

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

n. ...because of some other reason(s)?

- Yes

- € No
- € Declined to answer
- € Don't know

o. If yes, please tell me the other reason(s) that you did not attend [insert medication adherence intervention].

- _____
- € Declined to answer
 - € Don't know

72. Of all the reasons you just gave, what is the most important one? ____ (Enter one of the responses above a-o)

- € Declined to answer
- € Don't know

(If did not go to at least one session of [MEDICATIONADHERENCE1], go to questions for next referral.)

73. Did you complete or graduate from [insert medication adherence support service] ? (Only ask if participant indicated having attended at least one session of medication adherence support services.) (Choose one)

- € Yes
- € No
- € Declined to answer
- € Don't know

(Repeat questions in this section for each medication adherence support service the participant was referred to.)

STD/Hepatitis/Tuberculosis Screening and Treatment

If referred to an STD screening/treatment:

74. You were referred to STD testing. Did you get tested? (Choose one)

- € Yes (Go to, "Did you receive a positive result for any of the following STDs: syphilis, gonorrhea, and chlamydia?")
- € No
- € Declined to answer
- € Don't know

Interviewer: I'm going to read you a list of possible reasons people may not have been tested for STDs.

75. Please tell me whether or not each reason applies to you. Is one of the reasons... (Only ask questions in this section if participant was not tested for STDs.) (Choose one)

a. ...because you had difficulties scheduling an appointment?

- € Yes
- € No
- € Declined to answer
- € Don't know

b. ...because you couldn't get time off of work to go to appointment?

- € Yes
- € No
- € Declined to answer
- € Don't know

c. ...because you couldn't find childcare?

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

d. ...because you didn't think you needed to?

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

e. ...because you haven't felt sick?

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

f. ...because you've been afraid or in denial about having an STD?

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

g. ...because you haven't wanted anyone to know that you have an STD?

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

h. ...because you haven't liked or trusted health care providers?

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

i. because of problems with money or health insurance?

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

j. ...because you've been drinking or using drugs?

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

k. ...because you've been depressed or been having other mental health problems?

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

l. ...because you've been physically sick or hospitalized?

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

m. ...because you've been in prison or jail?

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

n. ...because the location was too far away?

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

o. ...because you haven't found an STD clinic or provider that spoke your language?

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

p. ...because you've had trouble getting transportation?

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

q. ...because you forgot?

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

r. ...because of some other reason(s)?

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

s. If yes, please tell me the other reason(s) that you may not have gone to get STD testing.

-
- Declined to answer
 - Don't know

76. Of all the reasons you just gave, what is the most important one? ____ (Enter only one response a-s)

- Declined to answer
- Don't know

(If did not test for any STDs, go to questions for next referral)

77. Did you test positive for an STD? (Choose one)

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

78. Did you receive treatment for at least one STD? (Choose one)

- Yes (Go to questions for next referral.)
- No
- Declined to answer
- Don't know

Interviewer: I'm going to read you a list of possible reasons people may not receive treatment for STDs.

79. Please tell me whether or not each reason applies to you. Is one of the reasons... (Only ask the questions in this section if participant indicates not receiving treatment for STDs.) (Choose one)

a. ...because you have not filled your prescription yet?

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

b. ...because your medical care provider said you do not need treatment?

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

c. ...because you have problems paying for or getting insurance or coverage for treatment?

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

d. ...because you don't think you need treatment?

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

e. ...because you think treatment would make you feel sick or harm you?

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

f. ...because treatment caused side effects in the past?

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

g. ...because you did not receive treatment for some other reason?

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

h. Please tell me the other reason that you did not receive treatment?

- _____
- Declined to answer
 - Don't know

80. Of all the reasons you just gave, what is the most important one? ____ (Enter only one response a-h)

- Declined to answer
- Don't know

(If the participant did not receive treatment for STDs, go to questions for next referral)

81. You were referred to testing for hepatitis. Did you get tested? (Choose one)

- Yes (Go to "Did you test positive for hepatitis?")
- No
- Declined to answer
- Don't know

If referred to an Hepatitis screening/treatment/vaccination:

Interviewer: I'm going to read you a list of possible reasons people may not have been tested for hepatitis.

82. Please tell me whether or not each reason applies to you. Is one of the reasons... (Only ask questions in this section if participant was not tested for hepatitis.) (Choose one)

a. ...because you had difficulties scheduling an appointment?

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

b. ...because you couldn't get time off of work to go to appointment?

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

c. ...because you couldn't find childcare?

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

d. ...because you didn't think you needed to?

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

e. ...because you haven't felt sick?

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

f. ...because you've been afraid or in denial about having hepatitis?

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

g. ...because you haven't liked or trusted health care providers?

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

h. ...because of problems with money or health insurance?

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

i. ...because you've been drinking or using drugs?

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

j. ...because you've been depressed or been having other mental health problems?

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

k. ...because you've been physically sick or hospitalized?

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

l. ...because you've been in prison or jail?

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

m. ...because the location was too far away?

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

n. ...because you haven't found a medical care provider that spoke your language?

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

o. ...because you've had trouble getting transportation?

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

p. ...because you forgot?

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

q. ...because of some other reason(s)?

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

r. If yes, please tell me the other reason(s) that you have not gone to get tested for hepatitis.

- _____
- Declined to answer
 - Don't know

83. Of all the reasons you just gave, what is the most important one? ____ (Enter only one response a-r)

- Declined to answer

€ Don't know

(If the participant did not test for hepatitis, go to questions for next referral)

84. Did you test positive for hepatitis? (Choose one)

- Yes
- No (Go to "Did you get vaccinated for hepatitis?")
- Declined to answer (Go to "Did you get vaccinated for hepatitis?")
- Don't know (Go to "Did you get vaccinated for hepatitis?")

85. Did you receive treatment for hepatitis? (Choose one)

- Yes (Go to "Did you get vaccinated for hepatitis?")
- No
- Declined to answer
- Don't know

Interviewer: I'm going to read you a list of possible reasons people may not receive treatment for hepatitis.

86. Please tell me whether or not each reason applies to you. Is one of the reasons... (Only ask the questions in this section if participant indicates not receiving treatment for hepatitis.) (Choose one)

i. ...because you have not filled your prescription yet?

- € Yes
- € No
- € Declined to answer
- € Don't know

j. ...because your medical care provider said you do not need treatment?

- € Yes
- € No
- € Declined to answer
- € Don't know

k. ...because you have problems paying for or getting insurance or coverage for treatment?

- € Yes
- € No
- € Declined to answer
- € Don't know

l. ...because you don't think you need treatment?

- € Yes
- € No
- € Declined to answer
- € Don't know

m. ...because you think treatment would make you feel sick or harm you?

- € Yes
- € No
- € Declined to answer
- € Don't know

n. ...because treatment caused side effects in the past?

- € Yes
- € No

- Declined to answer
- Don't know

o. ...because you did not receive treatment for some other reason?

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

p. Please tell me the other reason that you did not receive treatment?

-
- Declined to answer
 - Don't know

87. Of all the reasons you just gave, what is the most important one? ____ (Enter only one response a-p)

- Declined to answer
- Don't know

88. Did you get vaccinated for hepatitis? (Choose one)

- Yes (Go to questions for next referral.)
- No
- Declined to answer
- Don't know

Interviewer: I'm going to read you a list of possible reasons people may not have been vaccinated for hepatitis.

89. Please tell me whether or not each reason applies to you. Is one of the reasons... (Only ask questions in this section if participant was not vaccinated for hepatitis.) (Choose one)

a. ...because you had difficulties scheduling an appointment?

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

b. ...because you couldn't get time off of work to go to appointment?

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

c. ...because you couldn't find childcare?

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

d. ...because you didn't think you needed to?

- Yes
- No

€ Declined to answer

€ Don't know

e. ...because you haven't felt sick?

€ Yes

€ No

€ Declined to answer

€ Don't know

f. ...because your medical care provider told you should not get vaccinated?

€ Yes

€ No

€ Declined to answer

€ Don't know

g. ...because you haven't liked or trusted health care providers?

€ Yes

€ No

€ Declined to answer

€ Don't know

h. ...because of problems with money or health insurance?

€ Yes

€ No

€ Declined to answer

€ Don't know

i. ...because you've been drinking or using drugs?

€ Yes

€ No

€ Declined to answer

€ Don't know

j. ...because you've been depressed or been having other mental health problems?

€ Yes

€ No

€ Declined to answer

€ Don't know

k. ...because you've been physically sick or hospitalized?

€ Yes

€ No

€ Declined to answer

€ Don't know

l. ...because you've been in prison or jail?

€ Yes

€ No

€ Declined to answer

€ Don't know

m. ...because the location was too far away?

€ Yes

€ No

€ Declined to answer

€ Don't know

n. ...because you haven't found an HIV medical care provider that spoke your language?

€ Yes

€ No

€ Declined to answer

€ Don't know

o. ...because you've had trouble getting transportation?

€ Yes

€ No

€ Declined to answer

€ Don't know

p. ...because you forgot?

€ Yes

€ No

€ Declined to answer

€ Don't know

q. ...because of some other reason(s)?

€ Yes

€ No

€ Declined to answer

€ Don't know

r. ...because of some other reason(s)?

€ Yes

€ No

€ Declined to answer

€ Don't know

s. If yes, please tell me the other reason(s) that you have not received a vaccination for hepatitis.

€ Declined to answer

€ Don't know

90. Of all the reasons you just gave, what is the most important one? ____ (Enter only one response a-t)

€ Declined to answer

€ Don't know

(If participant did not receive a vaccination for hepatitis, go to questions for next referral.)

If referred to an TB testing/treatment:

91. You were referred to tuberculosis or TB testing. Did you get tested for TB ? (Choose one)

- Yes (Go to "Did you receive a positive result for TB?")
- No
- Declined to answer
- Don't know

Interviewer: I'm going to read you a list of possible reasons people may not have been tested for TB.

92. Please tell me whether or not each reason applies to you. Is one of the reasons... (Only ask questions in this section if participant was not tested for TB.) (Choose one)

a. ...because you had difficulties scheduling an appointment?

- € Yes
- € No
- € Declined to answer
- € Don't know

b. ...because you couldn't get time off of work to go to appointment?

- € Yes
- € No
- € Declined to answer
- € Don't know

c. ...because you couldn't find childcare?

- € Yes
- € No
- € Declined to answer
- € Don't know

d. ...because you didn't think you needed to?

- € Yes
- € No
- € Declined to answer
- € Don't know

e. ...because you haven't felt sick?

- € Yes
- € No
- € Declined to answer
- € Don't know

f. ...because you've been afraid or in denial about having TB?

- € Yes
- € No
- € Declined to answer
- € Don't know

- g. ...because you haven't liked or trusted health care providers?**
- € Yes
 - € No
 - € Declined to answer
 - € Don't know
- h. ...because of problems with money or health insurance?**
- € Yes
 - € No
 - € Declined to answer
 - € Don't know
- i. ...because you've been drinking or using drugs?**
- € Yes
 - € No
 - € Declined to answer
 - € Don't know
- j. ...because you've been depressed or been having other mental health problems?**
- € Yes
 - € No
 - € Declined to answer
 - € Don't know
- k. ...because you've been physically sick or hospitalized?**
- € Yes
 - € No
 - € Declined to answer
 - € Don't know
- l. ...because you've been in prison or jail?**
- € Yes
 - € No
 - € Declined to answer
 - € Don't know
- m. ...because the location was too far away?**
- € Yes
 - € No
 - € Declined to answer
 - € Don't know
- n. ...because you haven't found a medical care provider that spoke your language?**
- € Yes
 - € No
 - € Declined to answer
 - € Don't know
- o. ...because you've had trouble getting transportation?**

- € Yes
- € No
- € Declined to answer
- € Don't know

p. ...because you forgot?

- € Yes
- € No
- € Declined to answer
- € Don't know

q. ...because of some other reason(s)?

- € Yes
- € No
- € Declined to answer
- € Don't know

r. If yes, please tell me the other reason(s) that you have not gone to get tested for tuberculosis.

-
- € Declined to answer
 - € Don't know

93. Of all the reasons you just gave, what is the most important one? ___ (Enter only one response a-r)

- € Declined to answer
- € Don't know

(If the participant did not test for tuberculosis, go to questions for next referral)

94. Did you receive a positive result for TB? (Choose one)

- € Yes
- € No (Go to questions for next referral)
- € Declined to answer (Go to questions for next referral)
- € Don't know (Go to questions for next referral)

95. Did you receive treatment for tuberculosis? (Choose one)

- Yes (Go to questions for next referral)
- No
- Declined to answer
- Don't know

Interviewer: I'm going to read you a list of possible reasons people may not receive treatment for TB.

96. Please tell me whether or not each reason applies to you. Is one of the reasons... (Only ask the questions in this section if participant indicates not receiving treatment for TB.) (Choose one)

a. ...because you have not filled your prescription yet?

- € Yes
- € No
- € Declined to answer

Don't know

b. ...because your medical care provider said you do not need treatment?

Yes

No

Declined to answer

Don't know

c. ...because you have problems paying for or getting insurance or coverage for treatment?

Yes

No

Declined to answer

Don't know

d. ...because you don't think you need treatment?

Yes

No

Declined to answer

Don't know

e. ...because you think treatment would make you feel sick or harm you?

Yes

No

Declined to answer

Don't know

f. ...because treatment caused side effects in the past?

Yes

No

Declined to answer

Don't know

g. ...because you did not receive treatment for some other reason?

Yes

No

Declined to answer

Don't know

h. Please tell me the other reason that you did not receive treatment?

_____ Declined to answer

Don't know

97. Of all the reasons you just gave, what is the most important one? ____ (Enter only one response a-h)

Declined to answer

Don't know

(If the participant did not receive treatment for tuberculosis, go to questions for next referral)

If referred to an "Other HIV Prevention Service":

98. You were referred to [SERVICE] Recommended services include basic education continuation and completion services, employment services, housing services, insurance navigation and enrollment services, mental health counseling and

services, sex education, including HIV education, substance abuse treatment and services, transportation services, or some other service)]. Did you talk to a professional about [SERVICE]? (Choose one)

- € Yes
- € No
- € Declined to answer
- € Don't know

(Repeat question above for each referral made to an "Other HIV Prevention Service")

End of Interview

Interviewer: This concludes the interview, thank you so much for your time. Someone will be in touch with you to conduct the next interview.

- Check this box if interview was not completed for some reason.

Reason:

- Person was not alert
- Person decided to prematurely stop the interview
- € Other (specify _____)

Interviewer comments: Please note anything unusual about this interview. This could be anything important shared by the client that could help us understand their responses, any device glitches, environmental/background factors at time of interview that may have affected client responses, etc. _____
