Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

“Community-based Organization Outcome Monitoring Projects for CBO HIV Prevention Services Clients”

**Attachment 5c#**

**Category 1 Follow-ups (3,6,9, and 15-months interview)**

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a 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
* Three month interview
* Six month interview
* Nine month interview
* Fifteen month interview

**G8. Interview administered by:** (Choose one)

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

**G9. When did the participant receive the first referral to HIV medical care from the CBO-HPS program?**

\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (MM/DD/YYYY)

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

\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (MM/DD/YYYY)

**G11. Since last interview date (MM/DD/YYYY), 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, Viral Hepatitis, and TB**

* Screening for STDs syphilis, gonorrhea, and chlamydia
* Treatment for STDs syphilis, gonorrhea, and chlamydia
* Screening for hepatitis
* Vaccination for hepatitis
* Treatment forhepatitis
* 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 interview will be 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.*

**Current HIV Medical Care**

The questions below will be based on responses to G10.

* For any HIV medical care referrals received since first HIV medical care interview, ask all the questions in this section. (I.e., if the date of the most recent referral to HIV medical care from CBO-HPS program ≠ date of first referral to HIV medical care from CBO-HPS program, then start at 1 – what were you offered at referral)
* For any HIV medical care referrals that were asked about in the last interview and the participant had not linked to HIV medical care, start with “After you received the referral for HIV medical care (insert date), did you visit an HIV medical care provider?”
* For any HIV medical care referrals that were asked about in the last interview and participant linked to HIV medical care, start with “Interviewer: Now, I am going to ask you about the number of times you have seen an HIV medical care provider.”

***Interviewer:*** *Now, I’m going to ask you some questions about your experiences since [CBO] referred you to HIV medical care on [insert date]. We will talk about HIV medical care providers and this may mean doctors, nurses or other health care providers that deliver HIV medical care.*

1. **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

1. **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

1. **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) (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? …”)

* Declined to answer
* Don’t know

1. **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

1. **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

1. **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

1. **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

1. **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*

1. **…listen carefully to you?** (Choose one)

* Never
* Sometimes
* Usually
* Always
* Declined to answer
* Don’t know

1. **… explain things in a way that you can understand?** (Choose one)

* Never
* Sometimes
* Usually
* Always
* Declined to answer
* Don’t know

1. **… show respect for what you have to say?** (Choose one)

* Never
* Sometimes
* Usually
* Always
* Declined to answer
* Don’t know

1. **… spend enough time with you?** (Choose one)

* Never
* Sometimes
* Usually
* Always
* Declined to answer
* Don’t know

( Go to “***Interviewer****: Now, I am going to ask you about the number of times you have seen an HIV medical care provider.”)*

(If participant did not visit an HIV medical care provider [for a reason other than the scheduled appointment hasn’t happened yet]):

***Interviewer****: I’m going to read you a list of possible reasons people with HIV may not have seen an HIV medical care provider*

1. **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)
2. **…because you had difficulties scheduling an appointment?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you couldn’t get time off of work for the appointment?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you couldn’t find childcare?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you didn’t think you needed to?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t felt sick?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t believed that HIV medicine will improve your health?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been afraid or in denial about being HIV positive?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t wanted anyone to know that you have HIV?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t liked or trusted health care providers?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because of problems with money or health insurance?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been drinking or using drugs?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you've been depressed or been having other mental health problems?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been physically sick or hospitalized?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been in prison or jail?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because the HIV medical care provider is too far away?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t found HIV medical care provider that spoke your language?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve had trouble getting transportation to an HIV medical care provider?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you forgot?**

* Yes
* No
* Declined to answer
* Don‘t know

1. …**because of some other reason(s)?**

* Yes
* No
* Declined to answer
* Don’t know

1. **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

1. **Of all the reasons you just gave, which is the most important one?** \_\_\_ (Choose only one response a-t)

* Declined to answer
* Don’t know

(Go to “CBO-HPS Referrals and Services” section)

(For those who attended their first medical appointment):

***Interviewer****: Now, I am going to ask you about the number of times you have seen an HIV medical care provider.*

1. **Please tell me how many times you went to see an HIV medical care provider in…** (Only ask the participant the months starting with the date of the first visit with an HIV medical care provider for HIV medical care after receiving the referral on (insert date) through the current month.)

January 2017\_\_\_\_

February 2017\_\_\_\_

March 2017 \_\_\_\_

April 2017 \_\_\_\_

May 2017 \_\_\_\_

June 2017 \_\_\_\_

July 2017 \_\_\_\_

August 2017 \_\_\_\_

September 2017 \_\_\_\_

October 2017 \_\_\_\_

November 2017 \_\_\_\_

December 2017 \_\_\_\_

January 2018 \_\_\_

February 2018\_\_\_\_

March 2018 \_\_\_\_

April 2018 \_\_\_\_

May 2018 \_\_\_\_

June 2018 \_\_\_\_

July 2018 \_\_\_\_

August 2018 \_\_\_\_

September 2018 \_\_\_\_

October 2018 \_\_\_\_

November 2018 \_\_\_\_

December 2018 \_\_\_\_

January 2019 \_\_\_

February 2019\_\_\_\_

March 2019 \_\_\_\_

April 2019 \_\_\_\_

May 2019 \_\_\_\_

June 2019 \_\_\_\_

July 2019 \_\_\_\_

August 2019 \_\_\_\_

* + Declined to answer
  + Don’t know

(If participant has been to two or more appointments to see an HIV medical care provider, ask the next four questions)

***Interviewer:*** *These next questions ask about the experience you had with the HIV medical care provider and your feelings about the experience. Please tell me if you agree/disagree/or are undecided with respect to the following statements.*

1. **I feel comfortable talking to my health care provider about my sexual behavior and sexual relationships.** (Choose one)

* Agree
* Undecided
* Disagree
* Declined to answer
* Don’t know

1. **I worry that my health care provider will make judgments about me for my sexual behavior.** (Choose one)

* Agree
* Undecided
* Disagree
* Declined to answer
* Don’t know

1. **I feel comfortable talking to my health care provider about PrEP.** (Choose one)

* Agree
* Undecided
* Disagree
* Declined to answer
* Don’t know

1. **I avoid telling my medical provider about how often I miss doses of my PrEP medication because I would not want him/her to be disappointed in me.** (Choose one)

* Agree
* Undecided
* Disagree
* Declined to answer
* Don’t know

Only ask participant question 20 and 21 during the 15-month follow-up, otherwise go to HIV Medicines section. If participant has seen an HIV health care provider less than two times in a 12 month period OR has two appointments in 12 months but the appointments were less than three months apart, ask the following two questions:

***Interviewer****: I’m going to read you a list of possible reasons people with HIV may not see their HIV medical care provider regularly.*

1. **Please tell me whether or not each reason applies to you. Is one of the reasons…?** (Only ask questions in this section if the 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)
   1. **…because you had difficulties scheduling an appointment?**

* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you couldn’t get time off of work for the appointment?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you couldn’t find childcare?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you didn’t think you needed to?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you haven’t felt sick?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you haven’t believed that HIV medicine will improve your health?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you’ve been afraid or in denial about being HIV positive?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you haven’t wanted anyone to know that you have HIV?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you haven’t liked or trusted health care providers?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because of problems with money or health insurance?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you’ve been drinking or using drugs?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you've been depressed or been having other mental health problems?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you’ve been physically sick or hospitalized?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you’ve been in prison or jail?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because the HIV medical care provider is too far away?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you haven’t found HIV medical care provider that spoke your language?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you’ve had trouble getting transportation to an HIV medical care provider?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. **…because you forgot?**
* Yes
* No
* Declined to answer
* Don‘t know
  1. …**because of some other reason(s)?**
* Yes
* No
* Declined to answer
* Don’t know
  1. **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

1. **Of all the reasons you just gave, which is the most important one?** \_\_\_ (Choose only one response a-t)

* Declined to answer
* Don’t know

(Go to “HIV Medicines” section.)

**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 …”).

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

* Yes
* No (Go to “Interviewer: I’m going to read you a list of possible reasons people with HIV may not be taking HIV medicines.”)
* Declined to answer
* Don’t know

***Interviewer****: Now, I am going to ask you about the HIV medicines you are currently taking. We realize it can be hard for people to take all their medications exactly as they are supposed to. I’m going to ask you about the past 30 days. That is from [insert interview date - 30 days] to today. If you have been taking HIV medicines for less than 30 days, please think about the time since you started taking them.*

1. In the past 30 days, on how many days did you miss at least one dose of any of your HIV medicines?

\_\_\_ \_\_\_

* Declined to answer
* Don’t know

1. In the past 30 days, how good a job did you do at taking your HIV medicines in the way you were supposed to? (Choose one)

* Very poor
* Poor
* Fair
* Good
* Very good
* Excellent
* Declined to answer
* Don‘t know

1. During the past 30 days, how often did you take your HIV medicines in the way you were supposed to? (Choose one)

* Never
* Rarely
* Sometimes
* Usually
* Almost always
* Always
* Declined to answer
* Don‘t know

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

1. **The last time you missed taking your HIV medicines, which of the following were reasons you missed…**(Only ask the questions in this section if participant indicates missing at least one dose of any HIV medicines on 1 or more days in the past 30 days.) (Choose one)
2. **…because you had a problem getting a prescription, a refill, insurance coverage, or paying for your HIV medicines?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you were in the hospital or too sick to take your HIV medicines?**

* Yes
* No
* Declined to answer
* Don’t know

1. **…because you fell asleep early or overslept?**

* Yes
* No
* Declined to answer
* Don’t know

1. **…because you had a change in your daily routine or were out of town?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you You had side effects from your HIV medicines?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you felt depressed or overwhelmed?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you were drinking or using drugs?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you forgot to take your HIV medicines?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you did not feel like taking your HIV medicines?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you did not to take HIV medicines for some other reason?**

* Yes
* No
* Declined to answer
* Don‘t know

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Declined to answer
* Don’t know

1. **Of all the reasons you just gave, what is the most important one?** \_\_\_ (Enter only one response a-k)

(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.*

1. **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)
2. **…because you have not filled your prescription yet?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…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

1. **…because you have problems paying for or getting insurance or coverage for HIV medicines?**

* Yes
* No
* Declined to answer
* Don’t know

1. **… because you don’t think you need them?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **… because you think they would make you feel sick or harm you?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because HIV medicines caused side effects in the past?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you decided not to take HIV medicines for some other reason?**

* Yes
* No
* Declined to answer
* Don‘t know

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Declined to answer
* Don’t know

1. **Of all the reasons you just gave, what is the most important one?** \_\_\_ (Enter only one response a-h)
2. **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

**Viral Suppression**

Only ask if participant attended HIV medical care appointment through this referral.

1. **When was the last time your HIV medical care provider measured your viral load? That is, when was the last time they measured how much HIV virus was in your body? Please tell me the month and year.** (\*QA check\* Did participant indicate attending an HIV medical care appointment on this date or earlier.)

**\_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ \_\_\_**

* Declined to answer
* Don’t know

1. **What was your viral load?**

**\_\_\_ \_\_\_**

* Declined to answer
* Don’t know

1. **Did your HIV medical care provider tell you that your HIV virus was suppressed the last time it was measured?** (Choose one)

* Yes
* No
* Declined to answer
* Don’t know

1. **When was the last time your HIV medical care provider measured your CD4 cell count? Please tell me the month and year. Note: CD4 cells are sometimes called helper cells**

**\_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ \_\_\_**

1. **How many CD4 cells were in your body? Note: CD4 cells are sometimes called helper cells**

**\_\_\_ \_\_\_**

* Declined to answer
* Don’t know

**CBO-HPS Referrals and Services**

The questions below will be based on responses to G11. For any referrals received since last interview, ask all the questions in the relevant section for that referred service. For any referrals that were asked about in the last interview and had not connected to the service and/or completed, start with question in the relevant section where participant responded “no”.

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

**HIP Behavioral Interventions**

1. **You were referred to [INTERVETION1]. 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.*

1. **. Please tell me whether or not each reason applies to you. Is one of the reasons you have not attended [INTERVENTION1]…** (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)
2. **…because you couldn’t get time off of work to attend?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you couldn’t find childcare?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you didn’t think you needed to?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been afraid or in denial about being HIV positive?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t wanted anyone to know that you have HIV?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been drinking or using drugs?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you've been depressed or been having other mental health problems?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been physically sick or hospitalized?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been in prison or jail?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because the location was too far away?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because the services offered were not in your language?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve had trouble getting transportation?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you forgot?**

* Yes
* No
* Declined to answer
* Don‘t know

1. …**because of some other reason(s)?**

* Yes
* No
* Declined to answer
* Don’t know

1. **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

1. **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.)

1. **Did you complete or graduate from [INTERVENTION1]?** (Choose one)

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

(Ask about all HIP referrals)

**ARTAS**

1. **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.*

1. **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)
2. **…because you couldn’t get time off of work to attend?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you couldn’t find childcare?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you didn’t think you needed to?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been afraid or in denial about being HIV positive?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t wanted anyone to know that you have HIV?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been drinking or using drugs?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you've been depressed or been having other mental health problems?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been physically sick or hospitalized?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been in prison or jail?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because the location was too far away?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because the services offered were not in your language?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve had trouble getting transportation?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you forgot?**

* Yes
* No
* Declined to answer
* Don‘t know

1. …**because of some other reason(s)?**

* Yes
* No
* Declined to answer
* Don’t know

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Declined to answer
* Don’t know

1. **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

**Medication Adherence Support Services**

1. **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.*

1. **. 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)
2. **…because you couldn’t get time off of work to attend?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you couldn’t find childcare?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you didn’t think you needed to?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been afraid or in denial about being HIV positive?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t wanted anyone to know that you have HIV?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been drinking or using drugs?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been depressed or been having other mental health problems?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been physically sick or hospitalized?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been in prison or jail?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because the location was too far away?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because the services offered were not in your language?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve had trouble getting transportation?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you forgot?**

* Yes
* No
* Declined to answer
* Don‘t know

1. …**because of some other reason(s)?**

* Yes
* No
* Declined to answer
* Don’t know

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Declined to answer
* Don’t know

1. **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.)

1. **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

(Ask about all medication adherence support services)

**STD/Hepatits/Tuberculosis Screening and Treatment**

1. **You were referred to STD testing. Did you gettested?** (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.*

1. **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)
2. **…because you had difficulties scheduling an appointment?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you couldn’t get time off of work to go to appointment?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you couldn’t find childcare?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you didn’t think you needed to?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t felt sick?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been afraid or in denial about having an STD?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t wanted anyone to know that you have an STD?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t liked or trusted health care providers?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **because of problems with money or health insurance?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been drinking or using drugs?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been depressed or been having other mental health problems?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been physically sick or hospitalized?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been in prison or jail?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because the location was too far away?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t found an STD clinic or provider that spoke your language?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve had trouble getting transportation?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you forgot?**

* Yes
* No
* Declined to answer
* Don‘t know

1. …**because of some other reason(s)?**

* Yes
* No
* Declined to answer
* Don’t know

1. **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

1. **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)

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

* Yes
* No
* Declined to answer
* Don’t know

1. **Did you receive treatment for at least one STD?** (Don’t read. 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.*

1. **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)
2. **…because you have not filled your prescription yet?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because your medical care provider said you do not need treatment?**

* Yes
* No
* Declined to answer
* Don’t know

1. **…because you have problems paying for or getting insurance or coverage for treatment?**

* Yes
* No
* Declined to answer
* Don’t know

1. **…because you don’t think you need treatment?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you think treatment would make you feel sick or harm you?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because treatment caused side effects in the past?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you did not receive treatment for some other reason?**

* Yes
* No
* Declined to answer
* Don‘t know

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Declined to answer
* Don’t know

1. **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

1. **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

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

1. **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)
2. **…because you had difficulties scheduling an appointment?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you couldn’t get time off of work to go to appointment?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you couldn’t find childcare?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you didn’t think you needed to?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t felt sick?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been afraid or in denial about having hepatitis?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t liked or trusted health care providers?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because of problems with money or health insurance?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been drinking or using drugs?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been depressed or been having other mental health problems?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been physically sick or hospitalized?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been in prison or jail?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because the location was too far away?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t found a medical care provider that spoke your language?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve had trouble getting transportation?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you forgot?**

* Yes
* No
* Declined to answer
* Don‘t know

1. …**because of some other reason(s)?**

* Yes
* No
* Declined to answer
* Don’t know

1. **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

1. **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

1. **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?”)

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

* Yes (Go to “Did you get vaccinated for hepatitis?”)
* No
* Declined to answer (Go to “Did you get vaccinated for hepatitis?”)
* Don’t know (Go to “Did you get vaccinated for hepatitis?”)

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

1. **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)
2. **…because you have not filled your prescription yet?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because your medical care provider said you do not need treatment?**

* Yes
* No
* Declined to answer
* Don’t know

1. **…because you have problems paying for or getting insurance or coverage for treatment?**

* Yes
* No
* Declined to answer
* Don’t know

1. **…because you don’t think you need treatment?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you think treatment would make you feel sick or harm you?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because treatment caused side effects in the past?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you did not receive treatment for some other reason?**

* Yes
* No
* Declined to answer
* Don‘t know

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Declined to answer
* Don’t know

1. **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

1. **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.*

1. **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)
2. **…because you had difficulties scheduling an appointment?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you couldn’t get time off of work to go to appointment?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you couldn’t find childcare?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you didn’t think you needed to?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t felt sick?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because your medical care provider told you should not get vaccinated?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t liked or trusted health care providers?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because of problems with money or health insurance?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been drinking or using drugs?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been depressed or been having other mental health problems?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been physically sick or hospitalized?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been in prison or jail?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because the location was too far away?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t found an HIV medical care provider that spoke your language?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve had trouble getting transportation?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you forgot?**

* Yes
* No
* Declined to answer
* Don‘t know

1. …**because of some other reason(s)?**

* Yes
* No
* Declined to answer
* Don’t know

1. …**because of some other reason(s)?**

* Yes
* No
* Declined to answer
* Don’t know

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Declined to answer
* Don’t know

1. **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

1. **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.*

1. **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)
2. **…because you had difficulties scheduling an appointment?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you couldn’t get time off of work to go to appointment?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you couldn’t find childcare?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you didn’t think you needed to?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t felt sick?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been afraid or in denial about having TB?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t liked or trusted health care providers?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because of problems with money or health insurance?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been drinking or using drugs?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been depressed or been having other mental health problems?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been physically sick or hospitalized?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve been in prison or jail?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because the location was too far away?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you haven’t found a medical care provider that spoke your language?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you’ve had trouble getting transportation?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you forgot?**

* Yes
* No
* Declined to answer
* Don‘t know

1. …**because of some other reason(s)?**

* Yes
* No
* Declined to answer
* Don’t know

1. **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

1. **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 did not test for tuberculosis, go to questions for next referral)

1. **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)

1. **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.*

1. **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)
2. **…because you have not filled your prescription yet?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because your medical care provider said you do not need treatment?**

* Yes
* No
* Declined to answer
* Don’t know

1. **…because you have problems paying for or getting insurance or coverage for treatment?**

* Yes
* No
* Declined to answer
* Don’t know

1. **…because you don’t think you need treatment?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you think treatment would make you feel sick or harm you?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because treatment caused side effects in the past?**

* Yes
* No
* Declined to answer
* Don‘t know

1. **…because you did not receive treatment for some other reason?**

* Yes
* No
* Declined to answer
* Don‘t know

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Declined to answer
* Don’t know

1. **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 referred to an “Other Prevention Service”:

For any referrals that were asked about in the last interview and had not connected to the service and/or completed, start with question in the relevant section where participant responded “no”.

1. **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, and transportation services. **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 other HIV prevention services)

**Perceived Stigma and Discrimination**

*Next, I’d like to read you a few statements that some people living with HIV have said they sometimes feel. We’re asking you these questions to better understand how often people living with HIV experience these feelings. These statements are not things that I or anyone in this project thinks about people with HIV. These statements may be uncomfortable for you to answer. Please remember that you don’t have to answer any question you don’t want to. For each statement that I read, please tell me how strongly you disagree or agree.*

1. **I have been hurt by how people reacted to learning I have HIV.** (Choose one)

* Strongly disagree
* Somewhat disagree
* Neutral
* Somewhat agree
* Strongly agree
* Declined to answer
* Don’t know

1. **I have stopped socializing with some people because of their reactions to my HIV status.** (Choose one)

* Strongly disagree
* Somewhat disagree
* Neutral
* Somewhat agree
* Strongly agree
* Declined to answer
* Don’t know

1. **I have lost friends by telling them I have HIV.** (Choose one)

* Strongly disagree
* Somewhat disagree
* Neutral
* Somewhat agree
* Strongly agree
* Declined to answer
* Don’t know

1. **I am very careful who I tell that I have HIV.** (Choose one)

* Strongly disagree
* Somewhat disagree
* Neutral
* Somewhat agree
* Strongly agree
* Declined to answer
* Don’t know

1. **I worry that people who know I have HIV will tell others.** (Choose one)

* Strongly disagree
* Somewhat disagree
* Neutral
* Somewhat agree
* Strongly agree
* Declined to answer
* Don’t know

1. **I feel that I am not as good a person as others because I have HIV.** (Choose one)

* Strongly disagree
* Somewhat disagree
* Neutral
* Somewhat agree
* Strongly agree
* Declined to answer
* Don’t know

1. **Having HIV makes me feel unclean.** (Choose one)

* Strongly disagree
* Somewhat disagree
* Neutral
* Somewhat agree
* Strongly agree
* Declined to answer
* Don’t know

1. **Having HIV makes me feel that I’m a bad person.** (Choose one)

* Strongly disagree
* Somewhat disagree
* Neutral
* Somewhat agree
* Strongly agree
* Declined to answer
* Don’t know

1. **Most people think that a person with HIV is disgusting.** (Choose one)

* Strongly disagree
* Somewhat disagree
* Neutral
* Somewhat agree
* Strongly agree
* Declined to answer
* Don’t know

1. **Most people with HIV are rejected when others find out.** (Choose one)

* Strongly disagree
* Somewhat disagree
* Neutral
* Somewhat agree
* Strongly agree
* Declined to answer
* Don’t know

***Interviewer:*** *Has anyone in the health care system done any of the following to you since testing positive for HIV?*

1. **Exhibited hostility or a lack of respect toward you?** (Choose one)

* No
* Yes
* Declined to answer
* Don’t know

1. **Given you less attention than other patients?** (Choose one)

* No
* Yes
* Declined to answer
* Don’t know

1. **Declined you service?** (Choose one)

* No
* Yes
* Declined to answer
* Don’t know

1. **Did the discrimination occur because of your HIV infection?** (Choose one)

* No
* Yes
* Declined to answer
* Don’t know

1. **Did the discrimination occur because of your gender?** (Choose one)

* No
* Yes
* Declined to answer
* Don’t know

1. **Did the discrimination occur because of your sexual orientation or sexual practices?** (Choose one)

* No
* Yes
* Declined to answer
* Don’t know

1. **Did the discrimination occur because of your race or ethnicity?** (Choose one)

* No
* Yes
* Declined to answer
* Don’t know

1. **Did the discrimination occur because of your drug injecting habit?** (Only ask if participant indicated that they had injected drugs in the past 5 years) (Choose one)

* No
* Yes
* Declined to answer
* Don’t know

**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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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