

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

**Attachment 5b#**

**Category 2 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 interview.

**G1. Name of the CBO (Choose one)**

- TBD
- TBD
- TBD

**G2. CBO-OMP ID:**

\_\_\_\_\_

**G3. Participant Screener ID:**

\_\_\_\_\_

**G4. Staff ID:**

\_\_\_\_\_

**G5. Interview date:**

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

**G6. Interview site: (Choose one)**

- TBD
- TBD
- TBD

**G7. Interview time point:**

- Time 1

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

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

**G9. In the past 3 months (since MM/DD/YYYY), which of the following referrals were made to the participant? (Choose all that apply)**

**Pre-exposure prophylaxis (PrEP) and Non-occupational Post-Exposure Prophylaxis (nPEP):**

- Pre-exposure prophylaxis (PrEP)
- Non-occupational Post-exposure Prophylaxis (nPEP)

**HIP behavioral interventions: (Note: these may be known by different names at each CBO.)**

- Community PROMISE
- d-up!
- Mpowerment
- Popular Opinion Leader
- Sister to Sister
- Personalized Cognitive Counseling (PCC)
- VOICES/VOCES
- Safe in the City
- Many Men, Many Voices (3MV)
- Other CDC-supported evidenced-based intervention

**HIV Testing**

- € HIV testing

**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
- € 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 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 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 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
- 8<sup>th</sup> 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
- No (Go to income question)
- 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
- 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 health care provider really cares about me as a person [Read choices.]

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

28. My health care provider is considerate of my needs and puts them first [Read choices.]

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

29. I trust my health care provider so much I always try to follow his/her advice [Read choices.]

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

30. If my health care provider tells me something is so, then it must be true [Read choices.]

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

31. I sometimes distrust my health care provider opinions and would like a second one [Read choices.]

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

32. I trust my health care provider's judgements about my medical care [Read choices.]

- Totally disagree

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

**33. I feel my health care provider does not do everything he/she should about my medical care** [\[Read choices.\]](#)

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

**34. I trust my health care provider to put my medical needs above all other considerations when treating my medical problems** [\[Read choices.\]](#)

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

**35. My health care provider is well-qualified to manage (diagnose and treat or make an appropriate referral) medical problems like mine** [\[Read choices.\]](#)

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

**36. I trust my health care provider to tell me if a mistake was made about my treatment** [\[Read choices.\]](#)

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

**37. I sometimes worry that my health care provider may not keep the information we discuss totally private** [\[Read choices.\]](#)

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

*Interviewer: Now I am going to ask you about your experiences testing for HIV.*

**38. In the past 2 years, that is, since [MM/YYYY], how many times have you been tested for HIV?** (If none, go to “Previous Participant Engagement with CBO” section)      \_\_\_\_\_

- € Declined to answer
- € Don't know

**39. When did you have your most recent HIV test?** (Only month and year may be entered if participant cannot remember the day)

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

- € Declined to answer
- € Don't know

**40. When you got tested in \_\_\_/\_\_\_ [MM/YYYY] or [THAT LAST TIME], did it happen at [CBO]?** (Choose one)

- € Yes (Go to “Previous Participant Engagement with CBO” section)
- € No
- € Declined to answer
- € Don't know

**41. Where was it?** (Classify based on the list of choices below. Probe with additional questions if necessary. DO NOT read choices. Choose only ONE site type.)

- € HIV counseling and testing site
- € HIV/AIDS street outreach program/Mobile Unit
- € Drug treatment program
- € Needle exchange program
- € Correctional facility (jail or prison)
- € Family planning or obstetrics clinic
- € Public health clinic/ Community health center
- € Private doctor's office (including HMO)
- € Emergency room
- € Hospital (inpatient)
- € At home
- € Other
- € Declined 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)] by this agency.*

**42. 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 (QA check: cannot be selected if participant indicates being tested for HIV at this CBO.)
- € Other experience (specify: \_\_\_\_\_)
- € Decline to answer

€ Don't know

### PrEP Awareness, Previous PrEP Use, and Willingness to Use PrEP

*Interviewer: The next set of questions relate to HIV prevention programs and services that you may have heard about or participated in. The first few questions are about pre-exposure prophylaxis, also known as PrEP. PrEP refers to medications that are taken every day to prevent you from getting HIV if you are exposed to it.*

**43. Before today, had you heard of PrEP?** (Choose one)

- Yes
- No (Go to question that asks if willing to take PrEP every day)
- Declined to answer
- Don't know

**44. Have you ever taken PrEP?** (Choose one)

- Yes
- No (Go to question that asks if willing to take PrEP every day)
- Declined to answer
- Don't know

**45. Where did you get these medicines from?** (Choose all that apply)

- Doctor or health care provider
- Other source (specify: \_\_\_\_\_)
- Declined to answer
- Don't know

**46. Did you take PrEP in the past 12 months?** (Choose one)

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

**47. Would you be willing to take PrEP every day to lower your chances of getting HIV?** (Choose one)

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

### nPEP Awareness, nPEP Use

*Interviewer: I will now ask you some questions about non-occupational, post-exposure prophylaxis, also known about nPEP. nPEP refers to taking medications after having sex or after injecting drugs to prevent you from getting HIV.*

**48. Before today, had you heard of nPEP?** (Choose one)

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

**49. Have you ever taken nPEP to keep from getting HIV? (Choose one)**

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

**50. Where did you get these medicines from? (Choose all that apply)**

- Doctor or health care provider
- Other source (specify: \_\_\_\_\_)
- Declined to answer
- Don't know

**CBO-HPS Referrals and Services**

The questions below will be based on responses to G9.

(For those referred to PrEP in past 3 months):

**PrEP Referral, Linkage, and Use**

*Interviewer: The next set of questions refer to [CBO] giving you a referral to get started on PrEP. For these questions, when we say "health care provider" we mean a medical doctor or clinician who can prescribe PrEP and then monitor people as they are taking it.*

*Interviewer: You recently (in the past 3 months) received a referral to PrEP from [CBO].*

**51. Which of the following things were you offered? (Check all that apply)**

- Only contact information for doctor, nurse, or other healthcare provider
- Help making an appointment with a healthcare provider
- Help with transportation to healthcare provider
- Someone to go with you to your 1st PrEP appointment with a health care provider
- Help figuring out if you qualified for free or low-cost PrEP
- Something else (specify: \_\_\_\_\_)

**52. Did you go to your first PrEP appointment (i.e., with the health care provider)? (Choose one)**

- Yes (Go to question that asks about the date of the first appointment)
- No, it is scheduled but hasn't happened yet (Go to questions for next referral)
- No, did not go for another reason
- Declined to answer
- Don't know

**53. I'm going to read you a list of possible reasons people who were referred to PrEP may not have gone to that first PrEP appointment. 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 that they did not go to first appointment for another reason, or they declined to answer, or indicated don't know.)

**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 don't think you are at risk for HIV?**
  - Yes
  - No
  - Declined to answer
  - Don't know
- e. ...because you don't want to be on PrEP?**
  - Yes
  - No
  - Declined to answer
  - Don't know
- f. ...because you don't believe that taking PrEP would protect you from HIV?**
  - Yes
  - No
  - Declined to answer
  - Don't know
- g. ...because you don't want people to think that you have HIV?**
  - Yes
  - No
  - Declined to answer
  - Don't know
- h. ...because you haven't liked or trusted healthcare 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 clinic or doctor was too far away?**
- Yes
  - No
  - Declined to answer
  - Don't know
- o. ...because you haven't found a clinic or doctor 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). \_\_\_\_\_**
- Declined to answer

- Don't know

54. Of all the reasons you just gave for not going to that first PrEP appointment, what is the most important one? \_\_\_\_ (Enter only one response a-s)

- Declined to answer
- Don't know

(Go to questions for next referral.)

**If “yes” to attended first PrEP appointment:**

55. You indicated that you have had your first PrEP appointment with a health care provider. When was this appointment? (Only ask if participant indicated that they attended their first PrEP appointment).

\_\_\_ / \_\_\_ / \_\_\_ MM/DD/YYYY

- Declined to answer
- Don't know

*Interviewer: The next set of questions will ask you about your experience during that first PrEP appointment, with specific doctors, nurses, and other health care providers involved in getting you on PrEP and keeping you on PrEP. For each statement, please tell me, in your opinion, did your PrEP health care providers.*

56. ...listen carefully to you? [Read choices.]

- € Strongly disagree
- € Somewhat disagree
- € Neutral
- € Somewhat agree
- € Strongly agree
- € Declined to answer
- € Don't know

57. ... explain things in a way that you can understand? [Read choices.]

- € Strongly disagree
- € Somewhat disagree
- € Neutral
- € Somewhat agree
- € Strongly agree
- € Declined to answer
- € Don't know

58. ... show respect for what you have to say? [Read choices.]

- € Strongly disagree
- € Somewhat disagree
- € Neutral
- € Somewhat agree
- € Strongly agree
- € Declined to answer
- € Don't know

59. ... spend enough time with you? [Read choices.]

- € Strongly disagree
- € Somewhat disagree
- € Neutral
- € Somewhat agree
- € Strongly agree

- € Declined to answer
- € Don't know

**60. Did you go to your second (follow-up) PrEP appointment?**

- Yes ([Go to question that asks about being prescribed PrEP](#))
- No, it is scheduled but hasn't happened yet ([Go to questions for next referral](#))
- No, did not go for another reason
- Declined to answer
- Don't know

**61. I'm going to read you a list of possible reasons people who were referred to PrEP may not have not gone to that second (follow-up) PrEP appointment. 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 that they have not attended 2nd PrEP appointment for another reason, declined to answer, or indicated don't know.](#))**

**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 don't think you are at risk for HIV?**

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

**e. ...because you don't want to be on PrEP?**

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

**f. ...because you don't believe that taking PrEP would protect you from HIV?**

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

**g. ...because you don't want people to think that you have HIV?**

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

**h. ...because you haven't liked or trusted healthcare 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 clinic or doctor was too far away?**

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

**o. ...because you haven't found a clinic or doctor 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).** \_\_\_\_\_

- Declined to answer
- Don't know

**62. Of all the reasons you just gave for not going to that 2<sup>nd</sup> PrEP appointment, what is the most important one? \_\_\_\_** (Enter only one response a-s)

- Declined to answer
- Don't know

(Go to questions for next referral.)

**63. Were you prescribed PrEP at that time? (Choose one)**

- Yes (Go to question about have you taken any pills yet)
- No
- Declined to answer
- Don't know

**64. Why not? (Choose all that apply)**

- Health care provider recommended against it because I tested HIV-positive (Complete interview, but client will not be interviewed with the POSH questionnaire at later time-points)
- Health care provider recommended against it because of laboratory results NOT including testing HIV-positive)
- Laboratory results not back yet
- I changed my mind about taking it
- Other (specify \_\_\_\_\_)
- Declined to answer
- Don't know

(Go to questions for next referral.)

**65. Have you taken any of the pills yet? (Choose one)**

- Yes (Go to question about are you currently taking them)
- No
- Declined to answer
- Don't know

(Go to questions for next referral.)

**66. Why not? (Choose all that apply)**

- I have not filled the prescription yet
- My doctor said I should not take PrEP right now
- I have had problems paying for/getting insurance for the medication
- I don't think I need it
- I am worried about the side effects (will make me sick or be harmful) or have had side effects in the past
- It is too expensive
- I changed my mind about taking PrEP because \_\_\_\_\_
- Other (specify \_\_\_\_\_)
- Declined to answer
- Don't know

**67. Of all the reasons you just gave for not having taken the pills yet, what is the most important one? \_\_\_\_\_**

(Go to questions for next referral.)

**68. Are you currently taking PrEP? (Choose one)**

- Yes (Go to questions about adherence)
- No
- Declined to answer
- Don't know

**69. Why not? (Choose all that apply)**

- My doctor said I should not take PrEP right now
- I have had problems paying for/getting insurance for the medication
- I don't think I need it
- I am worried about the side effects (will make me sick or be harmful) or have had side effects in past
- It is too expensive
- I changed my mind about taking PrEP because \_\_\_\_\_
- Other (specify \_\_\_\_\_)
- Declined to answer
- Don't know

(Go to questions for next referral.)

**Interviewer:** Now we're going to talk about how often you took your PrEP pills in the last week (the past 7 days). We need to understand what people on PrEP are really doing with their pills. Please tell us what you are actually doing. Don't worry about telling us that you don't take all your pills. We need to know what is really happening, not what you think we want to hear. Whatever you share will be kept private. (Only ask questions in this section if participant indicates that they are currently taking PrEP, or declined to answer, or indicated don't know)

**70. Did you miss your PrEP dose...**

**a. Yesterday? (Choose one)**

- Yes
- No (Go to "The day before yesterday...")

- Declined to answer (Go to “The day before yesterday...”)
- Don’t know (Go to “The day before yesterday...”)

**aa. What was the main reason you missed the dose yesterday? (Choose all that apply)**

- Was busy with other things
- Had a change in daily routine
- Was high/tipsy/drunk
- Felt like the medicine was harmful
- Simply forgot
- Fell asleep
- Wanted to avoid side effects
- Felt like I didn’t need it
- Ran out of pills
- Did not want others to notice me taking the medicine
- Was sick
- Was away from home and didn’t have the pills with me
- Other (\_\_\_\_\_)
- Declined to answer
- Don’t know

**b. The day before yesterday- that was [Monday/Tuesday/Wednesday/etc.]? (Choose one)**

- Yes
- No (Go to “3 days ago”)
- Declined to answer (Go to “3 days ago”)
- Don’t know (Go to “3 days ago”)

**ba. What was the main reason you missed the dose the day before yesterday? (Choose one)**

- Was busy with other things
- Had a change in daily routine
- Was high/tipsy/drunk
- Felt like the medicine was harmful
- Simply forgot
- Fell asleep
- Wanted to avoid side effects
- Felt like I didn’t need it
- Ran out of pills
- Did not want others to notice me taking the medicine
- Was sick
- Was away from home and didn’t have the pills with me
- Other (\_\_\_\_\_)
- Declined to answer
- Don’t know

**c. 3 days ago- that was [Monday/Tuesday/Wednesday/etc.]? (Choose one)**

- Yes
- No (Go to “4 days ago”)
- Declined to answer (Go to “4 days ago”)
- Don’t know (Go to “4 days ago”)

**ca. If yes, what was the main reason you missed the dose on [Monday/Tuesday/Wednesday/etc.]?**

(Choose one)

- Was busy with other things
- Had a change in daily routine
- Was high/tipsy/drunk
- Felt like the medicine was harmful
- Simply forgot
- Fell asleep
- Wanted to avoid side effects
- Felt like I didn't need it
- Ran out of pills
- Did not want others to notice me taking the medicine
- Was sick
- Was away from home and didn't have the pills with me
- Other (\_\_\_\_\_)
- Declined to answer
- Don't know

**d. 4 days ago- that was [Monday/Tuesday/Wednesday/etc.]? (Choose one)**

- Yes
- No (Go to "5 days ago")
- Declined to answer (Go to "5 days ago")
- Don't know (Go to "5 days ago")

**da. If yes, what was the main reason you missed the dose on [Monday/Tuesday/Wednesday/etc.]?**

(Choose one)

- Was busy with other things
- Had a change in daily routine
- Was high/tipsy/drunk
- Felt like the medicine was harmful
- Simply forgot
- Fell asleep
- Wanted to avoid side effects
- Felt like I didn't need it
- Ran out of pills
- Did not want others to notice me taking the medicine
- Was sick
- Was away from home and didn't have the pills with me
- Other (\_\_\_\_\_)
- Declined to answer
- Don't know

**e. 5 days ago- that was [Monday/Tuesday/Wednesday/etc.]? (Choose one)**

- Yes
- No (Go to "6 days ago")
- Declined to answer (Go to "6 days ago")
- Don't know (Go to "6 days ago")

**ea. If yes, what was the main reason you missed the dose on [Monday/Tuesday/Wednesday/etc.]?**

(Choose one)

- Was busy with other things
- Had a change in daily routine
- Was high/tipsy/drunk
- Felt like the medicine was harmful
- Simply forgot
- Fell asleep
- Wanted to avoid side effects
- Felt like I didn't need it
- Ran out of pills
- Did not want others to notice me taking the medicine
- Was sick
- Was away from home and didn't have the pills with me
- Other (\_\_\_\_\_)
- Declined to answer
- Don't know

**f. 6 days ago- that was [Monday/Tuesday/Wednesday/etc.]?**

- Yes
- No (Go to "7 days ago")
- Declined to answer (Go to "7 days ago")
- Don't know (Go to "7 days ago")
- **fa. If yes, what was the main reason you missed the dose on [Monday/Tuesday/Wednesday/etc.]?**  
(Choose one)
  - Was busy with other things
  - Had a change in daily routine
  - Was high/tipsy/drunk
  - Felt like the medicine was harmful
  - Simply forgot
  - Fell asleep
  - Wanted to avoid side effects
  - Felt like I didn't need it
  - Ran out of pills
  - Did not want others to notice me taking the medicine
  - Was sick
  - Was away from home and didn't have the pills with me
  - Other (\_\_\_\_\_)
  - Declined to answer
  - Don't know

**g. 7 days ago- that was [Monday/Tuesday/Wednesday/etc.]?**

- Yes
- No (Go to question #17)
- Declined to answer (Go to question #17)
- Don't know (Go to question #17)

**ga. If yes, what was the main reason you missed the dose on [Monday/Tuesday/Wednesday/etc.]?**

- Was busy with other things
- Had a change in daily routine
- Was high/tipsy/drunk
- Felt like the medicine was harmful

- Simply forgot
- Fell asleep
- Wanted to avoid side effects
- Felt like I didn't need it
- Ran out of pills
- Did not want others to notice me taking the medicine
- Was sick
- Was away from home and didn't have the pills with me
- Other (\_\_\_\_\_)
- Declined to answer
- Don't know

**Interviewer:** I am now going to ask you some questions about other referrals and services you received in the past 3 months. None of these questions are related to PrEP.

(For those referred to nPEP):

**nPEP**

**71. You were referred to nPEP. Which of the following things were you offered?** (Check all that apply)

- Only contact information for doctor, nurse, or other healthcare provider
- Help making an appointment with a healthcare provider
- Help with transportation to healthcare provider
- Someone to go with you to the appointment with a health care provider
- Something else (specify: \_\_\_\_\_)
- Declined to answer
- Don't know

**72. Have you started the nPEP treatment (28-day treatment with HAART medications)?** (Choose one)

- Yes (Go to question about completing nPEP)
- No
- Declined to answer
- Don't know

**Interviewer:** I'm going to read you a list of possible reasons why someone may not have started taking the medication.

**73. 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 starting taking the medicine, or declined to answer, or indicated don't know.)

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

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

b. ...because your medical care provider did not give you a prescription or said you should not take the medication for some reason?

- € Yes
- € No
- € Declined to answer

Don't know

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

Yes

No

Declined to answer

Don't know

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

Yes

No

Declined to answer

Don't know

e. ... because you are worried it would make you feel sick or harm you?

Yes

No

Declined to answer

Don't know

f. ...because you have taken these medicines in the past and they have caused side effects (or you are concerned about side effects)?

Yes

No

Declined to answer

Don't know

g. ...because you decided not to start the medications for some other reason?

Yes

No

Declined to answer

Don't know

h. Please tell me the other reason that you decided not to start the medications.

Declined to answer

Don't know

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

(Go to questions for next referral.)

75. Have you completed the nPEP treatment? (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 why someone may not have completed taking all their nPEP pills.*

76. 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 taking all their nPEP pills, or declined to answer, or indicated don't know.)

a. ...because your medical care provider told you to stop taking the medications for some reason?

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

b. ... because you don't think you need it?

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

c. ... because you are worried it might make you feel sick or harm you?

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

d. ...because the medications were making you sick or had adverse side effects?

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

e. ...because you decided not to complete the medications for some other reason?

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

f. Please tell me the other reason that you decided not to start the medications.

- \_\_\_\_\_
- Declined to answer
  - Don't know

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

(Go to questions for next referral.):

### HIP Behavioral Interventions

78. You were referred to [INTERVENTION1]. 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

79. I'm going to read you a list of possible reasons you may have not attended at least one session of [INTERVENTION1]. After I read each one, let me know if the 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 the intervention, declined to answer, or indicated don't know.)

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 drinking or using drugs?**

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

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

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

f. **...because you've been physically sick or hospitalized?**

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

g. **...because you've been in prison or jail?**

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

h. **...because the location was too far away?**

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

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

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

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

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

k. ...because you forgot?

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

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

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

m. If yes, please tell me the other reason(s) that you did not attend [INTERVENTION1].

- \_\_\_\_\_
- Declined to answer
  - Don't know

80. Of all the reasons you just gave, what is the most important one? \_\_\_\_\_ (Enter one of the responses above a-m)

- Declined to answer
- Don't know

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

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

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

(Go to questions for next referral.)

(Repeat questions in this section for referrals to other HIP behavioral interventions)

(For those referred to HIV testing):

### HIV Testing

82. You were referred to HIV testing. Did you get tested? (Choose one)

- Yes (Go to question about testing positive )
- 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 HIV.*

**83. 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 HIV, or declined to answer, or indicated don't know.)

**a. ...because you didn't think you needed to?**

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

**b. ...because you haven't felt sick?**

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

**c. ...because you've been afraid or in denial about having HIV?**

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

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

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

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

- 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 you haven't found a clinic that spoke 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) why you did not get an HIV test.**

\_\_\_\_\_  Declined to answer

Don't know

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

Declined to answer

Don't know

[\(Go to questions for next referral.\)](#)

85. Did you test positive for HIV? (Choose one)

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

(For those referred to STD/Hepatitis/TB screening or treatment):

**STD/Hepatitis/Tuberculosis Screening and Treatment**

(For those referred to STD screening/treatment):

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

- Yes (Go to "Which of the following STDs did you test positive for?")
- 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.*

87. 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 any STDs, or declined to answer, or indicated don't know.)

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

88. 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 the participant did not test for any STDs, go to questions for next referral)

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

Yes

No (Go to questions for next referral.)

Declined to answer

Don't know

**90. Did you receive treatment for at least one of those STDs? (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.*

**91. 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, or declined to answer, or indicated don't know.)

**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

**92. 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

(Go to questions for next referral.)

*Interviewer: I'm going to ask you about hepatitis. By hepatitis, I am talking about hepatitis A, B, or C.*

**93. 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 Hepatitis screening/treatment/vaccination):

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

**94. 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, or declined to answer, or indicated don't know.)

**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

95. 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

(Go to questions for next referral.)

96. 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?")

97. 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.*

**98. 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, or declined to answer, or indicated don't know.)

**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

99. 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

100. 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.*

101. 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, or declined to answer, or indicated don't know.)

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

**102. 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

(Go to questions for next referral.)

If referred to TB testing/treatment:

**103. 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.*

**104. 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, or declined to answer, or indicated don't know.)

**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

**105. 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)

**106. 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)

**107. 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.*

**108. 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, or declined to answer, or indicated don't know.)

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

109. 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

(For those referred to other HIV prevention services):

#### Other HIV Prevention Services

110. 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

*Interviewer: These next few questions will be the last ones in the interview. I'm going to read you some statements. Please tell me how strongly you agree or disagree with each statement.*

111. Most people in [PROJECT AREA] would discriminate against someone with HIV. Do you...[Read choices.]

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Declined to answer
- Don't know

**112. Most people in [PROJECT AREA] would support the rights of a person with HIV to live and work wherever they wanted to.**

**Do you...** [\[Read choices.\]](#)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Declined to answer
- Don't know

**113. Most people in [PROJECT AREA] would not be friends with someone with HIV. Do you...** [\[Read choices.\]](#)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Declined to answer
- Don't know

**114. Most people in [PROJECT AREA] think that people who got HIV through sex or drug use have gotten what they deserve. Do you...** [\[Read choices.\]](#)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- 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 in approximately X months' time.*

- 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 participant that could help us understand their responses, any device glitches, environmental/background factors at time of interview that may have affected participant responses, etc.

---

---

## FLASHCARD A:

	<b><u>MONTHLY INCOME</u></b>	<i>OR</i>		<b><u>YEARLY INCOME</u></b>
A.	\$0 to \$417		A.	\$0 to \$4,999
B.	\$418 to \$833		B.	\$5,000 to \$9,999
C.	\$834 to \$1,041		C.	\$10,000 to \$12,499
D.	\$1,042 to \$1,250		D.	\$12,500 to \$14,999
E.	\$1,251 to \$1,667		E.	\$15,000 to \$19,999
F.	\$1,668 to \$2,082		F.	\$20,000 to \$24,999
G.	\$2,083 to \$2,500		G.	\$25,000 to \$29,999
H.	\$2,501 to \$2,916		H.	\$30,000 to \$34,999
I.	\$2,917 to \$3,333		I.	\$35,000 to \$39,999
J.	\$3,334 to \$4,167		J.	\$40,000 to \$49,999
K.	\$4,168 to \$4,999		K.	\$50,000 to \$59,999
L.	\$5,000 to \$6,250		L.	\$60,000 to \$74,999
M.	\$6,251 or more		M.	\$75,000 or more