

## HIV Outpatient Study (HOPS)

### Attachment 9

#### Requested Revision to Survey (Att 3)

During the previous 3 years of data collection for the HIV Outpatient Study, public health research has identified additional behaviors potentially associated with the care and treatment of HIV positive persons such as the use of e-cigarettes and smokeless tobacco, opioids, medical marijuana, use of PrEP and mental health related issues. The following 12 additional survey questions (see yellow highlights) are being added to further assess these additional behaviors among HIV positive patients participating in the HIV Outpatient Study and their potential effects on their HIV care and treatment. Based on review of the current survey response items and the average completion time, these new questions will not pose additional burden on participants.

- The next question is about e-cigarettes. These are battery-powered devices that usually contain liquid nicotine, and don't produce smoke (See Page 2 Attachment 3a; page 7 in Attachment 3b)

14. Have you **ever** used an e-cigarette **even one time**?

15. During the past **30 days**, on how many days did you use e-cigarettes?

- Smokeless tobacco products are placed in the mouth and nose and include chewing tobacco, snuff, dip, snus (pronounced as "snoose") and dissolvable tobacco. (See Page 2-3 Attachment 3a; page 8 in Attachment 3b)

16. Have you **ever** used smokeless tobacco **even one time**?

17. During the past **30 days**, on how many days did you use smokeless tobacco?

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Additional questions for substances used in the past 6 months

**If used marijuana in the last 6 months = yes, then**

19. Was any of your marijuana use in the past **6 months** recommended by a doctor? (See Page 3 Attachment 3a, page 9 in Attachment 3b)

25. In the last 6 months how often did you use pain killers such as Oxycontin, Vicodin, morphine, or Percocet, either prescribed by a doctor or not? (See Page 3 Attachment 3a; page 13 in Attachment 3b)

1. More than once a day
2. Once a day
3. More than once a week
4. Once a week or less
5. Never

**If above is NOT 'Never' then**

26. Were all of these pain killers prescribed to you by a doctor? Press 1 for yes and 0 for no.

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38. Before today, have you ever heard of people who do not have HIV taking PrEP, the antiretroviral medicine taken every day for months or years to reduce the risk of getting HIV? (See Page 4 Attachment 3a, page 18 in Attachment 3b)  
Press 1 for yes and 0 for no.

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**Over the last 2 weeks how often have you been bothered by the following problems?**

0 = not at all; 1 = several days; 2 = more than half the days; 3 = nearly every day (See Page 12 Attachment 3a, page 27-29 in Attachment 3b)

97. Feeling nervous anxious or on edge

98. Not being able to stop or control worrying

99. Little interest or pleasure in doing things.

100. Feeling down depressed or hopeless