Form Approved OMB No. 0920-1080 Expiration Date:xx/xx/xxxx

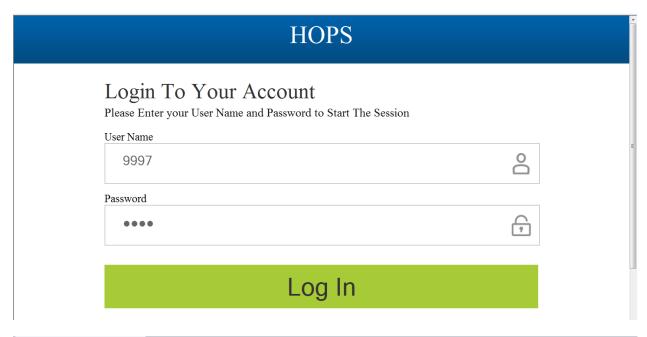
HIV Outpatient Study (HOPS)

Attachment 3b

Behavioral Survey Instrument screen shots

Public reporting burden of this collection of information is estimated to average 7 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)

Web ACASI Screen shots Male:





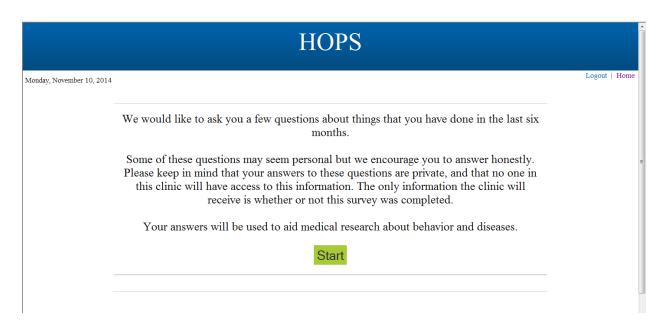
	HOPS		
Monday, November 10, 2014	Ī	Logout	Home
	elcome S Behavior Survey.		
	Please tell us your sex at birth. • Male		
	Please state your age (18-80):		
	Submit		

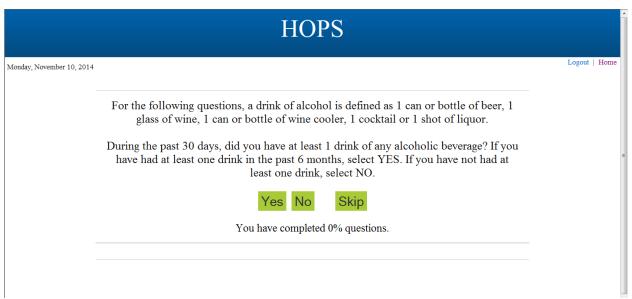
	HOPS	ŕ
Monday, November 10, 2014		Logout Home
	Welcome HOPS Behavior Survey.	
	Please enter the number between 18 and 80!	E
	Please tell us your sex at birth. • Male • Female	
	Please state your age (18-80):	
	Submit	

	HOPS		Í
Monday, November 10, 2014		Logout	Home
	Welcome HOPS Behavior Survey.		
	Please enter the number between 18 and 80!		E
	Please tell us your sex at birth. • Male • Female		
	Please state your age (18-80): 90		
	Submit		

With a CORRECT AGE:

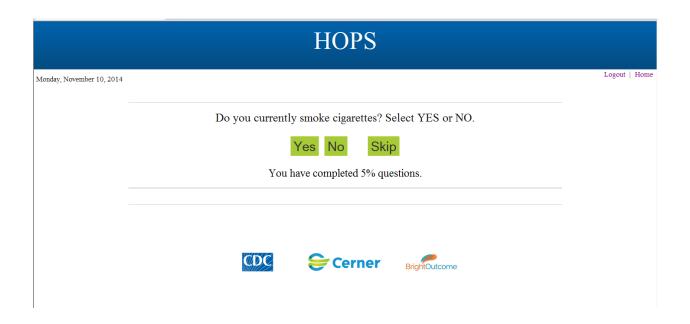




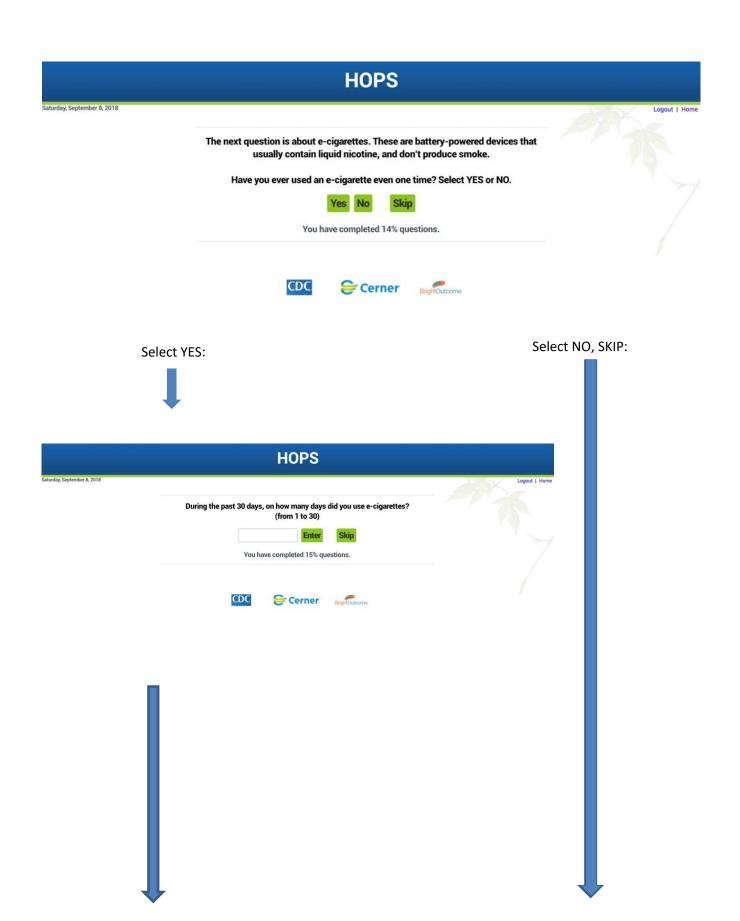




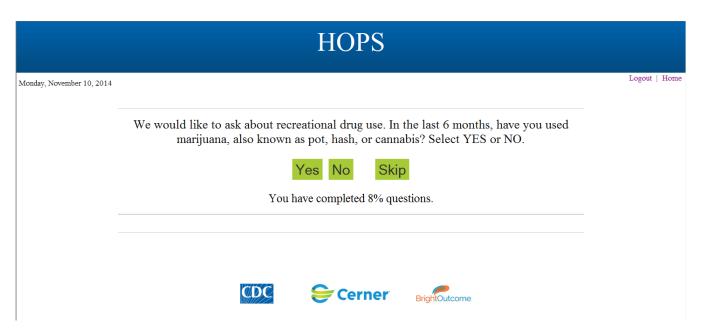






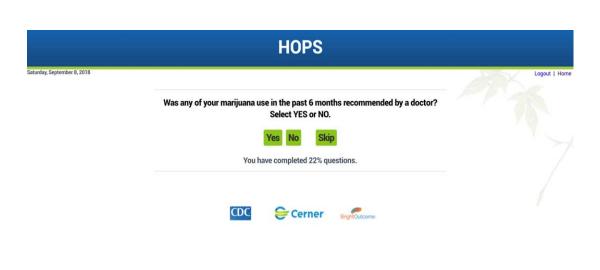




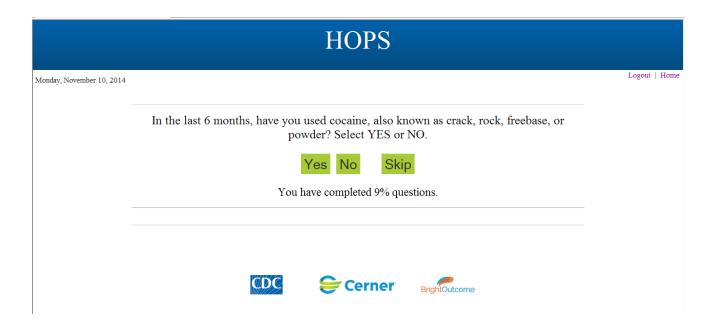


Select YES: Select NO, SKIP:



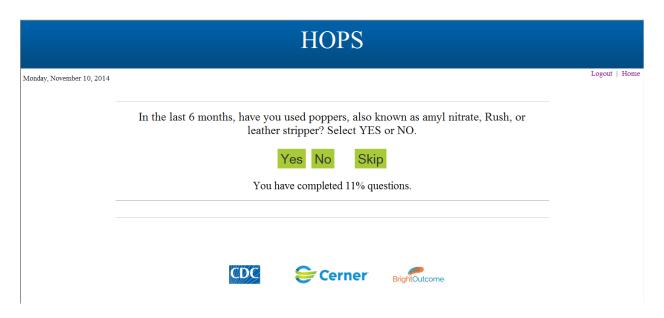


Select YES, NO or SKIP:



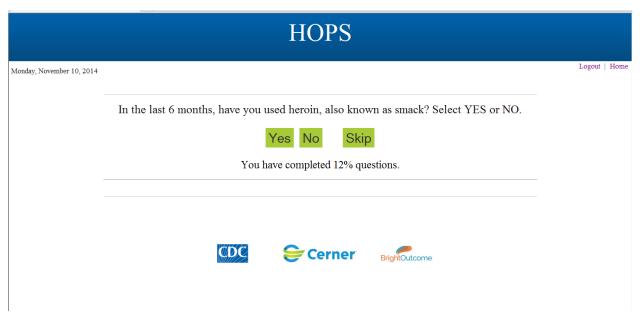
Select YES, NO or SKIP:



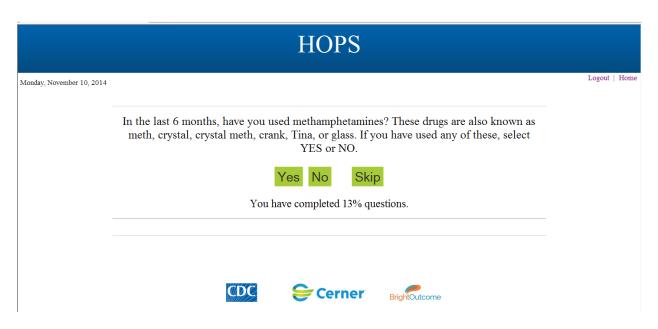


Select YES, NO, or SKIP:



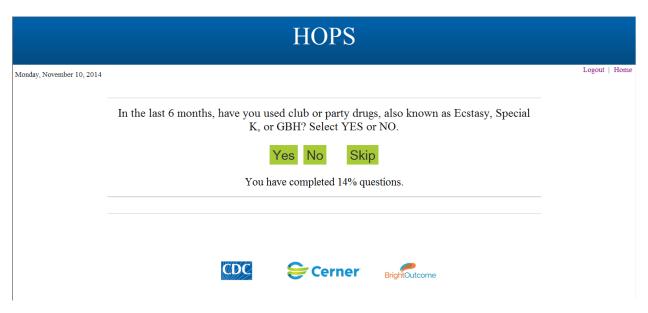


Select YES, NO, or SKIP:

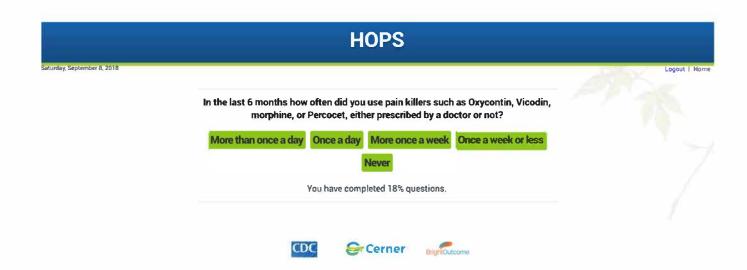


Select YES, NO, or SKIP:



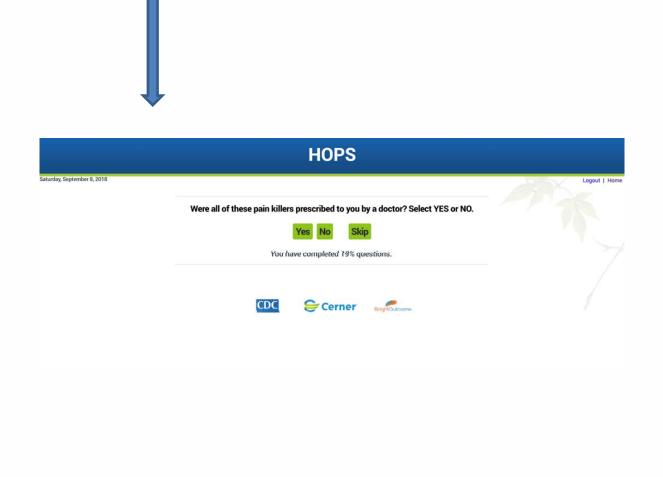


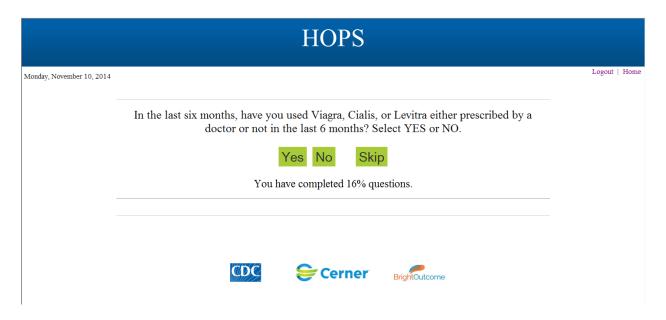
Select YES, NO, or SKIP:



Select More than once a day, Once a day, More than once a week, Once a week or less:

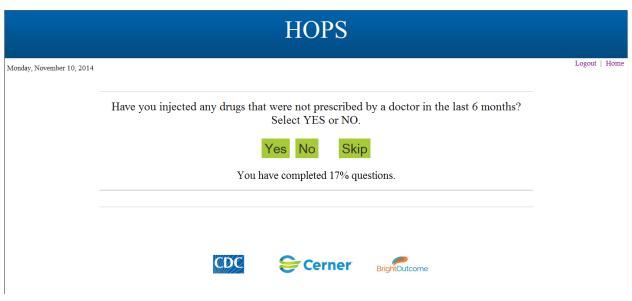
Select Never:



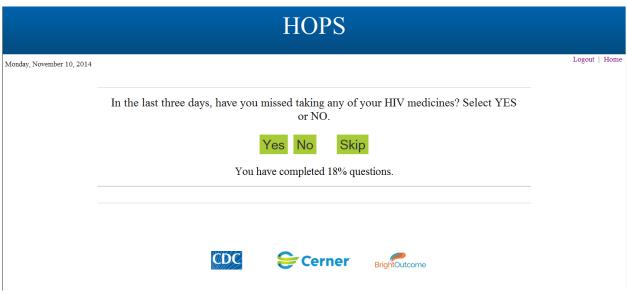


Select YES, No, or SKIP:

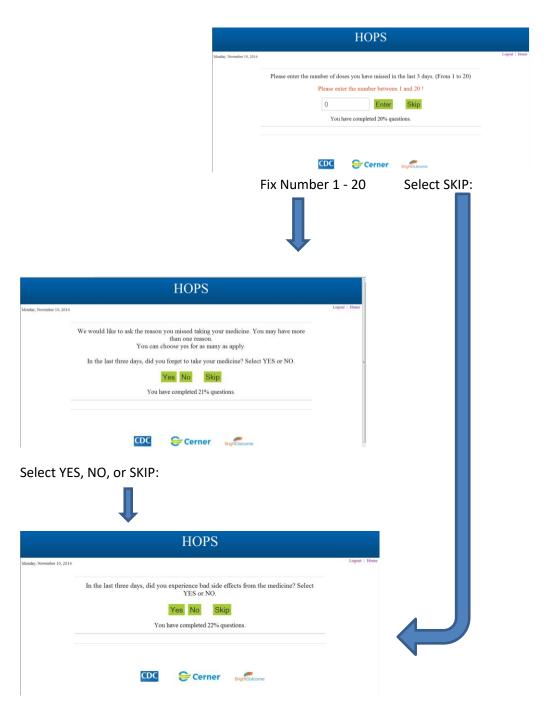




Select YES, NO, or SKIP:



Select YES: Select NO or SKIP: **HOPS** Monday, November 10, 2014 Please enter the number of doses you have missed in the last 3 days. (From 1 to 20) Enter You have completed 20% questions. CDC **Cerner** BrightOutcome Select "0 or >20" and get error message: Select a Number 1 - 20 **HOPS** Please enter the number of doses you have missed in the last 3 days. (From 1 to 20) Enter You have completed 20% questions. Cerner BrightCutcome



Select YES, NO, or SKIP:



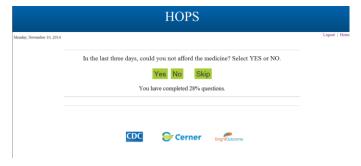
Select YES, NO or SKIP:





Select YES, NO or SKIP:





Select YES, NO or SKIP:



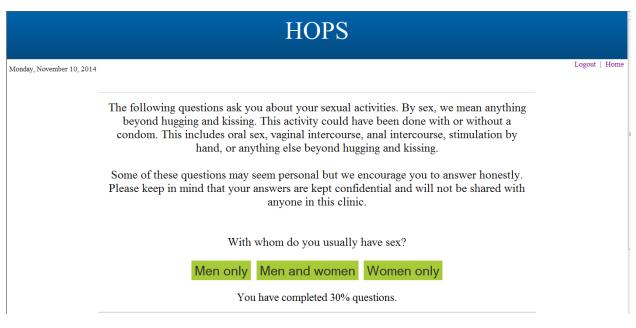
Select YES, NO or SKIP:

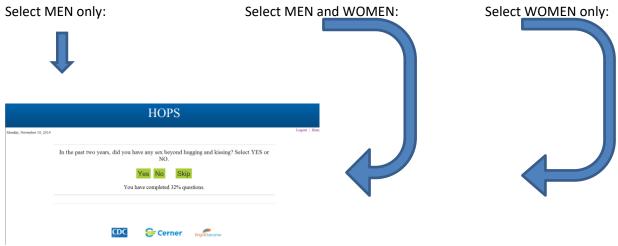


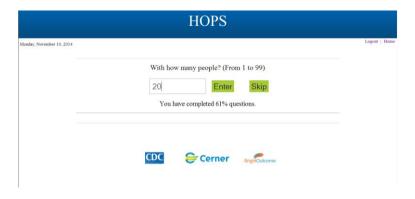


Select YES, NO or SKIP:









If number entered is not between

1-99 error message received:





Correct number to continue:





Select Enter:



Select YES: Select NO:





Select 1 (HIV Positive):





Select 1 (HIV Negative):





Select 1 (do NOT know HIV status of all persons):





Select YES:





Select 1 (HIV Positive):





Select 1 (Some were HIV Negative):



Select 1 (do not know HIV status):





Select YES:

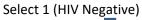




Select 1 (HIV Positive):











Select 1 (do NOT know HIV Status):





Select YES:





Select 1 (HIV Positive):



Select 1 (HIV Negative):





Select 1 (Do NOT know HIV status):









Select Very Difficult:





Select None, Some, All or SKIP:





Select None, Some, All or SKIP:



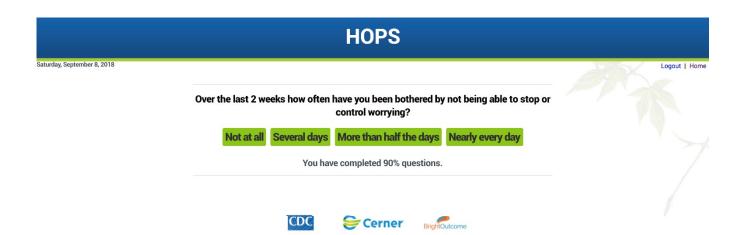
Select Any of the Selections above:





Select Any of the Selections above:





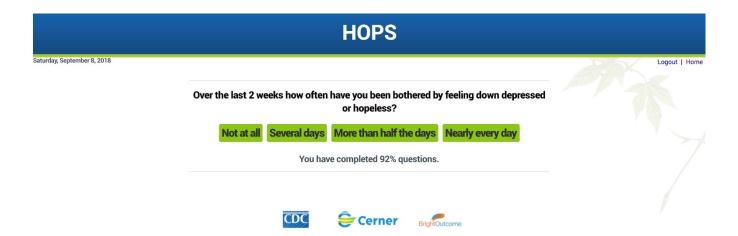
Select Any of the Selections above:





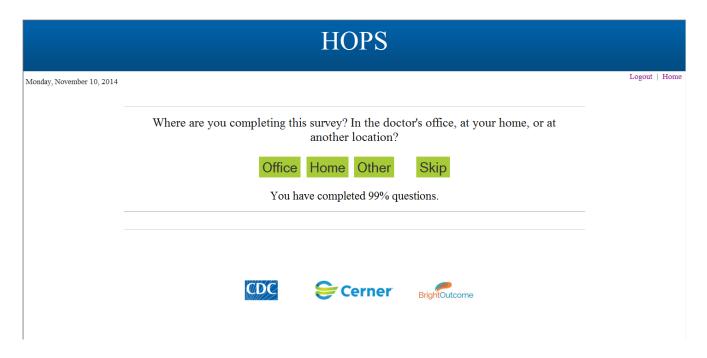
Select Any of the Selections above:





Select Any of the Selections above:





Select Office, Home, Other, or SKIP:

HOPS

Monday, November 10, 2014

Logout | Home

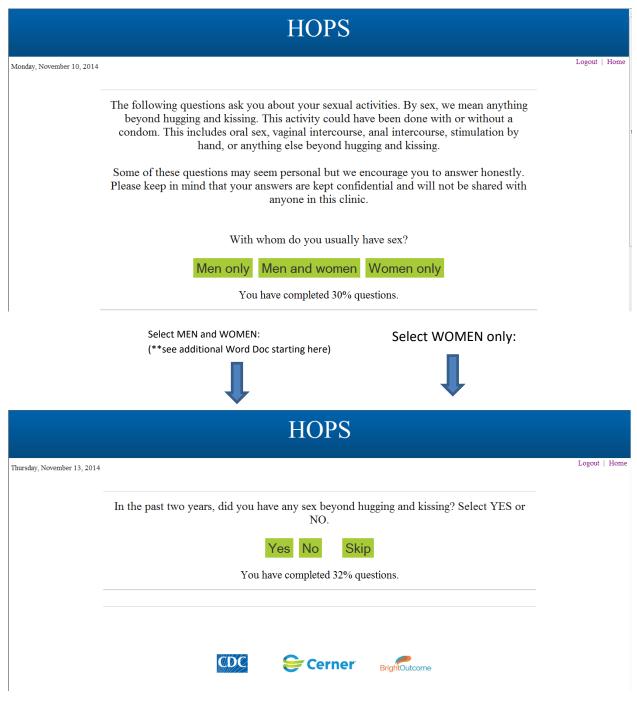
Thank you very much for participating in our survey. Your answers will be kept confidential, and will not be shared with anyone in this clinic, but we encourage you to discuss these issues with your clinician. The only information the clinic will receive is that this survey was completed.

IMPORTANT: If you found any errors or had any other problems with this survey, please let us know by contacting the staff person who offered you the survey. Thank you!

Please click to log out.

Log Out

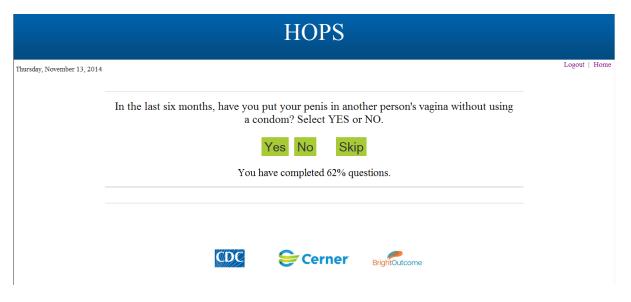
If selection for SEX is With MEN and WOMEN or WOMEN ONLY starting at page 19:



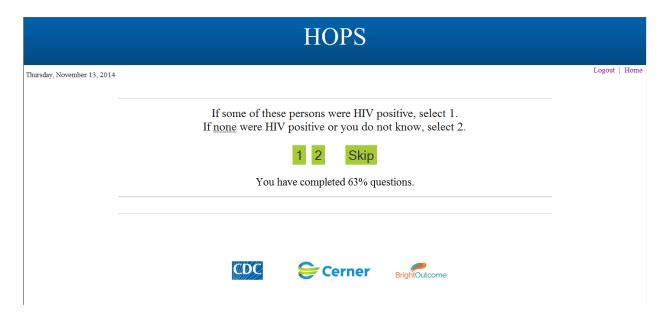
Select YES:

	HOPS	
Thursday, November 13, 2014		Logout Home
	Have you had sex in the past 6 months? Select YES or NO.	
	Yes No Skip	
	You have completed 59% questions.	_
	Cerner BrightOutcome	

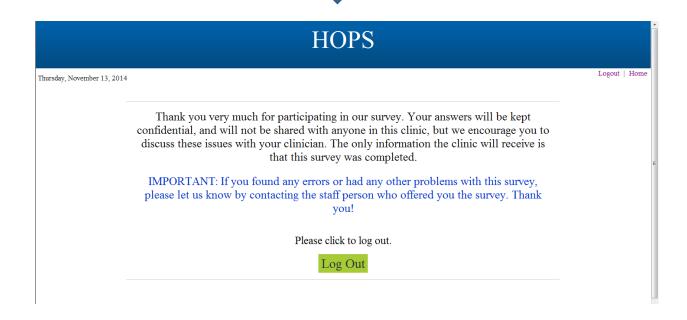
Select YES and enter HOW MANY.and continue. The following question is only an option if the MALE has sex with WOMEN:



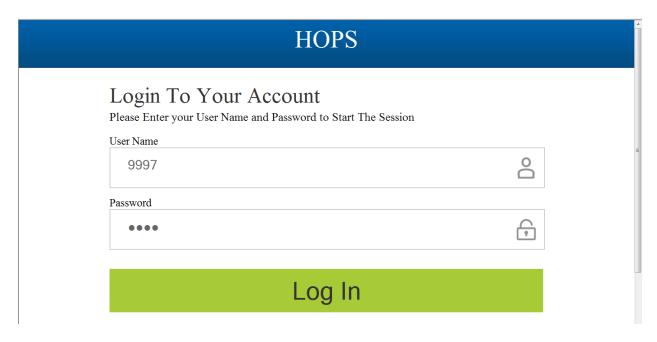




IF MEN and WOMEN was selected for sexual activities OR WOMEN ONLY.....continue as per the original survey to the end:

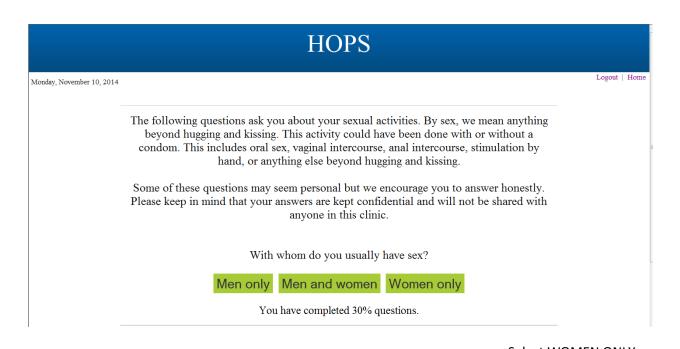


Web ACASI Screen shots FEMALE – this document only shows the DIFFERNCES between the FEMALE and MALE screen shots. If any of the screenshots are the same, they are not duplicated here except for LOG IN and WELCOME screenshots:







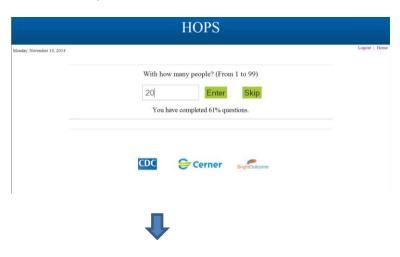




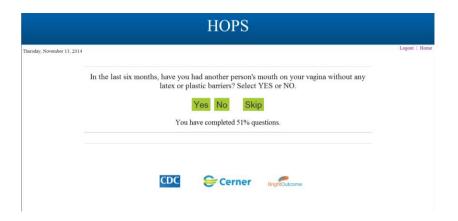


Select YES:





Select NO or SKIP:



Continue thru the rest of the questions....same as male to end of survey:

