

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


Login To Your Account

Please Enter your User Name and Password to Start The Session

User Name



Password



[Log In](#)

HOPS

Monday, November 10, 2014 [Logout](#) | [Home](#)

Welcome to HOPS Behavior Survey.

Please click to take the survey.

[Click HERE](#)



Welcome

HOPS Behavior Survey.

Please tell us your sex at birth.

Male

Female

Please state your age (18-80):

Welcome

HOPS Behavior Survey.

Please enter the number between 18 and 80 !

Please tell us your sex at birth.

Male

Female

Please state your age (18-80):

Welcome

HOPS Behavior Survey.

Please enter the number between 18 and 80 !

Please tell us your sex at birth.

Male

Female

Please state your age (18-80):

90

Submit

With a CORRECT AGE:

Welcome

HOPS Behavior Survey.

Please tell us your sex at birth.

Male

Female

Please state your age (18-80):

65

Submit

HOPS

Monday, November 10, 2014

[Logout](#) | [Home](#)

We would like to ask you a few questions about things that you have done in the last six months.

Some of these questions may seem personal but we encourage you to answer honestly. Please keep in mind that your answers to these questions are private, and that no one in this clinic will have access to this information. The only information the clinic will receive is whether or not this survey was completed.

Your answers will be used to aid medical research about behavior and diseases.

[Start](#)

HOPS

Monday, November 10, 2014

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For the following questions, a drink of alcohol is defined as 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail or 1 shot of liquor.

During the past 30 days, did you have at least 1 drink of any alcoholic beverage? If you have had at least one drink in the past 6 months, select YES. If you have not had at least one drink, select NO.

[Yes](#) [No](#) [Skip](#)

You have completed 0% questions.

Select YES:



Select NO or SKIP:






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How many days per week did you have at least one drink of any alcoholic beverage?
Please enter the number of days from 1 to 7.

You have completed 1% questions.






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On the days when you drank, about how many drinks did you drink on average? Please enter the number from 1 to 25.

You have completed 3% questions.






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How many times during the past 30 days, did you have 5 or more drinks on an occasion? Please enter the number from 0 to 99.

You have completed 4% questions.



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Do you currently smoke cigarettes? Select YES or NO.

You have completed 5% questions.



Select YES:



Select NO or SKIP:



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Please enter the number of cigarettes you smoke each day. (From 1 to 999)

You have completed 7% questions.



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We would like to ask about recreational drug use. In the last 6 months, have you used marijuana, also known as pot, hash, or cannabis? Select YES or NO.

You have completed 8% questions.



Select YES, NO or SKIP:



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In the last 6 months, have you used cocaine, also known as crack, rock, freebase, or powder? Select YES or NO.

You have completed 9% questions.



Select YES, NO or SKIP:



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In the last 6 months, have you used poppers, also known as amyl nitrate, Rush, or leather stripper? Select YES or NO.

You have completed 11% questions.



Select YES, NO, or SKIP:



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In the last 6 months, have you used heroin, also known as smack? Select YES or NO.

You have completed 12% questions.



Select YES, NO, or SKIP:



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In the last 6 months, have you used methamphetamines? These drugs are also known as meth, crystal, crystal meth, crank, Tina, or glass. If you have used any of these, select YES or NO.

You have completed 13% questions.



Select YES, NO, or SKIP:



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In the last 6 months, have you used club or party drugs, also known as Ecstasy, Special K, or GBH? Select YES or NO.

You have completed 14% questions.



Select YES, NO, or SKIP:



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In the last six months, have you used Viagra, Cialis, or Levitra either prescribed by a doctor or not in the last 6 months? Select YES or NO.

You have completed 16% questions.



Select YES, No, or SKIP:



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Have you injected any drugs that were not prescribed by a doctor in the last 6 months? Select YES or NO.

You have completed 17% questions.



Select YES, NO, or SKIP:



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In the last three days, have you missed taking any of your HIV medicines? Select YES or NO.

You have completed 18% questions.



Select YES:



Select NO or SKIP



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Please enter the number of doses you have missed in the last 3 days. (From 1 to 20)

You have completed 20% questions.



Select a Number 1-20



Select "0 or >20" and get error message:



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Please enter the number of doses you have missed in the last 3 days. (From 1 to 20)

You have completed 20% questions.






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Please enter the number of doses you have missed in the last 3 days. (From 1 to 20)

Please enter the number between 1 and 20 !

You have completed 20% questions.

Fix number (1-20)

Select SKIP:






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We would like to ask the reason you missed taking your medicine. You may have more than one reason.
You can choose yes for as many as apply.

In the last three days, did you forget to take your medicine? Select YES or NO.

You have completed 21% questions.

Select Yes, NO, or SKIP:






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In the last three days, did you experience bad side effects from the medicine? Select YES or NO.

You have completed 22% questions.

Select YES, NO, or SKIP:






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In the last three days, did you run out of your prescription and choose not to refill it?
Select YES or NO.

Yes No Skip

You have completed 24% questions.

Select YES, NO or SKIP:






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In the last three days, did you run out of your prescription and could not get it refilled when you tried? Select YES or NO.

Yes No Skip

You have completed 26% questions.

Select YES, NO or SKIP:






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In the last three days, could you not afford the medicine? Select YES or NO.

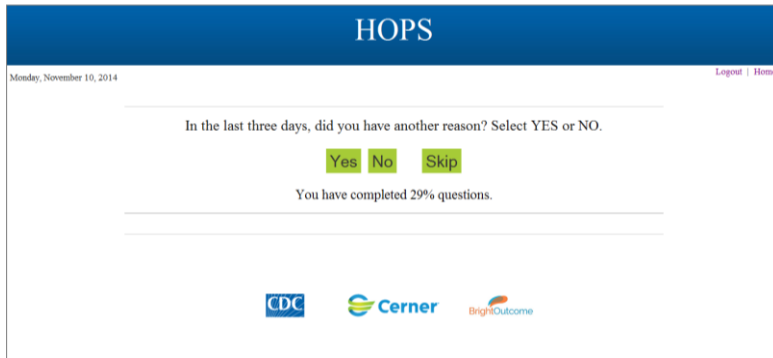
Yes No Skip

You have completed 28% questions.

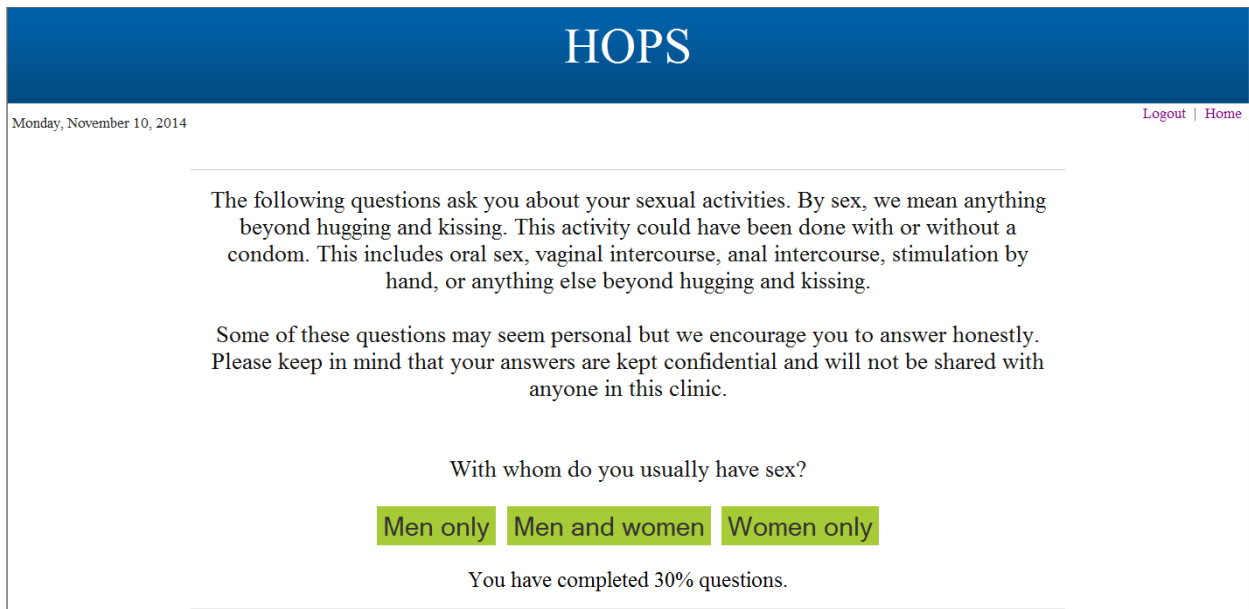
  

Select YES, NO or SKIP:





Select YES, NO or SKIP:



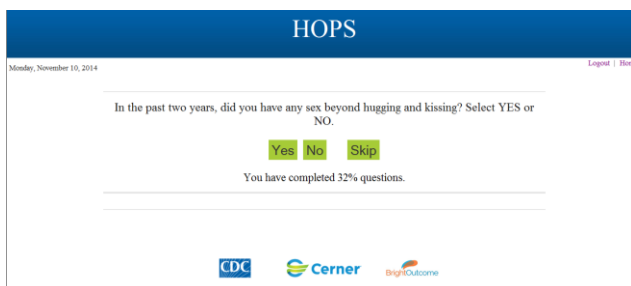
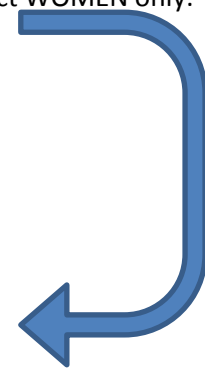
Select MEN ONLY:



Select MEN and WOMEN:



Select WOMEN only:



Select YES:



Select NO or SKIP:






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With how many people? (From 1 to 99)

You have completed 61% questions.

If number entered is not between 1-99

error message received:






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With how many people? (From 1 to 99)

Please enter the number between 1 and 99 !

You have completed 61% questions.

Correct number to continue:



HOPS

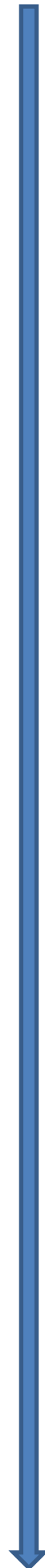
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With how many people? (From 1 to 99)

Please enter the number between 1 and 99 !

You have completed 61% questions.

Select Enter:






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In the last six months have you put your penis in another person's anus without using a condom? Select YES or NO.

Yes No Skip

You have completed 67% questions.

Select YES:






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If some of these persons were HIV positive, select 1.
If none were HIV positive or you do not know, select 2.

1 2 Skip

You have completed 68% questions.

Select 1 (HIV Positive):






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If some of these persons were HIV negative, select 1.
If none were HIV negative or you do not know, select 2.

1 2 Skip

You have completed 70% questions.

Select 1 (HIV Negative):






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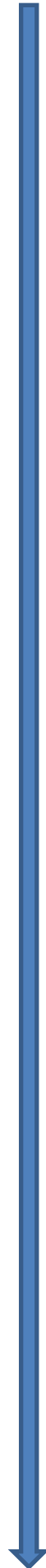
If you do not know the HIV status of some of these partners, select 1.
If you know the status of all of these partners, select 2.

1 2 Skip

You have completed 71% questions.

Select NO:



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



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In the last six months, have you put your penis in another person's mouth without using a condom? Select YES or NO.

Yes No Skip

You have completed 72% questions.

Select YES:



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If some of these persons were HIV positive, select 1.
If none were HIV positive or you do not know, select 2.

1 2 Skip

You have completed 74% questions.

Select 1 (HIV Positive):



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If some of these persons were HIV negative, select 1.
If none were HIV negative or you do not know, select 2.

1 2 Skip

You have completed 75% questions.

Select 1 (Some were HIV Negative):






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If you do not know the HIV status of some of these partners, select 1.
If you know the status of all of these partners, select 2.

1 2

You have completed 76% questions.

Select 1 (do not know HIV status):






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In the last six months, have you had another person's penis in your mouth without a condom? Select YES or NO.

Yes No

You have completed 78% questions.

Select YES:






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If some of these persons were HIV positive, select 1.
If none were HIV positive or you do not know, select 2.

1 2

You have completed 79% questions.

Select 1 (HIV Positive):






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If some of these persons were HIV negative, select 1.
If none were HIV negative or you do not know, select 2.

1 2

You have completed 80% questions.



Select 1 (HIV Negative)



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If you do not know the HIV status of some of these partners, select 1.
If you know the status of all of these partners, select 2.

1 2

You have completed 82% questions.

Select 1 (do NOT know HIV Status):



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In the last six months, have you had another person's penis in your anus without a condom? Select YES or NO.

Yes No

You have completed 83% questions.

Select YES:



HOPS

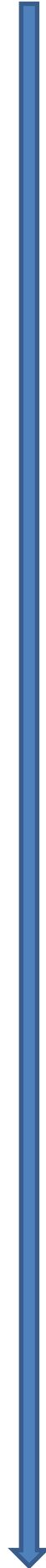
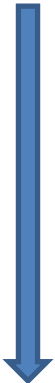
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If some of these persons were HIV positive, select 1.
If none were HIV positive or you do not know, select 2.

1 2

You have completed 84% questions.

Select 1 (HIV Positive):






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If some of these persons were HIV negative, select 1.
If none were HIV negative or you do not know, select 2.

1 2

You have completed 86% questions.

Select 1 (HIV Negative):






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If you do not know the HIV status of some of these partners, select 1.
If you know the status of all of these partners, select 2.

1 2

You have completed 87% questions.

Select 1 (Do NOT know HIV status):






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In the last six months, have you talked about safer sex with any of your sexual partners?
Select YES or NO.

Yes No

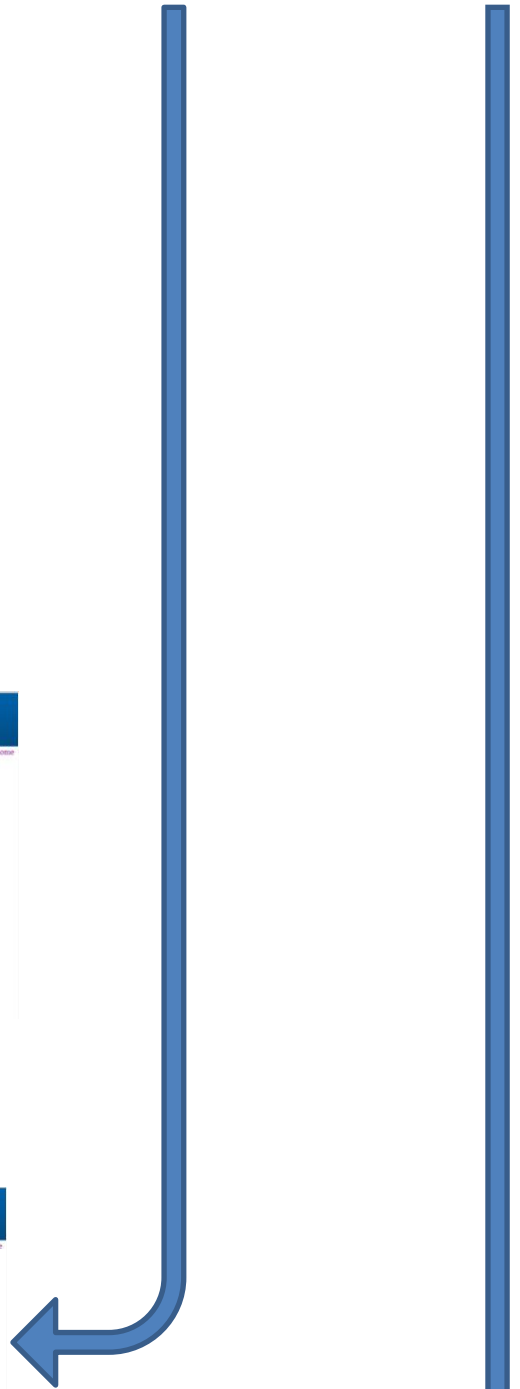
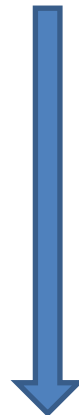
You have completed 88% questions.

Select YES:



Select NO:






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How easy or difficult was it for you to talk with your sexual partners about this?

Very difficult Difficult Easy Very easy Do not know Skip

You have completed 89% questions.

Select Very Difficult:






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How many of these sexual partners you had in the last six months knew you were HIV positive?

None Some All Skip

You have completed 91% questions.

Select None, Some, All or SKIP:






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How many of these sexual partners did you tell or had you previously told you were HIV positive?

None Some All Skip

You have completed 92% questions.

Select None, Some, All or SKIP:






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How easy or difficult was it for you to talk with your sexual partners about this?

You have completed 89% questions.

Select Any of the Selections above:






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Where are you completing this survey? In the doctor's office, at your home, or at another location?

You have completed 99% questions.

Select Office, Home, Other, or SKIP:



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 14:

HOPS

Monday, November 10, 2014 [Logout](#) | [Home](#)

The following questions ask you about your sexual activities. By sex, we mean anything beyond hugging and kissing. This activity could have been done with or without a condom. This includes oral sex, vaginal intercourse, anal intercourse, stimulation by hand, or anything else beyond hugging and kissing.

Some of these questions may seem personal but we encourage you to answer honestly. Please keep in mind that your answers are kept confidential and will not be shared with anyone in this clinic.

With whom do you usually have sex?

Men only Men and women Women only

You have completed 30% questions.

Select MEN and WOMEN:
(*see additional Word Doc starting here)



Select WOMEN only:






HOPS

Thursday, November 13, 2014 [Logout](#) | [Home](#)

In the past two years, did you have any sex beyond hugging and kissing? Select YES or NO.

Yes No Skip

You have completed 32% questions.



Select YES:



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Thursday, November 13, 2014

[Logout](#) | [Home](#)

Have you had sex in the past 6 months? Select YES or NO.

You have completed 59% questions.



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



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Thursday, November 13, 2014

[Logout](#) | [Home](#)

In the last six months, have you put your penis in another person's vagina without using a condom? Select YES or NO.

You have completed 62% questions.



Select YES:



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Thursday, November 13, 2014

[Logout](#) | [Home](#)

If some of these persons were HIV positive, select 1.
If none were HIV positive or you do not know, select 2.

1 2

You have completed 63% questions.



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



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Thursday, November 13, 2014

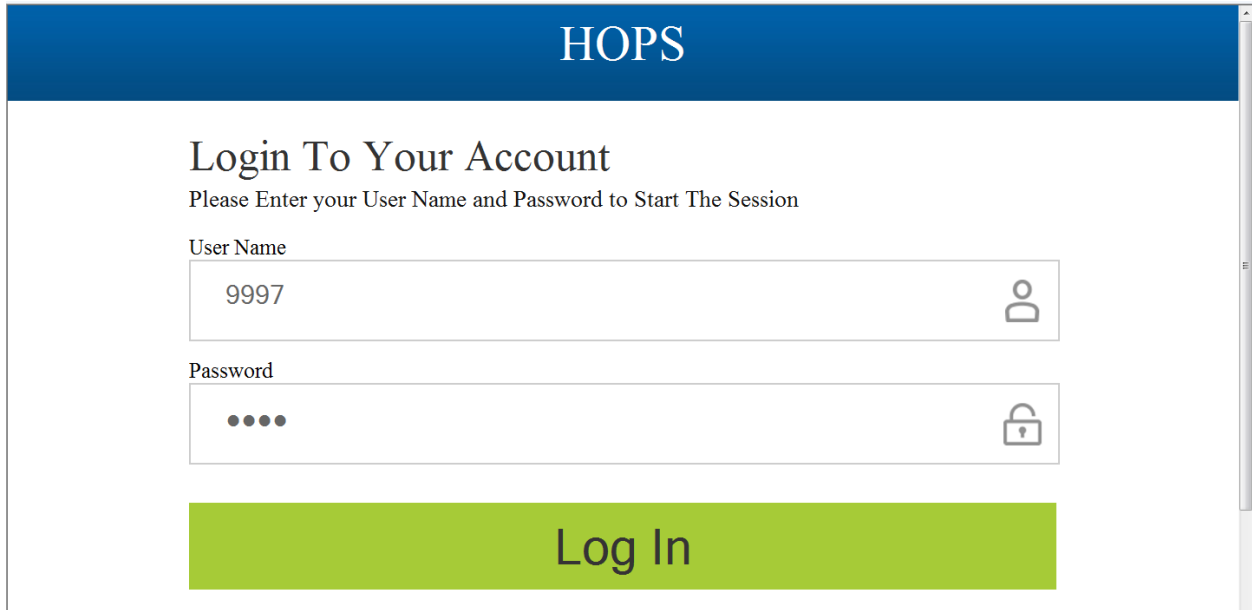
[Logout](#) | [Home](#)

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.

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:



HOPS

Login To Your Account

Please Enter your User Name and Password to Start The Session

User Name

Password

Log In



HOPS

Monday, November 10, 2014 Logout | Home

Welcome to HOPS Behavior Survey.

Please click to take the survey.

Click HERE

Welcome

HOPS Behavior Survey.

Please tell us your sex at birth.

Male

Female

Please state your age (18-80):

HOPS

Monday, November 10, 2014

[Logout](#) | [Home](#)

The following questions ask you about your sexual activities. By sex, we mean anything beyond hugging and kissing. This activity could have been done with or without a condom. This includes oral sex, vaginal intercourse, anal intercourse, stimulation by hand, or anything else beyond hugging and kissing.

Some of these questions may seem personal but we encourage you to answer honestly. Please keep in mind that your answers are kept confidential and will not be shared with anyone in this clinic.

With whom do you usually have sex?

Men only Men and women Women only

You have completed 30% questions.

Select WOMEN ONLY:



HOPS

Monday, November 10, 2014

[Logout](#) | [Home](#)

In the past two years, did you have any sex beyond hugging and kissing? Select YES or NO.

Yes No Skip

You have completed 32% questions.



Select YES:



HOPS

Monday, November 10, 2014

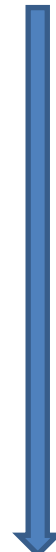
[Logout](#) | [Home](#)

With how many people? (From 1 to 99)

You have completed 61% questions.



Select NO or SKIP:






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Thursday, November 13, 2014 [Logout](#) | [Home](#)

In the last six months, have you had another person's mouth on your vagina without any latex or plastic barriers? Select YES or NO.

You have completed 51% questions.

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



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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.

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