## **Summary of Changes to Questionnaire**

Medical Monitoring Project OMB # 0920-0740 Attachment 5d

Beginning in early 2018, CDC began an evaluation of the MMP questionnaire. The evaluation focused on examination of the relevance, coherence, and scientific contribution of interview questions. The result is a modified interview questionnaire (see Attachment 5c for the previously approved version of the questionnaire and Attachment 5a for the new version of the questionnaire. A redlined version was not feasible because of extensive reformatting of the questionnaire, which was necessary to reduce programming errors and automate the collection of meta-data).

Sections of the questionnaire were modified to improve the efficiency of administration and the quality of the data collected. For example, questions about non-injection drug use, reproductive health, risk reduction and other topics were improved to ease participant comprehension. All new sections of the questionnaire were tested for comprehension through mock interviews. CDC staff conducted test interviews of the revised questionnaire using scenarios involving hypothetical respondents with different characteristics and determined the average time to complete the interview was 40 minutes, which is less time than the administration time for the previously approved questionnaire. In addition, cognitive testing was performed to improve questions on health insurance and coverage and sexual behaviors. The changes to the questionnaire are described in the following table.

Table 1. Proposed Modifications

Location in Documents	Modifications (with brief	Question #(s)	Burden (Increase,	Total Number of
	justification)		Decrease, No change)	Questions
Attachment 2018: p. 4 Attachment 2021: p. 4	Modified an introduction in the "Introduction (IN)" topic. We reduced word count, repetitive language and included more plain language to improve comprehension.	2021: Intro_21_SURVEYIN 2018: Modified INTRO_5_SURVEYIN, Intro_5_INTROTEL,	No change	1
Attachment 2018: p. 6, 10-11	Removed two questions in the "Residence (YS)" topic. Information about where the respondent resided two years prior to being interviewed is no longer needed.	<b>2018:</b> Removed Intro_RESCURN8, RES2YN8 (YS.3.0) – CITY2N8 (YS.3.1)	Decrease	2
Attachment 2018: p. 17	We removed the "Marriage Status (DM)" topic, which included two questions. After reviewing stakeholder feedback, we decided to	<b>2018:</b> Removed CRNLV_N5 (DM.1.0) – MARRI_N5 (DM.2.0)	Decrease	2

Attachment 2018: p. 20 Attachment 2021: p. 17	remove these questions to reduce the questionnaire length.  Stakeholders determined that these questions did not collect critical information.  We modified an introduction statement in the "Disability (A)" topic. Throughout the questionnaire, we removed language that was repetitive to reduce questionnaire length.	<b>2021:</b> Intro_21_DISDEFN3 <b>2018:</b> Intro_6_DISDEFN3	No change	1
Attachment 2018: p. 23-24, 25-26 Attachment 2021: p. 20-22	We modified 5 questions in the "Healthcare coverage (FH)" topic, along with an introduction. We simplified wording based on results from cognitive interviews we conducted among our target population. We also made wording consistent. For example, we use the terms "health insurance and coverage" throughout, whereas previous questions used those terms in addition to, "insurance" and "coverage" and "health insurance and health coverage".	2021:  Modified Intro_INSEMPN5_21, INSEMPN5_21 (FH.1.1.), INSMKTN5_21 (FH.1.2), KINDZN5_21 (FH.1.11), INS12_9_21 (FH.2.0), INSMTHN5_21 (FH.2.1.)  2018: Modified INSEMPN5 (FH.1.1.a) -INSMKTN5 (FH.1.1.b.), KINDZN5 (FH.1.12) - INSMTHN5 (FH.2.1.)	No change	5
Attachment 2021: p. 20-21	We added two questions to the "Healthcare coverage (FH)" topic. We created one question to measure whether respondents received military-based insurance and added one question to measure whether respondents purchased health insurance directly from a health insurance company. We made these changes after reviewing results of cognitive testing and consulting	<b>2021:</b> Added INSCOMPN21 (FH.1.3), KINDEN21 (FH.1.7)	Increase	2

	other surveys.			
Attachment 2018: p. 23-25	We removed 5 questions in the "Healthcare coverage (FH)" topic based on results from cognitive interviews we conducted among our target population. We removed a question that used the term "private health insurance" because this term was not widely understood. We also removed two questions about whether respondents obtained free medications because they were double-barreled and confusing to respondents. Finally, questions about military-based healthcare coverage were combined into one question.	<b>2018:</b> Removed KINDA_5 (FH.1.1.), KINDE_5 (FH.1.5), KINDF_5 (FH.1.6.), KINDH_N5 (FH.1.8.), KINDI_N5 (FH.1.9)	Decreased	5
Attachment 2018: p. 26-27	Removed 5 questions in the "Healthcare coverage (FH)" topic. After reviewing stakeholder feedback, we decided to remove these questions to reduce the questionnaire length.	<b>2018:</b> Removed TYPE_N5 (FH.3.0) - USUAL_8 (FH.3.4)	Decrease	5
Attachment 2018: p. 28 Attachment 2021: p. 24	We modified the introduction to the "General medical care (J)" module. We simplified the introduction to reduce questionnaire length.	2021: Intro_21_GENHLTHN8 2018: Intro_ GENHLTHN8	No change	1
Attachment 2018: p. 29	We removed one question in the "Influenza (JF)" topic. After reviewing stakeholder feedback, we determined that the location where respondents received their most recent flu shot was not critical information for HIV surveillance purposes.	<b>2018:</b> LOCVA_8 (JF.1.1.)	Decrease	1
Attachment 2018: p. 29-30	We removed the "Prescription medicines (JP)" topic, which included	<b>2018:</b> Removed P12_N5 (JP.1.0.) - PRMD6_N5 (JP.2.5.)	Decrease	7

	7 questions. After reviewing			
	stakeholder feedback, we decided to			
	remove this topic to reduce the			
	length of the questionnaire, thereby			
	reducing respondent burden.			
	We added an introduction to the	<b>2021:</b> Added		
Attachment 2021: p.	"Diagnosis Date (KD)" topic after	Intro_N21_IPERINN3	Increase	1
26	stakeholders informed us that a	11110_1121_11 EKII1110	merease	_
	transition statement was needed.			
	We made slight modifications to the			
Attachment 2019, n	introduction in the "Ever care (KE)"	2021:		
Attachment 2018: p. 32	topic. Based on findings from a		No abanca	1
	supplemental qualitative project and	Intro_21_EVERCR_8	No change	1
Attachment 2021: p.27	stakeholder feedback, we removed	<b>2018:</b> Modified Intro_EVERCR_8		
	language that said, "your HIV".			
	We modified one question in "Care	2021:		
Attachment 2018: p.	utilization (KU)" to match the	NYMLTF_21 (KU.4.0)		
34	wording of subsequent questions.	2018:	No change	1
Attachment 2021: p.29	This will improve comprehension and	Modified NYMLTF_8 (KU.4.0)	· ·	
·	reduce respondent burden.	_ ` '		
	Added 2 questions in the "Barriers			
	and Facilitators to care (KP)" topic. A			
	supplemental qualitative project we			
	conducted in 2018 indicated that			
	people had other barriers to	<b>2021:</b> Modified		
Attachment 2018: p.	accessing HIV medical care that they	Intro_21_BARRI1N8, Added		
37	could not fit into our existing	BARRI6N21 (KP.6.0),	Increase	2
Attachment 2021: p.34	questions. The addition of these	BARRI6N21OS (KP.6.1)	morodoo	_
/ titue in zezzi pie i	questions allows us to have a more			
	complete picture of barriers to	<b>2018:</b> Modified Intro_BARRI1N8		
	accessing HIV care. We also			
	simplified the wording of the			
	introduction.			
Attachment 2018: p.	We made slight modifications to the	<b>2021:</b> Intro_21_EART_N5	No change	1
39	introduction in the "Ever ART (TE)"	<b>2021:</b> IIII 0_21_EAR1_N3 <b>2018:</b> Modified	NO CHAILEC	1
Attachment 2021: p.	topic. Based on findings from a	Intro_8_EART_N5		
Attaciment 2021: p.	topic, based on illidings ifolli a	IIIIIO_O_EAKI_NO		

	supplemental qualitative project and			
35				
35	stakeholder feedback, we removed			
	language that said, "your HIV".			
	We removed one question from the			
	"Ever ART (TE)" topic after			
Attachment 2018: p.	determining that it did not collect	<b>2018</b> : Removed NART6_N5	Decrease	1
40	meaningful data and that there was	(TE.1.6.)	20010000	_
	no public health action related to this			
	question.			
	We removed one question from the			
	"Current ART (TC)" topic after			
Attachment 2018: p.42	determining that it did not collect	<b>2018:</b> Removed CART6_N5	Decrease	1
Attacililent 2010. p.42	meaningful data and that there was	(TC.2.6.)	Decrease	1
	no public health action related to this			
	question.			
	We removed one question in the			
	"Adherence (TA)" topic. To			
	streamline the questions and reduce			
	questionnaire length, we removed	er 2018: Removed MISEVRN8		
	this question, which served as a filter			
Attachment 2018: p.43	question for the series of questions		1	
	about reasons for missing a dose.	(TA.4.0.)		
	Instead, we will use question TA.1.0.			
	(which asks about the number of			
	days someone missed a dose) as a			
	filter question.			
	We removed the introduction in the			
	"HIV treatment as prevention (TB)"			
	topic. This introduction was		_	_
Attachment 2018: p.45	unnecessary and explained concepts	2018: Removed Intro_TASP1N8	Decrease	1
	that did not match the question that			
	followed.			
Attachment 2018: p.	We modified the introduction in the	<b>2021:</b> Intro1_N21_SX_TFPN4,	Increase	1
46	"Total sex partners (ST)" questions.	Intro2_N21_SX_TFPN4		
Attachment 2021: p.	We simplified the introduction, used	= <del>-</del>		
42	more plain language, and reduced	2018: Intro_SX_TFPN4		

	the word count, thereby reducing respondent burden and increasing comprehension. We added one introduction, which will be specific to transgender persons, after receiving stakeholder feedback.			
Attachment 2018: p. 47	We removed one question in the "Total sex partners (ST)" questions. We will no longer ask women if they had sex with other women, since we do not use this data for the high-risk sex indicator.	<b>2018:</b> Removed SX_TWPN4 (ST.4.0)	Decrease	1
Attachment 2018: p. 48	We removed the "Exchange sex (SE)" topic, which contained one question.  After reviewing stakeholder feedback, we decided to remove this question to reduce questionnaire length.	<b>2018</b> : Removed SX_EXCN4 (SE.1.0.)	Decrease	1
Attachment 2018: p. 49 Attachment 2021: p. 44	We modified introductions in the "Names of partners (SN)" topic and removed one introduction. The new introductions are shorter in length and use more plain language, thereby improving comprehension.	2021: Intro1_21_SX_NM1N4_21 Intro2_21_SX_NM1N4_21 Intro3_21_SX_NM1N4_21 2018: Removed Intro1_5_SX_NM1N4, Intro2_5_SX_NM1N4, Intro3_5_SX_NM1N4, Intro_6_4SX_NM1N4	Decrease	1
Attachment 2021: p. 47, 51, 56, 60, 64	We added 5 introductions in the "Partner demographics #1, #2, #3, #4, #5 (SP)" topic. After conducting cognitive interviews with members of our target population, we determined that we needed a transition statement before questions about each sex partner.	2021: Intro_N21_SXPGN1N4, Intro_N21_SXPGN2N4, Intro_N21_SXPGN3N4, Intro_N21_SXPGN4N4, Intro_N21_SXPGN5N4	Increase	5

Attachment 2018: p.49-51 Attachment 2021: p. 44-45	We modified questions in the "Names of partners (SN)" topic after reviewing results from cognitive interviews conducted in the target population. We simplified the wording to improve comprehension.	2021: SX_NM1N4_21 (SN.1.0) - SX_NM5N4_21 (SN.1.4) 2018: Modified SX_NM1N4 (SN.1.0) -SX_NM5N4 (SN.1.4)	No change	5
Attachment 2018: P. 53, 54, 65, 66, 77, 78, 89, 90, 101, & 102	We removed 10 questions from the "Partner demographics #1, #2, #3, #4, #5 (SP)" topics. After reviewing stakeholder feedback, we determined that questions about a partner's age and commitment level were not critical for HIV surveillance purposes and were not used in our measure of high-risk sex.	2018: Removed Intro_SXPEN1N4, Intro_8_SXPAG1N4, SXPAG1N4 (SP.2.0), SXPAG2N4 (SP.2.0), SXPAG3N4 (SP.2.0), SXPAG4N4 (SP.2.0), SXPAG5N4 (SP.2.0), SXPCM1N4 (SP.5.0), SXPCM2N4 (SP.5.0), SXPCM3N4 (SP.5.0), SXPCM4N4 (SP.5.0), SXPCM4N4 (SP.5.0), SXPCM5N4 (SP.5.0)	Decrease	10
Attachment 2018: p. 46, 68, 80, 92, 104 Attachment 2021: p. 49, 53, 57, 62, 66	We modified questions in the "Vaginal Sex (SL)" topic after reviewing results from cognitive interviews performed with our target population. The new wording will improve comprehension.	2021: Intro_SXVC1BN4_21, SXVC1BN4_21 (SV.1.1), SXVC2BN4_21 (SV.1.1), SXVC3BN4_21 (SV.1.1), SXVC4BN4_21 (SV.1.1), SXVC5BN4_21 (SV.1.1)  2018: Modified SXVC1BN4 (SV.1.5.b.); SXVC2BN4 (SV.1.5.b.); SXVC3BN4 (SV.1.5.b.); SXVC4BN4 (SV.1.5.b.); SXVC5BN4 (SV.1.5.b.); SXVC5BN4	No change	5
Attachment 2018: p. 54 - 55, 67, 79, 91 &	We removed 25 questions in the "Vaginal sex (SL)" topic after	<b>2018:</b> Removed SV10_1N4 (SV.1.1.) - SXVC1AN4 (SV.1.5.a);	Decrease	25
103	reviewing results from cognitive interviews performed with our target	SV10_2N4 (SV.1.1.) - SXVC2AN4 (SV.1.5.a.); SV10_3N4 (SV.1.1.) -		
	population. We will no longer ask	SXVC3AN4 (SV.1.5.a.);		

	questions about the frequency of vaginal sex, which was not essential to measuring high-risk sex. The removal of these questions reduces questionnaire length.	SV10_4N4 (SV.1.1.) - SXVC4AN4 (SV.1.5.a.); SV10_5N4 (SV.1.1.) - SXVC5AN4 (SV.1.5.a.) and Intro_SXVC1AN4		
Attachment 2018: p. 58, 70, 82, 94, 106 Attachment 2021: p. 49, 54, 58, 62, 67	We modified questions in the "Anal Sex (SL)" topic after reviewing results from cognitive interviews performed with our target population. The new wording will improve comprehension.	2021: Intro_ SXAC1BN4_21, SXAC1BN4_21 (SL.1.1.), SXAC2BN4_21 (SL.1.1.), SXAC3BN4_21 (SL.1.1.), SXAC4BN4_21 (SL.1.1.), SXAC5BN4_21 (SL.1.1.) 2018: Modified Intro_SXAC1BN4, SXAC1BN4 (SL.1.5.b.), SXAC2BN4 (SL.1.5.b.), SXAC3BN4 (SL.1.5.b.), SXAC4BN4 (SL.1.5.b.), SXAC5BN4 (SL.1.5.b.)	No change	5
Attachment 2018: pg. 56-57; 58-60; 68-69; 70-72; 80-81; 82-84; 92-93; 94-96; 104-105; 106-108	We removed 65 questions in the "Anal sex (AL)" topic after reviewing results from cognitive interviews performed with our target population. We will no longer ask questions about the frequency of anal sex, which was not essential to measuring high-risk sex. The removal of these questions reduces questionnaire length.	2018: Removed SA10_1N4 (SL.1.1.) - SXAC1AN4 (SL.1.5.a.); ABTM1AN4 (SL.1.6.a.) - ATPC1BN4 (SL.1.9.b); SA10_2N4 (SL.1.1.) - SXAC2AN4 (SL.1.5.a.); ABTM2AN4 (SL.1.6.a.) - ATPC2BN4 (SL.1.9.b); SA10_3N4 (SL.1.1.) - SXAC3AN4 (SL.1.5.a.); ABTM3AN4 (SL.1.6.a.) - ATPC3BN4 (SL.1.9.b); SA10_4N4 (SL.1.1.) - SXAC4 AN4 (SL.1.5.a.); ABTM4AN4 (SL.1.6.a.) - ATPC4BN4 (SL.1.9.b); SA10_5N4 (SL.1.1.) - SXAC5AN4 (SL.1.5.a.); ABTM5AN4 (SL.1.6.a.) - ATPC5BN4 (SL.1.9.b); Intro_SXAC1AN4, Intro_ATPC1BN4, Intro_ABTC1AN4,	Decrease	65

Attachment 2018: p. 62, 74, 87, 98, 110 Attachment 2021: p. 50, 55, 59, 63, 68	We modified questions in the "Transgender and unknown gender sex (SG) " topic after reviewing results from cognitive interviews performed with our target population. The new wording will improve comprehension.  We removed 25 questions in the	Intro_ABTC1BN4,	No change	5
Attachment 2018: pg. 61-62; 73-74; 85-86; 97-98; 109-110	"Transgender and unknown gender sex (SG)" topic after reviewing results from cognitive interviews performed with our target population. We will no longer ask questions about the frequency of vaginal or anal sex, which was not essential to measuring high-risk sex. The removal of these questions reduces questionnaire length.	2018: Removed Intro_TGC1AN4, TG10_1N4 (SG.1.1.) - TGC1AN4 (SG.1.5.a.); TG10_2N4 (SG.1.1.) - TGC2AN4 (SG.1.5.a.); TG10_3N4 (SG.1.1.) - TGC3AN4 (SG.1.5.a.); TG10_4N4 (SG.1.1.) - TGC4AN4 (SG.1.5.a.); TG10_5N4 (SG.1.1.) - TGC5AN4 (SG.1.5.a.)	Decrease	25
Attachment 2018: p. 63, 75, 87, 99, and 111	We removed 10 questions in the "Status #1, #2, #3, #4, #5 (SS)" topics. These questions were not critical for measuring high-risk sex.	2018: Removed STATS1N4 (SS.1.0) - AWRST1N4 (SS.1.1.); STATS2N4 (SS.1.0) - AWRST2N4 (SS.1.1.); STATS3N4 (SS.1.0) - AWRST3N4 (SS.1.1.); STATS4N4 (SS.1.0) - AWRST4N4 (SS.1.1.); STATS5N4 (SS.1.0) - AWRST5N4 (SS.1.1.);	Decrease	10
Attachment 2018: p. 64, 76, 88, 100 and 112	We modified questions in the "Pre- exposure prophylaxis (SR)" topic by	<b>2021:</b> Intro_21_ PREP1N4_21 Intro_ PREP2N4_21,	Decrease	5

Attachment 2021: p.51, 55, 59, 64, 69	reducing the question length significantly. This will improve respondent comprehension and reduce burden.	Intro_PREP3N4_21, Intro_PREP4N4_21, Intro_PREP5N4_21, PREP1N4_21 (SR.1.0), PREP2N4_21 (SR.1.0), PREP3N4_21 (SR.1.0), PREP4N4_21 (SR.1.0), PREP5N4_21 (SR.1.0)  2018: Modified PREP1N4 (SR.1.0), PREP2N4 (SR.1.0), PREP3N4 (SR.1.0), PREP3N4 (SR.1.0), PREP4N4 (SR.1.0), PREP5N4 (SR.1.0)		
Attachment 2018: p. 112-113 Attachment 2021: p. 69-70	We modified one question in the "Aggregate information (SA)" topic to reduce jargon and use more plain language. This will improve respondent comprehension.	2021: Intro_21_SXAGC1N4, Intro_N21_SXAGC2N4, SXAGC3N4_21 (SA.1.3) 2018: Modified Intro_SXAGC1N4, SXAGC3N4 (SA.1.3)	No change	1
Attachment 2018: p. 114	We removed the "MSM sex ever (ME)" topic, which contained a single question. This question is no longer needed.	<b>2018:</b> Removed MSMEVRN5 (ME.1.0)	Decrease	1
Attachment 2018: p. 115-116	We removed the "Disclosure of same-sex attraction (RC)" topic, which contained 6 questions. After receiving stakeholder feedback, we removed these questions because they were not a priority for stakeholders.	<b>2018:</b> Removed Intro_OUTMAN5, OUTMAN5 (RC.1.1.) – OUTMFN5 (RC.1.6.)	Decrease	6
Attachment 2018: p. 113-114	We removed the "Serosorting (SO)" topic, which contained 4 questions. These questions were lengthy and burdensome to respondents.	2018: Removed Intro_SEROSRT1, SEROSRT1 (SO.1.0)- SEROSRT4 (SO.4.0)	Decrease	4
Attachment 2018: p.	We modified the introduction in the	<b>2021</b> : Intro_21_IPVPH1N5	No change	1

120 Attachment 2021: p.71	"Physical violence (PV)" topic. We reduced the word count and used more plain language to increase comprehension.	2018: Modified Intro_IPVPH1N5		
Attachment 2018: p. 120 Attachment 2021: p.71	We modified one question in the "Sexual Violence (BS)" topic. We simplified and reduced the wording to improve comprehension.	2021: Intro_IPVSX1N5_21, IPVSX1N5_21 (PS.1.0) 2018: Modified Intro_IPVSX1N5, IPVSX1N5 (PS.1.0)	No change	1
Attachment 2021: p. 78-79	We added 4 questions to the "Cigarette and tobacco use (US)" topic that will measure vaping. We also added an introduction to these questions that defines "vaping". This should improve respondent comprehension.	<b>2021:</b> Intro_CIGELCN5_21, CIGELCN5_21 (US.5.0) – Vape_otherN21 (US.5.3.)	Increase	4
Attachment 2018: p. 128	We removed 2 questions that measured e-cigarette use in the "Cigarette and tobacco use (US)" topic. Instead, we will ask questions that include the term "vaping".	<b>2018:</b> CIGELCN5 (US.5.0), CIGELFN5 (US.5.1.)	Decrease	2
Attachment 2018: p. 129-131 Attachment 2021: p. 79-81	We added one question to the "Non- injection drug use (UN)" topic to ensure the list of drugs we ask about is exhaustive. We also removed one question in the "Non-injection drug use (UN)" topic. Thus, the addition of one question and removal of another indicates no change. We modified language in two questions to improve comprehension and reduce respondent burden.	2021: Modified Intro_21_MARIJU_9, PAINKN5_21 (UN.8.0), TRANQN5_21 (UN.9.0), Added OTHERDRUGN21 (UN.10.0)  2018: Removed Intro_ANID12_9, ANID12_9 (UN.1.0), Intro_PAINKN5  Modified Intro_MARIJU_9, PAINKN5 (UN.10.0), TRANQN5 (UN.11.0)	No change	1
Attachment 2018: p.	We removed one question and		Decrease	1

133 Attachment 2021: p. 83	modified the wording of one question in the "Injection Drug Use (UI)" topic. We modified one question to include other examples of commonly used painkillers, such as Percocet and Vicodin. We also removed a question on injecting amphetamines after consulting with subject matter experts who noted that methamphetamine (which we ask about) is the most commonly used amphetamine.	<b>2021:</b> PKINJN5_21 (UI.7.0) <b>2018:</b> PKINJN5 (UI.7.0)		
Attachment 2018: p. 140 Attachment 2021: p. 89	We modified an introduction in the "Discrimination (RD)" topic to reduce repetitive words.	<b>2021:</b> Intro_21_DISHIV_8 <b>2018</b> : Intro_DISHIV_8	No change	1
Attachment 2018: p. 136, 138 Attachment 2021: p. 85	We removed 3 questions and one introduction from the "Stigma (RS)" topic. After consulting with the National HIV/AIDS Strategy workgroup, we removed 3 questions that lacked a reference period. In addition, we modified one introduction statement to reduce word count and use more plain language.	2021: Intro_21_STGA12N8 2018: Modified Intro_8_STIGMAN5, Removed STIGMAN5 (RS.1.0) - STIGMCN5 (RS.3.0), Intro_STGA12N8	Decrease	4
Attachment 2018: p. 143-145	We removed the "Contraception (GC)" topic, which included 14 questions. The topic was lengthy and burdensome to participants.	2018: Removed Intro_8_BIRCOAN3, BIRCOAN3 (GC.1.1.) - BIRCOPN3 (GC.1.16.)	Decrease	14
Attachment 2018: p. 145 Attachment 2021: p.92-93	We added 6 questions to a new "Family Planning (GF)" topic and modified one question. Our previous contraception questions were burdensome, lengthy and limited to women with male sex partners. The	2021: Added INTENTDADN21 INTENTN8_21 (FP.1.0)- VERTRANN21 (FP.7.0) 2018: Modified INTENTN8 (GR.1.0)	Increase	6

	new Family Planning topic will			
	provide information on how persons			
	with HIV interact with the healthcare			
	system to get information on family			
	planning.			
	We added 8 questions to the			
Attachment 2021: p. 94-96	"Reproductive history (GR)" topic.	<b>2021:</b> Intro_N21_PREG_9, OUTCM1N3_21 (GR.2.0) - KIDHIVN21 (GR.9.0)	Increase	8
	We simplified this topic by asking			
	women about their pregnancies in			
	aggregate, instead of asking about			
	their individual pregnancies. This will			
	reduce respondent burden.			
	We removed 25 questions in the "Reproductive history (GR)" topic.			
	This topic was lengthy, burdensome,	<b>2018</b> : Removed INTNT1N3 (GR.2.0) – DUDT5N3 (GR.6.4)	Decrease	25
Attachment 2018: p.	and sensitive for respondents. We			
	will no longer ask individual			
145-153	questions about the five most recent			
	pregnancy outcomes since testing			
	positive for HIV.			
A44 - alama - m4 2024 -	We added one question to the	2024: NEDCOND, NO4 (ND 44.4)		
Attachment 2021: p.109	"Services and Assistance programs	<b>2021:</b> NEDCOND_N21 (ND.14.1)	Increase	1
	(ND)" topic, which will measure an			
	unmet need for condoms.			
A44 - h.m m.t. 2040 - m	We modified one introduction and	<b>2021:</b> Intro_21_INFTX1N8		
Attachment 2018: p.	removed one introduction from the	2018: Modified Intro_INFTX1N8		
117-118	"Prevention Activities (PA)" module.	and Removed	Decrease	1
Attachment 2021: p.	We did so to reduce unnecessary and	Intro_5_COND12_9		
111	excessive introductions and reduce			
AH L L 0040	questionnaire length.	2004	D	
Attachment 2018: p. 118	We modified two questions in the	2021:	Decrease	2
	"Risk reduction (PR)" topic after	TALK_A_21 (PR.1.0),		
Attachment 2021: p.	reviewing results from cognitive	TALK_B_21 (PR.2.0)		
112	interviews performed with our target	2018: Removed Intro_TALK_5A		
	population. We significantly reduced	and modified TALK_5A (PA.2.0),		
	the question length, thereby	TALK_5B (PA.2.1.)		

	reducing respondent burden.			
Attachment 2018: p. 118	We removed one question in the "Prevention Messages (PM)" topic. This question measured whether respondents had seen or heard of the "HIV treatment works" campaign. This campaign is no longer in use.	<b>2018:</b> Removed HTWCMPN8 (PM.3.0)	Decrease	1
Attachment 2018: p. 119	We removed one question in the "Risk Reduction (PR)" topic that was lengthy and burdensome for respondents to answer.	<b>2018:</b> Removed GROU1_12 (PA.3.0)	Decrease	1
Attachment 2018: p. 165-167	We removed two questions in the "Other disability (NS)" topic. We no longer need detailed information about the month and date when they received either forms of assistance.  In addition, this question asked about information that was difficult for respondents to recall.	<b>2018:</b> DSSSIN8 (NS.1.0), DSSDIN8 (NS.2.1.)	Decrease	2