

Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

Public reporting burden of this collection of information is estimated to average 15 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)

Do you consider yourself Hispanic or Latinx? No Yes reset

Which racial group or groups do you consider yourself to be in? (Check all that apply.) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Decline to respond

What sex were you assigned at birth (on your original birth certificate, if you had one)? Male Female reset

How do you describe your current gender identity? (Cisgender is when your gender aligns with your sex at birth. Transgender is when your gender differs from your sex at birth.) Cisgender Man Cisgender Woman Transgender Man Transgender Woman Nonbinary/genderqueer Another gender identity: reset

My gender identity is:















Do you have health insurance? Yes, I have public insurance (i.e. Apple health, Medicaid) Yes, I have private insurance Yes, I have something different: No, I do not have any health insurance Not sure reset

















What is your health insurance type?

What is the highest grade in school you completed? Less than high school Some high school High school diploma or GED Some college, Associate's degree, or Technical degree College graduate Post graduate or professional school I prefer not to answer reset

Where have you been living most of the time during the past 30 days? In my own home or apartment In the home/apartment of friends/family (couch surfing, I am not on the lease) Supportive housing (housing with additional services onsite, like a case manager) Single room occupancy hotel (SRO) Transitional housing Overnight shelter In a tent or encampment, on the street or in a car Other reset

Where have you been living most of the time during the past 30 days?

In the past 3 months have you used the following substances?			
		Never	Yes
Cannabis (marijuana, pot, grass, hash, etc.)	 	<input type="radio"/>	<input checked="" type="radio"/>
			reset
Cocaine (coke, crack, etc.)	 	<input type="radio"/>	<input checked="" type="radio"/>
			reset
Methamphetamine (speed, crystal meth, ice, etc.)	 	<input type="radio"/>	<input checked="" type="radio"/>
			reset
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	 	<input type="radio"/>	<input checked="" type="radio"/>
			reset
Opioids (heroin, opium, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin])	 	<input type="radio"/>	<input checked="" type="radio"/>
			reset
Methadone or buprenorphine	 	<input type="radio"/>	<input checked="" type="radio"/>
			reset
Other substances	 	<input type="radio"/>	<input checked="" type="radio"/>
			reset

In the past 3 months, how did you consume that/those substance/s?					
		Injected	Smoked	Ingested	Other
Cannabis (marijuana, pot, grass, hash, etc.)	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (coke, crack, etc.)	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (speed, crystal meth, ice, etc.)	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioids (heroin, opium, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin])	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone or buprenorphine	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other substances	 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify the other substances you have used in the previous three months:		 	<input type="text"/>		

If HIV status negative or unknown:

Have you ever used HIV pre-exposure prophylaxis, or PrEP? PrEP is a pill to prevent getting HIV.

- No, I have never taken PrEP
- Yes, I have previously taken PrEP but do not use it now
- Yes, I am currently using PrEP

[reset](#)

Thank you for your responses!
Please return the laptop to study staff.

If HIV status positive:

Have you ever taken HIV antiretroviral therapy, or ART? ART is a medication to treat HIV.

- No, I have never taken ART
- Yes, I have previously taken ART but am not currently taking it
- Yes, I am currently on ART

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Thank you for your responses!
Please return the laptop to study staff.