

**Form Approved**

**OMB No. 0920-1357**

**Expiration Date: 12/31/2024**

**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 (0920-1357)**

## Participant to complete this section:

Are you Hispanic or Latinx?	<div><div>H</div><div></div><div></div><div></div></div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>reset</div>
What is your race? (Check all that apply.)	<div><div>H</div><div></div><div></div><div></div></div> <div><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White</div>
What sex were you assigned at birth (on your original birth certificate, if you had one)?	<div><div>H</div><div></div><div></div><div></div></div> <div><input type="radio"/> Male <input type="radio"/> Female</div> <div>reset</div>
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.)	<div><div>H</div><div></div><div></div><div></div></div> <div><input type="radio"/> Cisgender Man <input type="radio"/> Cisgender Woman <input type="radio"/> Transgender Man <input type="radio"/> Transgender Woman <input type="radio"/> Nonbinary/genderqueer <input checked="" type="radio"/> Another gender identity:</div> <div>reset</div>
My gender identity is:	<div><div>H</div><div></div><div></div><div></div></div> <div><input type="text"/></div>

Do you have health insurance?	<div><div>H</div><div></div><div></div><div></div></div> <div><input type="radio"/> Yes, I have public insurance (i.e. Apple health, Medicaid, Medicare) <input type="radio"/> Yes, I have private insurance <input checked="" type="radio"/> Yes, I have something different (i.e. VA, DoD, other) <input type="radio"/> No, I do not have any health insurance <input type="radio"/> Not sure</div> <div>reset</div>
What is your health insurance type?	<div><div>H</div><div></div><div></div><div></div></div> <div><input type="text"/></div>

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

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

reset

In the past 3 months have you used the following substances?

Never

Yes

Cannabis (marijuana, pot, grass, hash, etc.)

☐
☒

reset

Cocaine (coke, crack, etc.)

☐
☒

reset

Methamphetamine (speed, crystal meth, ice, etc.)

☐
☒

reset

Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)

☐
☒

reset

Opioids (heroin, opium, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin])

☐
☒

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Methadone or buprenorphine

















☐
☒

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Other substances

☐
☒





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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:

<p><b>Have you ever used HIV pre-exposure prophylaxis, or PrEP? PrEP is a pill to prevent getting HIV.</b></p>	<p> <input type="radio"/> No, I have never taken PrEP  <input type="radio"/> Yes, I have previously taken PrEP but do not use it now  <input type="radio"/> Yes, I am currently using PrEP         </p>
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    Variable: prep\_stop

**When did you last stop taking PrEP? Please enter a month and year in MM/YYYY format. If you cannot remember the month, please just enter the year.**

MM/YYYY

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.**