

# Participant to complete this section:

|   |   |                       |
|---|---|-----------------------|
| <b>Are you Hispanic or Latinx?</b>  | <input type="radio"/> No<br><input type="radio"/> Yes   | <a href="#">reset</a> |
| <b>What is your race? (Check all that apply.)</b>   | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White   |                       |
| <b>What sex were you assigned at birth (on your original birth certificate, if you had one)?</b>  | <input type="radio"/> Male<br><input type="radio"/> Female  | <a href="#">reset</a> |
| <b>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.)</b> | <input type="radio"/> Cisgender Man<br><input type="radio"/> Cisgender Woman<br><input type="radio"/> Transgender Man<br><input type="radio"/> Transgender Woman<br><input type="radio"/> Nonbinary/genderqueer<br><input checked="" type="radio"/> Another gender identity:  | <a href="#">reset</a> |
| <b>My gender identity is:</b>   | <input type="text"/>  |                       |
| <b>Do you have health insurance?</b>  | <input type="radio"/> Yes, I have public insurance (i.e. Apple health, Medicaid, Medicare)<br><input type="radio"/> Yes, I have private insurance<br><input checked="" type="radio"/> Yes, I have something different (i.e. VA, DoD, other)<br><input type="radio"/> No, I do not have any health insurance<br><input type="radio"/> Not sure | <a href="#">reset</a> |
| <b>What is your health insurance type?</b>  | <input type="text"/>  |                       |

**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

















**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

**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"/> |
| Cocaine (coke, crack, etc.)   | <input type="radio"/> | <input checked="" type="radio"/> |
| Methamphetamine (speed, crystal meth, ice, etc.)  | <input type="radio"/> | <input checked="" type="radio"/> |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)                       | <input type="radio"/> | <input checked="" type="radio"/> |
| Opioids (heroin, opium, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin]) | <input type="radio"/> | <input checked="" type="radio"/> |
| Methadone or buprenorphine  | <input type="radio"/> | <input checked="" type="radio"/> |
| Other substances  | <input type="radio"/> | <input checked="" type="radio"/> |

**In the past 3 months, how did you consume that/those substance/s?**

|   |  | Injected  | Smoked                              | Ingested                 | Other                    |
|---|--|---|-------------------------------------|--------------------------|--------------------------|
| Cannabis (marijuana, pot, grass, hash, etc.)  | <br> | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine (coke, crack, etc.)   | <br> | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Methamphetamine (speed, crystal meth, ice, etc.)  | <br> | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)                       | <br> | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Opioids (heroin, opium, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin]) | <br> | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Methadone or buprenorphine  | <br> | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Other substances  | <br> | <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:           |  | <br> <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

[reset](#)

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