

Form Approved  
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**Surveillance of HIV-related service barriers among Individuals with Early or  
Late HIV Diagnoses (SHIELD)**

**Attachment 6a**

**Survey (English)**

**February 27, 2025**

Public reporting burden of this collection of information is estimated to average 50 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 (0920-1402)

## SHIELD Survey

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## SHIELD - SURVEY

## SHIELD SURVEY (ENGLISH)

**INTRO.NOTE**Interviewer-Administered (IA) Introduction

**Interviewer Note:** please READ: “Thank you for your interest in this health survey. Remember that all the information you provide will be kept private and this will not have any personal information linked to it, like your name, where you live, or your birthdate. Some questions I ask might be personal. You might want to participate in a safe and private location where other people cannot overhear our conversation.

First, I will ask you a few questions about yourself to confirm that you qualify for this health survey. Once this process is complete and you are confirmed to be eligible, we will move on to the survey.

For this survey, I will need to read all questions as worded so everyone in the study is asked the same questions. There are also several questions in this survey where I'll ask you to look at response cards that list answer choices.

The person at the health department might have told you where to find the response cards. If not, I can give you the link to access the response cards.

Do you have access to the internet?

[\[If they say no or they can't access the response cards, the interviewer will need to read the responses for each question\]](#)

After you've read the choices on the card, you can tell me your answer or, if you'd prefer, you can tell me the number next to the answer you choose.

At the end of the survey, you will have an opportunity to hear about referrals to programs and services in your area.”

Web-based Survey (WB) Introduction

Thank you for your interest in this health survey. Remember that all the information you provide will be kept private and this will not have any personal information linked to it, for example your name, where you live or birth date. Some questions might be personal. You may want to take the survey in a safe and private location where other people cannot see your screen.

First, there will be a couple of questions about you to confirm that you qualify for the health survey. Once this process is complete and you are confirmed to be eligible, you will move on to the survey. For this survey, the questions and responses will be listed. There is also a sound function [add symbol here] for survey questions in case you would like to have the information read out loud.

If you want to stop and return to the survey at a later time, please remember the following: (To be determined by the Contractor)

- 1.
- 2.

At the end of the survey, you will have an opportunity to read about referrals to programs and services in your area

## A. Confirmation of Age, Diagnosis, and Residence

**CALC\_E\_TIME1**      Start time of confirmation of eligibility. Automatic hidden variable.

**E\_TIME1**           Confirmation start time

\_\_ : \_\_

Programming note: For all items in survey where applicable, response option “don't know” should be available to participants and interviewers for selection, but response option “prefer not to respond” should only be available for selection by interviewers.

**A.1.**                   Age at time of survey

AGE\_SRV

How old are you?

*Interviewer Note: Enter age in years, only integers [Range: 16-99]*

Prefer not to respond

999

**Skip pattern**

If A.1 &lt; 18 then ineligible. GO TO END.1

Else go to A.5

A.2.

HIVDX\_CR

**Date of Diagnosis**

According to information provided by the health department, you received your first HIV diagnosis in [MONTH/YEAR]. Is this correct?

No

0

Yes

1

*Programming note: The health department staff will enter the month and year of diagnosis [MONTH/YEAR] into the Contractor's scheduling portal and it should be automatically populated in this question.***Skip pattern**

If A.2 = 'No' [0] then GO to A.3 to update the date of diagnosis.

Else GO to A.5

A.3 and A.4 (Web) Please enter the month and year when you received your first HIV diagnosis

A.3.

**Month (Diagnosis date)**

HIVDX\_M

*Interviewer Note: Enter two digits for the new month of diagnosis.*

MONTH \_\_\_\_\_

(January = 01, February = 02, March = 03, April = 04, May = 05, June = 06, July = 07, August = 08 September = 09, October = 10, November = 11, December = 12)

A.4.

**Year (Diagnosis date)****Instructions for the INTERVIEWER: Enter four digits for the new year of diagnosis.***Interviewer Note: Enter four digits for the new year of diagnosis.*

HIVDX\_Y

YEAR \_\_\_\_\_

*Programming Note: Range = 2000 to current survey year*

If A.3 and A.4 is a date more than 18 months prior to the survey date go to A.4b

A.4b

The diagnosis date you entered is more than 18 months ago. Is this correct?

*[Interviewer Note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No, I need to correct it

0

Yes, it is correct.

1

Prefer not to respond

99

A.5

STATE\_DX

**State Mostly Reside (YBDX)**In the **12 months before your diagnosis**, which state did you spend the majority of your time in?*[Interviewer Note: DON'T READ RESPONSES. SELECT ONLY ONE.]**Programming note: drop down menu*

Drop down menu selection: \_\_\_\_\_

A.6

CNTY\_DX

**County Mostly Reside (YBDX)**In the **12 months before your diagnosis**, which county did you spend the majority of your time in?

[Interviewer Note: DON'T READ RESPONSES. SELECT ONLY ONE.]

Programming note: drop down menu

Drop down menu selection: \_\_\_\_\_

A.7  
STATE\_RE

#### State Currently Reside

Which state do you **currently** live in?

[Interviewer Note: DON'T READ RESPONSES. SELECT ONLY ONE.]

Programming note: drop down menu

Drop down menu selection: \_\_\_\_\_

A.8  
CNTY\_RE

#### County Currently Reside

Which county do you **currently** live in?

[Interviewer Note: DON'T READ RESPONSES. SELECT ONLY ONE.]

Programming note: drop down menu

Drop down menu selection: \_\_\_\_\_

CALC\_E\_TIME2  
E\_TIME2

End time of confirmation of eligibility Automatic hidden variable.

Confirmation end time

\_\_ : \_\_

## B. Demographics

**Transition: We are finished confirming your information. You qualify for the health survey. We will now start this survey by asking you a few questions about yourself.**

CALC\_S\_TIME1  
S\_TIME1

Start time of core questionnaire. Automatic hidden variable.

Respondent start time

\_\_ : \_\_

B.1

#### Education

[WB: What is the **highest** level of education you have received? Select only one.]

B\_EDUC

[IA: Looking at Response Card A, what is the **highest** level of education you have received? Please select only one.]

*Interviewer note: Use Response Card A*

Never attended school	1
Grades 1 through 8	2
Grades 9 through 12	3
High school graduate or GED	4
Some college, but did not complete degree	5
Technical, Vocational, or Associate's degree	6
Bachelor's degree	7
Any post-graduate studies	8

Prefer not to respond

99

**B.2****Ethnicity****B\_ETHN**

Do you identify as Hispanic, Latino/a, or of Spanish origin?

*[Interviewer Note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No 0

Yes 1

Prefer not to respond

99

<b>Skip Pattern</b>	<b>If B2 = 'Yes' [1] then GO to B.3 ELSE GO to B.4</b>
---------------------	--

**B.3****Hispanic Origin**

How do you describe your Hispanic, Latino/a, or Spanish origin?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

**B\_HISP1** Mexican, Mexican American, or Chicano/a 1**B\_HISP2** Puerto Rican 2**B\_HISP3** Cuban 3**B\_HISOT** Another Hispanic, Latino/a, or Spanish origin 96**B\_HISDK** Don't know 98**B\_PNRD** Prefer not to respond. 99

<b>Skip Pattern</b>	<b>If B.3='Another Hispanic, Latino/a, or Spanish origin' [96] then GO to B.3a ELSE GO to B.4</b>
---------------------	---

**B.3a****Another Hispanic Origin****B\_HISOTb**

What is the other Hispanic, Latino/a, or Spanish origin?

\_\_\_\_\_ Interviewer note: Type in a text response

**B.4****Race\_**

How do you describe your race?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

**B\_AIAN** American Indian or Alaska Native 1**B\_ASIA** Asian 2**B\_BLAC** Black or African American 3**B\_NHOP** Native Hawaiian or Other Pacific Islander 4**B\_WHIT** White 5**B\_OTHR** Another race 96**B\_PNTR** Prefer not to respond 99

**Skip Pattern**      If B.4='Another race' [96] then GO to B.4a  
                          OR If B.4 = 'Asian' [2] then GO to B.5  
                          ELSE GO to B.6

**B.4a**                      **Another Race**  
**B\_OTHRb**                What is the other race?  
                          \_\_\_\_\_ Interviewer note: Type in a text response

**B.5**                      **Asian Origin - race follow up**  
 How do you describe your Asian origin?  
 [WB: Select all that apply]  
 [IA: Answer yes or no for each response]

<b>B_ASIAN1</b>	Chinese	1
<b>B_ASIAN2</b>	Filipino	2
<b>B_ASIAN3</b>	Asian Indian	3
<b>B_ASIAN4</b>	Vietnamese	4
<b>B_ASIAN5</b>	Korean	5
<b>B_ASIAN6</b>	Japanese	6
<b>B_AOTHR</b>	Another Asian origin	96
<b>B_ASNR</b>	Prefer not to respond	99

**Skip Pattern**      If B.5='Another Asian origin' [96] then GO to B.5a  
                          ELSE GO to B.6

**B.5a**                      **Another Asian Origin**  
**B\_AOTHRb**                What is the other Asian origin? \_\_\_\_\_  
                          \_\_\_\_\_ Interviewer note: Type in a text response

**B.6**

**B\_BRTH**                **Sex**  
 What is your sex, male or female?  
 [WB: Select only one]  
 [IA: I will read all responses and you will select one]  
 Interviewer note: Read all response options first, then allow participant to select one

Male	1
Female	2
Prefer not to respond	99

**B.7**                      **Sexual orientation**  
 How do you describe your sexual orientation?  
 [WB: Select all that apply]



[IA: Answer yes or no for each response]

<b>B_SEX01</b>	Bisexual	1
<b>B_SEX02</b>	Gay or Lesbian	2
<b>B_SEX03</b>	Straight or heterosexual	3
<b>B_SXOTR</b>	Another sexual orientation	96
<b>B_SEXDK</b>	Don't know	98
<b>B_SEXNR</b>	Prefer not to respond	99

**Skip Pattern**      If B.8 = 'Another sexual orientation' [96] then GO to B.8a  
ELSE GO to B.9

### B.7a      Another sexual orientation

**B\_SXOTRb**      What is the other sexual orientation?

\_\_\_\_\_  
Interviewer note: Type in a text response

### B.8

#### Sex of partners (YBDX)

In the **12 months before your diagnosis**, from [MONTH/YEAR] to [MONTH/YEAR2], who did you have sex with?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

Programming note: If 0 selected, disable other responses

Interviewer note: If participant selects 1-95, do not read 0. If participant does not select 1-95, then read 0 and 98.

<b>B_PART01</b>	Men	1
<b>B_PART02</b>	Women	2
<b>B_PART00</b>	I did not have sex with anyone in the 12 months before my diagnosis	0
<b>B_PARDK</b>	Don't know	98
<b>B_PARNR</b>	Prefer not to respond	99

### B.9

#### Nativity

Were you born in the United States?

**B\_NATV**      [Interviewer Note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No	0
Yes	1

Prefer not to respond      99

**Skip Pattern**      If B.10 = 'No' [0] then GO to B.11  
ELSE GO to B.12

### B.10

#### Years in US

**B\_YR\_US**      How many years have you lived in the United States?

[WB: Please enter a whole number. If you are between years, please round to the nearest whole number. If less than 1 year, please enter [0]. If you don't know the exact number please give us your best estimate]

[Interviewer Note: DO NOT READ: Enter a whole number. If respondent indicates being between years, ask them

to round to the nearest whole number. If less than 1 year, please enter [0].

*Probe:* If you don't know the exact number please give us your best estimate]

\_\_\_\_\_ Programming note: Valid Range 0—99 ; Logic check – must be less than age of participant.

*Prefer not to respond.*

999

### B.11

**B\_EMPLY**

### Employment

[WB: Which of the options below best describes your **current** employment status? Select only one.]

[IA: Looking at Response Card B, which of the options below best describes your **current** employment status?

Please select only one.]

*Interviewer note: Use Response Card B*

- |   |   |
|---|---|
| Working full-time, 35 hours or more a week (includes self-employment)   | 1 |
| Working part-time, less than 35 hours a week (includes self-employment) | 2 |
| Stay-at-home parent, caregiver, or partner                              | 3 |
| Full-time student   | 4 |
| Unemployed, out of work less than a year                                | 5 |
| Unemployed, out of work more than a year                                | 6 |
| Retired   | 7 |
| Disabled and not able to work   | 8 |
| Not able to work for some other reason                                  | 9 |

*Prefer not to respond*

99

**Transition: Next, we would like to ask about your combined family income. “Combined family income” means the total amount of money from all family members living in your household.**

### Income

### B.12

### Preference for answer income question

**B\_IN\_MY**

Would you like to answer the following question using monthly income or yearly income?

- |         |   |
|---------|---|
| Monthly | 1 |
| Yearly  | 2 |

### Skip Pattern

If B.13 = 'Monthly' [1] then GO to B.13a  
OR If B.13 = 'Yearly' [2] then GO to B.13b  
ELSE GO to B.14

### B.12a

### Income (monthly)

*Programming note: Populate last year*

**B\_INCOM**

[WB: In [INSERT LAST YEAR], what was your combined monthly family income from all sources before taxes?

Select only one.]

[IA: Looking at Response Card C, in [INSERT LAST YEAR], what was your combined monthly family income from all sources before taxes? Please select only one.]

*Interviewer note: Use Response Card C*

\$0 to \$1,666 per month	1
\$1,667 to \$2,083 per month	2
\$2,084 to \$2,499 per month	3
\$2,500 to \$3,333 per month	4
\$3,334 to \$4,166 per month	5
\$4,167 to \$6,249 per month	6
\$6,250 or more per month	7
Don't know	98
<i>Prefer not to respond</i>	99

**B.12b****Income (yearly)**

Programming note: Populate year from B13a

**B\_INCOY**

[WB: In [INSERT LAST YEAR], what was your combined yearly family income from all sources before taxes? Select only one.]

[IA: Looking at Response Card D, in [INSERT LAST YEAR], what was your combined yearly family income from all sources before taxes? Please select only one.]

Interviewer note: Use Response Card D

\$0 to \$19,999 per year	1
\$20,000 to \$24,999 per year	2
\$25,000 to \$29,999 per year	3
\$30,000 to \$39,999 per year	4
\$40,000 to \$49,999 per year	5
\$50,000 to 74,999 per year	6
\$75,000 or more per year	7
Don't know	98
<i>Prefer not to respond</i>	99

**B.13****Health insurance****B\_INS1**

Do you **currently** have health insurance coverage?

[Interviewer Note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No	0
Yes	1

*Prefer not to respond* 99

End of Demographics Section.

## C. HIV Testing

Transition: Now we will be moving on to questions about your HIV testing history.

**C.1****Reason for test**

You received an HIV diagnosis in [MONTH/YEAR]. What were the **main reasons** you got tested for HIV?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

Programming note: Populate diagnosis date.

Programming note: Randomize responses 1-11

C_TS01	Felt sick	1
C_TS02	As part of a routine check-up or visit	2
C_TS03	A doctor or healthcare worker recommended getting tested	3
C_TS04	Worried you might have been exposed through sex	4
C_TS05	Worried you might have been exposed through injection drug use	5
C_TS06	Worried you might have been exposed through your job	6
C_TS07	It was required for getting or staying on HIV pre-exposure prophylaxis (PrEP)	7
C_TS08	It was required for health or life insurance coverage	8
C_TS09	A current or former partner had tested positive or might have HIV	9
C_TS10	There was an increase in HIV in your community	10
C_TS11	As part of prenatal care	11
C_TS12	Worried you might have been exposed through sexual assault	12
C_TSOT1	Another reason	96
C_TSNR	Prefer not to respond	99

**Skip Pattern** If C.1 = 'Another reason' [96] then GO to C.1a  
ELSE GO to C.2

#### C.1a Other reason for initial positive test

C\_TSOT2 What was the other reason?

\_\_\_\_\_ Interviewer note: Type in a text response

### HIV Testing & Barriers to Testing

#### C.2 Location of initial positive test

C\_LOC01 [WB: Where did you test positive for HIV? Select only one.]

[IA: Looking at Response Card E, where did you test positive for HIV? Please select only one.]

*Interviewer note: Use Response Card E. If participant selects 13 (Another place) from Response Card E, interviewer should select 96 (Another place) from the list below.*

Programming note: Randomize responses 1-12

Regular doctor's office	1
Another type of clinic like a local health department clinic, STD clinic, or family planning clinic	2
Urgent care or walk-in clinic	3
Hospital, emergency room, or other inpatient setting	4
Pharmacy	5
A community organization	6
A mobile testing unit like a van or RV	7
A public gathering like a festival, fair, bar, or night club	8
Faith-based organization, for example, church or temple	9
Syringe services program or needle exchange program	10
Correctional facility (jail or prison)	11
At home using a self-test or self-collection kit	12
Another place	96

Prefer not to respond 99

**Skip Pattern**      If C.2 = 'Another location' [96] then GO to C.2a  
ELSE GO to C.3

**C.2a**      **Other location of initial positive test**

**C\_LOC02**

What is the other place?

----- *Interviewer note: Type in a text response*

### Testing History - Ever Offer or Test Previously

**Transition: The next question asks about your experiences with a healthcare worker. A healthcare worker might include a doctor, nurse, nurse practitioner, physician assistant, or pharmacist.**

**C.3**      **Provider offer HIV test**

**C\_PROVEVR**

**Before your diagnosis**, did a healthcare worker **ever** offer or recommend an HIV test to you?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No 0

Yes 1

*Prefer not to respond* 99

**Transition: For the next three questions, we are asking about HIV tests you might have taken before your diagnosis. Do not include the HIV tests that led to your diagnosis.**

**C.4**      **Previous test HIV**

**C\_HIVEVR**

**Before your diagnosis**, did you **ever** test for HIV?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No 0

Yes 1

*Prefer not to respond* 99

**Skip Pattern**      If C.4 = 'Yes' [1] then GO to C.5  
If C.4 = 'No' [0] then GO to C.7  
ELSE GO to D.1

**C.5**      **Frequency of testing**

**C\_TS\_FRQ**

[WB: **Before your diagnosis**, approximately how often did you get tested for HIV? Select only one.]

[IA: Looking at Response Card F, **before your diagnosis**, approximately how often did you get tested for HIV?

Please select only one.]

Interviewer note: Use Response Card F

Every 3 months or more often	1
Every 6 months	2
Yearly	3
Once every few years	4
Once in your lifetime	5
Don't know	98
Prefer not to respond	99

## C.6

C\_TSP12

### Previous test HIV (YBDX)

In the **12 months before your diagnosis**, from (MONTH/YEAR) to (MONTH/YEAR2), did you test for HIV?

Programming note: Populate diagnosis dates

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No	0
Yes	1
Don't know	98
Prefer not to respond	99

### Skip Pattern

If C.6= 'No' [0] then GO to C.7  
If C.6 = 'Yes' [1] then GO to C.11  
ELSE GO to D.1

## Reasons for not testing for HIV

Transition: The next set of questions ask about reasons that may have prevented you from getting tested for HIV.

## C.7

### Situational Reasons

Did any of these situations prevent you from getting an HIV test?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

Programming note: Randomize responses 1 -15

Interviewer note: If participant selects 1-15, do not read 94. If participant does not select 1-15, read 94.

C_SIT01	Did not know where to go to get tested	1
C_SIT02	Could not afford to get tested	2
C_SIT03	Did not have insurance coverage	3
C_SIT04	Assumed you were already infected with HIV	4
C_SIT05	Did not think you were at risk for HIV	5
C_SIT06	Could not take time off from work	6
C_SIT07	Did not want to test for HIV	7
C_SIT08	HIV testing services were too far away	8
C_SIT09	Could not afford transportation to a testing site	9
C_SIT10	Appointment times were not convenient	10
C_SIT11	Afraid of having blood drawn	11
C_SIT12	Concerned you would test positive for HIV	12

<b>C_SIT13</b>	Concerned you would not be able to afford HIV care	13
<b>C_SIT14</b>	Felt depressed	14
<b>C_SIT15</b>	Had to provide care for another person (children, parent, spouse)	15
<b>C_SIT94</b>	None of these	94
<b>C_SIT99</b>	<i>Prefer not to respond</i>	99

**C.8****Relationship reasons**

Did any of these reasons **related to your social relationships** prevent you from getting an HIV test?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

**Programming note:** Randomize responses 1-9

**Interviewer note:** If participant selects 1-9, do not read 94. If participant does not select 1-9, read 94.

<b>C_REL01</b>	Family or other people you live with might find out you got tested	1
<b>C_REL02</b>	Partner might find out you got tested	2
<b>C_REL03</b>	People might think you were not faithful to your partner	3
<b>C_REL04</b>	People might think you had HIV	4
<b>C_REL05</b>	People might question your sexuality	5
<b>C_REL06</b>	People might think you were sexually active	6
<b>C_REL07</b>	People might think you had too many sexual partners	7
<b>C_REL08</b>	People might think that you were using drugs	8
<b>C_REL09</b>	Did not have anyone to emotionally support you	9
<b>C_REL94</b>	None of these	94
<b>C_REL99</b>	<i>Prefer not to respond</i>	99

**C.9****Healthcare reasons**

Did any of these **healthcare-related** reasons prevent you from getting an HIV test?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

**Programming note:** Randomize responses 1-10.

**Interviewer note:** If participant selects 1-10, do not read 94. If participant does not select 1-10, read 94.

<b>C_HEALT01</b>	A healthcare worker did not offer you an HIV test or did not seem knowledgeable about HIV testing	1
<b>C_HEALT02</b>	A healthcare worker said you did not need an HIV test	2
<b>C_HEALT03</b>	Not comfortable asking a healthcare worker for an HIV test	3
<b>C_HEALT04</b>	Had a bad experience with a healthcare worker	4
<b>C_HEALT05</b>	A healthcare worker might share your information with others	5
<b>C_HEALT06</b>	A healthcare worker might discriminate against you because of your sex or sexual orientation	6
<b>C_HEALT07</b>	A healthcare worker might discriminate against you because of your race or ethnicity	7
<b>C_HEALT08</b>	A healthcare worker might share your information with immigration enforcement	8
<b>C_HEALT09</b>	A healthcare worker might not understand your language or would not be able to provide an interpreter	9
<b>C_HEALT10</b>	Did not have access to healthcare	10
<b>C_HEALT94</b>	None of these	94
<b>C_HEALT99</b>	<i>Prefer not to respond</i>	99

C.10

**Other reasons for not getting tested**

C\_HEALT96

What other reasons, if any, prevented you from getting an HIV test?

*Interviewer note: Type in a text response***Self-Testing**

**Transition: The next set of questions are about HIV self-testing. An HIV self-test is a test that lets you collect your own oral fluid sample by swabbing your mouth, use the testing device yourself, and read your HIV test result within 20 minutes. You can use a self-test to test yourself for HIV at home or another private location.**

C.11

**Self-testing – ever heard****Before your diagnosis**, had you **ever** heard of an HIV self-test?*Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

C\_SELFTS

No

0

Yes

1

*Prefer not to respond*

99

**Skip Pattern**

If C.11 = 'Yes' [1] then GO to C.12  
Else GO to D.1

C.12

**Self-testing – ever use****Before your diagnosis**, did you **ever** use an HIV self-test?*Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

C\_SELFEVR

No

0

Yes

1

*Prefer not to respond*

99

**Skip Pattern**

If C.12 = 'Yes' [1] then GO to C.13  
OR If C.12 = 'No' [0] then GO to C.14  
ELSE GO to D.1

C.13

**Reason for use of self-test**

What were the reasons you used an HIV self-test?

**[WB: Select all that apply]****[IA: Answer yes or no for each response]***Programming note: Randomize responses 1-6*

C\_SELF01

Did not want to get tested by a doctor or at an HIV testing site

1

C\_SELF02

Did not want other people to know you were getting tested.

2

C\_SELF03

Wanted to get tested together with someone before you had sex

3

C\_SELF04

Wanted to get tested by yourself, before having sex

4

C\_SELF05

Wanted to get tested by yourself, after having sex

5

C\_SELF06

A sex partner asked you to take an HIV self-test

6

C\_SELF96

Another reason

96



C\_SELF99

Prefer not to respond

99

**Skip Pattern** If C.13 = 'Another reason' [96] then GO to C.13a  
ELSE GO to C.14

C.13a

**Other reason for use of self-test**

C\_SELF96b

What is the other reason?

\_\_\_\_\_ Interviewer note: Type in a text response

C.14

**Reason for no use of self-test**What were the reasons you did **not** use an HIV self-test?**[WB: Select all that apply]****[IA: Answer yes or no for each response]**

Programming note: Randomize responses 1-7

C_SELNO01	Cost of an HIV self-test was too high	1
C_SELNO02	Afraid of finding out that you have HIV	2
C_SELNO03	Worried about the accuracy of the test	3
C_SELNO04	Worried you would not be able to perform the test correctly or read the result properly	4
C_SELNO05	Did not know where to get an HIV self-test	5
C_SELNO06	Wanted to talk to an expert when you got an HIV test	6
C_SELNO07	Got tested at a different location, such as your doctor's office	7
C_SELNO96	Another reason	96
C_SELNO99	Prefer not to respond	99

**Skip Pattern** If C.14 = 'Another reason' [96] then GO to C.14a  
ELSE GO to D.1

C.14a

**Other reason not use self-test**

C\_SELNO96b

What is the other reason?

\_\_\_\_\_ Interviewer note: Type in a text response

## D. HIV Knowledge

**Transition: The next question is about HIV transmission.**

D.1

**HIV transmission (treatment prevents, PNView)**

D\_KNOW1

Do you believe the following statement is true, false, or you are not sure?

A person with HIV who takes HIV medicine as prescribed and gets and stays virally suppressed or undetectable can stay healthy and will not transmit HIV to their sex partners.

[DON'T READ RESPONSES. SELECT ONLY ONE.]

False	0
True	1
I am not sure	2

**Transition: The next set of questions ask about your experiences in the 12 months before your diagnosis.**

[WB: Please share how much you agree or disagree with each of the following statements. In the 12 months before your diagnosis, would you say:]

[IA: Looking at Response Card G, please tell me how much you agree or disagree with each of the following statements. In the 12 months before your diagnosis, would you say:]

**D.2-D.5**

*Interviewer note: Use Response Card G. DON'T READ RESPONSES.*

Strongly disagree	1
Somewhat disagree	2
Neutral	3
Somewhat agree	4
Strongly agree	5
Don't know	98
<i>Prefer not to respond</i>	<i>99</i>

- D.2**      **D\_BURNED**      You felt burned out thinking about HIV
- D.3**      **D\_TUNED**      You often tuned out messages about HIV
- D.4**      **D\_ENOUGH**      You had heard enough about AIDS, and didn't want to hear any more about it
- D.5**      **D\_AVDTIRED**      You thought that people are less careful about avoiding HIV today because they are tired of being safe

End of HIV Section.

## E. PREP

**Transition: Now we would like to know about your experiences with pre-exposure prophylaxis for HIV, also known as PrEP. PrEP is medicine used to prevent HIV. There are two main types of PrEP available: pills taken by mouth and injections. PrEP can be taken for months or years by a person who is HIV-negative to reduce the risk of getting HIV.**

**E.1**      **Ever heard of PrEP**

**E\_HEARD**      **Before your diagnosis**, had you **ever** heard of PrEP?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	<i>99</i>

**Skip Pattern**      If E.1 = 'No' [0] then GO to E.22.  
                              ELSE GO to E.2

**Transition:** The next question asks about your experiences with a healthcare worker. A healthcare worker might include a doctor, nurse, nurse practitioner, physician assistant, or pharmacist.

**E.2**                      **Talk with healthcare worker about PrEP**  
**E\_PROVD**              **Before your diagnosis**, did a healthcare worker **ever** talk to you about taking PrEP?  
                              [Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No	0
Yes	1
<i>Prefer not to respond</i>	99

**E.3**                      **Ever taken PrEP**  
**E\_TAKEVR**              **Before your diagnosis**, did you **ever** take PrEP?  
                              [Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No	0
Yes	1
<i>Prefer not to respond</i>	99

**Skip Pattern**      If E.3 = 'Yes' [1] then GO to E.4.  
                              OR If E.3 = 'No' [0] then GO to E.14.  
                              ELSE GO to E.22.

**E.4**                      **Ever taken PrEP (YBDX)**  
**E\_TAKEP12**              In the **12 months before your diagnosis**, from [MONTH/YEAR] to [MONTH/YEAR2] did you take PrEP?  
                              Programming note: Populate diagnosis date and date from 12 months before  
                              [Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No	0
Yes	1
Don't know	98
<i>Prefer not to respond</i>	99

**Skip Pattern**      If E.3 = 'Yes' [1] and E.4 = 'Yes' [1] then GO to E.5.  
                              OR If E.3 = "Yes" [1] and E.4 = 'No' [0] then GO to E.5.  
                              ELSE GO to E.22.

**E.5**                      **Location received PrEP medication**

How did you get your PrEP medication?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

Programming note: Randomize responses 1-4

<b>E_GET01</b>	At a pharmacy	1
<b>E_GET02</b>	Given or purchased from a friend or acquaintance	2
<b>E_GET03</b>	Online without a prescription	3
<b>E_GET04</b>	Online with a prescription	4
<b>E_GET96</b>	Another way	96
<b>E_GET99</b>	Prefer not to respond	99

**Skip Pattern** If E.5 = 'Another place' [96] then GO to E.5a.  
ELSE GO to E.6.

**E.5a Other location received PrEP medication**

**E\_GET96b** What is the other way?

Interviewer note: Type in a text response

**Transition: The next two questions ask about PrEP care. PrEP care includes an in-person or virtual clinical visit, an HIV test, and a prescription for PrEP pills or PrEP injections.**

**E.6 Ever receive PrEP care**

**E\_RECEVR** Before your diagnosis, did you ever receive PrEP care?

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No 0  
Yes 1

Prefer not to respond 99

**Skip Pattern** If E.6 = 'Yes' [1] then GO to E.7.  
ELSE GO to E.8.

**E.7 Location of PrEP care**

Where did you receive PrEP care?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

Programming note: Randomize responses 1-6

Interviewer note: If participant selects 1-96 do not read 7. If participant does not select 1-96, read 7

<b>E_CARE01</b>	Community health center	1
<b>E_CARE02</b>	Health Department	2
<b>E_CARE03</b>	Private doctor's office or clinic	3

<b>E_CARE04</b>	Hospital	4
<b>E_CARE05</b>	Pharmacy	5
<b>E_CARE06</b>	On the phone or online with a healthcare worker	6
<b>E_CARE96</b>	Another place	96
<b>E_CARE99</b>	<i>Prefer not to respond</i>	99

**Skip Pattern**      **If E.7 = 'Another place' [96] then GO to E.7a.  
ELSE GO to E.8.**

**E.7a**                      **Other location PrEP care**  
**E\_CARE96b**            What is the other place?  
 ----- *Interviewer note: Type in a text response*

**E.8**                      **What kind of PrEP**  
 You said you took PrEP before your diagnosis. What kind of PrEP did you take?  
 [WB: Select all that apply]  
 [IA: Answer yes or no for each response]

<b>E_ORAL</b>	PrEP pills	1
<b>E_INJECT</b>	Injectable PrEP	2
<b>E_NRSPD</b>	<i>Prefer not to respond</i>	99

**Skip Pattern**      **If E.8 = 'PrEP pills' [1] then GO to E.9.  
ELSE GO to E.10.**

**E.9**                      **Type of oral PrEP**  
 How did you take your PrEP pills?  
 [WB: Select all that apply]  
 [IA: Answer yes or no for each response]  
*Programming note: Randomize responses 1-5*

<b>E_ORAL01</b>	Pill taken daily	1
<b>E_ORAL02</b>	Pills taken before and after sex (sometimes called on-demand, 2-1-1, or intermittent PrEP)	2
<b>E_ORAL03</b>	Pill taken before but not after sex	3
<b>E_ORAL04</b>	Pill taken after but not before sex	4
<b>E_ORAL05</b>	Pills taken when you could remember to take them, not on a regular schedule	5
<b>E_ORAL99</b>	<i>Prefer not to respond</i>	99

**E.10**                      **Discontinue PrEP altogether**  
**E\_STOP**                Did you **ever** stop taking PrEP and **not** restart it?  
*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

	No	0
	Yes	1
	<i>Prefer not to respond</i>	99

**Skip Pattern**      If E.10 = 'Yes' [1] then GO to E.11.  
ELSE GO to E.22.

**Transition: The next set of questions ask about reasons you stopped taking PrEP.**

<b>E.11</b>	<b>Reason stop PrEP (personal)</b>	
	What were the <b>personal</b> reasons you stopped taking PrEP?	
	[WB: Select all that apply]	
	[IA: Answer yes or no for each response]	
	Programming note: Randomize responses 1-11	
	Interviewer note: If participant selects 1-11, do not read 94. If participant does not select 1-11, read 94	
E_PER_01	Concerned about confidentiality and privacy	1
E_PER_02	Experienced side effects	2
E_PER_03	Wanted to use other ways to prevent HIV, such as condoms	3
E_PER_04	Could not remember to take the pill every day	4
E_PER_05	Lost job or income or had a financial hardship	5
E_PER_06	Did not think you needed PrEP anymore because you did not have many sexual partners	6
E_PER_07	Someone told you to stop taking PrEP	7
E_PER_08	Stopped being sexually active	8
E_PER_09	Felt depressed	9
E_PER_10	Felt judged	10
E_PER_11	Afraid your family or friends would find the PrEP and ask questions	11
E_PER_94	None of these	94
E_PER_99	Prefer not to respond	99
<b>E.12</b>	<b>Reason stop PrEP (situation)</b>	
	What situations stopped you from taking PrEP?	
	[WB: Select all that apply]	
	[IA: Answer yes or no for each response]	
	Programming note: Randomize responses 1-12	
	Interviewer note: If participant selects 1-12, do not read 94. If participant does not select 1-12, read 94.	
E_SIT01	Could not afford PrEP	1
E_SIT02	Had trouble getting a prescription filled	2
E_SIT03	Ran out of a prescription and did not have time to get a refill	3
E_SIT04	A healthcare worker gave you a prescription for only 30 days	4
E_SIT05	Did not know you had to continue to take PrEP daily	5
E_SIT06	A healthcare worker recommended not taking PrEP because of another medical condition	6
E_SIT07	Did not have insurance or insurance stopped covering it	7
E_SIT08	There was a language barrier between you and a healthcare worker	8
E_SIT09	PrEP services were too far away	9
E_SIT10	Could not afford transportation to a clinic	10
E_SIT11	It was hard to keep coming back to the clinic for regular visits or lab tests	11
E_SIT12	Appointment times were not convenient	12
E_SIT94	None of these	94
E_SIT99	Prefer not to respond	99

**E.13****Other reason stop take PrEP****E\_OTR96**

Before your diagnosis, what other reasons, if any, stopped you from taking PrEP?

*Interviewer note: Type in a text response***Transition: The next set of questions ask about reasons you did not take PrEP.****Skip Pattern**

If E.3 = 'No' [0] then GO to E.14.  
 OR If E.3 = 'Yes' [1] and E.4='No' [0] then GO to E.18.  
 ELSE GO to E.22.

**E.14****Reason not take PrEP (personal) (BDX)****Before your diagnosis**, did any of these **personal** reason(s) prevent you from taking PrEP?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

*Programming note: Randomize responses 1-14**Interviewer note: If participant selects 1-14, do not read 94. If participant does not select 1-14, read 94.*

<b>E_PERS01</b>	Did not have enough information about PrEP	1
<b>E_PERS02</b>	Concerned about confidentiality and privacy	2
<b>E_PERS03</b>	Concerned about going to the clinic and being exposed to COVID-19	3
<b>E_PERS04</b>	Concerned about side effects	4
<b>E_PERS05</b>	Did not trust that the medication would be safe or effective	5
<b>E_PERS06</b>	Thought PrEP was only for gay men	6
<b>E_PERS07</b>	Did not think you needed PrEP because you did not have many sex partners	7
<b>E_PERS08</b>	It would be too difficult to remember to take a pill everyday	8
<b>E_PERS09</b>	Not sexually active	9
<b>E_PERS10</b>	Wanted to use other ways to prevent HIV, such as condoms	10
<b>E_PERS11</b>	Do not like taking medication	11
<b>E_PERS12</b>	Do not like needles	12
<b>E_PERS13</b>	Not interested in taking PrEP	13
<b>E_PERS14</b>	Had to provide care for another person (children, parent, spouse)	14
<b>E_PERS94</b>	None of these	94
<b>E_PERS99</b>	<i>Prefer not to respond</i>	99

**E.15****Reason not take PrEP (relationship) (BDX)****Before your diagnosis**, did any of these reasons **related to your social relationships** prevent you from taking PrEP?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

*Programming note: Randomize responses 1-9**Interviewer note: If participant selects 1-9, do not read 94. If participant does not select 1-9, read 94.*

<b>E_RELO1</b>	Family or other people you live with might find out that you were taking PrEP	1
<b>E_RELO2</b>	Partner might find out that you were taking PrEP	2
<b>E_RELO3</b>	People might think you were not faithful to your partner	3

<b>E_REL04</b>	People might think you have HIV	4
<b>E_REL05</b>	People might question your sexuality	5
<b>E_REL06</b>	People might think you were sexually active	6
<b>E_REL07</b>	People might think you have too many sexual partners	7
<b>E_REL08</b>	People might think you were using drugs	8
<b>E_REL09</b>	People might view you negatively if you started taking PrEP	9
<b>E_REL94</b>	None of these	94
<b>E_REL99</b>	<i>Prefer not to respond</i>	99

**E.16****Reason not take PrEP (healthcare) (BDX)**

**Before your diagnosis**, did any of these **healthcare-related** reason(s) prevent you from taking PrEP?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

*Programming note: Randomize responses 1-10*

*Interviewer note: If participant selects 1-10, do not read 94. If participant does not select 1-10, read 94.*

<b>E_NTHC01</b>	Worried about a language barrier between you and a healthcare worker	1
<b>E_NTHC02</b>	Worried a healthcare worker might not maintain your privacy	2
<b>E_NTHC03</b>	Did not have insurance or did not think your insurance would cover PrEP	3
<b>E_NTHC04</b>	Not comfortable asking a healthcare worker about PrEP	4
<b>E_NTHC05</b>	Did not know where to get PrEP	5
<b>E_NTHC06</b>	A healthcare worker did not offer you PrEP or did not seem knowledgeable about PrEP	6
<b>E_NTHC07</b>	A healthcare worker said you did not need PrEP	7
<b>E_NTHC08</b>	A healthcare worker recommended not taking PrEP because of another medical condition	8
<b>E_NTHC09</b>	Did not want to get the HIV test needed to start PrEP	9
<b>E_NTHC10</b>	Did not want to keep coming back to the clinic for regular check-ups or lab tests	10
<b>E_NTHC94</b>	None of these	94
<b>E_NTHC99</b>	<i>Prefer not to respond</i>	99

**E.17****Other reason not take PrEP (BDX)****E\_NTHC96b**

**Before your diagnosis**, what other reasons, if any, prevented you from taking PrEP?

\_\_\_\_\_ *Interviewer note: Type in a text response*

<b>Skip Pattern</b>	If E.3 = 'No' [0] then GO to E.22.
---------------------	------------------------------------

<p><b>Transition: The next set of questions ask about reasons you did not take PrEP in the 12 months before your diagnosis, from [MONTH/YEAR] to [MONTH/YEAR2].</b></p>
---

**E.18****Reason not take PrEP (personal) (YBDX)**

In the **12 months before your diagnosis**, did any of these **personal** reason(s) prevent you from taking PrEP?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

*Programming note: Randomize responses 1-14*



*Interviewer note: If participant selects 1-14, do not read 94. If participant does not select 1-14, read 94.*

<b>E_INFOP12</b>	Did not have enough information about PrEP	1
<b>E_CONFP12</b>	Concerned about confidentiality and privacy	2
<b>E_CLINICP12</b>	Concerned about going to the clinic and being exposed to COVID-19	3
<b>E_EFFECTP12</b>	Concerned about side effects	4
<b>E_SAFEP12</b>	Did not trust that the medication would be safe or effective	5
<b>E_MENP12</b>	Thought PrEP was only for gay men	6
<b>E_NUMP12</b>	Did not think you needed PrEP because you did not have many sex partners	7
<b>E_PILLP12</b>	It would be too difficult to remember to take a pill everyday	8
<b>E_ACTIVEP12</b>	Not sexually active	9
<b>E_CONDP12</b>	Wanted to use other ways to prevent HIV, such as condoms	10
<b>E_MEDP12</b>	Do not like taking medication	11
<b>E_NEEDP12</b>	Do not like needles	12
<b>E_NOINTP12</b>	Not interested in taking PrEP	13
<b>E_PROVIDP12</b>	Had to provide care for another person (children, parent, spouse)	14
<b>E_NONEP12a</b>	None of these	94
<b>E_PNTRP12a</b>	<i>Prefer not to respond</i>	99

## E.19

### Reason not take PrEP (relationship) (YBDX)

In the **12 months before your diagnosis**, did any of these reasons **related to your social relationships** prevent you from taking PrEP?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

*Programming note: Randomize responses 1-9*

*Interviewer note: If participant selects 1-9, do not read 94. If participant does not select 1-9, read 94.*

<b>E_FINDP12</b>	Family or other people you live with might find out that you were taking PrEP	1
<b>E_PARNTP12</b>	Partner might find out that you were taking PrEP	2
<b>E_FAITHP12</b>	People might think you were not faithful to your partner	3
<b>E_THINKP12</b>	People might think you have HIV	4
<b>E_SEXUALP12</b>	People might question your sexuality	5
<b>E_SACTIVP12</b>	People might think you were sexually active	6
<b>E_NUMBP12</b>	People might think you have too many sexual partners	7
<b>E_NPDRUP12</b>	People might think you were using drugs	8
<b>E_NEGATP12</b>	People might view you negatively if you started taking PrEP	9
<b>E_NONEP12b</b>	None of these	94
<b>E_PNTRP12b</b>	<i>Prefer not to respond</i>	99

## E.20

### Reason not take PrEP (healthcare) (YBDX)

In the **12 months before your diagnosis**, did any of these **healthcare-related** reason(s) prevent you from taking PrEP?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

*Programming note: Randomize responses 1-10*

*Interviewer note: If participant selects 1-10, do not read 94. If participant does not select 1-10, read 94.*

<b>E_LANGP12</b>	Worried about a language barrier between you and a healthcare worker	1
<b>E_PRIVP12</b>	Worried a healthcare worker might not maintain your privacy	2
<b>E_NOINSP12</b>	Did not have insurance or did not think your insurance would cover PrEP	3

<b>E_COMFP12</b>	Not comfortable asking a healthcare worker about PrEP	4
<b>E_WHERP12</b>	Did not know where to get PrEP	5
<b>E_OFFERP12</b>	A healthcare worker did not offer you PrEP or did not seem knowledgeable about PrEP	6
<b>E_NONDP12</b>	A healthcare worker said you did not need PrEP	7
<b>E_CONDP12</b>	A healthcare worker recommended not taking PrEP because of another medical condition	8
<b>E_HIVTSTP12</b>	Did not want to get the HIV test needed to start PrEP	9
<b>E_CHKUPP12</b>	Did not want to keep coming back to the clinic for regular check-ups or lab tests	10
<b>E_NONEP12c</b>	None of these	94
<b>E_PNTRP12c</b>	<i>Prefer not to respond</i>	99

**E.21**      **Other reason not take PrEP (YBDX)**  
 In the **12 months before your diagnosis**, what other reasons, if any, prevented you from taking PrEP?

**E\_NOOTRP12**      \_\_\_\_\_ Interviewer note: Type in a text response

## PEP

**Transition: Now we would like to know about your experiences with PEP or post-exposure prophylaxis. When a person who is HIV-negative takes pills for 28 days after a single high-risk exposure to reduce their chances of getting HIV, this is called POST-exposure prophylaxis, or PEP.**

**E.22**      **Before your diagnosis**, had you **ever** heard of PEP?  
*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

<b>E_EVRPEP</b>	No	0
	Yes	1
	<i>Prefer not to respond</i>	99

End of PrEP Section

## F. Interactions in Healthcare Settings Section

**Transition: Now we would like to ask about your interactions with healthcare workers. Healthcare workers might include a doctor, nurse, nurse practitioner, physician assistant, or pharmacist. In the next question, we are asking about healthcare visits that were not related to HIV. Please consider any office, urgent care, or emergency room visits that happened in person, by phone, or online.**

### Seen HCW 12 months before diagnosis

**F.1**      **Seen DNW for health (YBDX)**  
 In the **12 months before your diagnosis**, from [MONTH/YEAR] to [MONTH/YEAR2] had you seen a healthcare worker for medical services?  
*Programming note: Populate diagnosis dates*

<b>F_SEENP12</b>	No	0
	Yes	1
	Don't know	98
	<i>Prefer not to respond</i>	99

**Skip Pattern**      If F.1 = 'Yes' [1] then GO to F.2  
                          If F.1 = 'No' [0] then GO to F.3  
                          ELSE GO to F.12

**F.2                      Reason for visit - Seen DNW other than HIV (YBDX)**

What were the reason(s) for your visit?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

<b>F_REASON01</b>	A general physical exam	1
<b>F_REASON02</b>	A physical exam for sports, school, or work	2
<b>F_REASON03</b>	A healthcare visit when you were sick or hurt	3
<b>F_REASON95</b>	Another reason	95
<b>F_REASON99</b>	<i>Prefer not to respond</i>	99

**Skip Pattern**      If F.2 in (1, 2, 3, 95, 98, or 99) GO to F.6  
                          \*\* ALL PARTICIPANTS REGARDLESS OF HOW THEY ANSWERED F.1 WILL ANSWER F.6-F.11.

**Transition for F3: The following questions ask about reasons you had not seen a healthcare worker.**

**F.3                      Reason no visit (YBDX) personal**

Did any of these **personal** reasons prevent you from seeing a healthcare worker?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

*Programming note: Randomize responses 1-7*

*Interviewer note: If participant selects 1-7, do not read 94. If participant does not select 1-7, read 94.*

<b>F_NOPERS01</b>	Did not want to hear bad news	1
<b>F_NOPERS02</b>	Concerned about confidentiality and privacy	2
<b>F_NOPERS03</b>	Concerned about going to the clinic and being exposed to COVID-19	3
<b>F_NOPERS04</b>	Concerned a healthcare worker would not understand your language or would not be able to provide an interpreter	4
<b>F_NOPERS05</b>	Did not trust the healthcare system	5
<b>F_NOPERS06</b>	Concerned that a healthcare worker would judge you because of your drug use behaviors	6
<b>F_NOPERS07</b>	Had a bad experience with a healthcare worker	7
<b>F_NOPERS94</b>	None of these	94
<b>F_NOPERS99</b>	<i>Prefer not to respond</i>	99

**F.4****Reason no visit (YBDX) situational**

Did any of these **situations** prevent you from seeing a healthcare worker?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

Programming note: Randomize responses 1- 10

Interviewer note: If participant selects 1-10, do not read 94. If participant does not select 1-10, read 94.

<b>F_NOSIT01</b>	Did not need to because you were not sick	1
<b>F_NOSIT02</b>	Had an illness or a disability that made it too difficult to get care	2
<b>F_NOSIT03</b>	Did not know where to go for care	3
<b>F_NOSIT04</b>	Could not afford to pay for a visit	4
<b>F_NOSIT05</b>	Did not have insurance coverage	5
<b>F_NOSIT06</b>	Could not take time off from work	6
<b>F_NOSIT07</b>	Healthcare worker's office or clinic was too far away	7
<b>F_NOSIT08</b>	Could not afford transportation to a clinic	8
<b>F_NOSIT09</b>	Appointment times were not convenient	9
<b>F_NOSIT10</b>	Had to provide care for another person (children, parent, spouse)	10
<b>F_NOSIT94</b>	None of these	94
<b>F_NOSIT99</b>	Prefer not to respond	99

**F.5****Other reasons not see DNW (YBDX)****F\_NOOTR**

What other reasons, if any, prevented you from seeing a healthcare worker?

Interviewer note: Type in a text response

**Patient-HCW Communication**

**Transition: The next few questions are about conversations or interactions you might have had with a healthcare worker.**

**Skip Pattern**

If F.2 in (1, 2, 3, 95, 98, or 99) GO to F.6

If F.4 in (1-99) then GO to F.6

**\*\*ALL PARTICIPANTS REGARDLESS OF HOW THEY ANSWERED F.1 WILL ANSWER F.6-F.11.**

**F.6****Topics for HCW to discuss (sexual health)**

**Before your diagnosis**, which of the following topics did you and a healthcare worker talk about:

[WB: Select all that apply]

[IA: Answer yes or no for each response]

Programming note: Randomize responses 1-11

Interviewer note: If participant selects 1-11, do not read 94. If participant does not select 1-11, read 94.

<b>F_DISCU01</b>	Sexual history	1
<b>F_DISCU02</b>	How to prevent HIV or sexually transmitted diseases (STDs)	2
<b>F_DISCU03</b>	Sexual health for gay, bisexual, or other men who have sex with men	3
<b>F_DISCU05</b>	Counseling about safer sex practices or reducing number of sex partners	4
<b>F_DISCU06</b>	Getting tested and knowing your HIV status	5

<b>F_DISCU07</b>	PrEP or pre-exposure prophylaxis	6
<b>F_DISCU08</b>	PEP or post-exposure prophylaxis	7
<b>F_DISCU09</b>	Using alcohol or drugs before or during sex	8
<b>F_DISCU10</b>	Treatment for drug or alcohol use	9
<b>F_DISCU11</b>	Safer injection practices	1
<b>F_DISCU94</b>	None of these	94
<b>F_DISCU99</b>	<i>Prefer not to respond</i>	99

**Skip Pattern**

If (B.7='Man' [1])  
& (B.8='Bisexual' [1] OR B.8='Gay or Lesbian' [2] )

OR

If (B.7='Man' [1])  
& (B.9='Men' [1])

OR

If B.6='Male' [1] & (B.9='Men' [1])

Then GO TO F.7

Else GO to F.9

<b>F.7</b>	<b>Patient out to provider – MSM (BDX)</b>	
<b>F_MSMHC</b>	<b>Before your diagnosis</b> , did you share with a healthcare worker that you were attracted to or had sex with men? [DON'T READ RESPONSES. SELECT ONLY ONE.]	
	No	0
	Yes	1
	<i>Prefer not to respond</i>	99

## HCW Discrimination

**Transition: Now we would like to know about conversations or interactions you might have had with healthcare workers or healthcare staff. Healthcare workers might include a doctor, nurse practitioner, physician assistant, or pharmacist. Healthcare**

staff might include a receptionist, patient advocate, or interpreter.

<b>F.8</b>	<b>DNW condescending</b>	
<b>F_HCRUDE</b>	<b>Before your diagnosis</b> , did healthcare workers or staff in a healthcare setting use a disrespectful or rude tone with you?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
	No	0
	Yes	1
	Don't know	98
	<i>Prefer not to respond</i>	99

<b>F.9</b>	<b>DNW not listening</b>	
<b>F_HCLISTEN</b>	<b>Before your diagnosis</b> , did healthcare workers or staff in a healthcare setting not listen to what you were saying?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
	No	0
	Yes	1
	Don't know	98
	<i>Prefer not to respond</i>	99

**Skip Pattern**      If F.9 = 'Yes' [1] or 1.F.10 = 'Yes' [1] then GO to F.11  
ELSE GO to F.12

<b>F.10</b>	<b>Why discrimination (BDX)</b>	
	Based on your responses to the last two questions you may have experienced discrimination when getting care. Which of the following do you believe are reasons you may have experienced discrimination?	
	[WB: Select all that apply]	
	[IA: Answer yes or no for each response]	
	<i>Programming note: Randomize responses 1-10</i>	
	<i>Interviewer note: If participant selects 1-10, do not read 94. If participant does not select 1-8, read 94.</i>	
<b>F_DISCRIM01</b>	Sex	1
<b>F_DISCRIM02</b>	Sexual orientation	2
<b>F_DISCRIM03</b>	Race or ethnicity	3
<b>F_DISCRIM04</b>	Income or social class	4
<b>F_DISCRIM05</b>	Use of drugs	5
<b>F_DISCRIM06</b>	Use of alcohol	6
<b>F_DISCRIM07</b>	Weight	7
<b>F_DISCRIM08</b>	Type of health insurance or because you did not have health insurance	8
<b>F_DISCRIM09</b>	Immigration status	9
<b>F_DISCRIM10</b>	Disability status	10
<b>F_DISCRIM94</b>	None of these	94
<b>F_DISCRIM99</b>	<i>Prefer not to respond</i>	99

[Seeing HCW since diagnosis](#)

**Transition: The next set of questions are about HIV care since your diagnosis.**

<b>F.11</b>	<b>Currently seeing DNW for health (SDX)</b>	
<b>F_SEENHC</b>	<b>Since your diagnosis</b> , have you seen a healthcare worker for your HIV care?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
	No	0
	Yes	1
	<i>Prefer not to answer</i>	99

**Skip Pattern**      If F.12 = 'No' [0] then GO to G.1  
                          If F.12 = 'Yes' [1] the GO to F.13  
                          ELSE GO to G.1

<b>F.12</b>	<b>Seen doctor for HIV infection within 30 days of diagnosis</b>	
<b>F_SEEN30D</b>	Were you seen by a healthcare worker about your HIV infection <b>within 30 days</b> of your diagnosis, from [MONTHYEAR] to [MONTHYEAR2]?	
	<i>Programming note: Populate diagnosis and post diagnosis dates</i>	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
	No	0
	Yes	1
	Don't know	98
	<i>Prefer not to respond</i>	99

<b>F.13</b>	<b>Treat HIV within 7 days after first visit</b>	
<b>F_7DAYS</b>	Did you start taking medication to treat your HIV infection <b>within 7 days</b> of your first visit with a healthcare worker for treatment of HIV?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
	No	0
	Yes	1
	Don't know	98
	<i>Prefer not to respond</i>	99

End of Provider Interactions Section

## G. HEALTH SECTION

**Transition: The next set of questions ask about sexually transmitted diseases, also called STDs. Examples of STDs include gonorrhea, chlamydia, syphilis, genital herpes, HPV, (also called human papillomavirus), or trichomoniasis or trich. Feel free to skip any questions that you are not comfortable answering.**

**STIs**

<b>G.1</b>	<b>Ever test STI</b>	
	<b>Before your HIV diagnosis</b> , had you <b>ever</b> been tested for an STD other than HIV?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
<b>G_EVRSTI</b>	No	0
	Yes	1
	<i>Prefer not to respond</i>	99

**Skip Pattern**      If G.1 = 'Yes' [1] then GO to G.2  
ELSE GO to G.7

**Transition: Now we would like to know about your experiences with STD testing in the 12 months before your diagnosis, from [MONTH/YEAR] to [MONTH/YEAR2].**  
**Programming note: Populate diagnosis dates**

<b>G.2</b>	<b>Test STI past 12 months</b>	
	In the <b>12 months before your HIV diagnosis</b> , were you tested for an STD other than HIV?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
<b>G_P12STI</b>	No	0
	Yes	1
	Don't know	98
	<i>Prefer not to respond</i>	99

**Skip Pattern**      If G.2 = 'Yes' [1] then GO to G.3  
ELSE GO to G.4

<b>G.3</b>	<b>Location of STD test</b>	
	In the <b>12 months before your HIV diagnosis</b> , where did you test for STDs?	
	[WB: Select all that apply]	
	[IA: Answer yes or no for each response]	
	<i>Programming note: Randomize responses 1 - 12</i>	
<b>G_LOCSTI01</b>	Regular doctor's office	1
<b>G_LOCSTI02</b>	Another type of clinic like a local health department clinic, STD clinic, or family planning clinic	2
<b>G_LOCSTI03</b>	Hospital, emergency room, or other inpatient clinic	3
<b>G_LOCSTI04</b>	Pharmacy	4
<b>G_LOCSTI05</b>	A community organization	5
<b>G_LOCSTI06</b>	A mobile testing unit like a van or RV	6
<b>G_LOCSTI07</b>	A public gathering like a festival, fair, bar, or night club	7
<b>G_LOCSTI08</b>	Faith-based organization, for example, church or temple	8
<b>G_LOCSTI09</b>	Syringe services program or needle exchange program	9
<b>G_LOCSTI10</b>	Correctional facility (jail or prison)	10
<b>G_LOCSTI11</b>	At home or other location using an STD self-collection kit	11
<b>G_LOCSTI12</b>	Urgent care or walk-in clinic	12
<b>G_LOCSTI96</b>	Another place	96



G\_LOCSTI99 Prefer not to respond

99

**Skip Pattern** If G.3 = 'Another place' [96] then GO to G.3a  
ELSE GO to G.4

G.3a Other location of STD test

G\_OTRSTI

What is the other place?

\_\_\_\_\_ Interviewer note: Type in a text response

G.4 Test for HIV at same time STD

G\_HIVSTD

In the **12 months before your diagnosis**, when you tested for an STD, did a healthcare worker offer you an HIV test, even if it was only one time?

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No 0

Yes 1

Don't know 98

Prefer not to respond 99

G.5 Diagnosed STD

G\_OTRHIV

In the **12 months before your HIV diagnosis**, did a healthcare worker tell you that you had an STD other than HIV?

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No 0

Yes 1

Don't know 98

Prefer not to respond 99

**Skip Pattern** If G.5 = 'Yes' [1] then GO to G.6  
ELSE GO to G.7.

G.6 HIV test after diagnosed STD

G\_OFFERHIV

When a healthcare worker told you that you had an STD, were you offered an HIV test?

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No 0

Yes 1

Don't know 98

Prefer not to respond 99

## Monkeypox virus

G.7 Test for MPX virus

G\_MPXEVR

Before your HIV diagnosis, had you **ever** been tested for Monkeypox virus?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Prefer not to respond	99

**Skip Pattern**      **If G.7 = 'Yes' [1] then GO to G.8  
ELSE GO to H.1**

**G.8**      **Offer HIV test at same time MPX test**

**G\_MPXHIV**

**Before your HIV diagnosis**, when you tested for Monkeypox virus, did a healthcare worker **ever** offer you an HIV test?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Prefer not to respond	99

**G.9**      **Diagnosed MPX**

**G\_MPXD**

**Before your HIV diagnosis**, did a healthcare worker **ever** tell you that you had Monkeypox?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Prefer not to respond	99

## H. Hepatitis C

**Transition: The following questions ask about your experiences testing for Hepatitis C.**

**H.1**      **Test for HCV**

**H\_TSTHCV**

**Before your HIV diagnosis**, had you **ever** been tested for Hepatitis C?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Prefer not to respond	99

**Skip Pattern**      **If H.1 = 'Yes' [1] then GO to H.2  
ELSE GO to I.1**

**H.2**      **Offer HIV test at same time HCV test**

**H\_TSTHIV**

**Before your HIV diagnosis**, when you tested for Hepatitis C, did a healthcare worker **ever** offer you an HIV test?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1

Prefer not to respond

99

## H.3

## Diagnosed HCV

H\_HAVEHCV

Before your HIV diagnosis, did a healthcare worker **ever** tell you that you had Hepatitis C?

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No

0

Yes

1

Prefer not to respond

99

## I. Mental health (seen professional before diagnosis)

**Transition:** The next two questions are about mental health. We would like to know about your experiences with mental health professionals in the 12 months before your diagnosis, from [MONTH/YEAR] to [MONTH/YEAR2].

(Programming note: Populate diagnosis dates)

Mental health professionals might include a psychologist, psychiatrist, psychiatric nurse, or therapist. Feel free to skip any questions that you are not comfortable answering.

## I.1

## Seen mental health professional (MHP)

I\_SEENMH

In the 12 months before your HIV diagnosis, did you seek assistance or treatment about your mental health, even if it was only one time?

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No

0

Yes

1

Don't know

98

Prefer not to respond

99

## I.2

## Ever told mental health problem

I\_DEPRESS

In the 12 months before your HIV diagnosis, did a healthcare worker or mental health professional tell you that you had depression, anxiety, or another mental health condition?

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No

0

Yes

1

Don't know

98

Prefer not to respond

99

End of Health Section

## J. Stigma & Discrimination

**Transition:** Now we would like to ask how you currently feel about attitudes in the community where you mostly lived 12 months before your diagnosis, from [MONTH/YEAR] to MONTH/YEAR2].

(Programming note: Populate diagnosis dates)

**J.1 – J.5 Community Attitudes**

[WB: Please share how much you agree or disagree with each of the following statements.]

[IA: Looking at Response Card G, please tell me how much you agree or disagree with each of the following statements.

*Interviewer note: Use Response Card G. DON'T READ RESPONSES.*

Strongly disagree	1
Somewhat disagree	2
Neutral	3
Somewhat agree	4
Strongly agree	5
Don't know	98
<i>Prefer not to respond</i>	<i>99</i>

**Programming note: Populate [County/State] from A.5 (state) or A.6 (county). Randomize J.1 – J.5**

- J.1**    **J\_ATT\_RE**    Most people in [County/State] are accepting of people who are different races or ethnicities.
- J.2**    **J\_ATT\_SEX**    Most people in [County/State] are accepting of people who are gay or bisexual.
- J.3**    **J\_ATT\_HIV**    Most people in [County/State] are accepting of people living with HIV.
- J.4**    **J\_ATT\_SSP**    Most people in [County/State] believe that people who use drugs should have access to community programs that safely distribute and dispose of needles.

**K. Perceived Racism Scale** (adapted)

**Transition: The next set of questions ask how you felt about experiences you may have had related to your race or ethnicity. Feel free to skip any questions that you are not comfortable answering.**

- K.1**    **Treated differently**
- K\_DIFFERNT**    **Before your diagnosis**, were you treated with disrespect or ignored in public settings because of your race or ethnicity?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Don't know	98
<i>Prefer not to respond</i>	<i>99</i>

- K.2**    **Low quality medical treatment**
- K\_DIAGNOSIS**    **Before your diagnosis**, were you given low quality medical treatment in healthcare settings because of your race or ethnicity?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Don't know	98

*Prefer not to respond*

99

### K.3

#### K\_REFUSED

#### Refused treatment

**Before your diagnosis**, were you refused treatment in healthcare settings because of your race or ethnicity?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No 0

Yes 1

Don't know 98

*Prefer not to respond* 99

### K.4

#### K\_HOUSE

#### Refused housing

**Before your diagnosis**, were you refused housing because of your race or ethnicity?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No 0

Yes 1

Don't know 98

*Prefer not to respond* 99

### K.5

#### K\_POLICE

#### Harassed by police

**Before your diagnosis**, were you stopped, ignored, or harassed by police because of your race or ethnicity?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No 0

Yes 1

Don't know 98

*Prefer not to respond* 99

### K.6

#### K\_VIOLENCE

#### Physical violence due to race

**Before your diagnosis**, were you slapped, punched, shoved, kicked, shaken, or physically hurt in another way because of your race or ethnicity?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No 1

Yes 2

Don't know 98

*Prefer not to respond* 99

### K.7

#### K\_ACCENT

#### Language/accent

**Before your diagnosis**, were you disrespected or ignored because English is not your preferred language?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No 0

Yes 1

Not applicable, English is my preferred language 2

Don't know 98

*Prefer not to respond* 99

## L. Homonegativity

**Skip Pattern**      If B.8='Bisexual' [1] or B.8='Gay or Lesbian' [2] or B.8='Another sexual orientation' [96]  
                              Then Go to L.1  
                              Else Go to O.1

**Transition:** The following questions ask how you felt about your sexual orientation when interacting with other people. Feel free to skip any questions that you are not comfortable answering.

**L.1                      Comfortable with disclosure**  
**Before your diagnosis**, were you comfortable with people knowing about your sexuality?

*L\_DISCLOSE*

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	<i>99</i>

**L.2                      Comfortable with discussing sexuality**  
**Before your diagnosis**, were you comfortable discussing your sexuality in public situations?

*L\_SEXUALITY*

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	<i>99</i>

## O. Stressful Life Events Section

**Transition:** The next set of questions are about difficult life experiences that some people may have had. We are asking about the 12 months before your HIV diagnosis, from [MONTH/YEAR to MONTH/YEAR2]. Feel free to skip any questions that you are not comfortable answering.

**(Programming note: Populate diagnosis dates)**

The first question asks about job loss. Job loss could include being laid off, leaving due to medical reasons, being moved from full-time to part-time, or having your hours cut.

**Job loss**

<b>O.1</b>	<b>Job loss (YBDX)</b>
<b>O_JOBLOSS</b>	In the <b>12 months before your diagnosis</b> , did you experience job loss?
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>
	No 0
	Yes 1
	Don't know 98
	Prefer not to respond 99

**Insurance**

<b>O.2</b>	<b>Health insurance (YBDX)</b>
<b>O_INSUR</b>	In the <b>12 months before your diagnosis</b> , did you have health insurance coverage?
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>
	No 0
	Yes 1
	Don't know 98
	Prefer not to respond 99

<b>Skip Pattern</b>	<b>If O.2 = 'Yes' [1] then GO to O.3 ELSE GO to O.4</b>
---------------------	---

<b>O.3</b>	<b>Type of health insurance (YBDX)</b>
<b>O_TYPEINS</b>	[WB: What kind of health insurance coverage did you have? Select only one.]
	[IA: Looking at Response Card H, what kind of health insurance coverage did you have? Please select only one.]
	<i>Interviewer note: Use Response Card H. If participant selects 8 (Some other health insurance) from Response Card H, interviewer should select 95 (Some other health insurance) from list below.</i>
	A private health plan – through an employer or purchased directly 1
	Medicaid – for people with low incomes 2
	Medicare – for the elderly and people with disabilities 3
	Indian Health Service 4
	Health insurance through healthcare.gov or Obamacare 5
	City, county, state, or other publicly funded insurance, not including Medicaid 6
	TRICARE, CHAMPUS, CHAMPVA, or Veterans Administration 7
	Some other health insurance 95
	Don't know 98
	Prefer not to respond 99

**Housing (YBDX)**

<b>O.4</b>	<b>Housing (YBDX)</b>
	In the <b>12 months before your diagnosis</b> , where were you living?
	[WB: Select all that apply]
	[IA: Answer yes or no for each response]
<b>O_SHARE</b>	Housing you shared with others, such as a family member or partner, without paying rent 1

<b>O_RENT</b>	Housing you rented (such as an apartment)	2
<b>O_OWEN</b>	Housing you owned	3
<b>O_SHELT</b>	A shelter, safe haven, or transitional housing	4
<b>O_JAIL</b>	Institutional housing (including hospital, jail, prison, juvenile detention, long-term care facility, nursing home, or drug treatment facility)	5
<b>O_COUCH</b>	Other peoples' homes for a short period of time (also called couch surfing)	6
<b>O_CAR</b>	A place other than a home (including a car, on the street, or under a bridge)	7
<b>O_PNTR</b>	<i>Prefer not to respond</i>	99

**Transition: The next question asks about being harassed by police or law enforcement. Being harassed could include physical aggression, threats, intimidation, or name calling.**

### Police harassment and incarceration. (YBDX)

<b>O.5</b>	<b>Police harassment (YBDX)</b>	
<b>O_HARASS</b>	In the <b>12 months before your diagnosis</b> , were you ever harassed by police or law enforcement?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
	No	0
	Yes	1
	Don't know	98
	<i>Prefer not to respond</i>	99
<b>O.6</b>	<b>Incarceration (YBDX)</b>	
<b>O_JAIL</b>	In the <b>12 months before your diagnosis</b> , were you held in a detention center, jail, or prison for more than 24 hours?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
	No	0
	Yes	1
	Don't know	98
	<i>Prefer not to respond</i>	99

### Violence (YBDX)

<b>O.7</b>	<b>Physical violence (YBDX)</b>	
<b>O_PHYSICAL</b>	In the <b>12 months before your diagnosis</b> , did anyone slap, punch, shove, kick, shake, or otherwise physically hurt you?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
	No	0
	Yes	1
	Don't know	98
	<i>Prefer not to respond</i>	99
<b>O.8</b>	<b>Sexual violence (YBDX)</b>	
<b>O_SEXUALV</b>	In the <b>12 months before your diagnosis</b> , did anyone pressure you to have sex when you did not want to?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	



No	0
Yes	1
Don't know	98
<i>Prefer not to respond</i>	99

**O.9****O\_EMOTION****Psychological/emotional violence (YBDX)**In the **12 months before your diagnosis**, did anyone swear at you, insult you, or put you down?*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Don't know	98
<i>Prefer not to respond</i>	99

<b>Skip Pattern</b>	If O.7 = 'Yes' [1] OR O.8 = 'Yes' [1] OR O.9='Yes' [1] then GO to O.10 (and referral to domestic violence services) ELSE GO to P.1
---------------------	---

**Transition: The next question asks about domestic violence services. For example, information or other related services received in person, by phone, or online.**

**O.10****Receive domestic violence services****O\_DOMESTIC**In the **12 months before your diagnosis**, did you receive domestic violence services?*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Don't know	98
<i>Prefer not to respond</i>	99

## P. Risk Behaviors

**Transition: The next question asks about treatment for alcohol use. By treatment, we mean you participated in a program or took medicine to treat your alcohol use before your diagnosis. This includes outpatient, inpatient, residential, detox, or a 12-step program. This does not include treatment for drug use.**

**P.1****P\_TREAT****Seek alcohol services****Before your diagnosis**, did you **ever** get treatment for alcohol use?*[DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1

Prefer not to respond

99

## Q. Non-injection drug use:

**Transition:** Now we would like to ask about experiences you may have had with drugs that you did NOT inject. This includes times that you have smoked, snorted, inhaled, or ingested drugs, such as methamphetamine or cocaine. This also includes prescription drugs like benzodiazepines or painkillers, such as Oxycontin, that were NOT prescribed to you or that you used in a way other than instructed by your healthcare provider. Feel free to skip any questions that you are not comfortable answering.

<b>Q.1</b>	<b>Ever use non-injection drugs</b>	
<b>Q_NONINJ</b>	<b>Before your diagnosis</b> , had you <b>ever</b> used any drugs that you did <b>NOT</b> inject?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
	No	0
	Yes	1
	Prefer not to respond	99

**Skip Pattern**      **If Q.1 = 'Yes' [1] then GO to Q.2**  
**ELSE GO to R.1**

<b>Q.2</b>	<b>Ever use non-injection drugs (YBDX)</b>	
<b>Q_NIJP12</b>	In the <b>12 months before your diagnosis</b> , from [MONTH/YEAR to MONTH/YEAR2], did you use any drugs that you did <b>NOT</b> inject?	
	<i>Programming note: Populate diagnosis dates</i>	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
	No	0
	Yes	1
	Don't know	98
	Prefer not to respond	99

**Skip Pattern**      **If Q.2 = 'Yes' [1] then GO to Q.3**  
**ELSE GO to R.1**

<b>Q.3</b>	<b>Type of non-injection drug use</b>	
	In the <b>12 months before your diagnosis</b> , which drugs did you use that you did <b>NOT</b> inject?	
	[WB: Select all that apply]	
	[IA: Answer yes or no for each response]	
	<i>Programming note: Randomize responses 1-11</i>	
<b>Q_MARIJ</b>	Marijuana	1
<b>Q_METH</b>	Methamphetamine, also known as meth or speed	2
<b>Q_CRACK</b>	Crack cocaine	3
<b>Q_COCO</b>	Powder cocaine	4
<b>Q_BENZO</b>	Benzodiazepines or other downers such as Valium, Xanax, or Klonopin	5

<b>Q_OXY</b>	Painkillers, such as Oxycontin, Dilaudid, or Percocet	6
<b>Q_MDMA</b>	Molly or ecstasy (MDMA)	7
<b>Q_ACID</b>	Acid, LSD, or other hallucinogens	8
<b>Q_HEROIN</b>	Heroin	9
<b>Q_FENTAN</b>	Fentanyl, by itself or in combination with other drugs	10
<b>Q_ADDERAL</b>	Adderall, Ritalin, or other commonly prescribed stimulants	11
<b>Q_OTR96</b>	Another type of drug	96
<b>Q_PNTR</b>	<i>Prefer not to respond</i>	99

**Skip Pattern**      If Q.3 = 'Another type of drug' [96] then GO to Q.3a  
 ELSE GO to R.1

**Q.3a**      Other non-injection drug use (YBDX)  
**Q\_OTR96B**      What is the other type of drug?  
 \_\_\_\_\_ *Interviewer note: Type in a text response*

## R. Injection drug use

**Transition: Now we would like to ask about experiences you may have had with injecting drugs. This means injecting drugs yourself or having someone who is not a healthcare provider inject you with a needle, either in your vein, under the skin, or in the muscle. This includes prescription drugs that were NOT prescribed to you or that you used in a way other than instructed by your healthcare provider.**  
**Feel free to skip any questions that you are not comfortable answering.**

**R.1**      Ever inject drugs  
**R\_INJECT**      Before your diagnosis, had you ever shot up or injected any drugs other than those prescribed for you?  
*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	99

**Skip Pattern**      If R.1 = 'Yes' [1] then GO to R.2  
 ELSE GO to S.1

**R.2**      Ever use injection drugs  
**R\_INJP12**      In the 12 months before your diagnosis, from [MONTH/YEAR] to [MONTH/YEAR2], had you shot up or injected any drugs other than those prescribed for you?  
*Programming note: Populate diagnosis dates*  
*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
----	---

Yes	1
Don't know	98
<i>Prefer not to respond</i>	99

**Skip Pattern**      If R.2 = 'Yes' [1] then GO to R.3  
ELSE GO to S.1

<b>R.3</b>	<b>Type of injection drug use</b>	
	In the <b>12 months before your diagnosis</b> , which drugs did you inject?	
	<b>[WB: Select all that apply]</b>	
	<b>[IA: Answer yes and no for each response]</b>	
	Programming note: Randomize responses 1-11	
<b>R_SPEEDBALL</b>	Speedball, which is heroin and cocaine together	1
<b>R_GOOFBALL</b>	Heroin and methamphetamine together, such as goofball	2
<b>R_FENTANYL</b>	Fentanyl, by itself or in combination with other drugs	3
<b>R_HEROIN</b>	Heroin, by itself	4
<b>R_METH</b>	Methamphetamine, by itself, also known as meth or speed	5
<b>R_COCO</b>	Powder cocaine, by itself	6
<b>R_CRACK</b>	Crack cocaine, by itself	7
<b>R_OXY</b>	Painkillers, such as Oxycontin, Dilaudid, or Percocet	8
<b>R_BENZO</b>	Benzodiazepines or other downers such a Valium, Xanax, or Klonopin	9
<b>R_METHAD</b>	Methadone	10
<b>R_BUPREN</b>	Buprenorphine, also known as Suboxone or Subutex	11
<b>R_OTR96</b>	Another type of drug	96
<b>R_PNTR</b>	<i>Prefer not to respond</i>	99

**Skip Pattern**      If R.3 = 'Another type of drug' [96] then GO to R.3a  
ELSE GO to S.1

<b>R.3a</b>	<b>Other injection drug use</b>
<b>R_OTR96B</b>	What is the other type of drug? _____ Interviewer note: Type in a text response

## S. Experiences when using drugs

**Skip Pattern**      If Q.1 = 'Yes' [1] OR R.1 = 'Yes' [1] then GO to S.1  
ELSE GO to T.1

**Transition: The next few questions ask about your experiences when using drugs.**

**S.1** In the **12 months before your diagnosis**, from [MONTH/YEAR] to [MONTH/YEAR2], did you receive supplies or services from any of the following places or people:  
 [WB: Select all that apply]  
 [IA: Answer yes or no for each response]

*Programming note: Populate diagnosis dates and randomize responses 1-6*

<b>S_SSP</b>	Syringe services program or needle exchange program	1
<b>S_PHARM</b>	Pharmacy or drug store	2
<b>S_DOC</b>	Doctor's office, clinic, or hospital	3
<b>S_FRIEND</b>	Friend, relative, or sex partner	4
<b>S_DEALER</b>	Needle dealer, drug dealer, shooting gallery, or off the street	5
<b>S_ONLINE</b>	Online or through the mail	6
<b>S_OTHER95</b>	Some other place or person	95
<b>S_PNTR</b>	<i>Prefer not to respond</i>	99

**S.2** **Patient out to provider – PWID (BDX)**

**S\_HCUSED** **Before your diagnosis**, did you share with a healthcare worker that you used non-injection or injection drugs not prescribed by a doctor, such as methamphetamines, cocaine, or heroin?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	99

**Transition: The next question asks about treatment for drug use. By treatment, we mean you participated in a program or took medicine to treat your drug use before your diagnosis. This includes outpatient, inpatient, residential, detox, or a 12-step program. This does not include treatment for alcohol use.**

**S.3** **Seek drug use services**

**S\_TREAT** **Before your diagnosis**, did you **ever** get treatment for drug use?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	99

### Drug use stigma scale

**Skip Pattern** If Q.2 = 'Yes' [1] OR R.2 = 'Yes' [1] then GO to S.4  
 ELSE GO to T.1

**Transition: The following questions ask how you felt about your drug use. Feel free to skip any questions that you are not comfortable answering.**

S.4

**Doubt character or judge**

S\_JUDGE

**Before your diagnosis**, did you think people would doubt your character or judge you because you used drugs?*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	99

S.6

**Ashamed**

S\_ASHAM

**Before your diagnosis**, did you ever feel shame about using drugs?*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	99

**PWID Barriers for HIV Prevention**

Skip Pattern

If R.1 = 'Yes' [1] then GO to S.7  
ELSE GO to T.1

**Transition: The next two questions are about your experiences with law enforcement or police.**

S.7

S\_CONFISC

**Police confiscate needles (inject equipment)****Before your diagnosis**, did law enforcement or police **ever** take or destroy your needles or other injection equipment?*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	99

S.8

S\_ACCESS

**Police prevent access to SSPs****Before your diagnosis**, did law enforcement or police **ever** keep you from getting syringes or other injection equipment from a syringe service program or needle exchange program?*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	99



## T. Behaviors

**Transition: The next set of questions ask about your behaviors 12 months before your diagnosis, from [MONTH/YEAR] to [MONTH/YEAR2]. Feel free to skip any questions that you are not comfortable answering.**

**Programming note: Populate diagnosis date**

**Skip Pattern**      If B.9 = "Men" [1] or B.9= "Women" [2] then GO to T.1  
                          If B.9 = "I did not have sex with anyone in the 12 months before my diagnosis" then GO to T.4  
                          ELSE GO to T.4

### T.1

#### T\_PARTNER

#### Number of partners vaginal and anal sex (YBDX)

In the **12 months before your diagnosis**, approximately how many different partners do you remember having **vaginal or anal sex with**? Only include people with whom you had vaginal or anal sex. Remember, for these questions, vaginal sex means penis in the vagina and anal sex means penis in the anus.

[WB: Please enter a whole number. If less than 1 partner, please enter [0]. If you don't know the exact number, please give us your best estimate]

*[Interviewer Note: DO NOT READ: Enter a whole number. If respondent indicates less than 1 partner, please enter [0]. Probe: If you don't know the exact number please give us your best estimate]*

**Programming note: Valid range: 1-9,999 ; Integers only; do not allow text**

Number of partners \_\_\_\_\_

*Prefer not to respond*

99999

### T.2

#### T\_CONDLSS

#### Condomless sex (YBDX)

In the **12 months before your diagnosis**, how often did you or your partner(s) use a condom when you had vaginal or anal sex?

[WB: Select only one]

[IA: I will read all responses and you will select one]

*Interviewer note: Read all response options first, then allow participant to select one*

Never	1
Sometimes	2
Mostly	3
Always	4
Don't know	98
<i>Prefer not to respond</i>	99

### T.3

#### Transactional sex YBDX



<b>T_MONEY</b>	In the <b>12 months before your diagnosis</b> , did you receive money, drugs, or some other type of payment or trade for sex? What we mean by sex, is oral, anal, or vaginal sex. <i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
No		0
Yes		1
	<i>Prefer not to respond</i>	99

<b>T.4</b>	<b>Free condoms</b>	
<b>T_FREECOND</b>	In the <b>12 months before your diagnosis</b> , did you get any free condoms? <i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
No		0
Yes		1
	<i>Prefer not to respond</i>	99

<b>Skip Pattern</b>	<b>If T.4 = 'Yes' [1] then GO to T.5 ELSE GO to END OF SURVEY</b>
---------------------	---

<b>T.5</b>	<b>Location of free condoms</b>	
	In the <b>12 months before your diagnosis</b> , did you get free condoms from any of these places or people? [WB: Select all that apply] [IA: Answer yes or no for each response] <i>Programming note: Randomize responses 1 -14</i>	
<b>T_DOCTOR</b>	Regular doctor's office	1
<b>T_CLINIC</b>	Another type of clinic like a local health department clinic, STD clinic, or family planning clinic	2
<b>T_ER</b>	Hospital, emergency room, or other inpatient clinic	3
<b>T_PHARM</b>	Pharmacy	4
<b>T_COMMUN</b>	A community organization	5
<b>T_VAN</b>	A mobile testing unit like a van or RV	6
<b>T_FESTIVAL</b>	A public gathering like a festival, fair, bar, or night club	7
<b>T_FAITH</b>	Faith-based organization, for example, church or temple	8
<b>T_SSP</b>	Syringe services program or needle exchange program	9
<b>T_JAIL</b>	Correctional facility (jail or prison)	10
<b>T_FRIEND</b>	A friend or family member	11
<b>T_SEXPART</b>	A person you had or have sex with	12
<b>T_ONLINE</b>	Online	13
<b>T_URGENT</b>	Urgent care or walk-in clinic	14
<b>T_OTR96</b>	Another place or person	96
<b>T_PNTR</b>	<i>Prefer not to respond</i>	99

<b>Skip Pattern</b>	<b>If T.5 = 'Another place' [96] then GO to T.5a ELSE GO to END OF SURVEY</b>
---------------------	---

T.5a

T\_OTR96B

**Other location of condoms**

What is the other place or person?

*Interviewer note: Type in a text response***End of Risk Behaviors Section**

<b>CALC_S_TIME2</b>	<b>End time of core survey. Automatic hidden variable.</b>
<b>S_TIME2</b>	Respondent end time
	__ : __

**U. Local Questions (up to 5 minutes):**

<b>Local_Time_Start</b>	<b>Start time of local questions. Automatic hidden variable.</b>
	Respondent Start time
<b>LOCAL_START</b>	__ : __

<b>Skip Pattern</b>	If INTRO.7 = '1' [Florida] then GO to LQ_FL.1 (transition statement starting section) ELSE if INTRO.7 = '2' [Louisiana] then GO to LQ_LA.1 (transition statement starting section) ELSE if INTRO.7 = '3' [Michigan] then GO to MI_INTRO1 (transition statement starting section) ELSE if INTRO.7 = '4' [Houston, TX] then GO to LQ_TX.1 (transition statement starting section)
---------------------	--

**FLORIDA LOCAL QUESTIONS**

**Transition: We have reached the last part of the survey. The final set of questions can help improve HIV services in Florida. This should take no more than 5 minutes.**

LQ\_FL.1

FL\_PREVENT

**Condom prevent STI**

Are you aware that using condoms can help prevent you from getting a sexually transmitted infection?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No 0

Yes 1

Prefer not to respond 99

LQ\_FL.2

FL\_RESIST

**Resistance to medications**

Are you aware that getting a sexually transmitted infection can result in a rise in your HIV viral

load that could cause you to develop resistance to your HIV medications?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	99

### LQ\_FL.3

#### FL\_HEPA

### Hepatitis A vaccine

Have you been vaccinated for hepatitis A?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Don't know	98
<i>Prefer not to respond</i>	99

### LQ\_FL.4

#### FL\_HEPB1

### Hepatitis B

Do you have chronic active hepatitis B?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Don't know	98
<i>Prefer not to respond</i>	99

### Skip Pattern

If LQ\_FL.4 = 'Yes' [1] then GO to LQ\_FL.4a  
ELSE GO to LQ\_FL.5

### LQ\_FL.4a

#### FL\_HEPB2

### Hepatitis B vaccine

Have you been vaccinated for hepatitis B?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Don't know	98
<i>Prefer not to respond</i>	99

### LQ\_FL.5

#### FL\_HEPC

### Hepatitis C

Do you have chronic active hepatitis C?

[WB: Select only one]

[IA: I will read all responses and you will select one]

*Interviewer note: Read all response options first, then allow participant to select one.*

No	0
Yes	1
Not currently, was treated	2
Don't know	98
<i>Prefer not to respond</i>	99

### LQ\_FL.6

### Current marijuana

<b>FL_MARIJUANA</b>	Do you currently use marijuana?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
	No	0
	Yes	1
	<i>Prefer not to respond</i>	99

<b>Skip Pattern</b> If LQ_FL.6 = 'Yes' [1] then GO to LQ_FL.6a ELSE GO to LQ_FL.7
---

<b>LQ_FL.6a</b>	<b>How use marijuana</b>	
<b>FL_HOWUSE</b>	Do you currently use marijuana recreationally or with a medical prescription?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
	Recreationally	1
	With a medical prescription	2
	<i>Prefer not to respond</i>	99

<b>LQ_FL.6b</b>	<b>Why use marijuana</b>	
	What are the primary reasons you use marijuana?	
	[WB: Select all that apply]	
	[IA: Answer yes or no for each response]	
<b>FL_MJRELAX</b>	To relax or reduce stress	1
<b>FL_MJAPP</b>	To increase appetite	2
<b>FL_MJSLEEP</b>	To induce sleep	3
<b>FL_MJRELIEVE</b>	To relieve pain	4
<b>FL_MJHIGH</b>	To get high	5
<b>FL_OTRMJ</b>	Another reason	96
	<i>Prefer not to respond</i>	99

<b>Skip Pattern</b> If LQ_FL.6b = 'Another reason' [96] then GO to LQ_FL.6c ELSE GO to LQ_FL.7
--

<b>LQ_FL.6c</b>	<b>Another reason_Why use marijuana</b>	
<b>FL_OTR96A</b>	What is the other reason?	
	_____ <i>Interviewer note: Type in a text response</i>	

<b>LQ_FL.7</b>	<b>Prescribed medical marijuana</b>	
<b>FL_PRESCRIBE</b>	Have you been prescribed medical marijuana, but could not fill the prescription?	
	<i>[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]</i>	
	No	0
	Yes	1
	<i>Prefer not to respond</i>	99

**Skip Pattern**      If LQ\_FL.7 = 'Yes' [1] then GO to LQ\_FL.7a  
ELSE GO to LQ\_FL.8

<b>LQ_FL.7a</b>	<b>Why not prescription</b>	
	Why were you not able to fill the prescription?	
	<b>[WB: Select all that apply]</b>	
	[IA: Answer yes or no for each response]	
<b>FL_NOTCOV</b>	Insurance did not cover the prescription	1
<b>FL_NOMONEY</b>	Did not have the money to pay for the prescription	2
<b>FL_NOGO</b>	Did not have transportation to go fill the prescription	3
<b>FL_NOWHERE</b>	Did not know where to fill the prescription	4
<b>FL_NOBELIEF</b>	It was against your beliefs	5
	Another reason	96
	<i>Prefer not to respond</i>	99

**Skip Pattern**      If LQ\_FL.7a = 'Another reason' [96] then GO to LQ\_FL.7b  
ELSE GO to LQ\_FL.8

<b>LQ_FL.7b</b>	<b>Another reason_Why not prescription</b>	
<b>FL_OTR96B</b>	What is the other reason?	
	_____ Interviewer note: Type in a text response	

<b>LQ_FL.8</b>	<b>Cell phone</b>	
<b>FL_PHONE</b>	Do you currently own and use a cell phone?	
	[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]	
	No	0
	Yes	1
	<i>Prefer not to respond</i>	99

**Skip Pattern**      If LQ\_FL.8 = 'Yes' [1] then GO to LQ\_FL.9  
ELSE GO to LQ\_FL.10

<b>LQ_FL.9</b>	<b>Data plan</b>	
<b>FL_DATA</b>	Do you have a data plan on your phone?	
	[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]	
	No	0
	Yes	1
	Don't know	98
	<i>Prefer not to respond</i>	99

**Skip Pattern**      If LQ\_FL.9 = 'Yes' [1] then GO to LQ\_FL.9a

ELSE GO to LQ\_FL.10

LQ\_FL.9a

FL\_PLANTYPE

**Type of data plan**

What type of data plan do you have?

[WB: Select only one]

[IA: I will read all responses and you will select one]

*Interviewer note: Read all response options first, then allow participant to select one.*

Limited data	1
Unlimited data	2
Don't know	98
Prefer not to respond	99

Skip Pattern

If LQ\_FL.9 = 'Yes' [1] then GO to LQ\_FL.9b

ELSE GO to LQ\_FL.10

**Transition:** Telehealth is a service allowing patients to have face-to-face visits with their healthcare teams over a confidential private internet connection. Please answer yes or no for each of the following questions.

LQ\_FL.9b

FL\_TELEHEALTH1

**Telehealth use**

Would you use telehealth to visit with a healthcare practitioner?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Prefer not to respond	99

LQ\_FL.9c

FL\_TELEHEALTH2

**Telehealth use**

Would you use telehealth to visit with a case manager?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Prefer not to respond	99

LQ\_FL.9d

FL\_TELEHEALTH3

**Telehealth use**

Would you use telehealth to visit with an ADAP service provider?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
Prefer not to respond	99

LQ\_FL.10

FL\_GENOTYPE

**Genotype test**

Have you **ever** received a genotype test, also known as a resistance test, to determine if you have any resistance to your HIV medications?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
----	---

Yes	1
<i>Prefer not to respond</i>	99

LQ\_FL.11

**Molecular HIV surveillance**

Have you **ever** heard of the public health activity referred to as Molecular HIV Surveillance, or MHS?

FL\_MHS

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	99

LQ\_FL.12

**Ending the HIV Epidemic**

Have you engaged or been involved in any community discussions around ending the HIV epidemic in Florida?

FL\_EHE

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	99

## HOUSTON LOCAL QUESTIONS

**Transition: The following questions ask how you feel about your quality of life, health, and other areas of your life. Feel free to skip any questions that you are not comfortable answering.**

LQ\_HTX.1

[WB: In general, how would you rate your health?]

HTX\_GHLTH

[IA: Looking at Response Card I, in general, how would you rate your health?]

*Interviewer note: Use Response Card I. DON'T READ RESPONSES. Select only one.*

Poor	1
Fair	2
Good	3
Very good	4
Excellent	5

<i>Prefer not to respond</i>	99
------------------------------	----

LQ\_HTX.2

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

HTX\_PHLTH

*Programming note: Valid range: 1-30 ; Integers only; do not allow text*

Number of days    \_\_

None	94
------	----

<i>Prefer not to respond</i>	99
------------------------------	----

## LQ\_HTX.3

## HTX\_MHLTH

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Programming note: Valid range: 1-30 ; Integers only; do not allow text

Number of days \_ \_

None 94

Prefer not to respond 99

## LQ\_HTX.4

## HTX\_PMHLTH

During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Programming note: Valid range: 1-30 ; Integers only; do not allow text

Number of days \_ \_

None 94

Prefer not to respond 99

**Transition: Now we would like to ask a few questions about the social and emotional supports that you received from your family, relatives, or friends.**

## LQ\_HTX.5

## HTX\_EMSSUPORT

Can you count on anyone to provide you with emotional support such as talking over problems or helping you make a difficult decision?

[WB: Select only one]

[IA: I will read all responses and you will select one]

Interviewer note: Read all response options first, then allow participant to select one.

No 0

Yes 1

Do not need emotional support right now 2

Prefer not to respond 99

Skip Pattern	If LQ_HTX.5 = 'Yes' [1] then GO to LQ_HTX.6 ELSE GO to LQ_HTX.7
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## LQ\_HTX.6

## HTX\_HELPSUPP

[WB: In the last 12 months, who has been the **most** helpful in providing you with emotional support? Select only one.]

[IA: Looking at Response Card J, please tell me, in the last 12 months, who has been the **most** helpful in providing you with emotional support?]

Interviewer note: Use Response Card J. DON'T READ RESPONSES. Select only one.

Spouse 1

Child 2

Sibling 3

Parent 4

Other relatives 5



Neighbors	6
Co-workers	7
Church members	8
Professionals	9
Friends	10
No one	11
Other	95
Don't know	98
<i>Prefer not to respond</i>	99

**LQ\_HTX.7**

**HTX\_EMSPUSE** In the last 12 months, could you have used more emotional support than you received?

[WB: Select only one]

[IA: I will read all responses and you will select one]

*Interviewer note: Read all response options first, then allow participant to select one.*

No	0
Yes	1
Did not need emotional support in the last 12 months	2
Don't know	98
<i>Prefer not to respond</i>	99

<p><b>Skip Pattern</b>      If LQ_HTX.7 = 'Yes' [1] then GO to LQ_HTX.8 ELSE GO to LQ_HTX.9</p>
---

**LQ\_HTX.8**

**HTX\_MORESUP**

**P**

How much more emotional support would you have liked to receive?

[WB: Select only one]

[IA: I will read all responses and you will select one]

*Interviewer note: Read all response options first, then allow participant to select one.*

A little	1
Some	2
A lot	3
Don't know	98
<i>Prefer not to respond</i>	99

**LQ\_HTX.9**

**HTX\_SCOWSICK**

Is there someone you could count on to help you if you were sick, for example, to take you to the doctor or help you with daily chores?

[WB: Select only one]

[IA: I will read all responses and you will select one]

*Interviewer note: Read all response options first, then allow participant to select one.*

No	0
Yes	1
Yes, but you would not accept help	2
<i>Prefer not to respond</i>	99

## LQ\_HTX.10

## HTX\_SEHFINAN

If you need some extra help financially, could you count on anyone to help you, for example, by paying bills, housing costs, medical expenses, or providing you with food or clothes?

[WB: Select only one]

[IA: I will read all responses and you will select one]

*Interviewer note: Read all response options first, then allow participant to select one.*

No	0
Yes	1
Yes, but you would not accept help	2
Prefer not to respond	99

**Transition: The following few questions are concerned with your personal beliefs and how they affect your quality of life. These questions refer to religion, spirituality, and any other beliefs you now hold. These questions refer to the last two weeks.**

## LQ\_HTX.11

## HTX\_PBELIEFS

Do your personal beliefs give meaning to your life?

[WB: Select only one]

[IA: I will read all responses and you will select one]

*Interviewer note: Read all response options first, then allow participant to select one.*

Not at all	1
A little	2
A lot	3
Prefer not to respond	99

## LQ\_HTX.12

## HTX\_PBSTRENG

To what extent do your personal beliefs give you the strength to face difficulties?

[WB: Select only one]

[IA: I will read all responses and you will select one]

*Interviewer note: Read all response options first, then allow participant to select one.*

Not at all	1
A little	2
A lot	3
Prefer not to respond	99

## LQ\_HTX.13

## HTX\_BOTHERED

How much are you bothered by people blaming you for your HIV status?

[WB: Select only one]

[IA: I will read all responses and you will select one]

*Interviewer note: Read all response options first, then allow participant to select one.*

Not at all	1
A little	2
A lot	3
Prefer not to respond	99

## LQ\_HTX.14

<b>HTX_EXTGUILTY</b>	To what extent do you feel guilty when you need the help and care of others?
	[WB: Select only one]
	[IA: I will read all responses and you will select one]
	<i>Interviewer note: Read all response options first, then allow participant to select one.</i>
Not at all	1
A little	2
A lot	3
<i>Prefer not to respond</i>	99

**LQ\_HTX.15**

<b>HTX_FATEDEST</b>	To what extent are you bothered by any feelings that you are suffering from fate or destiny?
	[WB: Select only one]
	[IA: I will read all responses and you will select one]
	<i>Interviewer note: Read all response options first, then allow participant to select one.</i>
Not at all	1
A little	2
A lot	3
<i>Prefer not to respond</i>	99

## LOUISIANA LOCAL QUESTIONS

**Transition: The next few questions ask about how you deal with hardship.**

	[WB: Please share how much you agree or disagree with the following statements.]
<b>LQ_LA.1 -</b>	[IA: Looking at Response Card K, please tell me how much you agree or disagree with the following
<b>LQ_LA.2</b>	statements.]
	<i>Interviewer note: Use Response Card K. DON'T READ RESPONSES. Select only one.</i>
Not true at all	1
Rarely true	2
Sometimes true	3
Often true	4
True nearly all of the time	5
Don't know	98
<i>Prefer not to respond</i>	99

<b>LQ_LA.1</b>	<b>LA_BOUNCE</b>	I tend to bounce back after illness, injury, or other hardships.
<b>LQ_LA.2</b>	<b>LA_ADAPT</b>	I am able to adapt when changes occur.

**Transition: The next few questions ask about how you have been feeling in the past 30 days.**

[WB: About how often during the past 30 days did you feel each of the following:]

**LQ\_LA.3 -** [IA: Looking at Response Card L, please tell me about how often during the past 30 days you felt each  
**LQ\_LA.8** of the following:]

*Interviewer note: Use Response Card L. DON'T READ RESPONSES. Select only one.*

All of the time	1
Most of the time	2
Some of the time	3
A little of the time	4
None of the time	5
Don't know	98
<i>Prefer not to respond</i>	<i>99</i>

<b>LQ_LA.3</b>	<b>LA_NERVOUS</b>	Nervous
<b>LQ_LA.4</b>	<b>LA_HOPELESS</b>	Hopeless
<b>LQ_LA.5</b>	<b>LA_RESTLESS</b>	Restless or fidgety
<b>LQ_LA.6</b>	<b>LA_DEPRESS</b>	So depressed that nothing could cheer you up
<b>LQ_LA.7</b>	<b>LA_EFFORT</b>	That everything was an effort
<b>LQ_LA.8</b>	<b>LA_WORTH</b>	Worthless

## MICHIGAN LOCAL QUESTIONS

**Transition (MI\_INTRO1): We would like to ask some questions about your interactions with health department staff at the time you received your HIV test results.**

**LQ\_MI.1** **Notify partners**  
The **last** time you received a positive HIV or STI result, did you talk to someone from the health department, a physician, or facility staff about the ways to notify your sex partners?

**MI\_NOTIFY**

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	<i>99</i>

**Skip Pattern** If LQ\_MI.1 = 'Yes' [1] then GO to LQ\_MI.2  
ELSE GO to LQ\_MI.3

**LQ\_MI.2** **Notify explain**  
Were the ways to notify your sex partners clearly explained to you?

**MI\_EXPLAIN**

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1
<i>Prefer not to respond</i>	99

**Transition (MI\_INTRO2): Next, we will ask some questions about your access to HIV care and the type of facility where you may be receiving treatment for HIV.**

**LQ\_MI.3****Referred HIV care facility****MI\_REFFAC**

[WB: What type of facility were you referred to for HIV care after you received your HIV test results? Select only one.]

[IA: We will use Response Card M for this next question. What type of facility were you referred to for HIV care after you received your HIV test results?]

*Interviewer note: Use Response Card M. DON'T READ RESPONSES. Select only one.*

Primary care clinic	1
Clinic specializing in HIV treatment	2
Public health department clinic or STI clinic	3
Urgent care or walk-in clinic	4
Hospital or emergency room	5
Community organization	6
Veterans Health Administration facility	7
Correctional facility (jail or prison)	8
Was not referred anywhere for HIV care	9
Another place	96
<i>Prefer not to respond</i>	99

**Skip Pattern**      **If LQ\_MI.3 = 'Another place' [96] then GO to LQ\_MI.3a  
ELSE GO to LQ\_MI.4**

**LQ\_MI.3a****Another place\_HIV care facility****MI\_OTRFAC96A**

What is the other place?

*Interviewer note: Type in a text response*

**Transition (MI\_INTRO3): Now we will ask about whether you got help getting connected to HIV care from healthcare workers or healthcare staff. Healthcare workers might include a doctor, nurse practitioner, physician assistant, or pharmacist. Healthcare staff might include a receptionist, patient advocate, or interpreter.**

**LQ\_MI.4****Ask need help****MI\_NEEDHELP**

Within 30 days of testing positive, did healthcare workers or staff ask if you needed help finding a place to go for HIV care?

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No	0
Yes	1
Don't know	98
Prefer not to respond	99

LQ\_MI.5

**Qualify help**

Within 30 days of testing positive, did healthcare workers or staff help you figure out if you qualified for free or low-cost HIV care?

MI\_QUALIFY

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No	0
Yes	1
Don't know	98
Prefer not to respond	99

LQ\_MI.6

**Make appointment**

Within 30 days of testing positive, did healthcare workers or staff make an appointment for you to receive HIV care?

MI\_MAKEAPPT

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No	0
Yes	1
Don't know	98
Prefer not to respond	99

LQ\_MI.7

**Arrange transportation**

Within 30 days of testing positive, did healthcare workers or staff arrange transportation for you to an HIV care appointment?

MI\_TRANSPORT

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No	0
Yes	1
Don't know	98
Prefer not to respond	99

LQ\_MI.8

**Reminder contact**

Within 30 days of testing positive, did healthcare workers or staff contact you to remind you of your first HIV care appointment?

MI\_REMIND

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No	0
Yes	1
Don't know	98
Prefer not to respond	99

LQ\_MI.9

**Go with you**

Within 30 days of testing positive, did healthcare workers or staff go with you to your first HIV care appointment?

MI\_GOWITH

[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]

No	0
Yes	1

Don't know	98
<i>Prefer not to respond</i>	99

**LQ\_MI.10****MI\_CURRSEE****Currently see for HIV care**

Are you currently seeing a doctor, nurse, or other healthcare worker for HIV care?

*[Interviewer note: DON'T READ RESPONSES. SELECT ONLY ONE.]*

No	0
Yes	1

<i>Prefer not to respond</i>	99
------------------------------	----

**Skip Pattern**

If LQ\_MI.10 = 'Yes' [1] then GO to LQ\_MI.11  
ELSE GO to LQ\_MI.13

**LQ\_MI.11****MI\_CURRFAC****Current HIV care facility**

[WB: At what type of facility are you receiving care for HIV? Select only one.]

[IA: Looking at Response Card N, please tell me at what type of facility are you receiving care for HIV?]

*Interviewer note: Use Response Card N. DON'T READ RESPONSES. Select only one.*

Primary care clinic	1
Clinic specializing in HIV treatment	2
Public health department clinic or STI clinic	3
Urgent care or walk-in clinic	4
Hospital or emergency room	5
Community organization	6
Veterans Health Administration facility	7
Correctional facility (jail or prison)	8
Another place	96

<i>Prefer not to respond</i>	99
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**Skip Pattern**

If LQ\_MI.11 = 'Another place' [96] then GO to LQ\_MI.11a  
ELSE GO to LQ\_MI.13

**LQ\_MI.11a****MI\_OTRFAC96B****Another place\_HIV care facility**

What is the other place?

\_\_\_\_\_ *Interviewer note: Type in a text response***Skip Pattern**

If LQ\_MI.10 = 'Yes' [1] then GO to LQ\_MI.12  
ELSE GO to LQ\_MI.13

**LQ\_MI.12****MI\_MODE****Mode of transportation**

[WB: In the last 12 months, what type of transportation did you use **most** often for HIV care?

Select only one]

[IA: Looking at Response Card O, please tell me, in the last 12 months, what type of transportation did you use **most** often for HIV care?]

*Interviewer note: Use Response Card O. DON'T READ RESPONSES. Select only one.*

Drove myself	1
Friend or family member drove me	2
Uber, Lyft, taxi, or hired driver	3
Agency or insurance provided transportation	4
Bus or other public transportation	5
Walk or bike	6
Don't know	98
<i>Prefer not to respond</i>	99

**Transition (MI\_INTRO4): Now we will ask you some questions about access to HIV-related services in your area.**

#### LQ\_MI.13

#### Access resources

Which of the following services in your area are you able to get to if you needed help?

[WB: Select all that apply]

[IA: Answer yes or no for each response]

<b>MI_RES</b> HIV	HIV-related medical care	1
<b>MI_RES</b> INSR	Health insurance or co-pay assistance	2
<b>MI_RES</b> MEDS	Help with starting HIV medications	3
<b>MI_RES</b> PAY	Help with paying for HIV medications	4
<b>MI_RES</b> DNTL	A dental provider	5
<b>MI_RES</b> ASSIST	Shelter or housing assistance	6
<b>MI_RES</b> DRUG	Drug or alcohol counseling or treatment	7
<b>MI_RES</b> DVS	Domestic violence services	8
<b>MI_RES</b> FOOD	Food assistance or SNAP	9
<b>MI_RES</b> MEAL	Meal or food services	10
<b>MI_RES</b> PEER	Peer or group support	11
<b>MI_RES</b> HLTH	Mental health support or counseling	12
<b>MI_RES</b> PREG	Support during or after pregnancy	13
<b>MI_RES</b> TRNP	Transportation assistance	14
	<i>Prefer not to respond</i>	99

<b>Local_Time_End</b>	<b>End time of local questions. Automatic hidden variable.</b>
	Respondent End time
LOCAL_STOP	__ : __

**END.1** "Thank you again for taking part in this interview. Please remember that all the information you have given me will be kept confidential".



## TOKEN OF APPRECIATION AND REFERRALS

Now we can discuss how to give you your token of appreciation for participating in the health survey, as well as talk to you about medical or support services you might need.

Interviewer instructions: provide the referrals if participant meets specified criteria:

If F.12 = 'No' [0] then offer referral to HIV care

If G.1 = 'No' [0] then offer referral to STD testing

If G.2 = 'No' [0] then offer referral to STD testing

If O.1 = 'Yes' [1] then offer referral to suicide hotline and local employment resources

If O.2 = 'No' [0] then offer referral to local health insurance resources or healthcare.gov

If O.4 in (4, 5, 6, or 7) then offer referral to suicide hotline and local housing resources

If O.5 = 'Yes' [1] then offer referral to suicide hotline and local or national general counseling for mental health

If O.6 = 'Yes' [1] then offer referral to suicide hotline and local resources for transitioning out from jail/prison

If O.7 = 'Yes' [1] OR O.8 = 'Yes' [1] OR O.9='Yes' [1] then offer referral to domestic violence services and suicide hotline and sexual abuse services and general counseling for mental health

\*\*\*\*\***Call ends here**

\*\*\*\*\*

**ICF, could the interviewer circle back with the project area staff and let them know what referrals have been provided to each participant?**

## RESPONSE CARDS

### Response Card A

- 1) Never attended school
- 2) Grades 1 through 8
- 3) Grades 9 through 12
- 4) High school graduate or GED
- 5) Some college, but did not complete degree
- 6) Technical, Vocational, or Associate's degree
- 7) Bachelor's degree
- 8) Any post-graduate studies

### Response Card B

- 1) Working full-time, 35 hours or more a week (includes self-employment)
- 2) Working part-time, less than 35 hours a week (includes self-employment)
- 3) Stay-at-home parent, caregiver, or partner
- 4) Full-time student
- 5) Unemployed, out of work less than a year
- 6) Unemployed, out of work more than a year
- 7) Retired
- 8) Disabled and not able to work
- 9) Not able to work for some other reason

### Response Card C

#### Monthly Income

- 1) \$0 to \$1,666 per month
- 2) \$1,667 to \$2,083 per month
- 3) \$2,084 to \$2,499 per month
- 4) \$2,500 to \$3,333 per month
- 5) \$3,334 to \$4,166 per month
- 6) \$4,167 to \$6,249 per month
- 7) \$6,250 or more per month
- 8) Don't know

### Response Card D

#### Yearly Income

- 1) \$0 to \$19,999 per year
- 2) \$20,000 to \$24,999 per year
- 3) \$25,000 to \$29,999 per year
- 4) \$30,000 to \$39,999 per year
- 5) \$40,000 to \$49,999 per year
- 6) \$50,000 to 74,999 per year

- 7) \$75,000 or more per year
- 8) Don't know

**Response Card E**

- 1) Regular doctor's office
- 2) Another type of clinic like a local health department clinic, STD clinic, or family planning clinic
- 3) Urgent care or walk-in clinic
- 4) Hospital, emergency room, or other inpatient setting
- 5) Pharmacy
- 6) A community organization
- 7) A mobile testing unit like a van or RV
- 8) A public gathering like a festival, fair, bar, or night club
- 9) Faith-based organization, for example, church or temple
- 10) Syringe services program or needle exchange program
- 11) Correctional facility (jail or prison)
- 12) At home using a self-test or self-collection kit
- 13) Another place

**Response Card F**

- 1) Every 3 months or more often
- 2) Every 6 months
- 3) Yearly
- 4) Once every few years
- 5) Once in your lifetime
- 6) Don't know

**Response Card G**

- 1) Strongly disagree
- 2) Somewhat disagree
- 3) Neutral
- 4) Somewhat agree
- 5) Strongly agree
- 6) Don't know

**Response Card H**

- 1) A private health plan – through an employer or purchased directly
- 2) Medicaid – for people with low incomes
- 3) Medicare – for the elderly and people with disabilities
- 4) Indian Health Service
- 5) Health insurance through healthcare.gov or Obamacare
- 6) City, county, state, or other publicly funded insurance, not including Medicaid
- 7) TRICARE, CHAMPUS, CHAMPVA, or Veterans Administration
- 8) Some other health insurance
- 9) Don't know

**Response Card I**

- 1) Poor
- 2) Fair
- 3) Good
- 4) Very good
- 5) Excellent

**Response Card J**

- 1) Spouse
- 2) Child
- 3) Sibling
- 4) Parent
- 5) Other relatives
- 6) Neighbors
- 7) Co-workers
- 8) Church members
- 9) Professionals
- 10) Friends
- 11) No one
- 12) Other
- 13) Don't know

**Response Card K**

- 1) Not true at all
- 2) Rarely true
- 3) Sometimes true
- 4) Often true
- 5) True nearly all of the time
- 6) Don't know

**Response Card L**

- 1) All of the time
- 2) Most of the time
- 3) Some of the time
- 4) A little of the time
- 5) None of the time
- 6) Don't know

**Response Card M**

- 1) Primary care clinic
- 2) Clinic specializing in HIV treatment
- 3) Public health clinic or STI clinic
- 4) Urgent care or walk-in clinic
- 5) Hospital or emergency room

- 6) Community organization
- 7) Veterans Health Administration facility
- 8) Correctional facility (jail or prison)
- 9) Was not referred anywhere for HIV care
- 10) Another place

**Response Card N**

- 1) Primary care clinic
- 2) Clinic specializing in HIV treatment
- 3) Public health clinic or STI clinic
- 4) Urgent care or walk-in clinic
- 5) Hospital or emergency room
- 6) Community organization
- 7) Veterans Health Administration facility
- 8) Correctional facility (jail or prison)
- 9) Another place

**Response Card O**

- 1) Drove myself
- 2) Friend or family member drove me
- 3) Uber, Lyft, taxi, or hired driver
- 4) Agency or insurance provided transportation
- 5) Bus or other public transportation
- 6) Walk or bike
- 7) Don't know