

Form Approved
OMB No. 0920-1357
Expiration Date: XX\XX\XXXX

**The Greater Access and Impact with NAT (GAIN) Study: Improving HIV Diagnosis,
Linkage to Care, and Prevention Services with HIV Point-of-Care Nucleic Acid
Tests (NATs)**

**Attachment 4c
Study Visit Survey**

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1357)

Study Visit Survey

Study Staff to complete this section:

Study ID

Study ID does not match. Please double-check and re-enter.

Visit Type

HIV testing
PEP
PrEP start
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HIV-positive (Gay City)

ized to?

Standard of Care POC NAT

negative/unknown positive

Please confirm visit type and/or HIV status. The two fields currently do not match.

Do you want to participate in an additional survey, which will be sent to you via email? (This survey will test results.)

Yes
 No only be sent if you have negative po

Participant to complete this section:

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Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1357)

What is your race and/or ethnicity? Select all that apply and enter additional details in the spaces below.

American Indian or Alaska Native

Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

Asian - provide details below.

<input type="checkbox"/> Chine	<input type="checkbox"/> Asian
<input type="checkbox"/> se	<input type="checkbox"/> Indian
<input type="checkbox"/> Filipin	<input type="checkbox"/> Vietnam
o	se
Korea	Japanese
n	

Enter, for example, Pakistani, Hmong, Afghan, etc.

Black or African American - provide details below.

<input type="checkbox"/> African American	<input type="checkbox"/>
<input type="checkbox"/> Jamaican	<input type="checkbox"/>
<input type="checkbox"/> Haitian	
<input type="checkbox"/> Nigerian	
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

Hispanic or Latino - provide details below.

<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto
<input type="checkbox"/> Salvador	<input type="checkbox"/> Rican
<input type="checkbox"/> an	<input type="checkbox"/> Cuban
Dominic	Guatema
an	l

Enter, for example, Columbian, Honduran, Spaniard, etc.

Middle Eastern or North African - provide details below.

<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian
<input type="checkbox"/> Egyptian	<input type="checkbox"/>
<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi
	<input type="checkbox"/> Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

Native Hawaiian or Pacific Islander - provide details below.

Native Hawaiian
 Samoan Chamorro
 Tongan
 Fijian Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

White - provide details below.

English German
 Irish Italian
 Polish Scottish

Enter, for example, French, Swedish, Norwegian, etc.

What is your sex?

Male
 Female

Do you have health insurance?

Yes, I have public insurance (i.e. Apple health, Medicaid, Medicare)
 Yes, I have private insurance
 Yes, I have something different (i.e. VA, DoD, other)
 No, I do not have any health insurance
 Not sure

What is your health insurance type?

What is the highest grade in school you completed?

Less than high school
 Some high school
 High school diploma or GED
 Some college, Associate's degree, or Technical degree
 College graduate
 Post graduate or professional
 school I prefer not to answer

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

- In my own home or apartment
- In the home/apartment of friends/family (couch surfing, I am not on the lease)
- Supportive housing (housing with additional services onsite, like a case manager)
- Single room occupancy hotel
- (SRO) Transitional housing
- Overnight shelter
- In a tent or encampment, on the street
- or in a car Other

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

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

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

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

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

Please specify the other substances you have used in the previous three months:

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

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

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

(MM/YYYY)

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

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

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