



# SHIELD Questionnaire | Version 6.5



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**Centers for Disease Control and Prevention**  
National Center for HIV/AIDS,  
Viral Hepatitis, STD, and  
TB Prevention

**SHIELD SURVEY  
(ENGLISH)**

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## Preliminary Programming

### **MODE**

**IMPORTED VARIABLE:** Web-based or interviewer-assisted

WB Web-based  
IA Interviewer-assisted

[EXECUTE SQL; PULL RESPONSES FOR THE FOLLOWING IMPORTED VARIABLES FROM THE REGISTRATION SYSTEM FOR THE MATCHING PART\_ID\_PORTAL]

### **INTRO.4 Participant ID**

#### **PART\_ID\_PORTAL**

**IMPORTED VARIABLE:** The Participant ID will be generated by the contractor at the time of scheduling (or prior) and could be imported automatically into the survey or entered by health department staff (to be determined by Contractor). Each Participant ID shall include a health department-specific prefix, and the Participant ID shall not include PII (i.e., no date of birth, social security number, etc.). The participant might know their Participant ID.

[TEXT BOX]

### **INTRO.6 Stage of HIV infection at diagnosis.**

#### **DX\_STAGE**

**IMPORTED VARIABLE:** The stage of HIV infection will be entered by the health department staff into the Contractor's scheduling portal and should be incorporated with the survey data.

0 0  
3 3

### **INTRO.7 Project Area**

#### **PROJAREA**

**IMPORTED VARIABLE:** The project area will be entered by the health department staff into the Contractor's scheduling portal or reflected in the Participant ID and should be incorporated with the survey data.

1 Florida  
2 Louisiana  
3 Michigan  
4 Houston, TX

#### **HIVDX\_M\_PORTAL**

**IMPORTED VARIABLE:** The health department staff will enter the month of diagnosis into the Contractor's scheduling portal and it should be incorporated into the survey.

01 January  
02 February

03 March  
04 April  
05 May  
06 June  
07 July  
08 August  
09 September  
10 October  
11 November  
12 December

#### ***HIVDX\_Y\_PORTAL***

**IMPORTED VARIABLE:** The health department staff will enter the year of diagnosis into the Contractor's scheduling portal and it should be incorporated into the survey.  
[NUMBER BOX]

#### **HIDDEN VARIABLES:**

##### **INTRO.1      DATE (Month)**

#### ***IDATE\_M***

**HIDDEN VARIABLE:** Set IDATE\_M = Month at the time of start of interview

##### **INTRO.2      DATE (Day)**

#### ***IDATE\_D***

**HIDDEN VARIABLE:** Set IDATE\_D = Day at the time of start of interview

##### **INTRO.3      DATE (Year)**

#### ***IDATE\_Y***

**HIDDEN VARIABLE:** Set IDATE\_Y = Year at the time of start of interview

#### ***IDATE***

**HIDDEN VARIABLE:** Combine IDATE\_M, IDATE\_D, and IDATE\_Y to create a date in this format MM/DD/YYYY

#### ***IDATEM18M***

**HIDDEN VARIABLE:** IDATE minus 18 months

#### ***LASTYEAR***

**HIDDEN VARIABLE:** Calculate last year (e.g., if IDATE\_Y=2022, then set LASTYEAR=2021)

[IF MODE=WB, SET PART\_ID TO PART\_ID\_PORTAL]

##### **INTRO.4      Participant ID**

[ASK IF MODE=IA]

[REQUIRED]

#### ***PART\_ID***

*INTERVIEWER NOTE: Enter the respondent's unique identifier from the scheduling portal data. The respondent might know their Participant ID.*

[TEXT BOX]

[LENGTH AND VALIDATION TBD]

**INTRO.8 Interviewer ID**

[ASK IF MODE=IA]

[REQUIRED]

**INTERV\_ID**

*INTERVIEWER NOTE: Please enter your interviewer identifier.*

[TEXT BOX]

[APPLY 5 DIGIT MASK VALIDATION]

[CUSTOM ERROR MESSAGE: Must be 5 digits]

\*\*\*\*\*START OF INTERACTION WITH PARTICIPANT\*\*\*\*\*

**INTRO.9 Language ability:**

[ASK ALL]

[REQUIRED]

**LANGUAG**

Thank you for taking part in this interview. Would you prefer to continue in English or Spanish?

1 English

2 Spanish

[IF LANGUAG=2, SWITCH TO SPANISH LANGUAGE VIEW]

## Consent

**Statement of Informed Consent:**

[REQUIRED]

**CONSENT\_XX\_XX**

*[Interviewer Note: The following statement must be read to all potential participants]:*

You were chosen for this interview because of your recent lived experiences related to HIV testing and diagnosis. Taking part in this interview is up to you. You can choose to participate or not to participate. You do not have to take part in the interview if you do not want to. If you decide to take part, you may leave the interview at any time. There are no penalties if you choose not to take part or to leave the interview early. If you are currently incarcerated, taking part in this interview will not affect your parole or release.

**Why we are doing this project**

Your health department and the Centers for Disease Control and Prevention (CDC) are doing this project to learn more about people living with HIV, including the services they use and need. We intend to use this information to help improve programs that keep people healthy and get them the help they need.

### **What we will need from you**

If you choose to take part in this interview, I will ask you some personal questions.

Answering the questions will take about 50 minutes. You do not have to answer any question you do not want to answer.

The questions ask about your

- medical past
- use of medical and social services
- sex practices
- use of drugs and alcohol
- ability to work and take care of yourself and your family

We send the answers to CDC, but we don't send them your name. Instead, we will assign a code number to your answers. We do not send CDC any information that identifies you or could be traced back to you. Your answers are confidential. All project materials are kept in a locked cabinet or secure computer.

A small number of interviews may be observed by supervisors to provide feedback to project staff on their work.

### **What you can expect from us**

#### *Privacy*

We protect your privacy. All information you give us will be private and confidential.

Your records will be confidential as much as the law allows. Your answers will be grouped together with answers from other participants so that no one will know which answers are yours. We will send information from this project to CDC, but we will not send any information that could identify you. Federal law protects the confidentiality of information kept at CDC.

#### *Token of appreciation*

As a token of appreciation for participating in this interview, you will receive a \$50 Amazon gift card code. If you choose to leave the interview early, you may keep the token of appreciation.

### **Things to consider**

- There is no cost to you (other than your time and effort) for taking part in this interview.
- If you like, we can give you information about how to avoid giving HIV to someone else.
- If you like, we can give you information about where to get medical and social services.
- There are no direct benefits from taking part in this interview. However, the information you give us can help us improve services available to other people living with HIV.
- Some of the questions may make you feel uncomfortable or may be too personal. Remember: You do not have to answer any questions you do not wish to answer.

If you have any questions about this project or the token of appreciation, you can ask me and I will do my best to answer. If there is a question, I am not able to answer, you can directly contact the person you talked to at the health department about this survey, using the contact information they gave you. If you no longer have this contact information, you can call the Principal Investigator, at XXX-XXX-XXXX.

**Now I will read you a consent statement and you can choose to provide your consent or not consent: I agree to take part in the project described here. I have been read the statement, understand the statement, and all my questions have been answered, or I have been given contact information to get my questions answered by others. I understand that my participation is completely voluntary.**

Do you agree to take part in the survey?

- 0 No
- 1 Yes

[IF CONSENT=0, GO TO DISPO\_BEGIN TO SCREENOUT AND OFFER REFERRALS]

## Introduction

### Interviewer-Administered (IA) Introduction

[ASK IF MODE=IA]

#### **IA\_INTRONOTE**

Thank you for your interest in this health survey. Remember that all the information you provide will be kept private and your responses will not have any personal information linked to them, 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?

*[INTERVIEWER NOTE: If they say yes, provide the link]*

Here is the link: XXX.CDC.GOV.

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.

*[INTERVIEWER NOTE: If they say no or they can't access the response cards, the interviewer will need to read the responses for each question]*

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

[ASK IF MODE=WB]

### WB\_INTRONOTE

Thank you for your interest in this health survey. Remember that all the information you provide will be kept private and your responses will not have any personal information linked to them, 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.

If you want to stop and return to the survey at a later time, please remember the following:

1. You may click the “Quit” button at the bottom of the screen to exit.
2. When you return to the survey, you will begin where you last left off.

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

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## A. Confirmation of Age, Diagnosis and Residence

**E\_TIME1**

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

Confirmation start time

## Age at Time of Survey

[ASK ALL]

**AGE\_SRV**



How old are you?

[IF MODE=IA INSERT "INTERVIEWER NOTE: Enter age in years, only integers"]  
RANGE 16-99 [NUMBER BOX]

999 Prefer not to respond [HIDE IF MODE=WB]

[IF AGE\_SRV=16,17,999,8888 GO TO DISPO\_BEGIN TO SCREENOUT AND OFFER REFERRALS]

## Date of Diagnosis

[ASK ALL]  
[REQUIRED]

### **HIVDX\_CR**

According to information provided by the health department, you received your first HIV diagnosis in  
[HIVDX\_M\_PORTAL] [HIVDX\_Y\_PORTAL]. Is this correct?

0 No  
1 Yes

[IF HIVDX\_CR=1, SET HIVDX\_M AS HIVDX\_M\_PORTAL AND HIVDX\_Y AS HIVDX\_Y\_PORTAL]  
[DISPLAY HIVDX\_M AND HIVDX\_Y ON SAME SCREEN]

## Updated Month of Diagnosis

[ASK IF HIVDX\_CR=0]  
[REQUIRED]

### **HIVDX\_M**

[IF MODE=WB INSERT "Please enter the month and year when you received your first HIV diagnosis."; IF  
MODE=IA INSERT "INTERVIEWER NOTE: Select the new month of diagnosis"]

MONTH

[DROPDOWN]

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

## Updated Year of Diagnosis

[ASK IF HIVDX\_CR=0]

[REQUIRED]

**HIVDX\_Y**

[IF MODE=IA INSERT "INTERVIEWER NOTE: Enter four digits for the new year of diagnosis"]

YEAR

RANGE 2000-[IDATE\_Y] [NUMBER BOX]

**HIVDX**

**HIDDEN VARIABLE:** Combine HIVDX\_M and HIVDX\_Y to create a date in this format MM/DD/YYYY with DD using first of month

[ASK IF HIVDX\_CR=0 AND HIVDX > IDATE]

**HARDEDIT\_HIVDX**

The diagnosis date you entered is [HIVDX\_M] [HIVDX\_Y], which is after today's date. Please correct this before proceeding.

[GO BACK TO HIVDX\_M]

[ASK IF HIVDX\_CR=0 AND HIVDX IS BEFORE IDATEM18M]

**SOFTEDIT\_HIVDX**

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

1 No, I need to correct it. [GO BACK TO HIVDX\_M]

1 Yes, it is correct.

## State of Residence Before Diagnosis

[ASK ALL]

**STATE\_DX**

In the **12 months before your diagnosis**, which state or territory did you spend the majority of your time in?

[DROPDOWN]

- 1 Alabama
- 2 Alaska
- 4 Arizona
- 5 Arkansas
- 6 California
- 8 Colorado
- 9 Connecticut
- 10 Delaware
- 11 District of Columbia
- 12 Florida
- 13 Georgia
- 15 Hawaii
- 16 Idaho
- 17 Illinois

- 18 Indiana
- 19 Iowa
- 20 Kansas
- 21 Kentucky
- 22 Louisiana
- 23 Maine
- 24 Maryland
- 25 Massachusetts
- 26 Michigan
- 27 Minnesota
- 28 Mississippi
- 29 Missouri
- 30 Montana
- 31 Nebraska
- 32 Nevada
- 33 New Hampshire
- 34 New Jersey
- 35 New Mexico
- 36 New York
- 37 North Carolina
- 38 North Dakota
- 39 Ohio
- 40 Oklahoma
- 41 Oregon
- 42 Pennsylvania
- 72 Puerto Rico
- 44 Rhode Island
- 45 South Carolina
- 46 South Dakota
- 47 Tennessee
- 48 Texas
- 49 Utah
- 50 Vermont
- 51 Virginia
- 53 Washington
- 54 West Virginia
- 55 Wisconsin
- 56 Wyoming
- 96 Other
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Other State of Residence Before Diagnosis

[ASK IF **STATE\_DX** =96]

**STATE\_DXb**

What is the other state or territory?  
[TEXT BOX]

### County of Residence Before Diagnosis

[COUNTY QUESTIONS FOR EACH STATE WILL START HERE; SEE SEPARATE STAGE0-3\_QUESTIONNAIRE\_CNTY\_DX.DOCX FOR FULL LIST OF COUNTY QUESTIONS]

[ASK IF STATE\_DX NE 96,98,99]

**CNTY\_DX**

**HIDDEN VARIABLE:** In the **12 months before your diagnosis**, which county did you spend the majority of your time in?

[SET TO SAME VALUE SELECTED IN CNTY\_DX\_AL THROUGH CNTY\_DX\_WY]

[]

### State Currently Reside

[ASK ALL]

**STATE\_RE**

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

[DROPDOWN]

- 1 Alabama
- 2 Alaska
- 4 Arizona
- 5 Arkansas
- 6 California
- 8 Colorado
- 9 Connecticut
- 10 Delaware
- 11 District of Columbia
- 12 Florida
- 13 Georgia
- 15 Hawaii
- 16 Idaho
- 17 Illinois
- 18 Indiana
- 19 Iowa
- 20 Kansas
- 21 Kentucky
- 22 Louisiana
- 23 Maine
- 24 Maryland
- 25 Massachusetts
- 26 Michigan
- 27 Minnesota

- 28 Mississippi
- 29 Missouri
- 30 Montana
- 31 Nebraska
- 32 Nevada
- 33 New Hampshire
- 34 New Jersey
- 35 New Mexico
- 36 New York
- 37 North Carolina
- 38 North Dakota
- 39 Ohio
- 40 Oklahoma
- 41 Oregon
- 42 Pennsylvania
- 72 Puerto Rico
- 44 Rhode Island
- 45 South Carolina
- 46 South Dakota
- 47 Tennessee
- 48 Texas
- 49 Utah
- 50 Vermont
- 51 Virginia
- 53 Washington
- 54 West Virginia
- 55 Wisconsin
- 56 Wyoming
- 96 Other
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Other State Currently Reside

[ASK IF **STATE\_RE=96**]

**STATE\_REb**

What is the other state or territory?

[TEXT BOX]

### County Currently Reside

[COUNTY QUESTIONS FOR EACH STATE WILL START HERE; SEE SEPARATE STAGE0-3\_QUESTIONNAIRE\_CNTY\_RE.DOCX FOR FULL LIST OF COUNTY QUESTIONS]

[ASK IF STATE\_RE NE 96,98,99]

## CNTY\_RE

**HIDDEN VARIABLE:** Which county do you **currently** live in?

[SET TO SAME VALUE SELECTED IN CNTY\_RE\_AL THROUGH CNTY\_RE\_WY]

## E\_TIME2

**CALC\_E\_TIME2** End time of confirmation of eligibility. Automatic hidden variable.

Confirmation end time

## B. Demographics

[ASK ALL]

### INTRO\_DEMO

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.

## S\_TIME1

**CALC\_S\_TIME1** Start time of core questionnaire. Automatic hidden variable.

Respondent start time

## Education

[ASK ALL]

### B\_EDUC

[IF MODE=WB INSERT "What is the **highest** level of education you have received? Select only one."]

[IF MODE=IA INSERT "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"*]

- 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
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Ethnicity

[ASK ALL]

### B\_ETHN

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

- 0 No

- 1 Yes
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Hispanic Origin

[ASK IF B\_ETHN=1]  
[MUL=4]

#### **B\_HISP**

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

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no to each response

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply."*]

- |    |   |                |
|----|---|----------------|
| 1  | Mexican, Mexican American, or Chicano               | <b>B_HISP1</b> |
| 2  | Puerto Rican  | <b>B_HIPS2</b> |
| 3  | Cuban   | <b>B_HISP3</b> |
| 96 | Another Hispanic, Latino/a, or Spanish origin       | <b>B_HISOT</b> |
| 98 | Don't know [EXCLUSIVE]                              | <b>B_HISDK</b> |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB] | <b>B_PNRD</b>  |

### Another Hispanic Origin

[ASK IF B\_HISP=96]

#### **B\_HISOTb**

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

[TEXT BOX]

### Race

[ASK ALL]  
[MUL=6]

#### **B4**

How do you describe your race?

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply."*]

- |    |   |               |
|----|---|---------------|
| 1  | American Indian or Alaska Native          | <b>B_AIAN</b> |
| 2  | Asian                                     | <b>B_ASIA</b> |
| 3  | Black or African American                 | <b>B_BLAC</b> |
| 4  | Native Hawaiian or Other Pacific Islander | <b>B_NHOP</b> |
| 5  | White                                     | <b>B_WHIT</b> |
| 96 | Another race                              | <b>B_OTHR</b> |

## Another Race

[ASK IF B4=96]

**B\_OTHRb**

What is the other race?

[TEXT BOX]

## Asian Origin – Race Follow Up

[ASK IF B4=2]

[MUL=7]

**B\_ASIAN**

How do you describe your Asian origin?

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.”]*

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

## Another Asian Origin

[ASK IF B\_ASIAN=96]

**B\_AOTHRb**

What is the other Asian origin?

[TEXT BOX]

## Assigned Sex at Birth

[ASK ALL]

**B\_BRTH**

What sex were you assigned at birth?

[IF MODE=WB INSERT “**Select only one**”; IF MODE=IA INSERT “**I will read all responses and you will select one**”]

*INTERVIEWER NOTE: Read all response options first, then allow participant to select one”]*



- 1 Male
- 2 Female
- 3 Intersex
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Gender Identity

[ASK ALL]

[MUL=7]

**B\_GEN**

How do you describe your current gender identity?

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.”]*

- 1 Man **B\_GEN1**
- 2 Woman **B\_GEN2**
- 3 Transgender man **B\_GEN3**
- 4 Transgender woman **B\_GEN4**
- 5 Non-Binary **B\_GEN5**
- 6 Genderqueer **B\_GEN6**
- 96 Another gender identity **B\_GENOTHR**
  
- 99 Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB] **B\_GENNR**

### Another Gender Identity

[ASK IF B\_GEN=96]

**B\_GENOTRb**

What is the other gender identity?

[TEXT BOX]

### Sexual orientation

[ASK ALL]

[MUL=6]

**B\_SEX**

How do you describe your sexual orientation?

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.”]*

- 1 Bisexual **B\_SEX01**

2	Gay or Lesbian	<i>B_SEX02</i>
3	Queer	<i>B_SEX03</i>
4	Same-gender-loving	<i>B_SEX04</i>
5	Straight or heterosexual	<i>B_SEX05</i>
96	Another sexual orientation	<i>B_SXOTR</i>
99	Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]	<i>B_SEXNR</i>

## Another Sexual Orientation

[ASK IF B\_SEX=96]

***B\_SEXOTB***

What is the other sexual orientation?

[TEXT BOX]

***HIVDX\_Y\_M1Y***

**HIDDEN VARIABLE:** Calculate HIVDX\_Y minus 1 year (E.G., IF HIVDX\_Y = 2021, THEN HIVDX\_Y\_M1Y=2020)

## Gender of Partners

[ASK ALL]

[MUL=5]

***B\_PART***

In the **12 months before your diagnosis**, from [HIVDX\_M] [HIVDX\_Y\_M1Y] to [HIVDX\_M] [HIVDX\_Y], who did you have sex with?

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

*Do not read “I did not have sex with anyone in the 12 months before my diagnosis” if the participant selects another response. If the participant does not select a response, read “I did not have sex with anyone in the 12 months before my diagnosis” and “Don’t know.””]*

1	Men	<i>B_PART01</i>
2	Women	<i>B_PART02</i>
3	Transgender men	<i>B_PART03</i>
4	Transgender women	<i>B_PART04</i>
95	People with another gender identity	<i>B_PARTOT</i>
0	I did not have sex with anyone in the 12 months before my diagnosis [EXCLUSIVE]	<i>B_PART00</i>
98	Don’t know [EXCLUSIVE]	<i>B_PARDK</i>
99	Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]	<i>B_PARNR</i>

## Nativity

[ASK ALL]

## B\_NATV

Were you born in the United States?

- 0 No
- 1 Yes
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Years in US

[ASK IF B\_NATV=0]

### B\_YR\_US

How many years have you lived in the United States?

[IF MODE=WB INSERT "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."]

[IF MODE=IA INSERT "INTERVIEWER NOTE: 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."]

[HARDEDIT\_B\_YR\_US]

RANGE 0-99 [NUMBER BOX]

- 999 Prefer not to respond [HIDE IF MODE=WB]

[ASK IF B\_YR\_US > AGE\_SRV AND B\_YR\_US NOT EMPTY AND (B\_YR\_US NE 999,8888 OR AGE\_SRV NE 999,8888)]

### HARDEDIT\_B\_YR\_US

**HIDDEN VARIABLE:** must be less than age of participant; to be displayed on same screen as B\_YR\_US

- 1 **This number must be less than [IF MODE=WEB INSERT "your"; IF MODE=WEB INSERT "the participant's"] age. [GO BACK TO B\_YR\_US]**

## Employment

[ASK ALL]

### B\_EMPLY

[IF MODE=WB INSERT "Which of the options below best describes your **current** employment status? Select only one.]

[IF MODE=IA INSERT "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"*]

- 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
- 98 Prefer not to respond [HIDE IF MODE=WB]

[ASK ALL]

**INTRO\_IN**

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.

Preference for answer income question

[ASK ALL]

**B\_IN\_MY**

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

- 1 Monthly
- 2 Yearly

Income (Monthly)

[ASK IF B\_IN\_MY=1]

**B\_INCOM**

[IF MODE=WB INSERT "In [LASTYEAR], what was your combined monthly family income from all sources before taxes? Select only one."]

[IF MODE=IA INSERT "Looking at Response Card C, in [LASTYEAR], what was your combined monthly family income from all sources before taxes? Please select only one."]

*INTERVIEWER NOTE: Use Response Card C"*

- 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
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Income (Yearly)

[ASK IF B\_IN\_MY=2]

**B\_INCOY**

[IF MODE=WB INSERT "In [LASTYEAR], what was your combined yearly family income from all sources before taxes? Select only one."]

[IF MODE=IA INSERT "Looking at Response Card D, in [LASTYEAR], what was your combined yearly family income from all sources before taxes? Please select only one.

*INTERVIEWER NOTE: Use Response Card D"*

- 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
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Health Insurance

[ASK ALL]

**B\_INS1**

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

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

## C. HIV Testing

[ASK ALL]

**INTRO\_HIV**

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

## Reason for HIV Testing

[ASK ALL]

[MUL=13]

[RANDOMIZE 1-12]

**C\_TS**

You received an HIV diagnosis in [HIVDX\_M] [HIVDX\_Y]. What were the **main reasons** you got tested for HIV?

[IF MODE=WB INSERT “Select all that apply”; IF MODE=IA INSERT “Answer yes or no for each response

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.”]*

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

### Other Reason for HIV test

[ASK IF C\_TS=96]

**C\_TSOT2**

What was the other reason?

[TEXT BOX]

### Location of Positive HIV test

[ASK ALL]

[RANDOMIZE 1-12]

**C\_LOCO1**

[IF MODE=WB INSERT “Where did you test positive for HIV? Select only one.”]

[IF MODE=IA INSERT “Looking at Response Card E, where did you test positive for HIV? Please select only one.

*INTERVIEWER NOTE: Use Response Card E.”]*

- 1 Regular doctor’s office
- 2 Another type of clinic like a local public 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
- 96 Another place
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Other Location of Positive HIV Test

[ASK IF C\_LOC01=96]

**C\_LOC02**

What is the other place?

[TEXT BOX]

[ASK ALL]

**INTRO\_TESTING**

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.

### Healthcare Worker Offered HIV test

[ASK ALL]

**C\_PROVEVR**

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

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

[ASK ALL]

**INTRO2\_TESTING**

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.

### Ever Test for HIV

[ASK ALL]

**C\_HIVEVR**

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

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Frequency of HIV Testing

[ASK IF C\_HIVEVR=1]

### C\_TS\_FRQ

[IF MODE=WB INSERT “**Before your diagnosis**, approximately how often did you get tested for HIV? Select only one.”]

[IF MODE=IA INSERT “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”]*

- 1 Every 3 months or more often
- 2 Every 6 months
- 3 Yearly
- 4 Once every few years
- 5 Once in your lifetime
  
- 98 Don’t know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Test for HIV Before Diagnosis

[ASK IF C\_HIVEVR=1]

### C\_TSP12

In the **12 months before your diagnosis**, from [HIVDX\_M] [HIVDX\_Y\_M1Y] to [HIVDX\_M] [HIVDX\_Y], did you test for HIV?

- 0 No
- 1 Yes
  
- 98 Don’t know
- 99 Prefer not to respond [HIDE IF MODE=WB]

[ASK IF C\_HIVEVR=0 OR C\_TSP12=0]

### INTRO3\_TESTING

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

## Situational Reasons for Not Testing

[ASK IF C\_HIVEVR=0 OR C\_TSP12=0]

[MUL=15]

[RANDOMIZE 1-15]

### C\_SIT

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

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*



Do not read “None of these” if the participant selects another response. If the participant does not select a response, read “None of these.””]

1	Did not know where to go to get tested	C_SIT01
2	Could not afford to get tested	C_SIT02
3	Did not have insurance coverage	C_SIT03
4	Assumed you were already infected with HIV	C_SIT04
5	Did not think you were at risk for HIV	C_SIT05
6	Could not take time off from work	C_SIT06
7	Did not want to test for HIV	C_SIT07
8	HIV testing services were too far away	C_SIT08
9	Could not afford transportation to a testing site	C_SIT09
10	Appointment times were not convenient	C_SIT10
11	Afraid of having blood drawn	C_SIT11
12	Concerned you would test positive for HIV	C_SIT12
13	Concerned you would not be able to afford HIV care	C_SIT13
14	Felt depressed	C_SIT14
15	Had to provide care for another person (children, parent, spouse)	C_SIT15
94	None of these [EXCLUSIVE]	C_SIT94
99	Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]	C_SIT99

### Relationship Reasons for Not Testing

[ASK IF C\_HIVEVR=0 OR C\_TSP12=0]

[MUL=9]

[RANDOMIZE 1-9]

#### C\_RELO1

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

[IF MODE=WB INSERT “Select all that apply”; IF MODE=IA INSERT “Answer yes or no for each response

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

Do not read “None of these” if the participant selects another response. If the participant does not select a response, read “None of these.””]

1	Family or other people you live with might find out you got tested	C_RELO1
2	Partner might find out you got tested	C_RELO2
3	People might think you were not faithful to your partner	C_RELO3
4	People might think you had HIV	C_RELO4
5	People might question your sexuality	C_RELO5
6	People might think you were sexually active	C_RELO6
7	People might think you have too many sexual partners	C_RELO7
8	People might think that you were using drugs	C_RELO8
9	Did not have anyone to emotionally support you	C_RELO9

94	None of these [EXCLUSIVE]	C_REL94
99	Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]	C_REL99

### Healthcare-Related Reasons for Not Testing

[ASK IF C\_HIVEVR=0 OR C\_TSP12=0]  
[MUL=10]  
[RANDOMIZE 1-10]

#### C\_HEALT

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

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

*Do not read “None of these” if the participant selects another response. If the participant does not select a response, read “None of these.””]*

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

### Other Reasons for Not Testing

[ASK IF C\_HIVEVR=0 OR C\_TSP12=0]

#### C\_HEALT96

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

[TEXT BOX]

[ASK ALL]

#### INTRO4\_TESTING

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.

### HIV Self-Test: Ever Heard

[ASK ALL]

**C\_SELFTS**

**Before your diagnosis, had you ever heard of an HIV self-test?**

- 0 No
- 1 Yes
- 99 Prefer not to respond [HIDE IF MODE=WB]

### HIV Self-Test: Ever Used

[ASK IF C\_SELFTS=1]

**C\_SELFEVR**

**Before your diagnosis, did you ever use an HIV self-test?**

- 0 No
- 1 Yes
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Reason for Using HIV Self-Test

[ASK IF C\_SELFEVR=1]

[MUL=7]

[RANDOMIZE 1-6]

**C\_SELF**

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

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response

*INTERVIEWER NOTE: Please read each response option to the participant. "Select all that apply."]*

- |    |  |                 |
|----|--|-----------------|
| 1  | Did not want to get tested by a doctor or at an HIV testing site | <b>C_SELF01</b> |
| 2  | Did not want other people to know you were getting tested        | <b>C_SELF02</b> |
| 3  | Wanted to get tested together with someone before you had sex    | <b>C_SELF03</b> |
| 4  | Wanted to get tested by yourself, before having sex              | <b>C_SELF04</b> |
| 5  | Wanted to get tested by yourself, after having sex               | <b>C_SELF05</b> |
| 6  | A sex partner asked you to take an HIV self-test                 | <b>C_SELF06</b> |
| 96 | Another reason   | <b>C_SELF96</b> |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]              | <b>C_SELF99</b> |

### Other Reason for Using HIV Self-Test

[ASK IF C\_SELF=96]

**C\_SELF96b**

What is the other reason?

[TEXT BOX]

### Reason for Not Using HIV Self-Test

[ASK IF C\_SELFEVR=0]

[MUL=8]

[RANDOMIZE 1-7]

**C\_SELNO**

What were the reasons you did **not** use an HIV self-test?

[IF MODE=WB INSERT **“Select all that apply”**; IF MODE=IA INSERT **“Answer yes or no for each response**

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.”]*

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

### Other Reason for Not Using HIV Self-Test

[ASK IF C\_SELNO=96]

**C\_SELNO96b**

What is the other reason?

[TEXT BOX]

[ASK ALL]

**INTRO\_KNOWLEDGE**

The next question is about HIV transmission.

## D. HIV Knowledge

### HIV Transmission

[ASK ALL]

#### **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.

- 0 False
- 1 True
- 2 I am not sure

[ASK ALL]

#### **INTRO2\_KNOWLEDGE**

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

### Burned out

[ASK ALL]

#### **D\_BURNED**

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

[IF MODE=IA INSERT "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:

*INTERVIEWER NOTE: Use Response Card G.*"]

You felt burned out thinking about HIV

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neutral
- 4 Somewhat agree
- 5 Strongly agree
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Tuned Out

[ASK ALL]

#### **D\_TUNED**

You often tuned out messages about HIV

- 1 Strongly disagree
  - 2 Somewhat disagree
  - 3 Neutral
  - 4 Somewhat agree
  - 5 Strongly agree
- 
- 98 Don't know
  - 99 Prefer not to respond [HIDE IF MODE=WB]

### Heard Enough

[ASK ALL]

#### ***D\_ENOUGH***

You had heard enough about AIDS, and didn't want to hear any more about it

- 1 Strongly disagree
  - 2 Somewhat disagree
  - 3 Neutral
  - 4 Somewhat agree
  - 5 Strongly agree
- 
- 98 Don't know
  - 99 Prefer not to respond [HIDE IF MODE=WB]

### Less Careful

[ASK ALL]

#### ***D\_AVDTIRED***

You thought that people are less careful about avoiding HIV today because they are tired of being safe

- 1 Strongly disagree
  - 2 Somewhat disagree
  - 3 Neutral
  - 4 Somewhat agree
  - 5 Strongly agree
- 
- 98 Don't know
  - 99 Prefer not to respond [HIDE IF MODE=WB]

## E. Pre-Exposure Prophylaxis (PREP)

[ASK ALL]

#### ***INTRO\_PREP***

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.

## Ever heard of PrEP

[ASK ALL]

**E\_HEARD**

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

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

[ASK IF E\_HEARD=1,888,99]

**INTRO2\_PREP**

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.

## Talk with Healthcare Worker about PrEP

[ASK IF E\_HEARD=1,888,99]

**E\_PROVD**

**Before your diagnosis, did a healthcare worker ever talk to you about taking PrEP?**

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Ever Taken PrEP

[ASK IF E\_HEARD=1,888,99]

**E\_TAKEVR**

**Before your diagnosis, did you ever take PrEP?**

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Ever Taken PrEP – 12 Months Before Diagnosis

[ASK IF E\_TAKEVR=1]

**E\_TAKEP12**

In the **12 months before your diagnosis**, from [HIVDX\_M] [HIVDX\_Y\_M1Y] to [HIVDX\_M] [HIVDX\_Y], did you take PrEP?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Location Received PrEP Medication

[ASK IF E\_TAKEVR=1]

[MUL=5]

[RANDOMIZE 1-4]

#### **E\_GET**

How did you get your PrEP medication?

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply."*]

- |    |   |                |
|----|---|----------------|
| 1  | At a pharmacy                                       | <b>E_GET01</b> |
| 2  | Given or purchased from a friend or acquaintance    | <b>E_GET02</b> |
| 3  | Online without a prescription                       | <b>E_GET03</b> |
| 4  | Online with a prescription                          | <b>E_GET04</b> |
| 96 | Another way   | <b>E_GET96</b> |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB] | <b>E_GET99</b> |

### Other Location Received PrEP medication

[ASK IF E\_GET=96]

#### **E\_GET96b**

What is the other way?

[TEXT BOX]

[ASK IF E\_TAKEVR=1]

#### **INTRO3\_PREP**

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.

### Ever Receive PrEP care

[ASK IF E\_TAKEVR=1]

#### **E\_RECEVR**

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

- 0 No
- 1 Yes



99 Prefer not to respond [HIDE IF MODE=WB]

### Location of PrEP Care

[ASK IF E\_RECEVR=1]

[MUL=7]

[RANDOMIZE 1-6]

#### **E\_CARE**

Where did you receive PrEP care?

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply."*]

- |    |   |          |
|----|---|----------|
| 1  | Community health center                             | E_CARE01 |
| 2  | Health Department                                   | E_CARE02 |
| 3  | Private doctor's office or clinic                   | E_CARE03 |
| 4  | Hospital  | E_CARE04 |
| 5  | Pharmacy  | E_CARE05 |
| 6  | On the phone or online with a healthcare worker     | E_CARE06 |
| 96 | Another place                                       | E_CARE96 |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB] | E_CARE99 |

### Other Location PrEP Care

[ASK IF E\_CARE=96]

#### **E\_CARE96b**

What is the other place?

[TEXT BOX]

### Type of PrEP

[ASK IF E\_TAKEVR=1]

[MUL=2]

#### **E8**

You said you took PrEP before your diagnosis. What kind of PrEP did you take?

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply."*]

- |    |   |          |
|----|---|----------|
| 1  | PrEP pills  | E_ORAL   |
| 2  | Injectable PrEP                                     | E_INJECT |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB] | E_NRSPD  |

## Type of Oral PrEP

[ASK IF E8=1]

[MUL=5]

[RANDOMIZE 1-5]

### **E\_ORAL**

How did you take your PrEP pills?

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.”]*

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

## Discontinue PrEP

[ASK IF E\_TAKEVR=1 AND E\_TAKEP12=1,98,99,888]

### **E\_STOP**

Did you **ever** stop taking PrEP and **not** restart it?

- |    |   |
|----|---|
| 0  | No                                      |
| 1  | Yes                                     |
| 99 | Prefer not to respond [HIDE IF MODE=WB] |

[ASK IF E\_STOP=1]

### **INTRO\_STOPPREP**

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

## Reasons to Stop PrEP (Personal)

[ASK IF E\_STOP=1]

[MUL=11]

[RANDOMIZE 1-11]

### **E\_PER**

What were the **personal** reasons you stopped taking PrEP?

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

Do not read “None of these” if the participant selects another response. If the participant does not select a response, read “None of these.””]

1	Concerned about confidentiality and privacy	E_PER_01
2	Experienced side effects	E_PER_02
3	Wanted to use other ways to prevent HIV, such as condoms	E_PER_03
4	Could not remember to take the pill every day	E_PER_04
5	Lost job or income or had a financial hardship	E_PER_05
6	Did not think you needed PrEP anymore because you did not have many sexual partners	E_PER_06
7	Someone told you to stop taking PrEP	E_PER_07
8	Stopped being sexually active	E_PER_08
9	Felt depressed	E_PER_09
10	Felt judged	E_PER_10
11	Afraid your family or friends would find the PrEP and ask questions	E_PER_11
94	None of these [EXCLUSIVE]	E_PER_94
99	Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]	E_PER_99

### Reasons to Stop PrEP (Situation)

[ASK IF E\_STOP=1]

[MUL=12]

[RANDOMIZE 1-12]

#### E\_SIT

What situations stopped you from taking PrEP?

[IF MODE=WB INSERT “Select all that apply”; IF MODE=IA INSERT “Answer yes or no for each response

INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.

Do not read “None of these” if the participant selects another response. If the participant does not select a response, read “None of these.””]

1	Could not afford PrEP	E_SIT01
2	Had trouble getting a prescription filled	E_SIT02
3	Ran out of a prescription and did not have time to get a refill	E_SIT03
4	A healthcare worker gave you a prescription for only 30 days	E_SIT04
5	Did not know you had to continue to take PrEP daily	E_SIT05
6	A healthcare worker recommended not taking PrEP because of another medical condition	E_SIT06
7	Did not have insurance or insurance stopped covering it	E_SIT07
8	There was a language barrier between you and a healthcare worker	E_SIT08
9	PrEP services were too far away	E_SIT09
10	Could not afford transportation to a clinic	E_SIT10
11	It was hard to keep coming back to the clinic for regular visits or lab tests	E_SIT11
12	Appointment times were not convenient	E_SIT12
94	None of these [EXCLUSIVE]	E_SIT94

## Other Reasons to Stop PrEP

[ASK IF E\_STOP=1]

### E\_OTR96

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

[TEXT BOX]

[ASK IF E\_TAKEVR=0]

### INTRO\_PERS

The next set of questions ask about reasons you did not take PrEP.

## Personal Reasons for Not Taking PrEP

[ASK IF E\_TAKEVR=0]

[MUL=14]

[RANDOMIZE 1-14]

### E\_PERS

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

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

*Do not read “None of these” if the participant selects another response. If the participant does not select a response, read “None of these.””]*

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

## Relationship Reasons for Not Taking PrEP

[ASK IF E\_TAKEVR=0]

[MUL=9]

[RANDOMIZE 1-9]

### **E\_REL**

**Before your diagnosis**, did any of these reasons **related to your social relationships** prevent you from taking PrEP?

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response"]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

*Do not read "None of these" if the participant selects another response. If the participant does not select a response, read "None of these."*

- |    |   |                |
|----|---|----------------|
| 1  | Family or other people you live with might find out that you were taking PrEP | <b>E_REL01</b> |
| 2  | Partner might find out that you were taking PrEP                              | <b>E_REL02</b> |
| 3  | People might think you were not faithful to your partner                      | <b>E_REL03</b> |
| 4  | People might think you have HIV   | <b>E_REL04</b> |
| 5  | People might question your sexuality  | <b>E_REL05</b> |
| 6  | People might think you were sexually active                                   | <b>E_REL06</b> |
| 7  | People might think you have too many sexual partners                          | <b>E_REL07</b> |
| 8  | People might think you were using drugs                                       | <b>E_REL08</b> |
| 9  | People might view you negatively if you started taking PrEP                   | <b>E_REL09</b> |
| 94 | None of these [EXCLUSIVE]   | <b>E_REL94</b> |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]                           | <b>E_REL99</b> |

## Healthcare-related Reasons for Not Taking PrEP

[ASK IF E\_TAKEVR=0]

[MUL=10]

[RANDOMIZE 1-10]

### **E\_NTHC**

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

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response"]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

*Do not read "None of these" if the participant selects another response. If the participant does not select a response, read "None of these."*

- |   |   |                 |
|---|---|-----------------|
| 1 | Worried about a language barrier between you and a healthcare worker    | <b>E_NTHC01</b> |
| 2 | Worried a healthcare worker might not maintain your privacy             | <b>E_NTHC02</b> |
| 3 | Did not have insurance or did not think your insurance would cover PrEP | <b>E_NTHC03</b> |
| 4 | Not comfortable asking a healthcare worker about PrEP                   | <b>E_NTHC04</b> |

5	Did not know where to get PrEP	<i>E_NTHC05</i>
6	A healthcare worker did not offer you PrEP or did not seem knowledgeable about PrEP	<i>E_NTHC06</i>
7	A healthcare worker said you did not need PrEP	<i>E_NTHC07</i>
8	A healthcare worker recommended not taking PrEP because of another medical condition	<i>E_NTHC08</i>
9	Did not want to get the HIV test needed to start PrEP	<i>E_NTHC09</i>
10	Did not want to keep coming back to the clinic for regular check-ups or lab tests	<i>E_NTHC10</i>
94	None of these [EXCLUSIVE]	<i>E_NTHC94</i>
99	Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]	<i>E_NTHC99</i>

### Other Reasons for Not Taking PrEP

[ASK IF E\_TAKEVR=0]

#### *E\_NTHC96b*

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

[TEXT BOX]

[ASK IF E\_TAKEVR=1 AND E\_TAKEP12=0]

#### *INTRO\_E18*

The next set of questions ask about reasons you did not take PrEP in the 12 months before your diagnosis, from [HIVDX\_M] [HIVDX\_Y\_M1Y] to [HIVDX\_M] [HIVDX\_Y].

### Personal Reasons for Not Taking PrEP

[ASK IF E\_TAKEVR=1 AND E\_TAKEP12=0]

[MUL=14]

[RANDOMIZE 1-14]

#### *E18*

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

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

*Do not read “None of these” if the participant selects another response. If the participant does not select a response, read “None of these.”*”]

1	Did not have enough information about PrEP	<i>E_INFOP12</i>
2	Concerned about confidentiality and privacy	<i>E_CONFP12</i>
3	Concerned about going to the clinic and being exposed to COVID-19	<i>E_CLINIC12</i>
4	Concerned about side effects	<i>E_EFFECTP12</i>
5	Did not trust that the medication would be safe or effective	<i>E_SAFEP12</i>
6	Thought PrEP was only for gay men	<i>E_MEN12</i>
7	Did not think you needed PrEP because you did not have many sex partners	<i>E_NUMP12</i>
8	It would be too difficult to remember to take a pill everyday	<i>E_PILLP12</i>
9	Not sexually active	<i>E_ACTIVEP12</i>
10	Wanted to use other ways to prevent HIV, such as condoms	<i>E_CONDP12</i>

11 Do not like taking medication	<i>E_MEDP12</i>
12 Do not like needles	<i>E_NEEDP12</i>
13 Not interested in taking PrEP	<i>E_NOINTP12</i>
14 Had to provide care for another person (children, parent, spouse)	<i>E_PROVIDP12</i>
94 None of these [EXCLUSIVE]	<i>E_NONEP12a</i>
99 Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]	<i>E_PNTRPP12a</i>

### Reasons for Not Taking PrEP (Relationship)

[ASK IF E\_TAKEVR=1 AND E\_TAKEP12=0]

[MUL=9]

[RANDOMIZE 1-9]

#### **E19**

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

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

*Do not read “None of these” if the participant selects another response. If the participant does not select a response, read “None of these.”*”]

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

### Reasons for Not Taking PrEP (Healthcare)

[ASK IF E\_TAKEVR=1 AND E\_TAKEP12=0]

[MUL=10]

[RANDOMIZE 1-10]

#### **E20**

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

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

*Do not read “None of these” if the participant selects another response. If the participant does not select a response, read “None of these.””]*

- |    |  |                    |
|----|--|--------------------|
| 1  | Worried about a language barrier between you and a healthcare worker                 | <i>E_LANGP12</i>   |
| 2  | Worried a healthcare worker might not maintain your privacy                          | <i>E_PRIVP12</i>   |
| 3  | Did not have insurance or did not think your insurance would cover PrEP              | <i>E_NOINSP12</i>  |
| 4  | Not comfortable asking a healthcare worker about PrEP                                | <i>E_COMFP12</i>   |
| 5  | Did not know where to get PrEP   | <i>E_WHERP12</i>   |
| 6  | A healthcare worker did not offer you PrEP or did not seem knowledgeable about PrEP  | <i>E_OFFERP12</i>  |
| 7  | A healthcare worker said you did not need PrEP                                       | <i>E_NONDP12</i>   |
| 8  | A healthcare worker recommended not taking PrEP because of another medical condition | <i>E20_CONDP12</i> |
| 9  | Did not want to get the HIV test needed to start PrEP                                | <i>E_HIVSTP12</i>  |
| 10 | Did not want to keep coming back to the clinic for regular check-ups or lab tests    | <i>E_CHKUPP12</i>  |
| 94 | None of these [EXCLUSIVE]  | <i>E_NONEP12c</i>  |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]                                  | <i>E_PNTRP12c</i>  |

### Other Reason for Not Taking PrEP

[ASK IF E\_TAKEVR=1 AND E\_TAKEP12=0]

***E\_NOOTRP12***

In the **12 months before your diagnosis**, what other reasons, if any, prevented you from taking PrEP?  
[TEXT BOX]

[ASK ALL]

***INTRO\_EVRPEP***

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.

### Ever Heard of PEP

[ASK ALL]

***E\_EVRPEP***

**Before your diagnosis**, had you **ever** heard of PEP?

- |    |   |
|----|---|
| 0  | No                                      |
| 1  | Yes                                     |
| 99 | Prefer not to respond [HIDE IF MODE=WB] |



## F. Interactions in Healthcare Settings

[ASK ALL]

### INTRO\_SEENP12

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

[ASK ALL]

### F\_SEENP12

In the **12 months before your diagnosis**, from [HIVDX\_M] [HIVDX\_Y\_M1Y] to [HIVDX\_M] [HIVDX\_Y] had you seen a healthcare worker for medical services?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Reasons for Visit

[ASK IF F\_SEENP12=1]

[MUL=4]

### F\_REASON

What were the reason(s) for your visit?

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response

INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply."]

- |    |   |            |
|----|---|------------|
| 1  | A general physical exam                             | F_REASON01 |
| 2  | A physical exam for sports, school, or work         | F_REASON02 |
| 3  | A healthcare visit when you were sick or hurt       | F_REASON03 |
| 95 | Another reason                                      | F_REASON95 |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB] | F_REASON99 |

[ASK IF F\_SEENP12=0]

### INTRO\_NOPERS

The following questions ask about reasons you had not seen a healthcare worker.

## Reasons for Not Seeing HCW (Personal)

[ASK IF F\_SEENP12=0]

[MUL=7]

[RANDOMIZE 1-7]

### **F\_NOPERS**

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

[IF MODE=WB INSERT “Select all that apply”; IF MODE=IA INSERT “Answer yes or no for each response

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

*Do not read “None of these” if the participant selects another response. If the participant does not select a response, read “None of these.”*”]

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

## Reasons for Not Seeing HCW (Situation)

[ASK IF F\_SEENP12=0]

[MUL=10]

[RANDOMIZE 1-10]

### **F\_NOSIT**

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

[IF MODE=WB INSERT “Select all that apply”; IF MODE=IA INSERT “Answer yes or no for each response

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

*Do not read “None of these” if the participant selects another response. If the participant does not select a response, read “None of these.”*”]

1	Did not need to because you were not sick	<b>F_NOSIT01</b>
2	Had an illness or a disability that made it too difficult to get care	<b>F_NOSIT02</b>
3	Did not know where to go for care	<b>F_NOSIT03</b>
4	Could not afford to pay for a visit	<b>F_NOSIT04</b>
5	Did not have insurance coverage	<b>F_NOSIT05</b>

6	Could not take time off from work	<i>F_NOSIT06</i>
7	Healthcare worker's office or clinic was too far away	<i>F_NOSIT07</i>
8	Could not afford transportation to a clinic	<i>F_NOSIT08</i>
9	Appointment times were not convenient	<i>F_NOSIT09</i>
10	Had to provide care for another person (children, parent, spouse)	<i>F_NOSIT10</i>
94	None of these [EXCLUSIVE]	<i>F_NOSIT94</i>
99	Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]	<i>F_NOSIT99</i>

### Other Reasons for Not Seeing HCW

[ASK IF F\_SEENP12=0]

#### *F\_NOOTR*

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

[TEXT BOX]

[ASK ALL]

#### *INTRO\_DISCU*

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

### Patient-HCW Communication - Topics

[ASK ALL]

[MUL=11]

[RANDOMIZE 1-11]

#### *F\_DISCU*

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

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response"]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

*Do not read "None of these" if the participant selects another response. If the participant does not select a response, read "None of these.""]*

1	Sexual history	<i>F_DISCU01</i>
2	How to prevent HIV or sexually transmitted diseases (STDs)	<i>F_DISCU02</i>
3	Sexual health for gay, bisexual, or other men who have sex with men	<i>F_DISCU03</i>
4	Sexual health for transgender or non-binary people	<i>F_DISCU04</i>
5	Counseling about safer sex practices or reducing number of sex partners	<i>F_DISCU05</i>
6	Getting tested and knowing your HIV status	<i>F_DISCU06</i>
7	PrEP or pre-exposure prophylaxis	<i>F_DISCU07</i>
8	PEP or post-exposure prophylaxis	<i>F_DISCU08</i>
9	Using alcohol or drugs before or during sex	<i>F_DISCU09</i>
10	Treatment for drug or alcohol use	<i>F_DISCU10</i>
11	Safer injection practices	<i>F_DISCU11</i>
94	None of these [EXCLUSIVE]	<i>F_DISCU94</i>

### Patient out to provider – MSM

[ASK IF (B\_GEN=1,3 AND B\_PART=1,3) OR (B\_BRTH=1 AND B\_PART=1,3) OR (B\_SEX=2,4 AND B\_PART=1,3) OR (B\_BRTH=2,3,99,888 AND B\_GEN=1,3 AND B\_SEX=1,2,3,4) OR (B\_BRTH=1 AND B\_GEN=1,5,6 AND B\_SEX=1,2,3,4)]

#### F\_MSMHC

**Before your diagnosis, did you share with a healthcare worker that you were attracted to or had sex with men?**

- 0 No
- 1 Yes

99 Prefer not to respond [HIDE IF MODE=WB]

### Patient out to provider – Trans/nonbinary

[ASK IF B\_GEN=3,4,5,6,96 OR (B\_BRTH=1 AND B\_GEN=2) OR (B\_BRTH=2 AND B\_GEN=1)]

#### F\_TRNBHC

**Before your diagnosis, did you share your gender identity with a healthcare worker?**

- 0 No
- 1 Yes

99 Prefer not to respond [HIDE IF MODE=WB]

[ASK ALL]

#### INTRO\_HCRUDE

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.

### HCW Discrimination - Disrespectful Tone

[ASK ALL]

#### F\_HCRUDE

**Before your diagnosis, did healthcare workers or staff in a healthcare setting use a disrespectful or rude tone with you?**

- 0 No
- 1 Yes

98 Don't know

99 Prefer not to respond [HIDE IF MODE=WB]

## HCW Discrimination - Ignoring

[ASK ALL]

**F\_HCLISTEN**

**Before your diagnosis**, did healthcare workers or staff in a healthcare setting not listen to what you were saying?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Perceived Reasons for Discrimination

[ASK IF F\_HCRUDE=1 OR F\_HCLISTEN=1]

[MUL=10]

[RANDOMIZE 1-10]

**F\_DISCRIM**

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?

[IF MODE=WB INSERT **"Select all that apply"**; IF MODE=IA INSERT **"Answer yes or no for each response"**

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

*Do not read "None of these" if the participant selects another response. If the participant does not select a response, read "None of these.""*

- |    |   |                    |
|----|---|--------------------|
| 1  | Gender  | <b>F_DISCRIM01</b> |
| 2  | Sexual orientation  | <b>F_DISCRIM02</b> |
| 3  | Race or ethnicity   | <b>F_DISCRIM03</b> |
| 4  | Income or social class  | <b>F_DISCRIM04</b> |
| 5  | Use of drugs  | <b>F_DISCRIM05</b> |
| 6  | Use of alcohol  | <b>F_DISCRIM06</b> |
| 7  | Weight  | <b>F_DISCRIM07</b> |
| 8  | Type of health insurance or because you did not have health insurance | <b>F_DISCRIM08</b> |
| 9  | Immigration status  | <b>F_DISCRIM09</b> |
| 10 | Disability status   | <b>F_DISCRIM10</b> |
| 94 | None of these [EXCLUSIVE]   | <b>F_DISCRIM94</b> |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]                   | <b>F_DISCRIM99</b> |

[ASK ALL]

**INTRO\_SEENHC**

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

## Currently Seeing HCW for HIV Care

[ASK ALL]

**F\_SEENHC**

Since your diagnosis, have you seen a healthcare worker for your HIV care?

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

**HIVDX\_PLUS30DAYS**

**HIDDEN CALCULATED VARIABLE:** Combine HIVDX\_M and HIVDX\_Y into date format and add one month.

Examples:

HIVDX\_M=06 and HIVDX\_Y=2000, then HIVDX\_PLUS30DAYS=07/2000

HIVDX\_M=12 and HIVDX\_Y=2000, then HIVDX\_PLUS30DAYS=01/2001

**HIVDX\_PLUS30DAYS\_M**

**HIDDEN VARIABLE:** Set HIVDX\_PLUS30DAYS\_M equal to month in HIVDX\_PLUS30DAYS

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

**HIVDX\_PLUS30DAYS\_Y**

**HIDDEN VARIABLE:** Set HIVDX\_PLUS30DAYS\_Y equal to year in HIVDX\_PLUS30DAYS

## Seen HCW for HIV infection within 30 days of diagnosis

[ASK IF F\_SEENHC=1]

**F\_SEEN30D**

Were you seen by a healthcare worker about your HIV infection **within 30 days** of your diagnosis, from [HIVDX\_M] [HIVDX\_Y] to [HIVDX\_PLUS30DAYS\_M] [HIVDX\_PLUS30DAYS\_Y]?

- 0 No
- 1 Yes
  
- 98 Don't know

99 Prefer not to respond [HIDE IF MODE=WB]

### Treat HIV Within 7 days After First Visit

[ASK IF F\_SEENHC=1]

#### **F\_7DAYS**

Did you start taking medication to treat your HIV infection **within 7 days** of your first visit with a healthcare worker for treatment of HIV?

0 No

1 Yes

98 Don't know

99 Prefer not to respond [HIDE IF MODE=WB]

## G. Sexual Transmitted Diseases and Mpox

[ASK ALL]

#### **INTRO\_HEALTH**

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.

### Ever Tested for STD

[ASK ALL]

#### **G\_EVRSTI**

**Before your HIV diagnosis**, had you **ever** been tested for an STD other than HIV?

0 No

1 Yes

99 Prefer not to respond [HIDE IF MODE=WB]

[ASK G\_EVRSTI=1]

#### **INTRO\_P12STI**

Now we would like to know about your experiences with STD testing in the 12 months before your diagnosis, from [HIVDX\_M] [HIVDX\_Y\_M1Y] to [HIVDX\_M] [HIVDX\_Y].

### Tested for STD - Past 12 Months

[ASK G\_EVRSTI=1]

#### **G\_P12STI**

In the **12 months before your HIV diagnosis**, were you tested for an STD other than HIV?

- 0 No
- 1 Yes
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Location of STD test

[ASK G\_P12STI=1]

[MUL=13]

[RANDOMIZE 1-12]

#### **G\_LOCSTI**

In the **12 months before your HIV diagnosis**, where did you test for STDs?

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*"]

- |    |   |                   |
|----|---|-------------------|
| 1  | Regular doctor's office   | <b>G_LOCSTI01</b> |
| 2  | Another type of clinic like a local health department clinic, STD clinic, or family planning clinic | <b>G_LOCSTI02</b> |
| 3  | Hospital, emergency room, or other inpatient clinic   | <b>G_LOCSTI03</b> |
| 4  | Pharmacy  | <b>G_LOCSTI04</b> |
| 5  | A community organization  | <b>G_LOCSTI05</b> |
| 6  | A mobile testing unit like a van or RV  | <b>G_LOCSTI06</b> |
| 7  | A public gathering like a festival, fair, bar, or night club  | <b>G_LOCSTI07</b> |
| 8  | Faith-based organization, for example, church or temple   | <b>G_LOCSTI08</b> |
| 9  | Syringe services program or needle exchange program   | <b>G_LOCSTI09</b> |
| 10 | Correctional facility (jail or prison)  | <b>G_LOCSTI10</b> |
| 11 | At home or other location using an STD self-collection kit  | <b>G_LOCSTI11</b> |
| 12 | Urgent care or walk-in clinic   | <b>G_LOCSTI12</b> |
| 96 | Another place   | <b>G_LOCSTI96</b> |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]   | <b>G_LOCSTI99</b> |

### Other Location of STD test

[ASK G\_LOCSTI=96]

#### **G\_OTRSTI**

What is the other place?

[TEXT BOX]

### Test for HIV at Same Time as STD Test

[ASK G\_P12STI =1]

#### **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?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Diagnosed STD

[ASK G\_EVRSTI=1]

**G\_OTRHIV**

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

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### HIV Test after Diagnosed STD

[ASK G\_OTRHIV=1]

**G\_OFFERHIV**

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

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Test for Mpox virus

[ASK ALL]

**G\_MPXEVR**

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

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Offer HIV test at Same Time Mpox Test

[ASK IF G\_MPXEVR=1]

**G\_MPXHIV**

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

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Diagnosed Mpox

[ASK IF G\_MPXEVR=1]

**G\_MPXDX**

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

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

## H. Hepatitis C

[ASK ALL]

**INTRO\_HEPC**

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

### Ever Tested for HCV

[ASK ALL]

**H\_TSTHCV**

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

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Offer HIV Test at Same Time HCV test

[ASK IF H\_TSTHCV=1]

**H\_TSTHIV**

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

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Diagnosed HCV

[ASK IF H\_TSTHCV=1]

**H\_HAVEHCV**

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

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## I. Mental Health

[ASK ALL]

**INTRO\_MH**

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 [HIVDX\_M] [HIVDX\_Y\_M1Y] to [HIVDX\_M] [HIVDX\_Y].

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

### Seen Mental Health Professional Before Diagnosis

[ASK ALL]

**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?**

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Ever Told Mental Health Condition

[ASK ALL]

### **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?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## J. Community Attitudes

[ASK ALL]

### **INTRO\_STIGMA**

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 [HIVDX\_M] [HIVDX\_Y\_M1Y] to [HIVDX\_M] [HIVDX\_Y].

[ASK ALL]

### **INTRO\_J1\_J5**

[IF MODE=WB INSERT "Please share how much you agree or disagree with each of the following statements."]  
[IF MODE=IA INSERT "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."*

[IF CNTY\_DX=99998,99999,888888 OR CNTY\_DX IS EMPTY, SET AS 1; IF CNTY\_DX\_DC = 11001, SET AS 3; ELSE SET AS 2]

### **J\_INSERT**

HIDDEN VARIABLE: INSERT FOR THE J SERIES OF QUESTIONS

- 1 the county where I spent the majority of my time in the 12 months before my diagnosis
- 2 [CNTY\_DX], [STATE\_DX]
- 3 District of Columbia

[RANDOMIZE J\_ATT\_RE THROUGH J\_ATT\_SSP]

## Community Attitudes: Different Race or Ethnicity

[ASK ALL]

### **J\_ATT\_RE**

Most people in [J\_INSERT] are accepting of people who are different races or ethnicities.

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neutral
- 4 Somewhat agree
- 5 Strongly agree
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Community Attitudes: Gay or Bisexual

[ASK ALL]

**J\_ATT\_SEX**

Most people in [J\_INSERT] are accepting of people who are gay or bisexual or same-gender-loving.

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neutral
- 4 Somewhat agree
- 5 Strongly agree
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Community Attitudes: Transgender or Non-binary

[ASK ALL]

**J\_ATT\_TRNB**

Most people in [J\_INSERT] are accepting of people who are transgender or non-binary.

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neutral
- 4 Somewhat agree
- 5 Strongly agree
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Community Attitudes: People with HIV

[ASK ALL]

**J\_ATT\_HIV**

Most people in [J\_INSERT] are accepting of people living with HIV.

- 1 Strongly disagree
- 2 Somewhat disagree

- 3 Neutral
- 4 Somewhat agree
- 5 Strongly agree
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Community Attitudes: People Who Use Drugs

[ASK ALL]

**J\_ATT\_SSP**

Most people in [J\_INSERT] believe that people who use drugs should have access to community programs that safely distribute and dispose of needles.

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neutral
- 4 Somewhat agree
- 5 Strongly agree
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## K. Perceived Racism Scale (adapted)

[ASK ALL]

**INTRO\_RACISM**

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.

### Treated differently

[ASK ALL]

**K\_DIFFERNT**

**Before your diagnosis**, were you treated with disrespect or ignored in public settings because of your race or ethnicity?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Low Quality Medical Treatment

[ASK ALL]

**K\_DIAGNOSIS**

**Before your diagnosis**, were you given low quality medical treatment in healthcare settings because of your race or ethnicity?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**Refused Treatment**

[ASK ALL]

**K\_REFUSED**

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

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**Refused Housing**

[ASK ALL]

**K\_HOUSE**

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

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**Harassed by Police**

[ASK ALL]

**K\_POLICE**

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

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Physical Violence

[ASK ALL]

### ***K\_VIOLENCE***

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

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Language

[ASK ALL]

### ***K\_ACCENT***

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

- 0 No
- 1 Yes
- 2 Not applicable, English is my preferred language
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## L. Sexual Orientation Comfort Level

[ASK IF B\_SEX=1,2,3,4,96]

### ***INTRO\_DISCLOSE***

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.

### Comfortable with Disclosure

[ASK IF B\_SEX=1,2,3,4,96]

### ***L\_DISCLOSE***

**Before your diagnosis**, were you comfortable with people knowing about your sexuality?

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]



## Comfortable with Discussing Sexuality

[ASK IF B\_SEX=1,2,3,4,96]

### **L\_SEXUALITY**

**Before your diagnosis**, were you comfortable discussing your sexuality in public situations?

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

## M. Gender Identity Discrimination Before Diagnosis

[ASK IF B\_GEN=3,4,5,6,96 OR (B\_BRTH=1 AND B\_GEN=2) OR (B\_BRTH=2 AND B\_GEN=1)]

### **INTRO\_WORK**

The next set of questions ask how you felt about your experiences with your gender identity. Feel free to skip any questions that you are not comfortable answering.

## Difficult to Find Work

[ASK IF B\_GEN=3,4,5,6,96 OR (B\_BRTH=1 AND B\_GEN=2) OR (B\_BRTH=2 AND B\_GEN=1)]

### **M\_WORK**

**Before your diagnosis**, did you have trouble getting a job or keeping a job because of your gender identity?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Denied Access to Bathrooms

[ASK IF B\_GEN=3,4,5,6,96 OR (B\_BRTH=1 AND B\_GEN=2) OR (B\_BRTH=2 AND B\_GEN=1)]

### **M\_BATHRM**

**Before your diagnosis**, were you denied access to bathrooms that matched your gender identity?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Denied Housing

[ASK IF B\_GEN=3,4,5,6,96 OR (B\_BRTH=1 AND B\_GEN=2) OR (B\_BRTH=2 AND B\_GEN=1)]

### **M\_HOUSING**

**Before your diagnosis, were you denied housing or evicted because of your gender identity?**

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Denied Quality Healthcare

[ASK IF B\_GEN=3,4,5,6,96 OR (B\_BRTH=1 AND B\_GEN=2) OR (B\_BRTH=2 AND B\_GEN=1)]

#### ***M\_DHEALTH***

**Before your diagnosis, were you denied or given lower quality healthcare because of your gender identity?**

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### N. Gender Identity Pride Before Diagnosis

[ASK IF B\_GEN=3,4,5,6,96 OR (B\_BRTH=1 AND B\_GEN=2) OR (B\_BRTH=2 AND B\_GEN=1)]

#### ***INTRO\_PROUD***

The following questions ask how you felt about your gender identity. Feel free to skip any questions that you are not comfortable answering.

### Feel proud of gender identity

[ASK IF B\_GEN=3,4,5,6,96 OR (B\_BRTH=1 AND B\_GEN=2) OR (B\_BRTH=2 AND B\_GEN=1)]

#### ***N\_PROUD***

**Before your diagnosis, did you feel proud of your gender identity?**

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Comfortable with identity disclosure

[ASK IF B\_GEN=3,4,5,6,96 OR (B\_BRTH=1 AND B\_GEN=2) OR (B\_BRTH=2 AND B\_GEN=1)]

#### ***N\_IDENTITY***

**Before your diagnosis, were you comfortable sharing your gender identity with others?**

- 0 No
- 1 Yes

99 Prefer not to respond [HIDE IF MODE=WB]

## O. Stressful Life Events

[ASK ALL]

### **INTRO\_JOBLOSS**

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 [HIVDX\_M] [HIVDX\_Y\_M1Y] to [HIVDX\_M] [HIVDX\_Y]. Feel free to skip any questions that you are not comfortable answering.

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

[ASK ALL]

### **O\_JOBLOSS**

In the **12 months before your diagnosis**, did you experience job loss?

0 No

1 Yes

98 Don't know

99 Prefer not to respond [HIDE IF MODE=WB]

### Insurance

[ASK ALL]

### **O\_INSUR**

In the **12 months before your diagnosis**, did you have health insurance coverage?

0 No

1 Yes

98 Don't know

99 Prefer not to respond [HIDE IF MODE=WB]

### Type of Health Insurance

[ASK IF O\_INSUR=1]

### **O\_TYPEINS**

[IF MODE=WB INSERT: "What kind of health insurance coverage did you have? Select only one."]

[IF MODE=IA INSERT "Looking at Response Card H, what kind of health insurance coverage did you have? Please select only one.

INTERVIEWER NOTE: Use 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
- 95 Some other health insurance
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Housing

[ASK ALL]

[MUL=7]

**O4**

In the **12 months before your diagnosis**, where were you living?

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.”]

- |    |   |                |
|----|---|----------------|
| 1  | Housing you shared with others, such as a family member or partner, without paying rent   | <b>O_SHARE</b> |
| 2  | Housing you rented (such as an apartment)   | <b>O_RENT</b>  |
| 3  | Housing you owned   | <b>O_OWN</b>   |
| 4  | A shelter, safe haven, or transitional housing  | <b>O_SHELT</b> |
| 5  | Institutional housing (including hospital, jail, prison, juvenile detention, long-term care facility, nursing home, or drug treatment facility) | <b>O_JAIL</b>  |
| 6  | Other peoples’ homes for a short period of time (also called couch surfing)   | <b>O_COUCH</b> |
| 7  | A place other than a home (including a car, on the street, or under a bridge)   | <b>O_CAR</b>   |
| 98 | Don’t know [EXCLUSIVE]  | <b>O_KNOW</b>  |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]   | <b>O_PNTR</b>  |

[ASK ALL]

**INTRO\_HARASS**

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

[ASK ALL]

**O\_HARASS**

In the **12 months before your diagnosis**, were you ever harassed by police or law enforcement?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**Incarceration**

[ASK ALL]

**O\_JAIL**

In the **12 months before your diagnosis**, were you held in a detention center, jail, or prison for more than 24 hours?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**Physical Violence**

[ASK ALL]

**O\_PHYSICAL**

In the **12 months before your diagnosis**, did anyone slap, punch, shove, kick, shake, or otherwise physically hurt you?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**Sexual Violence**

[ASK ALL]

**O\_SEXUALV**

In the **12 months before your diagnosis**, did anyone pressure you to have sex when you did not want to?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Psychological or Emotional Violence

[ASK ALL]

### ***O\_EMOTION***

In the **12 months before your diagnosis**, did anyone swear at you, insult you, or put you down?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

[ASK IF O\_PHYSICAL=1 OR O\_SEXUALV=1 OR O\_EMOTION=1]

### ***INTRO\_DOMESTIC***

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

## Received Domestic Violence Services

[ASK IF O\_PHYSICAL=1 OR O\_SEXUALV=1 OR O\_EMOTION=1]

### ***O\_DOMESTIC***

In the **12 months before your diagnosis**, did you receive domestic violence services?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## P. Alcohol Use

[ASK ALL]

### ***INTRO\_TREAT***

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.

## Treatment for Alcohol Use

[ASK ALL]

### ***P\_TREAT***

**Before your diagnosis**, did you **ever** get treatment for alcohol use?

- 0 No
- 1 Yes

99 Prefer not to respond [HIDE IF MODE=WB]

## Q. Non-Injection Drug Use

[ASK ALL]

### **INTRO\_NONINJ**

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.

## Ever Use Non-Injection Drugs

[ASK ALL]

### **Q\_NONINJ**

**Before your diagnosis**, had you **ever** used any drugs that you did **NOT** inject?

- 0 No
- 1 Yes

99 Prefer not to respond [HIDE IF MODE=WB]

## Use Non-Injection Drugs 12 Months Before Diagnosis

[ASK IF Q\_NONINJ=1]

### **Q\_NIJP12**

In the **12 months before your diagnosis**, from [HIVDX\_M] [HIVDX\_Y\_M1Y] to [HIVDX\_M] [HIVDX\_Y], did you use any drugs that you did **NOT** inject?

- 0 No
- 1 Yes

98 Don't know

99 Prefer not to respond [HIDE IF MODE=WB]

## Type of Non-Injection Drugs Used

[ASK IF Q\_NIJP12=1]

[MUL=12]

[RANDOMIZE 1-11]

### **Q3**

In the **12 months before your diagnosis**, which drugs did you use that you did **NOT** inject?

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response"]

INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.”]

1	Marijuana	Q_MARIJ
2	Methamphetamine, also known as meth or speed	Q_METH
3	Crack cocaine	Q_CRACK
4	Powder cocaine	Q_COCO
5	Benzodiazepines or other downers such a Valium, Xanax, or Klonopin	Q_BENZO
6	Painkillers, such as Oxycontin, Dilaudid, or Percocet	Q_OXY
7	Molly or ecstasy (MDMA)	Q_MDMA
8	Acid, LSD, or other hallucinogens	Q_ACID
9	Heroin	Q_HEROIN
10	Fentanyl, by itself or in combination with other drugs	Q_FENTAN
11	Adderall, Ritalin, or other commonly prescribed stimulants	Q_ADDERAL
96	Another type of drug	Q_OTR96
99	Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]	Q_PNTR

### Other Non-Injection Drugs Used

[ASK IF Q3=96]

**Q\_OTR96B**

What is the other type of drug?

[TEXT BOX]

### R. Injection Drug Use

[ASK ALL]

**INTRO\_INJECT**

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.

### Ever Inject Drugs

[ASK ALL]

**R\_INJECT**

**Before your diagnosis, had you ever shot up or injected any drugs other than those prescribed for you?**

0 No

1 Yes

99 Prefer not to respond [HIDE IF MODE=WB]



## Injected Drugs 12 Months Before Diagnosis

[ASK IF R\_INJECT=1]

**R\_INJP12**

In the **12 months before your diagnosis**, from [HIVDX\_M] [HIVDX\_Y\_M1Y] to [HIVDX\_M] [HIVDX\_Y], had you shot up or injected any drugs other than those prescribed for you?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

## Type of Injection Drug Used

[ASK IF R\_INJP12=1]

[MUL=12]

[RANDOMIZE 1-11]

**R3**

In the **12 months before your diagnosis**, which drugs did you inject?

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply."*]

- |    |  |                    |
|----|--|--------------------|
| 1  | Speedball, which is heroin and cocaine together                    | <b>R_SPEEDBALL</b> |
| 2  | Heroin and methamphetamine together, such as goofball              | <b>R_GOOFBALL</b>  |
| 3  | Fentanyl, by itself or in combination with other drugs             | <b>R_FENTANYL</b>  |
| 4  | Heroin, by itself  | <b>R_HEROIN</b>    |
| 5  | Methamphetamine, by itself, also known as meth or speed            | <b>R_METH</b>      |
| 6  | Powder cocaine, by itself  | <b>R_COCO</b>      |
| 7  | Crack cocaine, by itself   | <b>R_CRACK</b>     |
| 8  | Painkillers, such as Oxycontin, Dilaudid, or Percocet              | <b>R_OXY</b>       |
| 9  | Benzodiazepines or other downers such a Valium, Xanax, or Klonopin | <b>R_BENZO</b>     |
| 10 | Methadone  | <b>R_METHAD</b>    |
| 11 | Buprenorphine, also known as Suboxone or Subutex                   | <b>R_BUPREN</b>    |
| 96 | Another type of drug   | <b>R_OTR96</b>     |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]                | <b>R_PNTR</b>      |

## Other Injection Drug Used

[ASK IF R3=96]

**R\_OTR96B**

What is the other type of drug?

[TEXT BOX]

## S. Experiences When Using Drugs

[ASK IF Q\_NONINJ=1 OR R\_INJECT=1]

### **INTRO\_S1**

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

### Supplies or Services

[ASK IF Q\_NONINJ=1 OR R\_INJECT=1]

[MUL=7]

[RANDOMIZE 1-6]

#### **S1**

In the **12 months before your diagnosis**, from [HIVDX\_M] [HIVDX\_Y\_M1Y] to [HIVDX\_M] [HIVDX\_Y], did you receive supplies or services related to drug use from any of the following places or people:

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.*

*Do not read "None of these" if the participant selects another response. If the participant does not select a response, read "None of these.""]*

- |    |   |                  |
|----|---|------------------|
| 1  | Syringe services program or needle exchange program             | <i>S_SSP</i>     |
| 2  | Pharmacy or drug store  | <i>S_PHARM</i>   |
| 3  | Doctor's office, clinic, or hospital                            | <i>S_DOC</i>     |
| 4  | Friend, relative, or sex partner                                | <i>S_FRIEND</i>  |
| 5  | Needle dealer, drug dealer, shooting gallery, or off the street | <i>S_DEALER</i>  |
| 6  | Online or through the mail                                      | <i>S_ONLINE</i>  |
| 7  | Some other place or person                                      | <i>S_OTHER95</i> |
| 94 | None of these [EXCLUSIVE]                                       | <i>S_NONE94</i>  |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]             | <i>S_PNTR</i>    |

### Patient out to provider – PWID

[ASK IF Q\_NONINJ=1 OR R\_INJECT=1]

#### **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?

- |   |     |
|---|-----|
| 0 | No  |
| 1 | Yes |

99 Prefer not to respond [HIDE IF MODE=WB]

[ASK IF Q\_NONINJ=1 OR R\_INJECT=1]

**INTRO\_TREAT2**

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.

## Treatment for Drug Use

[ASK IF Q\_NONINJ=1 OR R\_INJECT=1]

**S\_TREAT**

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

0 No

1 Yes

99 Prefer not to respond [HIDE IF MODE=WB]

[ASK IF Q\_NIJP12=1 OR R\_INJP12=1]

**INTRO\_JUDGE**

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

## Drug Use Stigma: Feeling Judged

[ASK IF Q\_NIJP12=1 OR R\_INJP12=1]

**S\_JUDGE**

**Before your diagnosis, did you think people would doubt your character or judge you because you used drugs?**

0 No

1 Yes

99 Prefer not to respond [HIDE IF MODE=WB]

## Drug Use Stigma: Feeling Ashamed

[ASK IF Q\_NIJP12=1 OR R\_INJP12=1]

**S\_ASHAM**

**Before your diagnosis, did you ever feel shame about using drugs?**

0 No

1 Yes

98 Don't know

99 Prefer not to respond [HIDE IF MODE=WB]

[ASK IF R\_INJECT=1]

**INTRO\_CONFISC**

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

### Police Confiscate Needles or Injection Equipment

[ASK IF R\_INJECT=1]

**S\_CONFISC**

**Before your diagnosis**, did law enforcement or police **ever** take or destroy your needles or other injection equipment?

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Police Prevent Access to SSPs

[ASK IF R\_INJECT=1]

**S\_ACCESS**

**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?

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

## T. Sexual Risk Behaviors

[ASK ALL]

**INTRO\_BEHAVIORS**

The next set of questions ask about your behaviors 12 months before your diagnosis, from [HIVDX\_M] [HIVDX\_Y\_M1Y] to [HIVDX\_M] [HIVDX\_Y]. Feel free to skip any questions that you are not comfortable answering.

### Number of Vaginal or Anal Sex Partners

[ASK IF B\_PART=1,2,3,4,95]

**T\_PARTNER**

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.

[IF MODE=WB INSERT "Please enter a whole number. If you don't know the exact number, please give us your best estimate."]

[IF MODE=IA INSERT "INTERVIEWER NOTE: Enter a whole number."]

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

Number of partners RANGE 1-9999 [NUMBER BOX]

99999 Prefer not to respond [HIDE IF MODE=WB]

## Condomless Sex

[ASK IF B\_PART=1,2,3,4,95]

### **T\_CONDLESS**

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?

[IF MODE=WB INSERT "Select only one"; IF MODE=IA INSERT "I will read all responses and you will select one

INTERVIEWER NOTE: Read all response options first, then allow participant to select one"]

- 1 Never
- 2 Sometimes
- 3 Mostly
- 4 Always

98 Don't know

99 Prefer not to respond [HIDE IF MODE=WB]

## Transactional Sex

[ASK IF B\_PART=1,2,3,4,95]

### **T\_MONEY**

In the **12 months before your diagnosis**, 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.

- 0 No
- 1 Yes

99 Prefer not to respond [HIDE IF MODE=WB]

## Free Condoms

[ASK ALL]

### **T\_FREECOND**

In the **12 months before your diagnosis**, did you get any free condoms?

- 0 No
- 1 Yes
- 99 Prefer not to respond [HIDE IF MODE=WB]

### Location of Free Condoms

[ASK IF T\_FREECOND=1]

[MUL=15]

[RANDOMIZE 1-14]

**T5**

In the **12 months before your diagnosis**, did you get free condoms from any of these places or people?

[IF MODE=WB INSERT “**Select all that apply**”; IF MODE=IA INSERT “**Answer yes or no for each response**”]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply.”]*

- |    |   |                   |
|----|---|-------------------|
| 1  | Regular doctor’s office   | <b>T_DOCTOR</b>   |
| 2  | Another type of clinic like a local health department clinic, STD clinic, or family planning clinic | <b>T_CLINIC</b>   |
| 3  | Hospital, emergency room, or other inpatient clinic   | <b>T_ER</b>       |
| 4  | Pharmacy  | <b>T_PHARM</b>    |
| 5  | A community organization  | <b>T_COMMUN</b>   |
| 6  | A mobile testing unit like a van or RV  | <b>T_VAN</b>      |
| 7  | A public gathering like a festival, fair, bar, or night club  | <b>T_FESTIVAL</b> |
| 8  | Faith-based organization, for example, church or temple   | <b>T_FAITH</b>    |
| 9  | Syringe services program or needle exchange program   | <b>T_SSP</b>      |
| 10 | Correctional facility (jail or prison)  | <b>T_JAIL</b>     |
| 11 | A friend or family member   | <b>T_FRIEND</b>   |
| 12 | A person you had or have sex with   | <b>T_SEXPART</b>  |
| 13 | Online  | <b>T_ONLINE</b>   |
| 14 | Urgent care or walk-in clinic   | <b>T_URGENT</b>   |
| 96 | Another place or person   | <b>T_OTR96</b>    |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]   | <b>T_PNTR</b>     |

### Other Location of Free Condoms

[ASK IF T5=96]

**T\_OTR96B**

What is the other place or person?

[TEXT BOX]

**S\_TIME2**

**CALC\_S\_TIME2** End time of core survey. Automatic hidden variable.

Respondent end time

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

[ASK IF PROJAREA=1-4]

### **LOCAL\_TIME\_START**

**Start time of local questions. Automatic hidden variable.**

Respondent Start time

LOCAL\_START

## FLORIDA LOCAL QUESTIONS

[ASK IF PROJAREA=1]

### **FL\_INTRO**

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          Condom prevent STI**

[ASK IF PROJAREA=1]

#### **FL\_PREVENT**

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

0 No

1 Yes

99 Prefer not to respond [HIDE IF MODE=WB]

### **LQ\_FL.2          Resistance to medications**

[ASK IF PROJAREA=1]

#### **FL\_RESIST**

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?

0 No

1 Yes

99 Prefer not to respond [HIDE IF MODE=WB]

### **LQ\_FL.3          Hepatitis A vaccine**

[ASK IF PROJAREA=1]

#### **FL\_HEPA**

Have you been vaccinated for hepatitis A?

0 No

1 Yes

98 Don't know

99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.4          Hepatitis B**

[ASK IF PROJAREA=1]

**FL\_HEPB1**

Do you have chronic active hepatitis B?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.4a          Hepatitis B vaccine**

[ASK IF FL\_HEPB1=1]

**FL\_HEPB2**

Have you been vaccinated for hepatitis B?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.5          Hepatitis C**

[ASK IF PROJAREA=1]

**FL\_HEPC**

Do you have chronic active hepatitis C?

[IF MODE=WB INSERT "Select only one"; IF MODE=IA INSERT "I will read all responses and you will select one

*INTERVIEWER NOTE: Read all response options first, then allow participant to select one.*"]

- 0 No
- 1 Yes
- 2 Not currently, was treated
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.6          Current marijuana**

[ASK IF PROJAREA=1]

**FL\_MARIJUANA**

Do you currently use marijuana?

- 0 No
- 1 Yes



99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.6a      How use marijuana**

[ASK IF FL\_MARIJUANA=1]

**FL\_HOWUSE**

Do you currently use marijuana recreationally or with a medical prescription?

- 1 Recreationally
- 2 With a medical prescription

99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.6b      Why use marijuana**

[ASK IF FL\_MARIJUANA=1]

[MUL=6]

**FL\_6B**

What are the primary reasons you use marijuana?

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response

INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply."]

- |  |                     |
|--|---------------------|
| 1 To relax or reduce stress                            | <b>FL_MJRELAX</b>   |
| 2 To increase appetite                                 | <b>FL_MJAPP</b>     |
| 3 To induce sleep                                      | <b>FL_MJSLEEP</b>   |
| 4 To relieve pain                                      | <b>FL_MJRELIEVE</b> |
| 5 To get high  | <b>FL_MJHIGH</b>    |
| 96 Another reason                                      | <b>FL_OTRMJ</b>     |
| 99 Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB] | <b>FL_PNTR</b>      |

**LQ\_FL.6c      Another reason\_Why use marijuana**

[ASK IF FL\_6B=96]

**FL\_OTR96A**

What is the other reason?

[TEXT BOX]

**LQ\_FL.7      Prescribed medical marijuana**

[ASK IF PROJAREA=1]

**FL\_PRESCRIBE**

Have you been prescribed medical marijuana, but could not fill the prescription?

- 0 No
- 1 Yes

99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.7a Why not prescription**

[ASK IF FL\_PRESCRIBE=1]

[MUL=6]

**FL\_7A**

Why were you not able to fill the prescription?

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response

INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply."]

- |    |   |                    |
|----|---|--------------------|
| 1  | Insurance did not cover the prescription                | <b>FL_NOTCOV</b>   |
| 2  | Did not have the money to pay for the prescription      | <b>FL_NOMONEY</b>  |
| 3  | Did not have transportation to go fill the prescription | <b>FL_NOGO</b>     |
| 4  | Did not know where to fill the prescription             | <b>FL_NOWHERE</b>  |
| 5  | It was against your beliefs                             | <b>FL_NOBELEF</b>  |
| 96 | Another reason  | <b>FL_7A_OTR96</b> |
| 99 | Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]     | <b>FL_7A_PNTR</b>  |

**LQ\_FL.7b Another reason\_Why not prescription**

[ASK IF FL\_7A=96]

**FL\_OTR96B**

What is the other reason?

[TEXT BOX]

**LQ\_FL.8 Cell phone**

[ASK IF PROJAREA=1]

**FL\_PHONE**

Do you currently own and use a cell phone?

- 0 No
- 1 Yes
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.9 Data plan**

[ASK IF FL\_PHONE=1]

**FL\_DATA**

Do you have a data plan on your phone?

- 0 No
- 1 Yes
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.9a      Type of data plan**

[ASK IF FL\_DATA=1]

**FL\_PLANTYPE**

What type of data plan do you have?

[IF MODE=WB INSERT "Select only one"; IF MODE=IA INSERT "I will read all responses and you will select one

*INTERVIEWER NOTE: Read all response options first, then allow participant to select one.*"]

- 1 Limited data
- 2 Unlimited data
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.9b – LQ\_FL.9d      Telehealth use**

[ASK IF FL\_DATA=1]

**FL\_9B\_9D**

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**

[ASK IF FL\_DATA=1]

**FL\_TELEHEALTH1**

Would you use telehealth to visit with a healthcare practitioner?

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.9c**

[ASK IF FL\_DATA=1]

**FL\_TELEHEALTH2**

Would you use telehealth to visit with a case manager?

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.9d**

[ASK IF FL\_DATA=1]

**FL\_TELEHEALTH3**

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

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.10      Genotype test**

[ASK IF PROJAREA=1]

**FL\_GENOTYPE**

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

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.11      Molecular HIV surveillance**

[ASK IF PROJAREA=1]

**FL\_MHS**

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

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_FL.12      Ending the HIV Epidemic**

[ASK IF PROJAREA=1]

**FL\_EHE**

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

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

**HOUSTON LOCAL QUESTIONS**

[ASK IF PROJAREA=4]

**HTX\_INTRO1**

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

[ASK IF PROJAREA=4]

**HTX\_INTRO**

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

[ASK IF PROJAREA=4]

##### HTX\_GHLTH

[IF MODE=WB INSERT "In general, how would you rate your health?"]

[IF MODE=IA INSERT "Looking at Response Card I, in general, how would you rate your health?"]

*INTERVIEWER NOTE: Use Response Card I."*

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good
- 5 Excellent
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

#### LQ\_HTX.2

[ASK IF PROJAREA=4]

##### HTX\_PHLTH

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?

Number of days RANGE 1-30 [NUMBER BOX]

- 94 None
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

#### LQ\_HTX.3

[ASK IF PROJAREA=4]

##### 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?

Number of days RANGE 1-30 [NUMBER BOX]

- 94 None
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

#### LQ\_HTX.4

[ASK IF PROJAREA=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?

Number of days RANGE 1-30 [NUMBER BOX]

94 None

99 Prefer not to respond [HIDE IF MODE=WB]

[ASK IF PROJAREA=4]

**HTX\_INTRO2**

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**

[ASK IF PROJAREA=4]

**HTX\_EMSSUPPORT**

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

[IF MODE=WB INSERT "Select only one"; IF MODE=IA INSERT "I will read all responses and you will select one

*INTERVIEWER NOTE: Read all response options first, then allow participant to select one."*]

0 No

1 Yes

2 Do not need emotional support right now

99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_HTX.6**

[ASK IF HTX\_EMSSUPPORT=1]

**HTX\_HELPSUPP**

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

[IF MODE=IA INSERT "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."*]

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

- 95 Other
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_HTX.7**

[ASK IF PROJAREA=4]

**HTX\_EMSUPUSE**

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

[IF MODE=WB INSERT "Select only one"; IF MODE=IA INSERT "I will read all responses and you will select one

*INTERVIEWER NOTE: Read all response options first, then allow participant to select one.*"]

- 0 No
- 1 Yes
- 2 Did not need emotional support in the last 12 months
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_HTX.8**

[ASK IF HTX\_EMSUPUSE=1]

**HTX\_MORESUPP**

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

[IF MODE=WB INSERT "Select only one"; IF MODE=IA INSERT "I will read all responses and you will select one

*INTERVIEWER NOTE: Read all response options first, then allow participant to select one.*"]

- 1 A little
- 2 Some
- 3 A lot
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_HTX.9**

[ASK IF PROJAREA=4]

**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?

[IF MODE=WB INSERT "Select only one"; IF MODE=IA INSERT "I will read all responses and you will select one

*INTERVIEWER NOTE: Read all response options first, then allow participant to select one.*"]

- 0 No
- 1 Yes
- 2 Yes, but you would not accept help
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_HTX.10**

[ASK IF PROJAREA=4]

**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?

[IF MODE=WB INSERT "Select only one"; IF MODE=IA INSERT "I will read all responses and you will select one

*INTERVIEWER NOTE: Read all response options first, then allow participant to select one.*"]

- 0 No
- 1 Yes
- 2 Yes, but you would not accept help
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

[ASK IF PROJAREA=4]

**HTX\_INTRO3**

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**

[ASK IF PROJAREA=4]

**HTX\_PBELIEFS**

Do your personal beliefs give meaning to your life?

[IF MODE=WB INSERT "Select only one"; IF MODE=IA INSERT "I will read all responses and you will select one

*INTERVIEWER NOTE: Read all response options first, then allow participant to select one.*"]

- 1 Not at all
- 2 A little
- 3 A lot
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_HTX.12**

[ASK IF PROJAREA=4]

**HTX\_PBSTRENG**

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



[IF MODE=WB INSERT "Select only one"; IF MODE=IA INSERT "I will read all responses and you will select one  
*INTERVIEWER NOTE: Read all response options first, then allow participant to select one.*"]

- 1 Not at all
- 2 A little
- 3 A lot
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_HTX.13**

[ASK IF PROJAREA=4]

**HTX\_BOTHERED**

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

[IF MODE=WB INSERT "Select only one"; IF MODE=IA INSERT "I will read all responses and you will select one  
*INTERVIEWER NOTE: Read all response options first, then allow participant to select one.*"]

- 1 Not at all
- 2 A little
- 3 A lot
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_HTX.14**

[ASK IF PROJAREA=4]

**HTX\_EXTGUILTY**

To what extent do you feel guilty when you need the help and care of others?

[IF MODE=WB INSERT "Select only one"; IF MODE=IA INSERT "I will read all responses and you will select one  
*INTERVIEWER NOTE: Read all response options first, then allow participant to select one.*"]

- 1 Not at all
- 2 A little
- 3 A lot
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_HTX.15**

[ASK IF PROJAREA=4]

**HTX\_FATEDEST**

To what extent are you bothered by any feelings that you are suffering from fate or destiny?

[IF MODE=WB INSERT "Select only one"; IF MODE=IA INSERT "I will read all responses and you will select one

*INTERVIEWER NOTE: Read all response options first, then allow participant to select one.”]*

- 1 Not at all
- 2 A little
- 3 A lot
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

## LOUISIANA LOCAL QUESTIONS

[ASK IF PROJAREA=2]

### **LA\_INTRO1**

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

[ASK IF PROJAREA=2]

### **LA\_INTRO**

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

### **LQ\_LA.1 – LQ\_LA.2**

[ASK IF PROJAREA=2]

### **LA\_1\_2**

[IF MODE=WB INSERT “Please share how much you agree or disagree with the following statements.”]

[IF MODE=IA INSERT “Looking at Response Card K, please tell me how much you agree or disagree with the following statements.”]

*INTERVIEWER NOTE: Use Response Card K.”]*

### **LQ\_LA.1**

[ASK IF PROJAREA=2]

### **LA\_BOUNCE**

I tend to bounce back after illness, injury, or other hardships.

- 1 Not true at all
- 2 Rarely true
- 3 Sometimes true
- 4 Often true
- 5 True nearly all of the time
  
- 98 Don’t know
- 99 Prefer not to respond [HIDE IF MODE=WB]

### **LQ\_LA.2**

[ASK IF PROJAREA=2]

### **LA\_ADAPT**

I am able to adapt when changes occur.

- 1 Not true at all
- 2 Rarely true
- 3 Sometimes true
- 4 Often true
- 5 True nearly all of the time
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

[ASK IF PROJAREA=2]

**LA\_INTRO2**

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

**LQ\_LA.3 – LQ\_LA.8**

[ASK IF PROJAREA=2]

**LA\_3\_8**

[IF MODE=WB INSERT "About how often during the past 30 days did you feel each of the following:"]

[IF MODE=IA INSERT "Looking at Response Card L. please tell me about how often during the past 30 days you felt each of the following:

*INTERVIEWER NOTE: Use Response Card L."*

**LQ\_LA.3**

[ASK IF PROJAREA=2]

**LA\_NERVOUS**

Nervous

- 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
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_LA.4**

[ASK IF PROJAREA=2]

**LA\_HOPELESS**

Hopeless

- 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
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_LA.5**

[ASK IF PROJAREA=2]

**LA\_RESTLESS**

Restless or fidgety

- 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
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_LA.6**

[ASK IF PROJAREA=2]

**LA\_DEPRESS**

So depressed that nothing could cheer you up

- 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
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_LA.7**

[ASK IF PROJAREA=2]

**LA Effort**

That everything was an effort

- 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
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_LA.8**

[ASK IF PROJAREA=2]

**LA\_WORTH**

Worthless

- 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
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**MICHIGAN LOCAL QUESTIONS**

[ASK IF PROJAREA=3]

**MI\_INTRO**

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

[ASK IF PROJAREA=3]

**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**

[ASK IF PROJAREA=3]

**MI\_NOTIFY**

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?

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_MI.2      Notify explain**

[ASK IF MI\_NOTIFY=1]

**MI\_EXPLAIN**

Were the ways to notify your sex partners clearly explained to you?

- 0 No
- 1 Yes
  
- 99 Prefer not to respond [HIDE IF MODE=WB]

[ASK IF PROJAREA=3]

**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**

[ASK IF PROJAREA=3]

**MI\_REFFAC**

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

[IF MODE=IA INSERT "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."*]

- 1 Primary care clinic
- 2 Clinic specializing in HIV treatment
- 3 Public health department clinic or STI clinic
- 4 Urgent care or walk-in clinic
- 5 Hospital or emergency room
- 6 Community organization
- 7 Veterans administration facility
- 8 Correctional facility (jail or prison)
- 9 Was not referred anywhere for HIV care
- 96 Another place
- 99 Prefer not to respond [HIDE IF MODE=WB]

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

[ASK IF MI\_REFFAC=96]

**MI\_OTRFAC96A**

What is the other place?

[TEXT BOX]

[ASK IF PROJAREA=3]

**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**

[ASK IF PROJAREA=3]

**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?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_MI.5      Qualify help**

[ASK IF PROJAREA=3]

**MI\_QUALIFY**

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?

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_MI.6      Make appointment**

[ASK IF PROJAREA=3]

**MI\_MAKEAPPT**

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

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_MI.7      Arrange transportation**

[ASK IF PROJAREA=3]

**MI\_TRANSPORT**

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

- 0 No
- 1 Yes
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_MI.8      Reminder contact**

[ASK IF PROJAREA=3]

**MI\_REMIND**

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

- 0 No
- 1 Yes
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

**LQ\_MI.9          Go with you**

[ASK IF PROJAREA=3]

**MI\_GOWITH**

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

- 0 No
- 1 Yes
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

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

[ASK IF PROJAREA=3]

**MI\_CURRSEE**

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

- 0 No
- 1 Yes
- 99 Prefer not to respond [HIDE IF MODE=WB]

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

[ASK IF MI\_CURRSEE=1]

**MI\_CURRFAC**

[IF MODE=WB INSERT "At what type of facility are you receiving care for HIV? Select only one."]

[IF MODE=IA INSERT "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."*

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



99 Prefer not to respond [HIDE IF MODE=WB]

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

[ASK IF MI\_CURRFAC=96]

**MI\_OTRFAC96B**

What is the other place?

[TEXT BOX]

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

[ASK IF MI\_CURRSEE=1]

**MI\_MODE**

[IF MODE=WB INSERT "In the last 12 months, what type of transportation did you use **most** often for HIV care? Select only one"]

[IF MODE=IA INSERT "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."*]

- 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
  
- 98 Don't know
- 99 Prefer not to respond [HIDE IF MODE=WB]

[ASK IF PROJAREA=3]

**MI\_INTRO4**

Now we will ask you some questions about access to HIV-related services in your area.

**LQ\_MI.13      Access resources**

[ASK IF PROJAREA=3]

[MUL=14]

**MI\_13**

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

[IF MODE=WB INSERT "Select all that apply"; IF MODE=IA INSERT "Answer yes or no for each response"]

*INTERVIEWER NOTE: Please read each response option to the participant. Select all that apply."*]

- |   |                   |
|---|-------------------|
| 1 HIV-related medical care              | <b>MI_RESHIV</b>  |
| 2 Health insurance or co-pay assistance | <b>MI_RESINSR</b> |
| 3 Help with starting HIV medications    | <b>MI_MEDS</b>    |
| 4 Help with paying for HIV medications  | <b>MI_RESPAY</b>  |

5	A dental provider	<i>MI_RESDNTL</i>
6	Shelter or housing assistance	<i>MI_RESASSIST</i>
7	Drug or alcohol counseling or treatment	<i>MI_RESDRUG</i>
8	Domestic violence services	<i>MI_RESDVS</i>
9	Food assistance or SNAP	<i>MI_RESFOOD</i>
10	Meal or food services	<i>MI_RESMEAL</i>
11	Peer or group support	<i>MI_RESPEER</i>
12	Mental health support or counseling	<i>MI_RESHLTH</i>
13	Support during or after pregnancy	<i>MI_RESPREG</i>
14	Transportation assistance	<i>MI_RESTRNP</i>
99	Prefer not to respond [EXCLUSIVE] [HIDE IF MODE=WB]	<i>MI_RESPNTR</i>

[ASK IF PROJAREA=1-4]

**LOCAL\_TIME\_END**

**End time of local questions. Automatic hidden variable.**

Respondent End time

LOCAL\_STOP

**END OF SURVEY**

**DISPO\_BEGIN**

HIDDEN VARIABLE:

IF CONSENT=1 AND AGE\_SRV =18-99, THEN SET TO 1

IF CONSENT=0, THEN SET TO S1

IF AGE\_SRV=16,17,999,8888 THEN SET TO S2

- 1 Complete
- S1 Did not consent
- S2 Underage

[DATA PROCESSING: IF PARTICIPANT DROPS AFTER THIS POINT, USE DISPO\_BEGIN TO SET DISPOSITION IN FINAL DATA SET]

[ASK IF DISPO\_BEGIN=S1, S2]

**INELIGIBLE**

Unfortunately, you are not eligible to take part in this interview. However we can provide you with referrals for HIV care or other services in your area

**END.1**

[ASK IF DISPO\_BEGIN=1]

**END1**

[IF MODE = WB, INSERT "Thank you again for taking part in this interview. Please remember that all the information you have given us will be kept confidential."]

[IF MODE = IA, INSERT “Thank you again for taking part in this interview. Please remember that all the information you have given me will be kept confidential.”]

## 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