

Health Resources and Services Administration (HRSA) SPNS Outreach Initiative

HRSA Outreach Follow Up Data Collection Instrument

STUDY ENROLLEE INFORMATION

Client ID \_\_\_\_\_ CLIENTID

Follow Up Code \_\_\_\_\_ RPTNUM      Date of Study Enrollment (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ ENRDATE

Staff ID \_\_\_\_\_ STAFFID      Date of Data Collection (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ FORMDATE

*Interviewer Instructions:*

*Follow Up Code* should be 1, 2, 3 or 4, the number of the interview. (The intake interview is number 0.) The six month follow up interview is 1, the 12 month interview is 2, the 18 month interview is 3, and the 24 month interview (if you are doing it) is 4. If the respondent misses an interview, then the following interview should be numbered to correspond with the 12, 18, or 24 month time period.

*Client ID* should be the following: your two letter project code assigned by CORE, followed by a 4 digit client identification number. Client identification numbers should be sequential, based on date of study enrollment, and begin with 1001. For example, the Well Being Institute would use WB1001 for its first enrollee, WB1002 for its second enrollee, WB1003 for its third enrollee, and so forth. Each client should receive an individual Client ID that remains the same throughout the life of the project. When reporting the 6, 12, 18, and 24 month follow-up interviews, the Client ID remains the same. No Client IDs should be re-used, even if an enrollee is no longer in the study.

*Staff ID* should be the following: your two letter project code assigned by CORE, followed by a 2 digit staff identification number that is unique to each data collector. Staff identification numbers should begin with 01. For example, the Well Being Institute would use WB01 for one data collector, WB02 for another data collector, WB03 for a third data collector, and so forth. Each data collector should receive an individual Staff ID that remains the same throughout the life of the project. When reporting the 6, 12, 18, and 24 month follow-up interviews, the Staff ID for the **data collector who completed that interview** should be used. No Staff IDs should be re-used, even if a data collector is no longer part of the program. Rather, a new ID should be assigned for each new data collector.

*ENRDATE*, the date of study enrollment, is the date that the individual signed the consent form to enroll in the study. It is not the date that a client joined your program.

*FORMDATE*, the data collection date, is the date the interview is done. (This could be the same as ENRDATE, but not earlier.)

All dates are of the form mm/dd/yyyy. As a general rule (for example, POSDATE), if the client doesn't recall or can't estimate the day (dd), then 01 should be entered for dd. The same rule applies if the client doesn't recall or can't estimate the month (mm).

**Begin by reading the following:**

Thank you for agreeing to talk with me today. As you might remember from your last interview for this study, we are going to cover many topics, including your health and your experiences with health care providers. Some of these questions may be about things you've already discussed with other people- we are asking you again because this interview is part of a national study that includes people and programs all across the country. This information will help us to improve care for people living with HIV.

Everything that we are going to talk about is confidential. If we talk about anything that makes you feel uncomfortable or brings up feelings or issues you want to talk about more, we can refer you to someone you can talk to. Also, if there are any questions you don't feel comfortable answering, you don't have to answer them.

This interview will take about 1 hour. As I go through the questions, let me know if there is anything that is unclear. Are you ready to begin?

**DEMOGRAPHICS**

**1. Just to make sure I have it right from last time, what is your birth date?**

(mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_\_\_\_ DOB

**2. Where do you live now?** WLIVENOW *[Interviewer: code only one option]*

- Own home/apartment 1
- Someone else's home/apartment 2
- Supported/transitional housing 3
- Shelter 4
- Residential treatment program 5
- The streets/in a car/in a park/on the beach 6
- Squat or abandoned building 7
- Motel 8
- Foster/group home 9
- Boarding house/SRO 10
- Correctional facility 11
- Moving from house to house; I have no permanent place to stay 12
- Other 13
- Don't know 777
- Missing 999

**3. Have you lived in any other type of place in the past 6 months?** *[Interviewer: code all that apply. If client has lived no where else than the place where they currently live in the last six months, code the NO box for all response options]*

- |                                                   |                               |                                |                                         |                                      |
|---------------------------------------------------|-------------------------------|--------------------------------|-----------------------------------------|--------------------------------------|
| <b>a.</b> Own home/apartment OWNHOME              | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>b.</b> Someone else's home/apartment OTHRHOME  | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>c.</b> Supported/transitional housing TRANHOUS | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>d.</b> Shelter SHELTER                         | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |

- e. Residential treatment program RESTREAT  No 0  Yes 1  Don't Know 777  Missing 999
- f. The streets/in a car/in a park/on the beach STREETS  No 0  Yes 1  Don't Know 777  Missing 999
- g. Squat or abandoned building SQUAT  No 0  Yes 1  Don't Know 777  Missing 999
- h. Motel MOTEL  No 0  Yes 1  Don't Know 777  Missing 999
- i. Foster/group home GRPHOME  No 0  Yes 1  Don't Know 777  Missing 999
- j. Boarding house/SRO SRO  No 0  Yes 1  Don't Know 777  Missing 999
- k. Correctional facility CORRFAC  No 0  Yes 1  Don't Know 777  Missing 999
- l. Moving from house to house; I have no permanent place to stay MOVING  No 0  Yes 1  Don't Know 777  Missing 999
- m. Other \_\_\_\_\_ OTHRPLC

**4. Are you pregnant?** PREGNANT [Interviewer: ask of women only. For men, code N/A]

- No 0
- Yes 1
- Don't know 777
- N/A 888
- Missing 999

**5. Are you the primary caregiver for any of the following:** [Interviewer: read all responses except don't know and missing, and code all that apply. If necessary, say: "A primary caregiver is someone who provides the most care or who assumes the most responsibility for another person."]

- a. Child(ren) under 18 CHLDCARE  No 0  Yes 1  Don't Know 777  Missing 999
- b. Elderly person(s) ELDRCARE  No 0  Yes 1  Don't Know 777  Missing 999
- c. Person(s) living with HIV/AIDS PWHCARE  No 0  Yes 1  Don't Know 777  Missing 999
- d. Person(s) living with a disability or illness that is not HIV or AIDS PWDCARE  No 0  Yes 1  Don't Know 777  Missing 999

If the response is "yes" for at least one of the questions in 5 a. through d. ask question 6. Otherwise code N/A in question 6 and continue with question 7.

**6. If you are a primary caregiver, how many of these people are living with you?**

- \_\_\_ CGIVNUM
- Don't know 777
  - N/A 888
  - Missing 999

**7. What is your current relationship status?** RELSTAT

- Legally married 1
- In a committed relationship 2
- Widowed 3
- Divorced 4
- Separated 5
- Single, never married 6
- Don't know 777
- Missing 999

**8. What was the highest grade in school you completed?** [Interviewer: count elementary school and up. If the client finished high school or passed the GED, enter 12. If the client finished vocational school, enter 13. If the client finished college, enter 16. Add additional years as necessary.]

\_\_\_ EDUCLVL

- Don't know 777
- Missing 999

**9. What kind of health insurance do you have?** [Interviewer: code all that apply. If the person has no insurance, code "yes" for a. and no for b-g.]

- |                                                     |                               |                                |                                         |                                      |
|-----------------------------------------------------|-------------------------------|--------------------------------|-----------------------------------------|--------------------------------------|
| <b>a.</b> I do not have any health insurance NOINSR | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>b.</b> Medicaid MEDICAID                         | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>c.</b> Medicare MEDICARE                         | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>d.</b> Private insurance PRIVINSR                | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>e.</b> CHAMPUS/Veteran's VETERAN                 | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>f.</b> Student Insurance STUDINSR                | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>g.</b> Other<br>(specify): _____                 |                               |                                |                                         | OTHRINSR                             |

**10. What is your monthly household income?** [Interviewer: household income refers to income that the interviewee, or his/her family or significant others who live with him/her, receive each month. If the interviewee is incarcerated or in some other type of residential setting, do not include the other individuals who live in that setting; rather, refer to the individual and his/her living unit when not in group living. When estimating this amount, please include **cash benefits** only. Do not include food stamps or rental assistance. Enter "0" if there is no income. If any portion of household income is unknown, code Don't Know.]

\$ \_\_\_\_\_ MTHINCOM

- Don't know -777
- Missing -999

## HEALTH CARE FOR HIV

These questions are about the health care you get for HIV. When we use the words “health care provider,” we mean the person you see most often for your HIV medical care. Often this is a doctor, but it can also be a nurse, or nurse practitioner, or physician’s assistant.

*If the respondent indicates that s/he sees a particular kind of provider, you may substitute the term (doctor, nurse, etc.) for the term “health care provider” in the following questions.*

### 11. Has a health care provider ever told you that you have AIDS? HAVEAIDS

- No 0
- Yes 1
- Don’t know 777
- Missing 999

### 12. Do you currently have a regular place to go for your HIV medical care? REGPLACE

- No 0
- Yes 1
- Don’t know 777
- N/A 888
- Missing 999

*If No, Don’t know, N/A, or Missing, code N/A for question 13 and continue with question 14.*

### 13. What is the place that you usually go to see a health care provider for your HIV? [Interviewer: If the individual reports several different places, prompt: “the place you go most often.” Code only one option for this question.] PCWHERE

- General hospital outpatient dept. 1
- VA hospital outpatient dept. 2
- Health center or clinic 3
- Health care for homeless program 4
- Private physician 5
- Emergency room 6
- The provider comes to me 7
- Don’t know 777
- N/A 888
- Missing 999

### 14. Do you have a regular provider that you see for your HIV? [Interviewer: “By regular, I mean is there one health care provider that you think of as your HIV provider who checks how you are doing, who talks with you about your CD4 counts, viral load, and treatment, and who helps you with referrals to other doctors if you need to see a specialist.”] REGULRPC

- No 0
- Yes 1
- Don’t know 777
- N/A 888
- Missing 999

*If No, Don't know, N/A, or Missing, code N/A for question 15 and continue with question 16.*

**15. Is this person:** *[Interviewer: read all response options and code only one response]* PROVIDER

- A doctor 1
- A physician's assistant 2
- A nurse practitioner 3
- Other 4
- Don't know 777
- N/A 888
- Missing 999

**16. During the last 6 months, how many times did you see a health care provider for your HIV? Please don't include times when you might have had an emergency room visit or a hospital admission.**

*[Interviewer: This question refers to any health care provider for HIV, not necessarily the individual's regular health care provider.]*

\_\_\_\_\_ NUMV6MO

Don't Know 777

N/A 888

Missing 999

*If 0, Don't know, or Missing, write N/A in questions 17-20 and continue with question 21.*

**17. In the last 6 months, did a health care provider draw blood to check your CD4 count or viral load?**

*[Interviewer: If the client doesn't know why his/her blood was drawn, the answer is "No".]* LABS6MO

- No 0
- Yes 1
- Don't know 777
- N/A 888
- Missing 999

*If No, don't know, N/A or missing, code N/A in question 18 and continue with question 19.*

**18. In the last 6 months, did your health care provider discuss the results of the CD4 and/or viral load tests with you?** LABDIS6M

- No 0
- Yes 1
- The results are not back yet 2
- Don't know 777
- N/A, not tested 888
- Missing 999

**19. In the last six months, did you discuss any HIV treatment options with your health care provider?**  
*[Treatment options include plans for taking medications, changing diet, other changes to address side effects or symptoms]* TXDIS6MO

- No 0
- Yes 1
- Don't know 777
- N/A 888
- Missing 999

**20. Have any of these things helped you keep your HIV-related medical care appointments in the last six months?** *[Interviewer: read each response option and code all that apply]*

- a. I got help with transportation (a ride, taxi voucher, bus token, gasoline assistance) FACLTRAN  No 0  Yes 1  Don't Know 777  N/A 888  Missing 999
- b. Someone reminded me shortly before the appointment date FACLRMDR  No 0  Yes 1  Don't Know 777  N/A 888  Missing 999
- c. Someone came with me to the appointment FACLACCM  No 0  Yes 1  Don't Know 777  N/A 888  Missing 999
- d. The provider came to me FACLMDVT  No 0  Yes 1  Don't Know 777  N/A 888  Missing 999
- e. I got help with childcare FACLCHCR  No 0  Yes 1  Don't Know 777  N/A 888  Missing 999
- f. I knew I'd get something else (e.g. gift certificates, coupons, food, phone card) besides medical care if I went FACLELSE  No 0  Yes 1  Don't Know 777  N/A 888  Missing 999
- g. The appointments were flexible (I could go in at a time that was convenient for me) FACLCONV  No 0  Yes 1  Don't Know 777  N/A 888  Missing 999
- h. Other (specify): \_\_\_\_\_ FACLOTHR

**21. In the last 6 months, how many appointments for HIV-related medical care did you miss? Do not count any visits you rescheduled within 2 weeks.** *[Interviewer: This question relates to any HIV-related health care\*, not only care with the regular health care provider. Please obtain the total number of missed appointments.]* \_\_\_\_\_ MSAPT6MO  Don't Know 777  N/A 888  Missing 999

\* including specialties like OB/gyn, dermatology, eye care, gastrointestintology or oncology

**If 0, Don't know, N/A, or Missing, code N/A for all options in question 22 and continue with question 23.**

**22. Why did you miss this/these appointments?** [Interviewer: code all answers that apply]

- |                                                         |                               |                                |                                         |                                  |                                      |
|---------------------------------------------------------|-------------------------------|--------------------------------|-----------------------------------------|----------------------------------|--------------------------------------|
| a. I forgot MSFORG                                      | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| b. I didn't feel like going MSNOWANT                    | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| c. I didn't want to go alone MSALONE                    | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| d. I had transportation problems MSTRANS                | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| e. I had something else I had to do MSELSE              | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| f. I had problems arranging childcare MSCHLDCR          | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| g. I got tired of waiting to see the doctor MSWAIT      | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| h. I had to take care of someone else MSCGIVE           | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| i. I don't want to be reminded that I have HIV MSREMIND | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| Other reason                                            |                               |                                |                                         |                                  |                                      |
| j. (specify): _____ MSOTHER                             |                               |                                |                                         |                                  |                                      |

**23. Are you currently taking any of these medications for your HIV?** [Interviewer: show drug pictures to respondent] HIVRX

- No 0
- Yes 1
- Don't know 777
- N/A 888
- Missing 999

**If Yes, code N/A for each reason in question 24 and skip to question 25.**

**24. What are the reasons you do not take HIV medications?** [Note to interviewer: code “yes” to as many reasons as apply, and “no” to all other reasons unless the client says “Don’t Know” or does not answer the question.]

- |    |                                                                                                                 |                               |                                |                                         |                                  |                                      |
|----|-----------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|-----------------------------------------|----------------------------------|--------------------------------------|
| a. | It’s not recommended for me because I do not need to take them yet (e.g. not sick enough, too healthy) RXNOTREC | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don’t Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| b. | I do not want to take the medication RXNOWANT                                                                   | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don’t Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| c. | I cannot pay for the medications RXNOTPAY                                                                       | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don’t Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| d. | The side effects are too much for me to handle RXSIDEFF                                                         | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don’t Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| e. | There are too many pills to take RXPILLS                                                                        | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don’t Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| f. | Taking HIV medication is too difficult because it interferes with my daily activities (including work) RXDIFFIC | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don’t Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| g. | I can’t remember to take the pills RXREMEMB                                                                     | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don’t Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| h. | I have problems getting refills for my medication RXREFILL                                                      | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don’t Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| i. | I am afraid that someone will find out I’m on HIV medication RXSTIGMA                                           | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don’t Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| j. | I am taking a medication or drug “holiday” or “vacation.” RXBREAK                                               | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don’t Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| k. | I have just learned HIV status and have not seen a doctor yet RXNODOC                                           | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don’t Know 777 | <input type="checkbox"/> N/A 888 | <input type="checkbox"/> Missing 999 |
| l. | Other (specify): _____ RXOTHER                                                                                  |                               |                                |                                         |                                  |                                      |

**25. Are you taking any medications to prevent you from getting PCP pneumonia?** [“such as Bactrim or TMP/SMX, Dapsone, Mepron, inhaled Pentamidine?” Show pictures if necessary.] RXPCP

- No 0
- Yes 1
- Don’t know 777
- N/A 888
- Missing 999

**26. In the last 6 months, how many times have you gone to the emergency room for any reason other than an accident or injury?**

\_\_\_\_\_ ERNUM6MO     Don’t know 777     Missing 999



## **NON-MEDICAL OUTCOMES<sup>2</sup>**

**41. Do you have a case manager? By case manager, we mean an individual who helps you get medical care or social services?** CMHAVE

- No 0
- Yes 1
- Don't know 777
- Missing 999

*If the response is "No", code N/A in questions 42 and 43 and skip to question 44.*

**42. How many times did you have a face-to-face meeting with your case manager in the past 6 months?**

\_\_\_\_\_ CMVST6MO     Don't know 777     N/A 888     Missing 999

**43. How many times did you talk on the phone with your case manager in the past 6 months?**

*[Interviewer: to obtain an accurate account, ask client to recall the average number of times in the past month. If the client replies "weekly" multiply 1 x 4 weeks x 6 months = 24 time, and then enter 24. If the client replies twice/month multiply 2 x 6 months = 12 time and enter 12.]*

\_\_\_\_\_ CMSPK6MO     Don't know 777     N/A 888     Missing 999

*Interviewer: Below you will find a set of codes to be used for questions 44 and 45.*

**Codes for use with questions 44 and 45 (please see instructions on next page)**

- 0. No
- 1. Yes
- 777. Don't know
- 888. N/A
- 999. Missing

<sup>2</sup> Portions of this section of the interview guide were inspired by the non-medical outcomes tool used by the Evaluation and Technical Assistance Center (ETAC), Mailman School of Public Health, Columbia University.

Now I'm going to read you a list of services. For each service, please tell me if you felt like you needed this service during the last 6 months. I will then ask you if you got that service.

**INTERVIEWER:** For each service (a, b, c....below) ask questions in the following order: ask question 44 first; if the answer is no, don't know or N/A for the service, skip question 45 and enter N/A; then go to the next service on the list and repeat question 44. If the client answers yes to question 44, ask question 45. Questions should be asked from left to right for each service on the grid below using the skip pattern described above. Whenever a question is skipped, enter N/A. Questions a through l are mandatory; questions m through t are optional.

**MANDATORY QUESTIONS**

	<b>44. Did you need this service over the last 6 months? (Use codes listed on the previous page.)</b>	<b>45. Were you able to get this service in the last 6 months? (Use codes listed on the previous page.)</b>
<b>a. Mental health treatment/counseling</b>	MHTXNEED	MHTXRCVD
<b>b. Substance abuse treatment</b>	SATXNEED	SATXRCVD
<b>c. Housing</b>	HOUSNEED	HOUSRCVD
<b>d. Financial assistance</b>	FINCNEED	FINCRCVD
<b>e. Employment assistance</b>	EMPLNEED	EMPLRCVD
<b>f. Transportation</b>	TRANNEED	TRANRCVD
<b>g. Help with getting food, groceries or meals</b>	FOODNEED	FOODRCVD
<b>h. Help with getting benefits/entitlements</b>	BENFNEED	BENFRVCVD
<b>i. Child care</b>	CHLDNEED	CHLDRCVD
<b>j. Legal assistance</b>	LEGLNEED	LEGLRCVD
<b>k. Needle exchange</b>	NENEED	NERCVD
<b>l. Interpreter/translation</b>	INTRNEED	INTRRCVD

**OPTIONAL QUESTIONS**

	<b>44. Did you need this service over the last 6 months? (Use codes listed on the previous page.)</b>	<b>45. Were you able to get this service in the last 6 months? (Use codes listed on the previous page.)</b>
<b>m. Help with immigration issues</b>	IMMGNEED	IMMGRCVD
<b>n. Case management</b>	CMNEED	CMRCVD
<b>o. Domestic violence services</b>	DOMVNEED	DOMVRCVD
<b>p. General HIV education/information</b>	INFONEED	INFORCVD
<b>q. Help with taking HIV medications</b>	MEDNEED	MEDRCVD
<b>r. Information about side effects of HIV medications</b>	SEFFNEED	SEFFRCVD
<b>s. Nutrition information/information about making good meals on a limited income</b>	NUTRNEED	NUTRRCVD
<b>t. Dental care</b>	DENTNEED	DENTRCVD

## **MENTAL HEALTH**

**48. During the past 6 months, did you go to see a counselor, social worker, psychologist, psych. nurse or psychiatrist to talk about the way you were feeling or about problems in your life, whether or not someone recommended that you do so?** MHTX6MO

- No 0
- Yes 1
- Don't know 777
- Missing 999

**49. During the past 6 months, did any health care provider or case manager recommend that you see a counselor, social worker, psychologist, psychiatric nurse, psychiatrist or other licensed mental health professional to talk about the way you were feeling or about problems in your life?** MHRECOM

- No 0
- Yes 1
- Don't know 777
- Missing 999

**50. Are you currently taking prescribed medication for mental health or emotional problems?** MHMEDNOW

- No 0
- Yes 1
- Don't know 777
- Missing 999

*If the response is "Yes," code "yes" to question 51 and continue with question 52.*

**51. During the past 6 months, have you taken prescribed medication for mental health or emotional problems?** MHMED6MO

- No 0
- Yes 1
- Don't know 777
- N/A 888
- Missing 999

**52. Have you ever been in a hospital or crisis center for a mental health or emotional problem?** MHHOSEVR

- No 0
- Yes 1
- Don't know 777
- Missing 999

*If the response is "No," code No in question 53 and continue with question 54.*

**53. Have you been in a hospital or crisis center for a mental health or emotional problem during the last 6 months?** MHHOS6MO

- No 0
- Yes 1
- Don't know 777
- Missing 999

## **SUBSTANCE USE<sup>3</sup>**

*Interviewer: Please read each question in bold, using the examples in italics as probes. If client responds YES to any of the questions in column a, then do not ask column b. for that drug, simply code the responses for b as YES and move on to the next drug.*

**Have you used the following drugs?**

**54. Sedatives, sleeping pills, or tranquilizers without a prescription?** (*e.g. Librium, Valium, Ativan, Meprobamate, Xanax, Seconal, Halcion, Methaqualone*)

**a. Used in last 30 days?**

- SEDAT30D  
 No 0  
 Yes 1  
 Don't Know 777  
 Missing 999

**b. Used in last 6 months?**

- SEDAT6M  
 No 0  
 Yes 1  
 Don't Know 777  
 Missing 999

**55. Amphetamines or other stimulants without a prescription?** (*e.g. Methamphetamines, Crystal Methamphetamine, Preludin, Dexedrine, Ritalin, Speed, Ketamine (Special K), Cat*)

- STIM30D  
 No 0  
 Yes 1  
 Don't Know 777  
 Missing 999

- STIM6M  
 No 0  
 Yes 1  
 Don't Know 777  
 Missing 999

**56. Analgesics or other prescription painkillers without a prescription?** (*NOTE: this does not include normal use of aspirin, Tylenol without Codeine, etc., but does include use of Tylenol with Codeine and other prescription painkillers [Demerol, Darvon, Darvocet, Percodan, Percoset, Codeine, Morphine, Methadone, Fentanyl]*)

- PAINK30D  
 No 0  
 Yes 1  
 Don't Know 777  
 Missing 999

- PAINK6M  
 No 0  
 Yes 1  
 Don't Know 777  
 Missing 999

**57. Marijuana or hashish?**

- MARI30D  
 No 0  
 Yes 1  
 Don't Know 777  
 Missing 999

MARI6M

- No 0  
 Yes 1  
 Don't Know 777  
 Missing 999

**58. Cocaine (snort) or crack (rock, gravel) or freebase?**

- COKE30D  
 No 0  
 Yes 1  
 Don't Know 777  
 Missing 999

- COKE6M  
 No 0  
 Yes 1  
 Don't Know 777  
 Missing 999

<sup>3</sup> This portion of the interview guide has been adapted from the Addiction Severity Index: McLellan, A.T.; Kushner, H.; Metzger, D.; Peters F.; et al. The fifth edition of the Addiction Severity Index. *J Subst Abuse Treat* 9:199-213, 1992.

Have you used the following drugs?

**59. Inhalants (other than cocaine) that you sniff or breathe to get high or to feel good?** (e.g. Amyl Nitrate [Poppers, Ammo, Lockerroom], Freon, Nitrous Oxide [Whippets], gasoline, spray paint, glue)

**60. LSD or other hallucinogens** (e.g. PCP, Angel Dust, Peyote, Ecstasy [MDMA], Mescaline)

**61. Heroin (horse, smack, tar)**

**62. Have you had 5 or more alcoholic drinks in one day?** By a drink, I mean a can of beer, a glass of wine, or a shot of hard liquor.

**63. Have you injected drugs?**

**64. Have you been in substance abuse treatment during the last 6 months?** SATX6MO (Interviewer, please note that substance abuse TREATMENT does not include self-help programs, such as AA, NA, or 12 step)

- No 0
- Yes 1
- Don't know 777
- Missing 999

**a. Used in last 30 days?**

- INHL30D
- No 0
  - Yes 1
  - Don't Know 777
  - Missing 999

- HALLC30D
- No 0
  - Yes 1
  - Don't Know 777
  - Missing 999

- HERO30D
- No 0
  - Yes 1
  - Don't Know 777
  - Missing 999

- ALCH30D
- No 0
  - Yes 1
  - Don't Know 777
  - Missing 999

- INJC30D
- No 0
  - Yes 1
  - Don't Know 777
  - Missing 999

**b. Used in last 6 months?**

- INHL6M
- No 0
  - Yes 1
  - Don't Know 777
  - Missing 999

- HALLC6M
- No 0
  - Yes 1
  - Don't Know 777
  - Missing 999

- HERO6M
- No 0
  - Yes 1
  - Don't Know 777
  - Missing 999

- ALCH6M
- No 0
  - Yes 1
  - Don't Know 777
  - Missing 999

- INJC6M
- No 0
  - Yes 1
  - Don't Know 777
  - Missing 999

**If No, don't know, or missing, code N/A for all options in question 65 and continue with question 66.**

**65. If yes, were you in: (check all that apply)**

- a.** Residential substance abuse treatment  No 0  Yes 1  Don't Know 777  N/A 888  Missing 999  
SARESCTX
- b.** Outpatient substance abuse treatment  No 0  Yes 1  Don't Know 777  N/A 888  Missing 999  
SAOUTPTX
- c.** Detoxification (includes inpatient\_)  No 0  Yes 1  Don't Know 777  N/A 888  Missing 999  
SADETOX
- d.** Other (specify): \_\_\_\_\_ SAOTHRTX

**66. Have you used self-help services such as AA, NA or 12-step in the last 6 months? SASLFHLP**

- No 0  
 Yes 1  
 Don't know 777  
 Missing 999

## **BARRIERS TO CARE**

### **Discrimination**

67. In the past six months, did you ever experience discrimination when you went to get HIV medical care? DISCMDCR
- No 0     Yes 1     Don't Know 777     NA (did not get care) 888     Missing 999

*If yes, ask question 68. Otherwise, code N/A in question 68 and continue with question 69.*

68. Did that experience make it difficult for you to go back for more HIV medical care (e.g. make an appointment, keep an appointment)? DISCNOCR
- No 0     Yes 1     Don't Know 777     N/A 888     Missing 999

### **Structural and Financial Barriers**

In the past six months did any of the following problems make it difficult for you to get HIV medical care?

69. Did you have problems finding out where to go to get care? BARRWHER
- No 0     Yes 1     Don't Know 777     Missing 999
70. Were you worried about how you would pay for your HIV medical care (e.g. no insurance, insurance would not pay, worried about spending own money)? BARRAFFD
- No 0     Yes 1     Don't Know 777     Missing 999
71. Did you have problems making an appointment for HIV medical care because you did not have a telephone? BARRPHNE
- No 0     Yes 1     Don't Know 777     Missing 999
72. Did you have problems getting someone to answer your calls to get a health care appointment? BARRMKAP
- No 0     Yes 1     Don't Know 777     Missing 999
73. Did you have trouble getting an appointment at a time you could make it? BARRTIME
- No 0     Yes 1     Don't Know 777     Missing 999
74. Did you have a problem finding providers who speak your language? BARRLANG
- No 0     Yes 1     Don't Know 777     Missing 999
75. Did you have any other problems getting an appointment? Specify: \_\_\_\_\_ BARRAPPT

## Stigma

Did any of these worries or concerns make it difficult for you to get HIV medical care in the past six months?

**Interviewer:** It may be helpful to repeat this question when reading the Stigma response. **For example, read the statement:** “You were afraid that other people might find out you had HIV if you went for care.” **Then ask:** “Did this make it difficult for you to get HIV medical care in the past six months? Yes or No?” **Mark “Yes” if the person says Yes I did not get medical care because I was afraid other people might find out. Mark “No” if the person says it did not make it difficult for them to get care.”**

- |            |                                                                                                                           |                               |                                |                                         |                                      |
|------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|-----------------------------------------|--------------------------------------|
| <b>76.</b> | <b>You were afraid that other people might find out you had HIV if you went for care.</b> BARRDISC                        | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>77.</b> | <b>You were worried what other people might think about your sexual orientation if you went for care.</b> BARRWGAY        | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>78.</b> | <b>You were worried that your family or partner would get upset or angry if you went for care.</b> BARRPART               | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>79.</b> | <b>You were afraid that your children would be taken away from you if you went for care.</b> BARRLSCD                     | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>80.</b> | <b>You were concerned that your health care provider would ask you any questions you did not want to answer.</b> BARRQUES | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>81.</b> | <b>You were worried that your health care provider would ask you about your sexual practices.</b> BARRSEXP                | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>82.</b> | <b>You were worried that your health care provider would ask you about your drug use.</b> BARRDRUG                        | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>83.</b> | <b>You were worried that your health care provider would ask you if you were taking your HIV medications.</b> BARRMEDS    | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| <b>84.</b> | <b>Did you have other worries or concerns?</b> BARRWORR<br>Specify: _____                                                 |                               |                                |                                         |                                      |

## **Beliefs**

I'm going to read a statement describing reasons why people do not get HIV medical services. Please tell me "yes" or "no" if any of the following statements is a reason why you did not get some of your HIV medical services in the last six months?

**Interviewer:** It may be helpful to repeat this question when reading the Beliefs response. **For example read the statement:** "I felt well enough." **Then ask:** "is this a reason why you did not get HIV medical services in the past six months? Yes or no?" **Mark "Yes"** if the person felt well enough so he/she did not get medical services." **Mark "No"** if the person felt well enough, but this was not a reason they did not get medical services."

- |     |                                                                                                                                                |                               |                                |                                         |                                      |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|-----------------------------------------|--------------------------------------|
| 85. | <b>I felt well enough</b> BARRNTSK                                                                                                             | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| 86. | <b>I believe that my faith or spiritual beliefs will help me with my HIV</b> BARRRELG                                                          | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| 87. | <b>I don't think there is any cure for HIV, so why should I bother with medical treatments</b> BARRNOCR                                        | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| 88. | <b>I think that the side effects of HIV medications are worse than the disease</b> BARRSEFF                                                    | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| 89. | <b>I prefer to use alternative/holistic treatments, such as herbal medicines, acupuncture, folk healers, etc.</b> BARRALTN                     | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| 90. | <b>I don't trust the medical system to do the right thing for me</b> BARRTRST                                                                  | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| 91. | <b>I don't believe HIV exists</b> BARRNHIV                                                                                                     | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| 92. | <b>I believe that my basic needs (such as housing) are more important and should be taken care of first before I get care for HIV</b> BARRNEED | <input type="checkbox"/> No 0 | <input type="checkbox"/> Yes 1 | <input type="checkbox"/> Don't Know 777 | <input type="checkbox"/> Missing 999 |
| 93. | <b>Other (specify)</b><br>BARROTHR: _____                                                                                                      |                               |                                |                                         |                                      |

## **SEXUAL RISK BEHAVIORS**

**94. Have you had unprotected sex with anyone in the past 6 months?** SEXRK6MO

- No 0
- Yes 1
- Don't know 777
- Missing 999

*If response to question 94 is NO, Don't know, or Missing, code N/A in question 95 and continue with question 96.*

**95. If yes, how many times did you have unprotected sex in the past six months?** *[Interviewer: to obtain an accurate account, ask client to recall the average number of times in the past week or month. If the client replies the number of times per week multiply that number by 24, and enter the total number of times. For example, if the response is twice/week, multiply 2x 4 weeks x 6 months=48 times. The total number of times should represent over a 6 months time frame.]*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ SEXRKNUM

- Don't know 777
- N/A 888
- Missing 999

**96. In the past 6 months, have you exchanged sex for money, drugs, shelter, or basic needs?** SEXXC6MO

- No 0
- Yes 1
- Don't know 777
- Missing 999

# The SF-12v2™ Health Survey<sup>4</sup>

## Instructions for Completing the Questionnaire

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the bubble that best represents your response.

### EXAMPLE

**This is for your review.** Do not answer this question. The questionnaire begins with the section *Your Health in General* below.

For each question you will be asked to fill in a bubble in each line:

**How strongly do you agree or disagree with each of the following statements?**

	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
a) I enjoy listening to music.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I enjoy reading magazines.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please begin answering the questions now.

## Your Health in General

97. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor	
<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	GH1

98. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all	
a) <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	PF02
b) Climbing <b>several</b> flights of stairs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	PF04

<sup>4</sup> Ware, J.E., Jr., Kosinski, M., Turner-Bowker, D.M., Gandek, B. How to Score Version 2 of the SF-12® Health Survey (With a Supplement Documenting Version 1). Lincoln, RI: QualityMetric Incorporated, 2002.

99. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	
a) Accomplished less than you would like	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	RP2
b) Were limited in the kind of work or other activities	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	RP3

100. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	
a) Accomplished less than you would like	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	RE2
b) Did work or other activities less carefully than usual	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	RE3

101. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely	
<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	BP2

102. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	
a) have you felt calm and peaceful?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	MH3
b) did you have a lot of energy?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	VT2
c) have you felt downhearted and depressed?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	MH4

103. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time	
<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	SF2

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!**