

CLINIC NAME - CITY - PARTICIPANT CODE	DATE	INTERVIEWER INITIALS
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>

**Ryan White Prevention Project
Patient Exit Interview**

We are conducting a study about health care for people with HIV. You are being asked to participate because you are a patient at this clinic. Before we start, let me ask you a few questions to be sure you qualify for the study:

- i. Our study is about people who have HIV and are currently receiving care with a doctor or nurse practitioner. Does this apply to you?
 - Yes (if Yes, go to the next question)
 - No (If no, does not qualify for exit interview)
- ii. Did you see your doctor or nurse practitioner today because you felt sick or had an emergency or was it a regular check-up appointment for your HIV care?
 - Regular check-up appointment (Go to the next question.)
 - Felt sick or had an emergency (Does not qualify for exit interview)

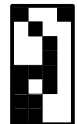
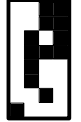
(Interviewer: Please ask the following question to respondents who appear to be under 18 years of age.)

- iii. Are you 18 years old or older?
 - Yes (If yes to all questions, the patient qualifies to be in the study. Please proceed with the questionnaire)
 - No (If no, does not qualify for exit interview)

iv. If the patient qualifies, please refer to the information sheet and stress that:

- No name will be asked
- Interview will take 15-20 minutes
- Participation is voluntary
- Information is confidential and no personal information will be given back to the clinic
- Participant is free to not answer any question
- Person will be reimbursed \$10 in cash at the end of the interview
- If person decides not to participate, it will not affect their care at the clinic

53820



53820

--	--	--

I am going to ask you some questions about your HIV care, services you receive at the clinic, and some personal information about sex and drugs. If you don't understand a question, please let me know. If you don't like, or are uncomfortable with a question, just tell me and we can skip that question.

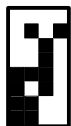
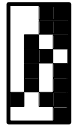
First, I am going to ask you some questions about your health and your medical care.

1. How long have you been a patient at this clinic?
 - First clinic visit (skip question 3)
 - Less than one month
 - One month to one year
 - One to five years
 - More than five years

2. How much time did you spend with your doctor at today's visit?
 - 0 - 15 minutes
 - 16 - 30 minutes
 - 31 - 45 minutes
 - 46 - 60 minutes
 - over 1 hour

3. In the last 12 months, have you always seen the same doctor when you come to the clinic?
 - Yes
 - No

4. Before today's visit, when was the last time that you saw a doctor for a regular visit for HIV care?
 - Never
 - Less than three months ago
 - Between three and six months ago
 - More than 6 months ago
 - NR



--

--	--	--

5. When did you first find out that you were HIV positive?

- Less than 1 year ago
- Between 1 - 3 years ago
- Between 3 - 5 years ago
- More than five years ago

6. a) What was your last CD-4 (T-cell) count?

- <50
- 50 - 200
- 201 - 500
- 501+
- Never taken (go to Q7)
- DK

b) When was your last CD-4 count taken?

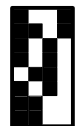
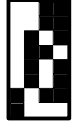
- | Today | Less than
3 months
ago | Between 3
and 6
months ago | More than 6
months
ago | DK |
|-----------------------|------------------------------|----------------------------------|------------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. a) What was your last viral load?

- undetectable
- 51 - 10,000
- 10,001 - 30,000
- 30,001 - 100,000
- >100,000
- Never taken (go to Q8)
- DK

b) When was your last viral load taken?

- | Today | Less than
3 months
ago | Between 3
and 6
months ago | More than 6
months
ago | DK |
|-----------------------|------------------------------|----------------------------------|------------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



--

PARTICIPANT CODE

--	--	--

8. a) Are you currently taking any antiretroviral medications or combination therapy for your HIV infection?

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Yes | No | DK | NR |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(If N, DK, or NR, Read heading for next section and Go to Q11.)

b) How many different antiretrovirals are you taking? *(Interviewer: Fill in the bubble for the appropriate number of ARVs. If less than 3, ask for the names of ARVs)*

Less than 3 - please specify (1 per line):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3 or more

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DK

NR

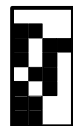
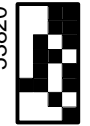
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9. Thinking back over the last seven days, did you take (READ)?

- all of your pills**
- most of your pills**
- half of your pills**
- few of your pills**
- none of your pills**
- NR**

With the next questions, we want to find out what kind of help you might receive from ANYONE at this clinic, a doctor, nurse, health educator, social worker, or other clinic staff. We also want to find out what kind of help you might receive outside of this clinic from any organization, program, support group, therapist, etc. We will also ask you some personal questions about alcohol and drug use. Most of the questions call for Yes/No answers and refer to services you received today and in the last 6 months. Some of these questions might not apply to you. If you don't like a question or feel uncomfortable with it, just tell me and we can skip that question.

53820



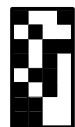
53820

--

--	--	--

<p>10. a) During your visit today, did ANYONE at this clinic talk to you or mention ways to take your pills on schedule?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>b) In the last 6 months, since _____ but before today, did ANYONE at this clinic talk to you or mention this?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(if Yes to a) or b), skip to d.)</i></p>	<p>c) Did ANYONE at this clinic EVER talk to you or mention ways to take your pills on schedule?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>d) Since you've been a patient here, have you ever received any help OUTSIDE this clinic for ways to take your pills?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(If Y, ask e)YES. IF N or DK or NR, ask e)NO.)</i></p>	<p>e) YES: Did you receive this help because you were referred by someone at this clinic?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <hr/> <p>e) NO: Did someone at this clinic ever recommend that you do this?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>
<p>11. a) During your visit today, did ANYONE at this clinic talk to you or mention nutrition or diet?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>b) In the last 6 months, since _____ but before today, did ANYONE at this clinic talk to you or mention this?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(if Yes to a) or b), skip to d.)</i></p>	<p>c) Did ANYONE at this clinic EVER talk to you or mention nutrition or diet?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>d) Since you've been a patient here, have you ever received any help OUTSIDE this clinic for nutrition or diet?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(If Y, ask e)YES. IF N or DK or NR, ask e)NO.)</i></p>	<p>e) YES: Did you receive this help because you were referred by someone at this clinic?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <hr/> <p>e) NO: Did someone at this clinic ever recommend that you do this?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>

53820



53820

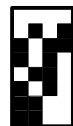
--

--	--	--

53820



<p>12. a) During your visit today, did ANYONE at this clinic mention or talk to you about emotional issues such as stress, anxiety or depression?</p> <p style="text-align: center;">Yes No DK NR</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>b) In the last 6 months, since _____ but before today, did ANYONE at this clinic talk to you or mention this?</p> <p style="text-align: center;">Yes No DK NR</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><i>(if Yes to a) or b), skip to d.)</i></p>	<p>c) Did ANYONE at this clinic EVER mention or talk to you about emotional issues such as stress, anxiety or depression?</p> <p style="text-align: center;">Yes No DK NR</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>d) Since you've been a patient here, have you ever received any help OUTSIDE this clinic for emotional issues?</p> <p style="text-align: center;">Yes No DK NR</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><i>(If Y, ask e)YES. IF N or DK or NR, ask e)NO.)</i></p>	<p>e) YES: Did you receive this help because you were referred by someone at this clinic?</p> <p style="text-align: center;">Yes No DK NR</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>e) NO: Did someone at this clinic ever recommend that you do this?</p> <p style="text-align: center;">Yes No DK NR</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>
<p>13. a) Since you've been a patient at this clinic, have you smoked tobacco cigarettes? Yes No NR <i>(If No, go to Q. 15)</i></p> <p style="text-align: right;"><input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p style="text-align: right;">Quit Smoking</p> <p>b) In the last 6 months, have you ever been concerned with the number of cigarettes you smoke? Yes No NR</p> <p style="text-align: right;"><input type="radio"/> <input type="radio"/> <input type="radio"/></p>				
<p>14. a) During your visit today, did ANYONE at this clinic ask or talk to you about your cigarette smoking?</p> <p style="text-align: center;">Yes No DK NR</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>b) In the last 6 months, since _____ but before today, did ANYONE at this clinic talk to you or mention this?</p> <p style="text-align: center;">Yes No DK NR</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><i>(if Yes to a) or b), skip to d.)</i></p>	<p>c) Did ANYONE at this clinic EVER ask or talk to you about your cigarette smoking?</p> <p style="text-align: center;">Yes No DK NR</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>d) Since you've been a patient here, have you ever received any help OUTSIDE this clinic to quit smoking?</p> <p style="text-align: center;">Yes No DK NR</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><i>(If Y, ask e)YES. IF N or DK or NR, ask e)NO.)</i></p>	<p>e) YES: Did you receive this help because you were referred by someone at this clinic?</p> <p style="text-align: center;">Yes No DK NR</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>e) NO: Did someone at this clinic ever recommend that you do this?</p> <p style="text-align: center;">Yes No DK NR</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>



53820

--

--	--	--

15. a) Since you've been a patient at this clinic, have you drunk alcohol?

Yes No NR (If No, go to Q. 17)

b) In the last 6 months, have you ever been concerned with your alcohol use?

Yes No Stopped Drinking NR

16. a) During your visit today, did ANYONE at this clinic ask or talk to you about your drinking of alcohol?

Yes No DK NR

b) In the last 6 months, since _____ but before today, did ANYONE at this clinic ask or talk to you about this?

Yes No DK NR

(if Yes to a) or b), skip to d.)

c) Did ANYONE at this clinic EVER ask or talk to you about your drinking of alcohol?

Yes No DK NR

d) Since you've been a patient here, have you ever received any help OUTSIDE this clinic to cut down or stop drinking?

Yes No DK NR

(If Y, ask e) YES.
 IF N or DK or NR, ask e) NO.)

e) YES: Did you receive this help because you were referred by someone at this clinic?

Yes No DK NR

e) NO: Did someone at this clinic ever recommend that you do this?

Yes No DK NR

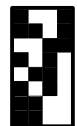
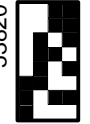
17. a) Since you've been a patient at this clinic, have you used any drugs?

Yes No NR (If No, go to Q. 21)

b) In the last 6 months, have you ever been concerned with your drug use?

Yes No Stopped Drugs NR

53820



53820

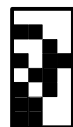
--

--	--	--

53820



<p>18. a) During your visit today, did ANYONE at this clinic ask or talk to you about your use of drugs?</p> <p style="text-align: center;"> Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p>	<p>b) In the last 6 months, since _____ but before today, did ANYONE at this clinic talk to you or mention this?</p> <p style="text-align: center;"> Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <i>(if Yes to a) or b), skip to d.)</i> </p>	<p>c) Did ANYONE at this clinic EVER ask or talk to you about your use of drugs?</p> <p style="text-align: center;"> Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p>	<p>d) Since you've been a patient here, have you ever received any help OUTSIDE this clinic to stop using drugs?</p> <p style="text-align: center;"> Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <i>(If Y, ask e)YES. IF N or DK or NR, ask e)NO.)</i> </p>	<p>e) YES: Did you receive this help because you were referred by someone at this clinic?</p> <p style="text-align: center;"> Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <hr/> <p>e) NO: Did someone at this clinic ever recommend that you do this?</p> <p style="text-align: center;"> Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p>
<p>19. Since you've been a patient at this clinic, have you injected drugs with needles? Yes No NR <i>(If No, go to Q. 21)</i></p> <p style="text-align: center; margin-left: 600px;"> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p>				
<p>20. a) During your visit today, did ANYONE at this clinic ask or talk to you about not sharing needles?</p> <p style="text-align: center;"> Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p>	<p>b) In the last 6 months, since _____ but before today, did ANYONE at this clinic talk to you or mention this?</p> <p style="text-align: center;"> Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <i>(if Yes to a) or b), skip to d.)</i> </p>	<p>c) Did ANYONE at this clinic EVER ask or talk to you about not sharing needles?</p> <p style="text-align: center;"> Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p>	<p>d) Since you've been a patient here, have you ever gone to a needle exchange program OUTSIDE this clinic?</p> <p style="text-align: center;"> Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <i>(If Y, ask e)YES. IF N or DK or NR, ask e)NO.)</i> </p>	<p>e) YES: Did you receive this help because you were referred by someone at this clinic?</p> <p style="text-align: center;"> Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <hr/> <p>e) NO: Did someone at this clinic ever recommend that you do this?</p> <p style="text-align: center;"> Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p>



53820

--

--	--	--

With the next questions, we want to find out if you have talked to ANYONE at this clinic about sexual relations (anyone being your doctor, nurse, health educator, social worker, etc.). We want to find out if you have had general discussions with anyone here about safer sex or more in-depth conversations about personal sexual activities. We are also interested in knowing if you have received any help outside the clinic from any organization, program, support group, therapist, etc. where you talk about sexual issues. Some of these questions might not apply to you. If you don't like or are uncomfortable with a question, we can skip it.

21. a) In general, would you say that you have sex with (READ):

- Men only
 women only
 both men and women
 NR

(Interviewer: If respondent is a man who has sex with men only, Skip Q26 and Q27)

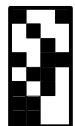
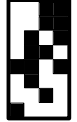
b) In the last 6 months have you had sex with (READ):

- no one
 one person
 more than one person
 NR

(If no one or NR, Skip Q24.)

c) In the last 6 months, has ANYONE at this clinic asked you if you are having sex?

- | Yes | No | NR |
|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



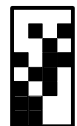
--

--	--	--

53820



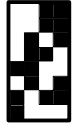
<p>22. a) During your visit today, did ANYONE at this clinic mention or talk to you about safer sex and how you can prevent giving HIV to someone else?</p> <p>Yes No <input type="radio"/> <input type="radio"/> DK NR <input type="radio"/> <input type="radio"/></p>	<p>b) In the last 6 months, since _____ but before today, did ANYONE at this clinic mention or talk to you about this?</p> <p>Yes No <input type="radio"/> <input type="radio"/> DK NR <input type="radio"/> <input type="radio"/></p> <p><i>(if Yes to a) or b), skip to d.)</i></p>	<p>c) Did ANYONE at this clinic EVER ask or talk to you about safer sex and how you can prevent giving HIV to someone else?</p> <p>Yes No <input type="radio"/> <input type="radio"/> DK NR <input type="radio"/> <input type="radio"/></p> <p><i>(if N, DK, or NR, skip to e.)</i></p>	<p>d) The last time you talked with ANYONE at this clinic about safer sex and how you can prevent giving HIV to someone else, who brought it up?</p> <p>I did <input type="radio"/> They did <input type="radio"/> DK <input type="radio"/></p>	<p>e) Since you've been a patient here, have you ever received any help OUTSIDE this clinic where you talked to someone about safer sex?</p> <p>Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(If Y, ask f)YES. IF N or DK or NR, ask f)NO.)</i></p>	<p>f) YES: Did you receive this help because you were referred by someone at this clinic?</p> <p>Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>f) NO: Did someone at this clinic ever recommend that you do this?</p> <p>Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>
<p>23. a) During your visit today, did ANYONE at this clinic ask or discuss with you your specific sexual activities such as oral, anal or vaginal sex?</p> <p>Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>b) In the last 6 months, since _____ but before today, did ANYONE at this clinic ask or discuss this with you?</p> <p>Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(if Yes to a) or b), skip to d.)</i></p>	<p>c) Did ANYONE at this clinic EVER ask or discuss with you your specific sexual activities such as oral, anal or vaginal sex?</p> <p>Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(if N, DK, or NR, Go to Q24.)</i></p>	<p>d) Who talked to you about this? <i>(Interviewer: Check all that apply.)</i></p> <p><input type="radio"/> doctor</p> <p><input type="radio"/> health educator</p> <p><input type="radio"/> social worker/case manager</p> <p><input type="radio"/> other clinic staff</p> <p><input type="radio"/> DK</p>		
<p>24. In the last 6 months, have you ever been worried that you might have given HIV to someone else? <i>(Interviewer: Probe for a Y/N answer.)</i></p>				<p>Yes No NR <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	



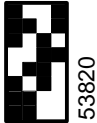
53820

--

53820

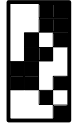


<p>25. a) During your visit today, did ANYONE at this clinic mention or talk to you about telling a sex partner that you are HIV+?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>b) In the last 6 months, since _____ but before today, did ANYONE at this clinic mention or talk to you about this?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(if Yes to a) or b), skip to d.)</i></p>	<p>c) Did ANYONE at this clinic EVER mention or talk to you about telling a sex partner that you are HIV+?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(if N, DK, or NR, Go to Q26.)</i></p>	<p>d) Who talked to you about this? <i>(Interviewer: Check all that apply.)</i></p> <p><input type="radio"/> doctor</p> <p><input type="radio"/> health educator</p> <p><input type="radio"/> social worker/case manager</p> <p><input type="radio"/> other clinic staff</p> <p><input type="radio"/> DK</p>
<p><i>(Interviewer: If respondent is a man who has sex with men only, Skip Q26 and Q27)</i></p>			
<p>26. a) During your visit today, did ANYONE at this clinic mention or talk to you about preventing pregnancy?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>b) In the last 6 months, since _____ but before today, did ANYONE at this clinic mention or talk to you about this?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(if Yes to a) or b), skip to d.)</i></p>	<p>c) Did ANYONE at this clinic EVER mention or talk to you about preventing pregnancy?</p> <p>Yes No DK NR</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(if N, DK, or NR, Go to Q27.)</i></p>	<p>d) Who talked to you about this? <i>(Interviewer: Check all that apply.)</i></p> <p><input type="radio"/> doctor</p> <p><input type="radio"/> health educator</p> <p><input type="radio"/> social worker/case manager</p> <p><input type="radio"/> other clinic staff</p> <p><input type="radio"/> DK</p>

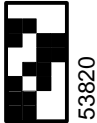


53820

53820

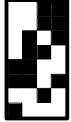


<p><i>(Interviewer: Ask Q27 only of women respondents)</i></p> <p>27. a) During your visit today, did ANYONE at this clinic mention or talk to you about protecting your baby from getting HIV if you were to get pregnant?</p> <p>Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>b) In the last 6 months, since _____ but before today, did ANYONE at this clinic mention or talk to you about this?</p> <p>Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(if Yes to a) or b), skip to d.)</i></p>	<p>c) Did ANYONE at this clinic EVER mention or talk to you about protecting your baby from getting HIV if you were to get pregnant?</p> <p>Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(if N, DK, or NR, Go to Q28.)</i></p>	<p>d) Who talked to you about this? <i>(Interviewer: Check all that apply.)</i></p> <p><input type="radio"/> doctor</p> <p><input type="radio"/> health educator</p> <p><input type="radio"/> social worker/case manager</p> <p><input type="radio"/> other clinic staff</p> <p><input type="radio"/> DK</p>
<p>28. a) During your visit today, did ANYONE at this clinic show you how to use a condom or other latex barriers?</p> <p>Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>b) In the last 6 months, since _____ but before today, did ANYONE at this clinic show you how to do this?</p> <p>Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(if Yes to a) or b), skip to d.)</i></p>	<p>c) Did ANYONE at this clinic EVER show you how to use a condom or latex barrier?</p> <p>Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>(if N, DK, or NR, Go to Q29.)</i></p>	<p>d) Who showed you this? <i>(Interviewer: Check all that apply.)</i></p> <p><input type="radio"/> doctor</p> <p><input type="radio"/> health educator</p> <p><input type="radio"/> social worker/case manager</p> <p><input type="radio"/> other clinic staff</p> <p><input type="radio"/> DK</p>

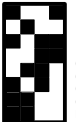


53820

53820



<p>29. a) In the last 6 months, have condoms or other latex barriers been available to you at this clinic?</p> <p style="text-align: center;">Yes No DK <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><i>(if N or DK, Go to Q30.)</i></p>		<p>b) Were they available at every visit?</p> <p style="text-align: center;">Yes No DK <input type="radio"/> <input type="radio"/> <input type="radio"/></p>		<p>c) Did you ever take any of them?</p> <p style="text-align: center;">Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>					
<p>30. a) Were you tested for an STD at this clinic today?</p> <p style="text-align: center;">Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>		<p>b) In the last 6 months, since _____ but before today, have you been tested for an STD here?</p> <p style="text-align: center;">Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><i>(if Yes to a) or b), skip to d.)</i></p>		<p>c) Were you EVER tested for an STD at this clinic?</p> <p style="text-align: center;">Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>		<p>d) Since you've been a patient here, have you ever been tested for an STD OUTSIDE this clinic?</p> <p style="text-align: center;">Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><i>(If Y, ask e)YES. IF N or DK or NR, ask e)NO.)</i></p>		<p>e) YES: Did you get tested because you were referred by someone at this clinic?</p> <p style="text-align: center;">Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <hr/> <p>e) NO: Did someone at this clinic ever recommend you do this?</p> <p style="text-align: center;">Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	
<p>31. a) During your visit today, did ANYONE at this clinic ever give you something to READ about how you can prevent giving HIV to someone else?</p> <p style="text-align: center;">Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>		<p>b) In the last 6 months, since _____ but before today, did ANYONE at this clinic give you something to read about this?</p> <p style="text-align: center;">Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><i>(if Yes to a) or b), skip to d.)</i></p>		<p>c) Did ANYONE at this clinic EVER give you something to READ about how you can prevent giving HIV to someone else?</p> <p style="text-align: center;">Yes No DK NR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><i>(if N, DK, or NR, Go to Q32.)</i></p>		<p>d) Who gave you this to read? <i>(Interviewer: Check all that apply.)</i></p> <p><input type="radio"/> doctor</p> <p><input type="radio"/> health educator</p> <p><input type="radio"/> social worker/case manager</p> <p><input type="radio"/> other clinic staff</p> <p><input type="radio"/> DK</p>			



53820

32. Recently, there have been public campaigns and ads that are specifically for HIV positive people about how they can help stop the spread of HIV.

Yes No DK NR

a) Have you seen any materials about this? (if N, DK, or NR, Go to Q33.)

b) Where did you see or hear these campaigns or ads? (Check all that apply.)

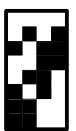
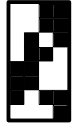
- at this clinic
- Radio
- TV
- Buses, subway, or other public transportation
- Internet
- Other, please specify:
- DK
- NR

Now I am going to ask you some questions about talking with your doctor and other people at the clinic about not giving HIV to others.

33. Which person at this clinic do you feel most comfortable talking about sexual activities, safer sex and HIV transmission?

- Your doctor/NP
- Social worker/case manager
- Health educator
- Other clinic staff
- No one (if No one, DK, or NR, Go to Q35.)
- DK
- NR

53820



53820

34. Now I am going to read you a few statements. All questions are about talking to your _____ (Interviewer: please note the person the respondent mentions in Q33) about safer sex. Please tell me if you strongly agree, agree, somewhat agree, disagree or if these statements do not apply to you.

	Strongly Agree	Agree	Somewhat Agree	Disagree	N/A
a) Our talks have helped me deal with the anxiety I might have about having sexual relationships while living with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Our talks have helped me to better understand how I could put someone at risk for HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) We talk about specific sexual activities such as exactly what I do when I have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I don't feel comfortable talking about my sexual behavior with _____ (Person named in Q33).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) We talk about general issues on safer sex such as the need to use a condom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I feel like I was talked down to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I feel that enough time was taken to help me with my sexual issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now I am going to ask you some questions about yourself.

35. How old are you?

18 - 24

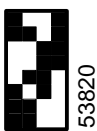
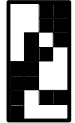
25 - 34

35 - 44

45+

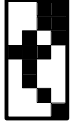
NR

53820



53820

53820



36. How would you describe your racial or ethnic background?

- African American or Black
- White
- Hispanic or Latino/a
- Asian or Pacific Islander
- Native American
- Other, please specify:
- NR

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

37. How would you describe your sexual orientation?

- Straight/heterosexual
- Gay/homosexual
- Lesbian/homosexual
- Bisexual
- Transgender
- DK
- Other, please specify:
- NR

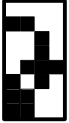
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

38. What is the highest level of education that you completed in school?

- Less than 8th grade
- 8th through 11th grade
- 12th grade or high school graduate or GED
- Some college or AA degree
- College graduate
- Graduate education or graduate degree
- NR

(Interviewer: please note participant's gender)

- Male
- Female
- Transgender F to M
- Transgender M to F



53820

39. We are just about done here. Are there services that you think would help stop HIV transmission that you are not receiving at this clinic that you might like to receive?

- Y - please specify:
- N

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

40. Are there any questions that you would like to ask me?

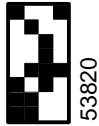
- Y - please specify:
- N

These are all the questions that I have. Thank you very much for participating in our survey.

Interviewers comments

Interviewers, please answer:
How confident are you of the validity of the answers?

- Not confident
- Mildly confident
- Fairly confident
- Confident
- Very confident



53820

53820

