**Eligibility**

Do you agree to participate in this research interview?

⁭ Yes ⁭ No

Are you currently at least 18 years of age today?

⁭ Yes ⁭ No ⁭ Don’t know ⁭ Refused

*If the participant does not answer “Yes”, thank them for their time and tell them that they are not eligible for this survey, but they may be tested for HIV.*

**Do you currently sleep at a housing shelter or do you not have a place to sleep?**

**⁭ Yes ⁭ No ⁭ Don’t know ⁭ Refused**

*If the participant does not answer “Yes”, thank them for their time and tell them that they are not eligible for this survey. But, they may be tested for HIV.*

**Have you taken this survey before?**

**⁭ Yes ⁭ No ⁭ Don’t know ⁭ Refused**

*If the participant does not answer “No”, thank them for their time and tell them that they are not eligible for this survey. But, they may be tested for HIV.*

I will not ask you for your name, date of birth, or any other personal information that can identify you. You do not have to answer any question that you do not want to, and you can end the interview at any time. Any information you give me will be private. Only a code number will be written on this survey to identify you.

**Section 1: Demographic Information**

This section asks questions about you and your background.

1.1 What is your age in years?

\_\_\_\_\_\_\_\_ (write age in years)

⁭ Don’t know

⁭ Refused

1.2 What best describes your gender?

⁭ Male

⁭ Female

⁭ Transgender

⁭ Don’t know

⁭ Refused

1.3 Which one or more of the following would you say is your race?

*(Check all that apply)*

⁭ Black or African American

⁭ White

⁭ Asian

⁭ Native Hawaiian or Other Pacific Islander

⁭ American Indian or Alaskan Native

⁭ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ Don’t know

⁭ Refused

1.4 Are you Hispanic or Latino?

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

-

1.5 What is the highest grade or year of school you completed?

⁭ Never attended school or kindergarten

⁭ Grades 1 through 8 (Elementary)

⁭ Grades 9 through 11 (Some high school)

⁭ Grade 12 or GED (High school graduate)

⁭ Some College (1 year to 3 years)

⁭ College (4 years or more)

⁭ Don’t know

⁭ Refused

1.6 What is your marital status?

⁭ Married

⁭ Divorced

⁭ Widowed

 Separated

⁭ Never married/ Single

⁭ Don’t know

⁭ Refused

1.7 How long have you been homeless or lived in transitional shelter over your entire life?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*write number and indicate weeks/months/years*) ⁭ Don’t know ⁭ Refused

1.8 Have you ever gone to jail or prison?

⁭ Yes

⁭ No

⁭ Don’t know

 ⁭ Refused

*If Yes:* How many times? \_\_\_\_\_\_\_\_\_\_\_ Don’t know Refused

**Section 2: Behaviors**

Now I’m going to ask you some questions about your sexual behaviors and drug use.

2.1 In the past 12 months have you had:

Sex without using a condom?

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

Sex with an IV drug user?

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

Sex with a male who has sex with males (MSM)?

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

Sex with a person who is HIV positive?

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

Sex with someone you didn’t know?

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

Five or more sex partners?

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

Sex while you were drunk or high on drugs?

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

*If yes*: How often?

⁭ Occasionally

⁭ Often

⁭ All the time

⁭ Don’t know

⁭ Refused

*If yes*: Would you say that alcohol or drug use made it more difficult for you to have safer sex?

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

2.2 In the past 12 months have you…

Traded sex for drugs or money or something else you needed?

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

Used a needle to inject any drugs, including steroids, under your skin or into a vein?

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

*If yes*: Shared drug injection equipment?

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

2.3 During the past 12 months, has a doctor or other health professional told you that you had a sexually transmitted disease, or STD, for example, herpes, gonorrhea, Chlamydia, syphilis or genital warts?

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

**Section 3: HIV Testing History**

The next few questions are about your history with HIV testing. We will offer HIV testing to you, but you do not have to be tested to be a part of this survey. I will tell you more about the test after I ask some questions about your HIV testing history.

3.1 From a scale of 0-4, 0 being not at all and 4 being extremely, how worried are you about getting HIV/AIDS?

 0-Not worried at all 4-Extremely worried

 1-A little worried Don’t know

 2-Slightly worried Refused

 3-Somewhat worried

3.2 Have you been tested for HIV before? *If no, go to question 5.5*

⁭ Yes

⁭ No

⁭ Don’t know

⁭ Refused

3.3 When was your last HIV test?

⁭ Never tested for HIV

⁭ Less than 12 months ago

⁭ 1-2 years ago

⁭ 3-5 years ago

⁭ More than 5 years ago

⁭ Don’t know

⁭ Never

⁭ Refused

3.4 Where was the last place you were tested for HIV?

* Never Tested for HIV Private doctors Office
* The homeless shelter Hospital
* Prison Drug Rehab Facility
* HIV outreach van The military
* Public Health Office Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.5 What was your most recent HIV test result?

⁭ HIV positive

⁭ HIV negative

⁭ Don’t know

⁭ Refused

3.6 Will you be tested for HIV today?

*If yes, proceed to pre-counseling and consent form process and then continue with survey. If no, continue to the next question.*

⁭ Yes

⁭ No

**Section 4: Health Questions**

This section asks questions about your physical and emotional health. Feel free to ask questions if you do not understand something.

4.1 What kind of health insurance do you have?

⁭ None

⁭ Medicaid/TennCare

⁭ Medicare

⁭ VA

⁭ Don’t know

⁭ Refused

4.2 Do you have one person you think of as your personal doctor or health care provider?

⁭ Yes, only one

⁭ Yes, but more than one

⁭ Don’t know

⁭ Refused

⁭ No person

4.3 When was the last time you visited a doctor for a medical visit?

⁭ Less than 12 months ago

⁭ 1-2 years ago

⁭ 3-5 years ago

⁭ More than 5 years ago

⁭ Don’t know

⁭ Never

⁭ Refused

Where did you visit this doctor?

* Private doctors office
* Hospital emergency room
* Public clinic
* Shelter
* VA
* Prison or jail
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know
* Refused

4.4 In general, would you say that your physical health is excellent, very good, good, fair or poor?

⁭ Excellent

⁭ Very Good

⁭ Good

⁭ Fair

⁭ Poor

⁭ Don’t know

⁭ Refused

4.5 In general, would you say that your mental health is excellent, very good, good, fair or poor?

⁭ Excellent

⁭ Very Good

⁭ Good

⁭ Fair

⁭ Poor

⁭ Don’t know

⁭ Refused

**4.6 Has a doctor told you that you have any of the following medical conditions or do you have reason to believe that you have any of the following medical conditions: *(Check all that apply)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Dr. DX** | **Reason to believe** | **Don't know** | **Refused** |
| **Diabetes** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Anemia** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **High blood pressure** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Heart disease or stroke** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Problems with the liver** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Arthritis, Rheumatism, other joint problems** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Chest infection, cough or bronchitis** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Pneumonia** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Tuberculosis** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Asthma** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Seizures** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Cancer *What kind of cancer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Lice or scabies** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Problems walking, a lost limb or physical limitations** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Problems with teeth** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Traumatic injuries** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| **Skin problems** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |
| ***If a woman:* Gynecologic problems** | **⁭**  | **⁭**  | **⁭**  | **⁭**  |

4.7 *To women:* To your knowledge, have you been pregnant in the past 12 months?

⁭ Yes

⁭ No

⁭ Not applicable (Male)

⁭ Don’t know

⁭ Refused

Now I’m going to ask about your alcohol use.

4.8 How often did you have a drink containing alcohol in the past year? Consider a “drink” to be a can or bottle of beer, a glass of wine, a wine cooler, or one cocktail or a shot of hard liquor (like scotch, gin, or vodka).

⁭ Never

⁭ Monthly or less

⁭ 2 to 4 times a month

⁭ 4 to 5 times a month

⁭ 2 to 3 times a week

⁭ 4 to 5 times a week

⁭ 6 or more times a week

⁭ Don’t know

⁭ Refused

4.9 How many drinks did you have on a typical day when you were drinking in the past year?

⁭ 0 drinks

⁭ 1 to 2 drinks

⁭ 3 to 4 drinks

⁭ 5 to 6 drinks

⁭ 7 to 9 drinks

⁭ 10 or more drinks

⁭ Don’t know

⁭ Refused

4.10 How often did you have 6 or more drinks on one occasion in the past year?

⁭ Never

⁭ Less than monthly

⁭ Monthly

⁭ Weekly

⁭ Daily or almost daily

⁭ Don’t know

⁭ Refused

Now I just have one question about racial discrimination.

4.11 In the last year, how often have people treated you unfairly because of your race?

⁭ Never

⁭ No more than once a year

⁭ At least once a month

⁭ At least once a week

⁭ At least once a day

⁭ At least once an hour

⁭ Constantly

⁭ Don’t know

⁭ Refused

**Section 5: Social Support**

Now I’m going to ask about your participation in the religious community or support you may receive from the religious community.

5.1 How often do you attend religious services?

⁭ Never

⁭ Less than once a year

⁭ About once or twice a year

⁭ Several times a year

⁭ About once a month

⁭ 2-3 times a month

⁭ Nearly every week

⁭ Every week

⁭ Several times a week

⁭ Don’t know

⁭ Refused

5.2 Besides religious services, how often do you take part in other activities at a place of worship? *(Examples of activities can include: soup kitchen, food pantry, clothes donations, support groups, etc.)*

⁭ Never

⁭ Less than once a year

⁭ About once or twice a year

⁭ Several times a year

⁭ About once a month

⁭ 2-3 times a month

⁭ Nearly every week

⁭ Every week

⁭ Several times a week

⁭ Don’t know

⁭ Refused

5.3 In general, how important are religious or spiritual beliefs in your day-to-day life? Would you say…

⁭ Very important

⁭ Fairly important

⁭ Not too important

⁭ Not at all important

⁭ Don’t know

⁭ Refused

5.4 Were you raised in a religious tradition?

⁭ No

⁭ Yes

⁭ Don’t know

⁭ Refused

5.5 Do you currently practice the same religion in which you were raised?

⁭ No, no longer practice any religion.

⁭ No, I have changed religious affiliations.

⁭ Yes

 Not applicable

⁭ Don’t know

⁭ Refused

5.6 How often do the people in your congregation make you feel loved and cared for?

⁭ Very often

⁭ Fairly often

⁭ Once in a while

⁭ Never/Don’t share

⁭ Don’t know

⁭ Refused

5.7 How often do the people in your congregation listen to you talk about your private problems and concerns?

⁭ Very often

⁭ Fairly often

⁭ Once in a while

⁭ Never/Don’t share

⁭ Don’t know

⁭ Refused

**Section 6: Recorded Questions**

Now I would like to hear your opinions about HIV testing. These are the final questions I will ask you. Your answers will be recorded, but I will not ask for your name.

*To every participant:*

6.1 Why haven’t you ever been tested for HIV *or* Why haven’t you been tested for HIV in X years?

*To every participant:*

6.2 Can you tell me about anything that has made it difficult for you to be tested for HIV?

*To participants refusing HIV testing today:*

6.3 Why did you refuse HIV testing today?

Thank you for your time to participate in this important survey!

Interviewer Name: Date: