

Test No:
Employee No:
Control Line:
Test Date:
Test Result:
Specimen Type:
Location:
PatientID (MRN):
Client Code:
Sex At Birth:
Gender:
DOB:
Age:
Race:
Zipcode:
Source:
Prior HIV Test?
Currently in a relationship or married?
Testing for PrEP Clinic?

How often do you use condoms?

For vaginal sex: Always Sometimes Never Not Applicable
 For anal sex: Always Sometimes Never Not Applicable
 For oral sex: Always Sometimes Never Not Applicable

Done

	No	Yes	Unknown/NA
Had sex with a male (MSM)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had Heterosexual sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female had sex with a female ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sex while using drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used injection drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had an occupational/accidental needle stick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a blood transfusion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sex in return for drugs or money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sex while incarcerated (jail/prison)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid someone for sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been sexually assaulted/raped?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been diagnosed with any STI?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ever been homeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date: _____

Baseline Survey

KNOWLEDGE, ATTITUDES AND BELIEFS ABOUT HIV*The following questions ask about your beliefs and experiences regarding HIV***1. Do you think in your lifetime you will become infected with HIV?**

- A. No, I will not
- B. It could happen
- C. It probably will happen
- D. It almost certainly will happen

2. Do you know someone who has HIV?

- A. Yes
- B. No
- C. Decline to state

3. Have you used condoms for anal or vaginal sex in the last three months?

- A. Yes, all of the time
- B. Yes, some of the time
- C. Yes, but rarely
- D. No
- E. Don't know
- F. Decline to state

4. Was there any time in the last three months that you wanted to use a condom for anal or vaginal sex but did not because you did not have one?

- A. Yes, all of the time
- B. Yes, some of the time
- C. Yes, but rarely
- D. No
- E. Don't know
- F. Decline to state

There are many different factors that may impact decisions to have sex with or without condoms. Please read the following statements and indicate how often you believe the statement is true for you when you are making decisions about condom use – Always, Often, Sometimes, Rarely or Never.

5. Having sex without a condom could cause me to get HIV.

- A. Always true
- B. Often true
- C. Sometimes true
- D. Rarely true
- E. Never true
- F. Decline to state

6. Having sex without a condom is irresponsible.

- A. Always true
- B. Often true
- C. Sometimes true
- D. Rarely true
- E. Never true
- F. Decline to state

7. Using condoms reduces my risk for HIV/STIs.

- A. Always true
- B. Often true
- C. Sometimes true
- D. Rarely true
- E. Never true
- F. Decline to state

8. Sex without a condom is more spontaneous

- A. Always true
- B. Often true
- C. Sometimes true
- D. Rarely true
- E. Never true
- F. Decline to state

9. It feels better to have sex without a condom.

- A. Always true
- B. Often true
- C. Sometimes true
- D. Rarely true
- E. Never true
- F. Decline to state

10. It is too difficult to relax and enjoy myself when using condoms.

- A. Always true
- B. Often true
- C. Sometimes true
- D. Rarely true
- E. Never true
- F. Decline to state

11. I worry my partner would say no if I suggested using a condom.

- A. Always true
- B. Often true
- C. Sometimes true
- D. Rarely true
- E. Never true
- F. Decline to state

12. I worry my partner would think I am having sex with someone else if I suggested using a condom.

- A. Always true
- B. Often true
- C. Sometimes true
- D. Rarely true
- E. Never true
- F. Decline to state

13. My partner(s) don't like having sex with a condom.

- A. Always true
- B. Often true
- C. Sometimes true
- D. Rarely true
- E. Never true
- F. Decline to state

14. **Having sex without a condom makes me feel more connected to my partner.**

- A. Always true
- B. Often true
- C. Sometimes true
- D. Rarely true
- E. Never true
- F. Decline to state

15. **Not using a condom with a partner shows them that I trust them.**

- A. Always true
- B. Often true
- C. Sometimes true
- D. Rarely true
- E. Never true
- F. Decline to state

16. **Cumming inside of someone is an expression of love.**

- A. Always true
- B. Often true
- C. Sometimes true
- D. Rarely true
- E. Never true
- F. Decline to state

SEXUAL SUMMARY MEASURES

For the following questions, by “female” we mean people born anatomically female who identify as women. By “male” we mean people born anatomically male who identify as men.

By “trans” we mean any person who was born anatomically male and identifies as being female or born anatomically female and identifies as being male. This would include male-to-female (MTF, trans woman), female-to-male (FTM, trans man), gender queer, transvestite, transgender, and transsexual partners.

For the purpose of this survey “sex” means genital contact with another person that may or may not lead you or your partner to reaching orgasm (including anal, oral or vaginal sex). Sex does NOT include activities such as phone sex, internet sex, webcam sex or kissing that do not involve genital contact.

We are interested in all types of sex partners (casual and steady) with whom you have had sex in the last six months. Casual sex partners are those with whom you have had sex only one or two times. By steady sex partners, we mean someone with whom you have an emotional bond and regular sex, such as a boyfriend, girlfriend, spouse, significant other, or life partner.

For all these questions, if you do not know the answer exactly, please give your best estimate.

1. **In the last six months, how many male sex partners have you had? _____**
 - A. I have not had any male sex partners
 - B. Decline to state
2. **In the last six months how many trans sex partners have you had? _____**
 - A. I have not had any trans sex partners
 - B. Decline to state
3. **In the last six months how many female sex partners have you had? _____**
 - A. I have not had any female sex partners
 - B. Decline to state
4. **In the last six months, how many of your sex partner(s) would you describe as:**
 - A. Casual partner (sexual relationship only) ____
 - B. "Fuck buddy" ____
 - C. Client (sexual relationship only) ____
 - D. Steady partner (sexual and emotional relationship) ____
 - E. Spouse ____
 - F. Don't know ____
 - G. Decline to state ____
5. **In the last six months, how many of your sex partners were HIV-positive? Include only the ones you are certain were HIV positive.**
 - A. ____HIV positive partners
 - B. None
 - C. Decline to state
6. **In the last six months, how many of your sex partners were HIV-negative and you had no reason to doubt it?**
 - A. ____HIV negative partners
 - B. None
 - C. Decline to state

7. **Over the past 6 months, how often have you had anal sex.**
- A. I have not had anal sex during the past 6 months
 - B. Once
 - C. Twice
 - D. Between 3 and 6 times
 - E. Daily
 - F. More than once a day
 - G. Decline to state
8. **What is your sexual role when you have anal sex?**
- A. Top (“I penetrate”)
 - B. Bottom (“I am penetrated”)
 - C. Versatile (“I penetrate and am penetrated”)
 - D. Don’t know
 - E. Decline to state
 - F. I do not have anal sex

KNOWLEDGE OF PREP

HIV pre-exposure prophylaxis is a way to help prevent HIV also known as PrEP. A medication called Truvada is given to at-risk people in the form of a daily pill taken by mouth to help protect at-risk people from getting HIV.

1. **Would you take PrEP if it caused mild temporary side effects?**
- A. Yes, definitely
 - B. Yes, probably
 - C. No, probably not
 - D. No, definitely not
2. **Would you take PrEP even if you have to use condoms?**
- A. Yes, definitely
 - B. Yes, probably
 - C. No, probably not
 - D. No, definitely not

3. Do you think you would use PrEP if you needed to be tested regularly for HIV/AIDS?

- A. Yes, definitely
- B. Yes, probably
- C. No, probably not
- D. No, definitely not

4. Would you want your partner(s) to know that you are taking PrEP?

- A. Yes, definitely
- B. Yes, probably
- C. No, probably not
- D. No, definitely not

5. Would you share PrEP if you only had enough to protect yourself and it was free?

- A. Yes, definitely
- B. Yes, probably
- C. No, probably not
- D. No, definitely not

6. Would you sell PrEP to other people who need it more than you?

- A. Yes, definitely
- B. Yes, probably
- C. No, probably not
- D. No, definitely not

7. How embarrassing would you find it to take PrEP?

- A. Very embarrassing
- B. Fairly embarrassing
- C. Not very embarrassing
- D. Not at all embarrassing

8. How anxious does the thought of taking PrEP make you feel?

- A. Very anxious
- B. Fairly anxious
- C. Not very anxious
- D. Not at all anxious

9. How much hope does PrEP give you?

- A. A lot of hope
- B. Some hope
- C. Not much hope
- D. No hope at all

10. Are you interested in learning more about HIV Pre-exposure prophylaxis (PrEP)?

- A. Yes, definitely
- B. Yes, probably
- C. No, probably not
- D. No, definitely not
- E. Not sure

11. Are you interested in following up in the HIV Prevention Clinic here at Thomas Street?

- A. Yes, definitely interested
- B. Yes, probably interested
- C. No, probably not interested
- D. No, definitely not interested
- E. Not sure
- F. I am already following up at the HIV Prevention Clinic

12. Are you interested in taking Truvada for PrEP?

- A. Yes, definitely interested
- B. Yes, probably interested
- C. No, probably not interested
- D. No, definitely not interested
- E. Not sure
- F. I am already taking Truvada

13. Which of the following are concerns you have about taking PrEP? Choose all that apply (you may choose more than one answer)

- A. I am concerned about side effects from the pills
- B. I can avoid HIV in other ways
- C. I don't like taking pills
- D. I am concerned that people will think that I am HIV positive because I am taking Truvada
- E. I am concerned that people will think that I am HIV positive if they see me at Thomas Street Clinic
- F. I am concerned that people will think that I have sex with men and/or trans people because I am taking Truvada
- G. I am concerned that people will think that I use drugs
- H. I fear developing resistance to HIV medications if I became positive
- I. I don't want to take a pill every day
- J. I don't have any concerns about PrEP
- K. Other reason:
- L. Decline to state

The next questions are about your use of drugs. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills.

Some of the drugs listed may be prescribed by a doctor (like amphetamines, sedatives, and pain medications). For this survey, do NOT include medications that you use AS PRESCRIBED by your doctor. However DO include prescription medications, if you have taken them for reasons OTHER than what your doctor intended, or if you have taken them more frequently or at higher doses than prescribed.

<i>Please answer YES or NO to the question.</i>	YES	NO
<i>In your life have you <u>ever used</u>?</i>		
a. Cannabis (marijuana, pot, grass, hash, weed)		
b. Cocaine (coke, crack)		
c. Amphetamine type stimulants (such as speed, diet pills, and ecstasy)		
d. Inhalants (such as nitrous oxide, glue, gasoline, and paint thinner)		
e. Sedatives or Sleeping Pills (such as Valium, Serapax, Xanax, Rohypnol, and roofies)		
f. Hallucinogens (LSD, acid, mushrooms, PCP, and Special K)		
g. Opioids (such as heroin, morphine, methadone, codeine, vicodin, and syrup with codeine)		
h. In your life have you ever used any other drugs that we did not list?		

DEMOGRAPHICS

For the following questions, by “trans” we mean any person who was born anatomically male and identifies as being female or born anatomically female and identifies as being male. This would include male-to-female (MTF, trans woman), female-to-male (FTM, trans man), gender queer, transvestite, transgender, and transsexual partners.

By “female” we mean people born anatomically female who identify as women. By “male” we mean people born anatomically male who identify as men.

- 1. What is your current relationship (or partnership) status?**
 - A. Married to a female partner
 - B. With a female partner but not married
 - C. With a trans partner
 - D. Single, meaning not married and not with partner
 - E. Divorced/separated
 - F. Widowed
 - G. Married to a male partner
 - H. With a male partner but not married
 - I. Married to a trans partner
 - J. Decline to state

- 2. Are you male, female or transgender?**
 - A. Male
 - B. Female
 - C. Transgender

- 3. Were you born MALE or FEMALE?**
 - A. Male
 - B. Female

- 4. With which of the following two ethnic groups do you most closely identify or describe yourself?**
 - A. Hispanic, Latino, or of Spanish
 - B. Not Hispanic, Latino, or of Spanish Origin

5. With which of the following races do you most closely identify or describe yourself?

- A. American Indian or Alaska Native
- B. Asian
- C. Black, African American, or Haitian
- D. Native Hawaiian or Other Pacific Islander
- E. White

6. At this time, are you:

- A. Working full time or part time
- B. Unemployed and looking for work.
- C. Unemployed and not looking for work
- D. Disabled and not working
- E. Retired and not working
- F. None of the above

7. Where are you living or staying right now?

- A. You are living in a house, condominium, apartment or room that you rent or own
- B. You are staying in a friends or family member's house or apartment
- C. You are living in a halfway house, assisted living residence, or rehabilitation program
- D. You are staying in a homeless shelter
- E. You are staying in an abandoned building
- F. You are staying outside, on the street

8. What type of health insurance do you have?

- A. Private insurance
- B. Medicare
- C. Medicaid
- D. Medicare AND Medicaid
- E. VA (CHAMPS)
- F. Harris County Hospital District/ Harris Health System Gold Card
- G. No Health Insurance

9. What is the highest degree or diploma you have?

- A. No degree or never finished high school.
- B. High School diploma or G.E.D.
- C. Some College education, no degree
- D. A.A. or Associates degree, Junior or 2-Year College
- E. B.A., B.S., other Bachelor's, or 4-Year College degree
- F. Graduate or Professional degree

10. What was your total household income for the last full year?

- A. 0 to \$4,999
- B. \$5,000 to \$9,999
- C. \$10,000 to \$14,999
- D. \$15,000 to \$24,999
- E. \$25,000 to \$49,999
- F. \$50,000 or more