

Dissemination of Evidence Informed Interventions
Final Baseline survey (Peer and Enhanced Navigation)

*****Baseline Survey*****

Participant ID:

Staff ID:

Site ID:

Form Date:

Interviewer Script: Thank you for agreeing to participate in this study. We are going to cover many topics, including your health, your needs, and your experiences with HIV health care. Some of these questions may be about things you've already discussed with other people at [NAME OF ORGANIZATION]. We are asking you again because this interview is part of a national study that includes people living with HIV from different parts of the country. The data we collect in this survey will not be shared with anyone providing services.

Everything I ask you in this interview is confidential. We would like you to feel comfortable, and be as honest and open as possible. None of your answers will be linked to your name, so please be candid. We hope this study will help us to improve care for people living with HIV.

If a question makes you feel uncomfortable, or brings up feelings or situations you want to talk about, we can refer you to someone you can speak with. Also, if there are any questions you don't feel comfortable answering, you don't have to answer them.

This interview will take less than 1 hour. If at any time you would like to take a break, please let me know. After each question I will read you response options to choose from. As I go through the questions, let me know if there is anything that is unclear. Are you ready to begin?

Interviewer note: DO NOT READ the response option "Refused" to the participant. Only mark this response if a person chooses to skip a question.

SECTION I: DEMOGRAPHICS & BACKGROUND CHARACTERISTICS

1. What is your date or year of birth? (mm/dd/yyyy) ___/___/_____

Refused

Don't know

(If only entering year of birth, please enter as if birthday is January 1. For example, birth year 1950 would be entered 01/01/1950.)

2. Currently, which do you consider yourself to be? [Interviewer: Read responses.]

Male

Female

Transgender

Gender Non-conforming

Other (specify): _____

Refused

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3. Are you of Hispanic, Latino/a, or Spanish origin? This is a person of Cuban, Dominican, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- Yes
- No
- Refused*

4. Please answer “Yes” or “No” for each group. Are you: [Check all that apply]

a. American Indian or Alaskan Native. This is a person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliations or community attachment.

- Yes
 - i. Please specify the tribe: _____
- No
- Refused*

b. Asian. This is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

- Yes
- No
- Refused*

c. Black or African American. This is a person having origins in any of the black racial groups of Africa or the Caribbean.

- Yes
- No
- Refused*

d. Native Hawaiian or other Pacific Islander. This is a person having origins in any of the original peoples of Hawaii, Guan, Samoa, or other Pacific Islands.

- Yes
- No
- Refused*

e. White. This is a person having origins in any of the peoples of Europe, the Middle East, or North Africa.

- Yes
- No
- Refused*

5. What language do you speak most of the time, with friends and family? [One response only.]

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- English
- Spanish
- Haitian Creole
- Other (specify): _____
- Refused*

6. What country were you born in?

- 1 of the 50 states in the USA
- Puerto Rico
- US territories (other than Puerto Rico)
- Other (specify): _____
- Refused*

7. What is the highest level of education that you've completed? [One response only]

- No formal education
- Less than high school
- High school diploma or GED received
- Some college or post-high school study
- College graduate (4-year college or university)
- Post-college/graduate
- Don't know
- Refused*

8. Including yourself, how many people live in your household? [One response only]

- One
- Two
- Three
- Four
- Five or More
- Refused*

9. How many children under the age of 18 live in your house? [One response only]

- None
- One
- Two
- Three
- Four or more
- Refused*

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10. During the past 12 months, how many times did you run out of money for basic necessities like housing or food?

[One response only]

- Never
- Daily
- Weekly
- Monthly
- Other (specify): _____
- Refused*

11. How many times have you been incarcerated in a correctional facility (jail or prison) in the past 5 years?

_____ # times

12. What kind(s) of health insurance do you have? [Check all that apply]

- Medicaid
- Medicare
- A health plan through my state marketplace
- Private insurance through my employer or a family member's employer
- Other private insurance
- Tricare
- Veterans Administration
- Other (specify): _____
- Don't know
- Refused*
- None

SECTION II: HOUSING

13. Where do you live now? [One response only]

- My own home/apartment (that I own or rent)
- Someone else's home/apartment (that someone else owns or rents)
- Residential or transitional housing
- Treatment program
- Shelter
- The streets/in a car/in a park/on the beach
- Jail
- Other (specify): _____
- Refused*

14. In the past 12 months, was there ever a time in which you had no place to stay, even if it was for just one night?

(Interviewer: After reading "In the past 12 months", include a time reference such as "since last spring...")

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- Yes
- No
- Refused*

SECTION III: HIV & ADHERENCE

Interviewer Script: *These next questions are about your HIV status and taking HIV medications.*

15. When did you first test positive for HIV? (mm/dd/yyyy) ___/___/_____

Enter "01" for unknown MONTH; enter "01" for unknown DAY.

- Don't know
- Refused*

15a. Were you perinatally infected?

- Yes
- No
- Refused*

16. Are you currently taking any HIV medication? *[Show the HIV medication chart]*

- Yes
- No
- Don't know
- Refused*

SECTION IV: CASE MANAGEMENT & COMPETING SERVICE NEEDS

17. Do you have an HIV case manager at this clinic? By case manager, we mean an individual who helps you get medical care and/or social services at this clinic.

Interviewer: *The interventionist is NOT considered a case manager.*

- Yes
- No
- Don't know
- Refused*

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Interviewer Script: Now we are going to ask you about services you may have needed in the last 6 months. First we will ask if you needed the service and then if you got that service. [**Interviewer Instructions:** for each service (a, b, c....below) ask question #18 first; Check one response only.]

	18. Did you need this service at any time over the last 6 months?			19. Were you able to get this service in the last 6 months?		
	No	Yes	Refused	No	Yes	Refused
a) Housing assistance (e.g. permanent, temporary, emergency shelter, residential treatment facilities)						
b) Transportation assistance						
c) Assistance in applying for benefits (SSI, SSD, insurance, etc.)						
d) Assistance getting substance use treatment and/or mental health treatment/counseling						
e) Medication assistance (paying for medication, help with prescriptions)						
f) Assistance getting medical care						
g) Did you need any other assistance with services over the past 6 months? Please specify _____						

SECTION V: SUBSTANCE USE

20. In the past 12 months, how often have you used any tobacco product?

- Daily or almost daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Refused

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21. In the past 12 months, how often have you had 5 or more drinks (men)/4 or more drinks (women) containing alcohol in one day?
- Daily or almost daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never
 - Refused*
22. In the past 12 months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)?
- Daily or almost daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never
 - Refused*
23. In the past 12 months, how often have you used cocaine (coke, crack, etc.)?
- Daily or almost daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never
 - Refused*
24. In the past 12 months, how often have you used amphetamine type stimulants (speed, meth, diet pills, ecstasy, etc.)?
- Daily or almost daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never
 - Refused*

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25. In the past 12 months, how often have you used inhalants (nitrous, glue, petrol, paint thinner, etc.)?
- Daily or almost daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never
 - Refused*
26. In the past 12 months, how often have you used sedatives or sleeping pills (Valium, Serapax, Rohypnol, etc.)?
- Daily or almost daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never
 - Refused*
27. In the past 12 months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?
- Daily or almost daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never
 - Refused*
28. In the past 12 months, how often have you used opiates (heroin, morphine, methadone, codeine, Lortab, Percocet, Oxycontin, etc.)?
- Daily or almost daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never
 - Refused*

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29. In the past 12 months, how often have you used any prescription medications just for the feeling, more than prescribed to you, or that were not prescribed to you?

- Daily or almost daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Refused*

30. In the past three months, have you participated in any substance use treatment?

- Yes
- No
- Refused*

30a. If “yes”, which treatments? *[Check all that apply]*

- Detox
- Inpatient treatment (hospital)
- Residential treatment
- Outpatient treatment
- Counseling
- 12-Step program
- Other treatment for opioid addiction (Methadone, Buprenorphine, Naltrexone)
- Other (Specify): _____
- Refused*

SECTION VI: EXPOSURE TO VIOLENCE/VICTIMIZATION

Interviewer script: The next questions are about abuse and interpersonal violence. Let me know if you would like to stop at any point. As a study interviewer, I am not permitted to discuss any specific incidents of abuse with you, but there is someone on hand who can talk with you if you would like to do so.

31. Have you ever been in a situation in which you were seriously injured, or have you ever been in a situation in which you feared you might be seriously injured or killed?

- Yes
- No
- Refused*

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32. Before age 18, were you ever physically punished or beaten by a parent, caretaker, or teacher so that: you were very frightened; you thought you would be injured; or you received bruises, cuts, welts, lumps, or other injuries?

- Yes
- No
- Refused*

33. Not including punishments or beatings you reported in question 32, have you ever been attacked, beaten, or mugged by anyone, including friends, family members, or strangers?

- Yes
- No
- Refused*

34. Has anyone ever made or pressured you into having some type of unwanted sexual contact? Note: by sexual contact we mean any contact between someone else and your private parts or between you and someone else's private parts?

- Yes
- No
- Refused*

35. Has a close family member or friend died violently, for example, in a serious car crash, mugging, or attack?

- Yes
- No
- Refused*

36. Have you ever witnessed a situation in which someone was seriously injured or killed, or have you ever witnessed a situation in which you feared someone would be seriously injured or killed?

- Yes
- No
- Refused*

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SECTION VII: HEALTH-RELATED QUALITY OF LIFE¹

37. Overall, how would you rate your health during the past 4 weeks?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor
- Refused*

38. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

- Not at all
- Very little
- Somewhat
- Quite a lot
- Could not do physical activities
- Refused*

39. During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

- None at all
- A little bit
- Some
- Quite a lot
- Could not do daily work
- Refused*

40. How much bodily pain have you had during the past 4 weeks?

- None
- Very mild
- Mild
- Moderate
- Severe
- Very Severe
- Refused*

41. During the past 4 weeks, how much energy did you have?

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- Very much
- Quite a lot
- Some
- A little
- None
- Refused*

42. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities with family or friends?

- Not at all
- Very little
- Somewhat
- Quite a lot
- Could not do social activities
- Refused*

43. During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

- Not at all
- Slightly
- Moderately
- Quite a lot
- Extremely
- Refused*

44. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school, or other daily activities?

- Not at all
- Very little
- Somewhat
- Quite a lot
- Could not do daily activities
- Refused*

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SECTION VIII: Additional information

- 45. Is there anything else you would like to share with us about you or your experiences living with HIV?** Open ended response option.