



## CHAIN 2007-1 Brief Report

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# Changes in the CHAIN Study Questionnaire: Wave 3 vs. Wave 4

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In collaboration with the Medical and Health Research  
Association of New York (MHRA),  
the NYC Department of Health and Mental Hygiene,  
the Westchester Department of Health, and  
the NY Health & Human Services HIV Planning Council

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**C.H.A.I.N. MEMO**

## **Introduction**

The purpose of this memorandum is to report, through the CHAIN Technical Review Team at MHRA, to the HIV Planning Council changes made by investigators at Columbia University to the CHAIN questionnaire.

It is a matter of good research practice for investigators to periodically review their data-collection forms and make changes where needed or recommended, regardless of any policy or funding changes to the program of research. This simply reflects “regular maintenance” and standard quality improvement procedures.

This year we made a thoroughgoing review of the CHAIN questionnaire with participation of project staff members at all levels of our operation, including those who use the CHAIN data for analysis and reporting, those who compile and maintain the databases, interviewers, and data-entry and data-cleaning personnel. As a result, we have made a few changes to the questionnaire for the following reasons: to clarify sometimes misinterpreted questions, to correct typographical errors, to resolve problems with skip-pattern instructions, and to improve usability through slight formatting changes. Since the majority of such changes were only cosmetic, and not substantive, they are not described in this memo.

Although we have not found it necessary to make any drastic changes to the questionnaire, overall, substantial rewording and reordering of questions was done with the series of questions gathering information about individuals’ current housing status and housing history in order to improve the quality of those data collected (in Section C: Background Information).

In addition, at the request of the NYC DoHMH, we have added a small number of questions to be sure that the CHAIN Survey covers areas of new importance for the Planning Council due to the Treatment Modernization Act of 2006. These relate to specialty medical services, such as dental care, food and nutrition counseling, etc., as well as to supportive services like transportation issues, where they relate directly to making medical care possible.

The table that makes up the bulk of this memo documents each substantive change in the questionnaire, showing the question(s) as asked in Wave 3 versus how they will be asked in Wave 4. In most instances where questions were added, they have been re-inserted from previous waves of the study, with very few created anew. This was done to maintain comparability of data to be collected again on previously covered topics. In some cases, questions were inserted from the Tri-County questionnaire, so that information will continue to be collected where it is relevant also to NYC dwellers.

## CHAIN Questionnaire Changes: Wave 3 vs. Wave 4

All substantive changes are indicated in ***bold, italic, underlined*** font.

SECTION	WAVE 3	WAVE 4															
<b>A</b> INTRO- DUCTION		<b><u>[No substantive changes, additions, or deletions]</u></b>															
<b>B</b> CURRENT HEALTH STATUS		<b><u>[No substantive changes, additions, or deletions]</u></b>															
<b>C</b> HOUSING <small>(major reorganization over next 7 pages)</small>	<p>5. Which of the following best describes your living situation <b><u>over the last 6 months</u></b> . . .</p> <p>01 An apartment or house you or your family <b><u>own</u></b> Skip to Q 7, p. 13            02 An apartment or house you or your family <b><u>rent</u></b> Ask 5B next page            03 "Doubled up" with a friend or a relative Skip to 5 E next page            04 SRO or "welfare hotel, or motel" Ask 5A next page            05 Specialized AIDS housing facility Ask 5A next page            06 Drug treatment program housing Ask 5F next page            07 Shelters Ask 5A next page            08 Street or other public place Skip to Q. 8, p. 13            09 Hospital Skip to 5F next page            10 Nursing home, hospice Skip to 5F next page            11 Jail, prison, or halfway house? Skip to 5F next page            12 Other (specify): _____ Ask 5A next page</p> <p>→5 A. Is there a social worker or case worker who is supposed to help you who lives there or has an office there?            01 Yes            02 No            03 Don't know</p>	<p>5. Which of the following best describes your <b><u>current living situation</u></b> - where you have been staying <b><u>during the past seven days</u></b>.</p> <p><b><u>(Interviewer: Read through all choices and then SELECT ONLY ONE CODE. If R selects more than one category, ask: "Where did you sleep last night?")</u></b>.</p> <p style="text-align: center;"><i>HAND R SHOW CARD</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. A house (includes mobile homes)</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">Ask 5. 1</td> </tr> <tr> <td>2. An apartment (with it's own bathroom and kitchen)</td> </tr> <tr> <td>3. A room</td> </tr> <tr> <td>4. In drug treatment, detox, or drug program housing</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">Skip to 5.4</td> </tr> <tr> <td>5. In jail, prison, or corrections halfway house</td> </tr> <tr> <td>6. In housing for persons with mental health problems</td> </tr> <tr> <td>7. In a hospital, nursing home, or hospice</td> </tr> <tr> <td>8. In a shelter or drop in center for homeless people</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">Skip to Q 10 p. 14</td> </tr> <tr> <td>9. On the street, public place (e.g. subway), or place not meant for sleeping</td> </tr> <tr> <td>10. Some other place (specify) _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">Ask 5. 1</td> </tr> </table> <p>If Q5 = 1,2,3,10            →5.1 Does the (house/apartment/room) belong to you or are you <b><u>temporarily doubled up</u></b> in somebody else's place?            01 Your place you own or rent            02 Somebody else's place - a friend or relative, boy/girlfriend            03 Agency or service provider's place (specify) _____</p>	1. A house (includes mobile homes)	Ask 5. 1	2. An apartment (with it's own bathroom and kitchen)	3. A room	4. In drug treatment, detox, or drug program housing	Skip to 5.4	5. In jail, prison, or corrections halfway house	6. In housing for persons with mental health problems	7. In a hospital, nursing home, or hospice	8. In a shelter or drop in center for homeless people	Skip to Q 10 p. 14	9. On the street, public place (e.g. subway), or place not meant for sleeping	10. Some other place (specify) _____	Ask 5. 1	
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**CHAIN Questionnaire Changes: Wave 3 vs. Wave 4**

All substantive changes are indicated in ***bold, italic, underlined*** font.

SECTION	WAVE 3	WAVE 4
	<p>→ 5B. Is this housing specifically available only to people who have HIV/AIDS and their families?            01 Yes            02 No</p> <p>→ 5 C. What type of housing program is it...</p> <p>00 Regular Rental, not associated with a program ..Skip to Q 6 next pg            01 Temporary or transitional housing (<i>a group living situation where there is a time limit on how long you can stay there</i>)            02 A congregate living facility (<i>a group living situation where there is no time limit on how long you can stay there</i>)            03 A scatter site apartment (<i>you have a private apartment in the community and a housing case worker from the agency who helped you get the apartment stays in touch with you</i>)            04 Other (specify) _____</p> <p><i>IF ANY TYPE OF HOUSING PROGRAM (code 1,2,3,4 in previous Q 5C)</i></p> <p>→ 5 D. Is there a time limit on how long you can stay in the housing?            00 No time limit ... Skip to Q 6</p>	<p><i>If Q5 =3 Lives in Room:</i></p> <p>→5.2 Is your room in an SRO, or welfare hotel, or some other type of facility?            01 Hotel (place with separate rooms that you pay for yourself)            02 Group housing facility, not a hotel where you are renting a room            03 Rented room in someone's house or apartment            04 Other (<i>specify</i>) _____</p> <p><i>If Q5 = 1,2,3,10. Confirm if already answered</i></p> <p>→5.3 Is this house, apartment or room part of a temporary or transitional housing program?            01 Yes            00 No</p> <p><i>If Q5 = 1,2,3,4,5,6,7,8,10 -Ask all except those in, street or public place.</i></p> <p>→5.4 Does your housing facility, apartment complex, or housing program have a name? <i>IF YES: What's the name of the facility or program?</i>            00 No            01 Yes (<i>specify</i>): _____.</p> <p>→5.5 Is there a social worker or case worker who is supposed to help you who lives there or has an office there? Or a case worker who visits you regularly as part of a housing program?            01 Yes, case worker on site            02 Yes, case worker visits regularly as part of housing program            03 No social worker, case manager, or case worker associated with housing            04 Don't know</p> <p>→5.6 Is this housing specifically available only to people who have HIV/AIDS and their families?            01 Yes            00 No</p> <p>→5.7 Is there a time limit on how long you can stay in the housing?</p>

**CHAIN Questionnaire Changes: Wave 3 vs. Wave 4**

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SECTION	WAVE 3	WAVE 4
	<p>01 28-30 days ...Skip to Q 6                      02 60 days ...Skip to Q 6                      03 90 days/ 3 months ...Skip to Q 6                      04 6 months ...Skip to Q 6                      05 12 months/ 1 year ...Skip to Q 6                      06 24 months/ 2 years ...Skip to Q 6                      07 Other (specify) _____ ...Skip to Q 6 <i>next pg.</i></p> <p align="center"><i>IF DOUBLED UP (code 3 in Question 8)</i></p> <p>→5E. Can you sleep there for the next month (30 days) without being asked to leave?                      01 Yes, I am SURE that I can sleep there for the next 30 days                      02 No, I am sure I CANNOT sleep there for the next 30 days                      03 I don't know how long I can continue to sleep there                      Skip to 7 next page</p> <p align="center"><i>IF DRUG TREATMENT, HOSPITAL/HOSPICE, JAIL /PRISON HOUSING (code 6,9,10,11 in Q 5)</i></p> <p>→5F. Would you have a place to live if you were not staying in _____ (current living situation)                      01 Yes, I have a permanent home to go to ....Skip to Q. 8                      02 Yes, I have a place I could stay temporarily ....Skip to Q. 8                      03 No, I have no other place to live ....Skip to Q. 8</p> <p>→ 6. Which agency or paid provider helped you get your current housing, if any? _____ <i>Field code all that apply</i>                      01 DASIS/HASA                      02 Scatter Site Agency (specify agency) _____                       _ _ _ _ _ _ _ _                       03 Public housing authority (NYCHA)                      04 Case manager, social worker (specify agency) _____                      _____  _ _ _ _ _ _ _ _                       05 Other (specify) _____  _ _ _ _ _ _ _ _                       06 No one</p> <p>→7. In whose name is the room or apartment (house) rented or</p>	<p>00 No time limit                      01 28-30 days                      02 60 days                      03 90 days/ 3 months                      04 6 months                      05 12 months/ 1 year                      06 24 months/ 2 years                      07 Other (specify) _____</p> <p><i>IF DOUBLED UP (Q5.1=2)</i></p> <p>→5.8 Can you sleep there for the next month (30 days) without being asked to leave?                      01 Yes, I am SURE that I can sleep there for the next 30 days                      . . . . . <i>Skip to Q. 7</i>                      02 No, I am sure I CANNOT sleep there for the next 30 days                      . . . . . <i>Skip to Q. 7</i>                      03 I don't know how long I can continue to sleep there . <i>Skip to Q7</i></p> <p><i>IF DRUG TREATMENT, HOSPITAL/HOSPICE, MENTAL HEALTH, JAIL /PRISON HOUSING (Q5= 4,5,6,7)</i></p> <p>→5.9 Would you have a place to live if you were not staying in _____ (current living situation)                      01 Yes, I have a permanent home to go to. . . . . <i>Skip to Q. 7</i>                      02 Yes, I have a place I could stay temporarily ....<i>Skip to Q. 7</i>                      03 No, I have no other place to live <i>Skip to Q. 7</i></p> <p><i>If Q5 = 1,2,3,10</i></p> <p>→ 6. Which agency or paid provider helped you get your current housing, if any? _____ <i>Field code all that apply</i>                      01 DASIS/HASA                      02 Scatter Site Agency (specify agency) _____                       _ _ _ _ _ _ _ _                       03 Public housing authority (NYCHA)                      04 Case manager, social worker (specify agency) _____                      _____  _ _ _ _ _ _ _ _                       05 Other (specify) _____  _ _ _ _ _ _ _ _                       06 No one</p> <p><i>If Q5 = 1, 2, 3, 4, 5, 6, 7, 10 - Ask all except those in shelter, street or</i></p>

**CHAIN Questionnaire Changes: Wave 3 vs. Wave 4**

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SECTION	WAVE 3	WAVE 4
	<p>owned? Whose name is on the lease?  <i>For scatter-site or institution, ASK: Who is the person(s) authorized to be in the room/apartment? Use categories as probes, if necessary.</i></p> <ul style="list-style-type: none"> <li>01 Yours alone</li> <li>02 Your name and other people</li> <li>03 Someone else living in the household</li> <li>04 Someone not living in household</li> <li>05 Not you, but you don't know who has the lease</li> <li>06 Agency maintains the lease</li> <li>88 Refused</li> <li>99 Not applicable</li> </ul> <p><i>IF CODE 1,2,3,4,5,6, 7, 8 OR "OTHER" IN Q 5 ASK:</i></p> <p>→8. Do you currently get any rental assistance or help with paying for housing from a government program or an agency?  <i>Field code all that apply</i></p> <ul style="list-style-type: none"> <li>00 None</li> <li>01 Voucher, pass, ticket, or coupon used for a single night or a weeks stay</li> <li>02 Section 8 voucher or certificate to cover part of the rent on an apartment</li> <li>03 HOPWA, HASA/DASIS, or AIDS housing assistance such as a voucher or certificate to cover part of the rent on an apartment</li> <li>04 Another kind of voucher or certificate for long term rental assistance</li> <li>05 Lives in group housing, special needs housing, or halfway house</li> <li>06 Lives in public housing operated by New York City housing authority</li> <li>07 Other (specify) _____</li> </ul>	<p><i>public place.</i></p> <p>→7. In whose name is the house/ apartment/ room rented or owned?          Whose name is on the lease? <i>Use categories as probes, if necessary</i></p> <ul style="list-style-type: none"> <li>01 Your name alone</li> <li>02 Your name and other people</li> <li>03 Someone else living in the household</li> <li>04 Someone not living in household</li> <li>05 Not you, but you don't know who has the lease</li> <li>06 Agency maintains the lease</li> <li>99 Not applicable . . . Ask 7A</li> </ul> <p><i>If Q7=99, or for group housing or institution</i></p> <p>7A. Who is the person(s) authorized to be in the room/apartment?</p> <ul style="list-style-type: none"> <li>01 You alone</li> <li>02 You and other people</li> <li>03 Someone else, not you</li> </ul> <p><i>If Q5= 1,2,3, 4,6,7,10:</i></p> <p>→8. Do you currently get any rental assistance or help with paying for housing from a government program or an agency?  <i>Field code all that apply</i></p> <ul style="list-style-type: none"> <li>00 None</li> <li>01 Voucher, pass, ticket, or coupon used for a single night or a weeks stay</li> <li>02 Section 8 voucher or certificate to cover part of the rent on an apartment</li> <li>03 HOPWA, HASA/DASIS, or AIDS housing assistance such as a voucher or certificate to cover part of the rent on an apartment</li> <li>04 Another kind of voucher or certificate for long term rental assistance</li> <li>05 Lives in group housing, special needs housing, or halfway house</li> <li>06 Lives in public housing operated by New York City housing authority</li> <li>07 Other (specify) _____</li> </ul> <p><i>If Q5= 1,2,3,4,5,6,7, 10 - Ask all except those in shelter, street or public place.</i></p> <p>→9. <b><u>Just to double check, your current housing is</u></b>  <b><u>(confirm with respondent. If none of these descriptions fit,</u></b></p>

**CHAIN Questionnaire Changes: Wave 3 vs. Wave 4**

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SECTION	WAVE 3	WAVE 4
	<p>ASK EVERYONE</p> <p>→ 9. How long have you been in your current living situation?             __ __ __  wks/ mos/ yrs</p> <p>→10. In the last 6 months, since _____ (reference date)            have you ever spent the night in any of these places or situations . .</p> <p><i>If 01– 05 Skip to Q11C, If “None” Skip to Q11C, If “Jail/Prison” along with other ans. Skip to Q 11.</i></p> <p><i>(Read all responses. Circle all that apply.)</i></p> <p>01 Temporarily "doubled-up" with a friend or relative            02 SRO or "welfare hotel or motel"            03 Specialized AIDS housing (specify) _____</p> <p>04 Shelters            05 Street or other public place            06 Jail or prison.....Ask Q.'s 11, 11A, 11B            07 None of the above</p> <p><i>Ask if Respondent is currently living in his own apartment or house (code 1 or 2 for Q. 5) and has not been homeless or unstably housed in the past 6 months (code 7 for Q. 10)</i></p> <p>11. When was the most recent time you were in any correctional facility? _____/_____ (month/year)</p> <p>11 A. What facility/institution were you in? Where is it located?            Name: _____            Location: _____</p>	<p><b><i><u>describe housing situation in detail as ‘other’</u></i></b></p> <p>00 An SRO or welfare hotel with no services onsite            01 A temporary or transitional housing facility (<i>a group living situation where <u>there is a time limit on how long you can stay there</u></i>)            02 A congregate, permanent housing facility (<i>a group living situation where <u>there is no time limit on how long you can stay there</u></i>)            03 A scatter site apartment (<i>you have a private apartment in the community and a case worker from the agency who helped you get the apartment stays in touch with you</i>)            04 A <u>regular house or apartment</u>, in the community not associated with an agency or program.            05 Other (<i>specify</i>) _____</p> <p><b><i>** ASK EVERYONE **</i></b></p> <p>→ 10. How long have you been in your current living situation?             __ __ __  wks/ mos/ yrs  <i>INTERVIEWER: Refer to living situation described in Q 5.</i></p> <p>→11. In the last 6 months, since _____ (reference date)            have you ever spent the night in any of these places or situations . . .  <i>(Read all responses. Circle all that apply.)</i></p> <p>01 Temporarily "doubled-up" with a friend or relative  <b><i><u>02 In a temporary or transitional housing program</u></i></b>  <i>(Specify) _____</i></p> <p><b><i><u>03 In an SRO with services onsite</u></i></b>  <b><i><u>04 In an SRO or welfare hotel with no services</u></i></b>            05 In specialized AIDS housing  <i>(Specify) _____</i></p> <p>06 In a shelter or drop in center for homeless persons            07 On the street or other public place  <b><i><u>08 In drug treatment housing with no other place to live</u></i></b>            09 In jail, prison, or corrections housing</p> <p align="center"><b><i><u>Do not ask but code if appropriate:</u></i></b></p> <p><b><i><u>10 R is not currently and has not spent even one night in any of the above places</u></i></b></p> <p><i>Ask if in Jail past 6 months (Q11=9):</i></p> <p>12. When was the most recent time you were in any correctional facility? _____/_____ (month/year)</p> <p>A. What facility/institution were you in? Where is it located?</p>

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SECTION	WAVE 3	WAVE 4
	<p>11 B. Did you receive HIV medical care while you were in this correctional facility?            01 Yes            02 No</p> <p>→11C. Was there <u>ever</u> a time when you did not have a regular place to live - when you slept in a shelter or on the street or other public place, or temporarily doubled up in somebody else's home?            01 Yes            02 NO</p> <p>→12. How many times have you changed addresses in the last 6 months, that is, since _____ (ref date)?             __ __  # Times changed addresses</p> <p><i>IF R HAS CHANGED ADDRESS DURING THE PAST 6 MONTHS</i></p> <p>→12A. What were some of the reasons you had to move?            _____            _____            _____</p> <p>Here are some more questions about <b><u>past history</u></b> of different housing situations</p> <p>→13 A. <b><u>Since age 18</u></b>, how much time have you spent in group homes, or in temporary or transitional housing program (not counting homeless shelters), or temporarily doubled up with somebody else's home?            00 Never been in temporary or transitional housing or doubled up            01 Less than 3 months            02 3 to 5 months            03 6 to 11 months            04 12 -24 months            05 more than 2 years</p>	<p>Name: _____            Location: _____</p> <p>B. Did you receive HIV medical care while you were in this correctional facility?            01 Yes            00 No</p> <p><b><u>C. All together, how many days did you spend in any correctional facility</u></b>             __ __ __  days during the past six months?</p> <p><i>[appears as question 14A, below.]</i></p> <p><b>* * ASK EVERYONE * * *</b></p> <p>13. How many times have you changed addresses in the last 6 months, that is, since _____ (ref date) ?             __ __  # Times changed addresses</p> <p><i>IF R HAS CHANGED ADDRESS DURING THE PAST 6 MONTHS</i></p> <p>13A. What were some of the reasons you had to move?            _____            _____            _____</p> <p>These next questions ask about housing experiences <b><i>since your last interview, in _____ (date of last interview)</i></b></p> <p>→14A. <b><u>Since your last interview in _____ (date of last interview)</u></b>, was there ever a time when you did not have a regular place to live - when you slept in a shelter or on the street or other public place, or temporarily doubled up in somebody else's home?            01 Yes            00 No</p>

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SECTION	WAVE 3	WAVE 4
	<p>→13 B. <b><i><u>Since age 18</u></i></b>, how much time have you spent in a shelter for homeless people, in an abandoned building, a public place like a bus station, or another place not intended for sleeping, on the street or anywhere outside?</p> <p>00 Never been in a homeless shelter, or slept in a public place or on the streets</p> <p>01 Less than 3 months</p> <p>02 3 to 5 months</p> <p>03 6 to 11 months</p> <p>04 12 - 24 months</p> <p>05 more than 2 years</p> <p>→13C. Did you <u>ever</u> have <u>your own</u> apartment, house, or other place to live? That is, you were the person who had the lease or were responsible for paying the rent or mortgage and taking care of the place.</p> <p>01 Yes</p> <p>02 No</p> <p>→13D. When was the last time that you had a place of your own for 30 days or more? How long ago was that?</p> <p>00 Has own place now</p> <p> _ _  days ago</p> <p> _ _  weeks ago</p> <p> _ _  months ago</p> <p> _ _  years ago</p> <p>→13E. How many times <b><i><u>in your life</u></i></b> have you been without regular housing? That is not living in a house, apartment, room, or other housing for 30 days or more in the same place (include this time)</p> <p><i>Probe: For this question, living in a room, apartment, or other housing that is part of an emergency shelter or transitional housing, or in a half-way house, residential treatment or other type of program would not count as your 'own' housing, even if you stayed in that place for more than 30 days</i></p> <p> _ _ # episodes of homelessness</p>	<p>→14B. <b><i><u>Since your last interview</u></i></b>, how much time have you spent in a shelter for homeless people, in an abandoned building, a public place like a bus station, or another place not intended for sleeping, on the street or anywhere outside?</p> <p>00 Never in a homeless shelter, or slept in a public place or on the streets since last interview</p> <p>01 Less than 3 months</p> <p>02 3 to 5 months</p> <p>03 6 to 11 months</p> <p>04 12 - 24 months</p> <p>05 more than 2 years</p> <p>→14C. <b><i><u>Since last interview</u></i></b>, how many times were you without regular housing? That is not living in a house, apartment, room, or other housing for 30 days or more in the same place (include this time)</p> <p><i>Probe: For this question, living in a room, apartment, or other housing that is part of an emergency shelter or transitional housing, or in a half-way house, residential treatment or other type of program would not count as your 'own' housing, even if you stayed in that place for more than 30 days.</i></p> <p> _ _ # episodes of homelessness since last interview</p>

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	<p>→14. Thinking about your current living situation, who lives in the household with you?  <i>Confirm the name of spouse/partner, if known, and list in chart. Obtain all names first, then go back and get additional information about each household member.</i></p> <p align="center">(→ Ask A &amp; B only)</p>	<p>→15. Thinking about your current living situation, who lives in the household with you?  <i>Confirm the name of spouse/partner, if known, and list in chart. Obtain all names first, then go back and get additional information about each household member.</i></p> <p align="center">(→ Ask A &amp; B only)</p>																																																																																																																													
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<b>C EMPLOY-</b>	<p>→19. Have you ever been regularly employed for at least one year?          01 Yes</p>	<p>→20. Have you ever been regularly employed for at least one year?          01 Yes</p>																																																																																																																													

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SECTION	WAVE 3	WAVE 4										
<b>MENT</b> (question order and text changes)	02 No..... <i>if no skip to Q. 23 next page</i>  <i>If already answered, code without asking</i> 20. How many hours a week <b><u>do you work?</u></b>  __ __  hours  21. Did you work regularly for at least six months out of the last year, that is since this time in 2005? 01 Yes 02 No .....Skip to Q. 23	00 No  21. Did you work regularly for at least six months out of the last year, that is, since this time in 2006? 01 Yes 00 No  <i>If already answered, code without asking</i> 22. How many hours a week <b><u>do/did you work?</u></b>  __ __  hours										
<b>C DENTAL CARE</b> (question added)		ASK EVERYONE  →34. In the last six months, how often has it happened that there was not enough money in the household for... ( <i>Read list and response categories.</i> )  <table border="1"> <thead> <tr> <th></th> <th>Never</th> <th>Once in a While</th> <th>Fairly Often</th> <th>Very Often</th> </tr> </thead> <tbody> <tr> <td>E <b><u>Dental Care (the family) should have</u></b></td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		Never	Once in a While	Fairly Often	Very Often	E <b><u>Dental Care (the family) should have</u></b>	0	1	2	3
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<b>C FOOD &amp; NUTRITION</b> (question added)		<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th><i>IF YES specify the program agency</i></th> </tr> </thead> <tbody> <tr> <td>39. <b><u>Since (ref. date), have you received any counseling or attended any group presentations about food and nutrition, in which someone at a clinic, agency, or program talked about how to prepare healthy meals?</u></b></td> <td>01</td> <td>00</td> <td> _ _ _ _ </td> </tr> </tbody> </table>		Yes	No	<i>IF YES specify the program agency</i>	39. <b><u>Since (ref. date), have you received any counseling or attended any group presentations about food and nutrition, in which someone at a clinic, agency, or program talked about how to prepare healthy meals?</u></b>	01	00	_ _ _ _		
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<b>C CAR &amp; GAS</b> (questions added from Tri-County questionnaire)		<b><u>40A. Do you have access to a car that you can drive?</u></b> 1 Yes 0 No .....Skip to Q 41  <b><u>40B. In the last six months, how often has it happened that there was not enough money for gasoline to drive your car?</u></b> 0 Never 1 Once in a while 2 Fairly Often										

**CHAIN Questionnaire Changes: Wave 3 vs. Wave 4**  
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SECTION	WAVE 3	WAVE 4
<p><b>D</b> <b>RECENTLY PREGNANT</b> (time-period changed)</p>	<p>Now I'd like to ask a few questions about family life and having children.</p> <p><i>MALE RESPONDENTS GO TO Q.6A, next page</i></p> <p>→1. Have you been pregnant since _____ (<b><u>reference date</u></b>), including times when you may have had a miscarriage or an abortion?                  01 Yes                  02 No .....Skip to Q.6A, pg 27.</p> <p>2. Are you currently pregnant?                  01 Yes .....Skip to Q. 3, below                  02 No                  If NO                  A. What was the outcome of your last pregnancy <b><u>in the last 6 months?</u></b>                  01 Live Birth                  02 Stillbirth/Miscarriage                  03 Abortion .....Skip to Q. 5 NEXT PAGE</p> <p><i>If R has been pregnant since (<b><u>REFDATE</u></b>), others skip to Q6</i></p>	<p align="center"><b>3</b> <b><i>Very Often</i></b></p> <p>Now, I'd like to ask a few questions about family life and having children.</p> <p><i>MALE RESPONDENTS GO TO Q.6B, next page</i></p> <p>→1. Have you been <i>pregnant</i> since _____ (<b><u>date of last interview</u></b>), including times when you may have had a miscarriage or an abortion?                  01 Yes                  00 No .....Skip to Q.6A, pg 27.</p> <p>2. Are you currently pregnant?                  01 Yes .....Skip to Q.3, below                  00 No                  If NO                  2A. What was the outcome of your last pregnancy?                  01 Live Birth                  02 Stillbirth/Miscarriage                  03 Abortion .....Skip to Q. 5 NEXT PAGE</p> <p><i>Ask If R has been pregnant since (<b><u>date of last interview</u></b>), <b><u>All</u></b> others skip to Q6</i></p>
<p><b>D</b> <b>AZT WHILE PREGNANT</b></p>	<p>→5. Did you <u>ever</u> take AZT or other HIV medications while you were pregnant?                  01 Yes                  02 No</p> <p>5A. <i>If YES</i> Were you taking AZT or other HIV medications because... (<i>Read categories and code all that apply</i>)                  01 You were advised to take it for your health.                  02 You were advised to take it for your baby's health.                  03 It was part of a clinical trial.                  04 You were taking it before you were pregnant and you just continued taking it.                  05 You requested to take AZT</p>	<p>→5. Did you <u>ever</u> take AZT or other HIV medications while you were pregnant?  <b><u>If R is currently pregnant ask:</u></b>  <b><u>Are you taking AZT or other HIV medications during your pregnancy?</u></b>                  01 Yes                  00 No</p> <p>5A. <i>If YES</i> Were you taking AZT or other HIV medications because...  <b><u>If R is currently pregnant ask:</u></b>  <b><u>Are you taking AZT or other HIV medications because...</u></b>                  (<i>Read categories and code all that apply</i>)                  01 You were advised to take it for your health.                  02 You were advised to take it for your baby's health.                  03 It was part of a clinical trial.</p>

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SECTION	WAVE 3	WAVE 4
<p><b>D CHILDREN &amp; PARENT-ING</b>                      (questions moved from later section, question deleted)</p>	<p><i>I'd like to update some information about each of your children-- both your biological children and any others that you have had parenting responsibilities for.</i></p> <p>→6 C Are any of the children HIV+ ?</p> <p>01 Yes [Skip to Q 7A]                      02 No [Skip to Q 7B]                      03 Don't Know [Skip to Q 7B]</p> <p><b><u>ASK ALL PARENTS</u></b>  <b><u>7b. Who usually cares for your child/children during the day /after school?</u></b>  <i>(Check all that apply)</i></p> <p>01 <b><u>No one, child on his/her own</u></b>                      02 <b><u>Mother/stepmother in the house</u></b>                      03 <b><u>Father/stepfather in the house</u></b>                      04 <b><u>Other member of household (e.g. grandparent, older sibling)</u></b>                      05 <b><u>Babysitter who is a relative comes to the home</u></b>                      06 <b><u>Babysitter who is not a relative comes to the home</u></b>                      07 <b><u>Child goes to relative's home</u></b>                      08 <b><u>Child goes to home of babysitter</u></b>                      09 <b><u>Child goes to daycare or group care center</u></b>                      10 <b><u>Child goes to organized after school activities</u></b>                      11 <b><u>Other (specify):</u></b>     /   /   /</p>	<p>04 You were taking it before you were pregnant and you just continued taking it.                      05 You requested to take AZT</p> <p><i>I'd like to update some information about each of your children -- both your biological children and any others that you have had parenting responsibilities for.</i></p> <p><b><u>ASK ALL WOMEN (if not already known):</u></b>  <b><u>6 A. Have you ever given birth or had parenting responsibilities for a child?</u></b>                      01 Yes                      02 No . . . . . <b><u>Go to Section E, Page 29</u></b></p> <p><b><u>ASK ALL MEN</u></b>  <b><u>6 B. Have you ever fathered any children or had parenting responsibilities for a child?</u></b>                      01 Yes                      00 No . . . . . <b><u>Go to Section E, Page 29</u></b></p> <p><b><u>Ask everyone who has children Q. 7C</u></b>                      →7 C. Are any of the children HIV+ ?</p> <p>01 Yes . . . . .Skip to Q 8                      02 No . . . . .Skip to Q 9                      03 Don't Know . . . Skip to Q 9</p>



### CHAIN Questionnaire Changes: Wave 3 vs. Wave 4

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SECTION	WAVE 3	WAVE 4
	<p>12. Do you ever use the Internet?            01 Yes            02 No</p> <p><i>If YES</i>            12A. Where do you access/use the Internet . . .  <i>(Read list - circle all that apply)</i></p> <ol style="list-style-type: none"> <li>1. At Home</li> <li>2. Work</li> <li>3. Library</li> <li>4. Medical clinic</li> <li>5. AIDS service agency</li> <li>6. Some other place (specify) _____</li> </ol>	<p style="text-align: right;"><i>Interviewer: Code</i>  <i>"Refused" = 777; "Don't Know" = 888; "Not Applicable / Missing" = 999.</i></p> <p>12. Do you ever use the Internet <b><u>or "world-wide web"?</u></b>            01 Yes            00 No      <b><u>➤SKIP TO SECTION G.➤</u></b></p> <p><i>If YES,</i>            12A. Where do you access or use the Internet <b><u>or "world-wide web"?</u></b>  <i>Read list; circle all that apply.</i></p> <ol style="list-style-type: none"> <li>1. At Home</li> <li>2. At Work</li> <li>3. At a Library</li> <li>4. At a Medical Clinic</li> <li>5. AIDS service-agency</li> <li>6. Some other place _____</li> </ol>
<p><b>G</b>  <b>ALCOHOL USE</b>            (question added)</p>		<p><b><u>5. Did you or anyone close to you ever think you had a problem with alcohol?</u></b></p> <p style="text-align: center;"><u>01 Yes</u>  <u>00 No</u></p>
<p><b>G</b>  <b>DRUG USE</b>            (instructions clarified and reformatted, emphasized place to mark prescription use, categories F1. and G. revised)</p>	<p>This next section of the interview is about drugs and medications that some people use to get high. Many people have used or experimented with drugs at some time in their lives and we would like to know about your experiences. I'd like to remind you that all the information that you give will be kept strictly confidential. <i>Repeat assurances of confidentiality if questioned.</i></p> <p>→11. Have you ever used any of the following even one time in your life? <i>Go down entire list, then go back and for any "YES" ask: Would you say you have used (drug) 5 or more times?</i></p> <p><i>For stimulants, sedatives, and opiates, including methadone, count YES only if used without a legitimate doctor's prescription or used for longer or in greater amounts than prescribed.</i></p>	<p>This next section of the interview is about drugs and medications that some people use to get high. Many people have used or experimented with drugs at some time in their lives and we would like to know about your experiences. I'd like to remind you that all the information that you give will be kept strictly confidential. <i>Repeat assurances of confidentiality if questioned.</i></p> <p><i>For stimulants, sedatives, and opiates, including methadone, count YES only if used <u>without</u> a legitimate doctor's prescription or used for longer or in greater amounts than prescribed.</i></p> <p><i>Prescription probe: Was that prescribed by a doctor?            If Yes: Did you ever use it for longer or in greater amounts than prescribed?            Record only use if drug was not used according to prescription.</i></p>

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		<p><i>If R has used more than one of <u>the drugs G.-L. in the table above</u>, identify <u>drug used the most</u>: You said that you have used (drug), 5+ times did you use it at least 3 times a week for a month or more? <i>If more than one drug used at this amount</i>: Which of these drugs did you use the most? Ask 13 &amp; 14 for this "other" drug, p. 44</i></p> <p align="center">[new page]</p>																																								
	<p>--- &gt; <i>Prescription probe</i>: Was that prescribed by a doctor? <i>If Yes</i>: Did you ever use it for longer or in greater amounts than prescribed? <i>Record only use not according to prescription.</i></p>	<p>SHORT FORM</p> <p>→12. <b>Have you ever used any of the following even one time in your life?</b></p> <p><i>Go down entire list, then go back and for any "YES" ask:</i></p> <p><b>Would you say you have used (drug) 5 or more times?</b></p>																																								
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	<p>.....</p> <p>F. <i>Other opiates: Circle drugs used. Methadone, oxycontin, morphine, m-tabs, codeine, hits, demerol, talwin, blues . Circle all that apply. --- &gt; Prescription?</i></p>	<p>.....</p> <p>F. <i>Other opiates: Circle drugs used. Circle all that apply. Methadone, oxycontin, morphine, m-tabs, codeine, hits, demerol, talwin, blues</i></p> <p><b><u>RX Prescription? Circle Yes / No</u></b></p> <p>F.1 Crystal Methamphetamine : <b><u>Ice, crank, crystal</u></b></p>																																								
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SECTION	WAVE 3	WAVE 4														
	<p>G. Other Stimulants: <i>Circle drugs used.</i> Amphetamines, Uppers, <b><i>Ice</i></b>, Speed, Ecstasy, etc.                      - - - &gt; Prescription?                      If <u>no</u> drug used at least once, go to Q.14 page 45.                      If used any drugs at least once, but none five times, go to Q. 14, p.45 ;If any drug used 5+ times, ask Q.12&amp; Q. 13 on the next page for this drug.If R has used more than one of the drugs G.-L. in the table above, identify drug used the most: You said that you have used (drug), 5+ times did you use it at least 3 times a week for a month or more? If more than one drug used at this amount: Which of these drugs did you use the most? Ask 12 &amp; 13 for this "other" drug, p. 45</p> <p>.....</p> <p><b>ASK EVERYONE WHO HAS EVER USED ANY DRUGS.</b>                      Now I am going to ask you about injecting ("shooting" or "skin popping") drugs, including those that you injected into yourself or others injected into you. Again, we ask these questions to every person we interview. They may or may not apply to you.</p>	<p>G. Other Stimulants: <i>Circle drugs used.</i> Amphetamines, Uppers, Speed, Ecstasy, etc.  <b><i>RX Prescription? Circle Yes / No</i></b></p> <p>If <u>no</u> drug used at least once, go to Q.15                      If used any drugs at least once, <u>but none five times</u>, go to Q. 15                      If any drug <u>used 5+ times</u>, ask Q.13 &amp; Q. 14 on the next page for this drug</p> <p>.....</p> <p><b>ASK EVERYONE</b>                      Again, we ask these questions to every person we interview. They may or may not apply to you.</p> <p>Now I am going to ask you about injecting ("shooting" or "skin popping") drugs, including those that you injected into yourself or others injected into you.</p>														
<p><b>H MEDICAL SERVICES</b>                      (question dropped, questions specified)</p>	<p><b><u>→6A. What is the longest time you have EVER gone without seeing a doctor or not having any medical appointments?</u></b>  <u>    </u> / <u>    </u> / <u>    </u> mo/ yrs</p> <p>→25. Health care providers sometimes counsel their HIV+ patients about behaviors that can put them at risk for different infections, or put others at risk for HIV. At any time during the past six months did your primary medical provider. . .</p>	<p>→ 24. Health care providers sometimes counsel their HIV+ patients about behaviors that can put them at risk for different infections, or put others at risk for HIV. At any time <u>during the past six months</u> did your primary medical provider. . .</p>														
	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>D. Work with you to develop specific HIV risk reduction strategies you could use</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>			Yes	No	D. Work with you to develop specific HIV risk reduction strategies you could use	1	2	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>24C. Instructed you on safer sex practices</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td>24D. Counseled you on safer drug use practices</td> <td align="center">1</td> <td align="center">0</td> </tr> </tbody> </table>		Yes	No	24C. Instructed you on safer sex practices	1	0	24D. Counseled you on safer drug use practices
	Yes	No														
D. Work with you to develop specific HIV risk reduction strategies you could use	1	2														
	Yes	No														
24C. Instructed you on safer sex practices	1	0														
24D. Counseled you on safer drug use practices	1	0														
<p><b>I INSURANCE</b>                      (options added)</p>	<p>9. Are (were) you enrolled in a Medicaid/Medicare managed care program or "SNIP"? (Interviewer Note: Definition of SNIP =Medicaid health plan for people with HIV/AIDS and their children)</p> <p><i>Probe:</i> Did your Medicaid/Medicare counselor tell you that there</p>	<p>9. Are (were) you enrolled in a Medicaid/Medicare managed care program or "SNIP"? (Interviewer Note: Definition of SNIP =Medicaid health plan for people with HIV/AIDS and their children)</p>														



**CHAIN Questionnaire Changes: Wave 3 vs. Wave 4**  
 All substantive changes are indicated in ***bold, italic, underlined*** font.

SECTION	WAVE 3	WAVE 4
<b>TIONS USED</b> (two new drugs added)	There are many drug therapies for HIV and a number of medications people may take. We want to learn if you are taking any of these medications and how they are working for you.  .....	There are many drug therapies for HIV and a number of medications people may take. We want to learn if you are taking any of these medications and how they are working for you.  Protease Inhibitors (PI) <b><i><u>Prezista</u></i></b>  Combined Antiretroviral Classes <b><i><u>Atripla</u></i></b>
<b>J WOMEN'S SERVICES</b> (question added)		<p><b><i><u>→89. Overall, how satisfied were you with the medical care you received in your most recent gynecological care, birth control, or family planning visit . . .</u></i></b></p> <p>    <b><i><u>01 Very satisfied</u></i></b></p> <p>    <b><i><u>02 Somewhat satisfied</u></i></b></p> <p>    <b><i><u>03 Somewhat dissatisfied</u></i></b></p> <p>    <b><i><u>04 Very dissatisfied?</u></i></b></p> <p><b><i><u>If at all dissatisfied, Could you briefly explain why you were dissatisfied?</u></i></b></p>
<b>K SOCIAL NETWORKS</b>		<p><b><i><u>[No substantive changes, additions, or deletions]</u></i></b></p>
<b>L HISTORY OF SOCIAL SERVICES</b>	Now let's talk about:   TRANSPORTATION  →1. Please tell me a little bit more about your problem in this area / about the assistance you received.  _____ _____   __   __   __   <i>Field code all that apply</i> 01 Insufficient money for taking mass transportation and/or cabs 02 Need ambulette/car service 03 Problems with ambulette services (scheduling problems) 04 Stigma associated with ambulette /car service	Now let's talk about:   TRANSPORTATION  →1. Please tell me a little bit more about your problem in this area / about the assistance you received. <b><i><u>(Where do you need the transportation services to take you?)</u></i></b>  _____ _____   __   __   __   <i>Field code all that apply</i> 01 Insufficient money for taking mass transportation and/or cabs 02 Need ambulette/car service 03 Problems with ambulette services (scheduling problems) 04 Stigma associated with ambulette /car service

**CHAIN Questionnaire Changes: Wave 3 vs. Wave 4**

All substantive changes are indicated in ***bold, italic, underlined*** font.

SECTION	WAVE 3	WAVE 4
	<p>05 Other (specify) _____                      06 I don't qualify/ am not eligible for services</p> <p>→2. Did you get help from anyone? If so, please tell me who helped you and how did they help?  <i>Probe</i> Did anyone help by giving you information or advice? Who was this?  <i>Probe</i> Did anyone help by providing a service or professional assistance? Who was this?  <i>Probe</i> <i>If professional or agency who helped is not primary medical provider or case manager ask:</i>                      Did someone help you locate or arrange an appointment with this agency/ professional?</p> <p><i>Write as many types of persons who provided help or made referral for help.</i>  <i>If professional services used, specify type of worker (if applicable) and the name of the social service agency.</i></p> <p>_____                      _____                      _____                      _____                      _____</p> <p><i>List each agency providing help and whether it took the form of a referral (01), info/advice(02), practical help (03) in attempting to resolve problem, or (00) for no help at all.</i></p> <p>_____  __    _____  __                         _____  __    _____  __   </p>	<p>05 Other (specify) _____                      06 I don't qualify/ am not eligible for services</p> <p>→2. Did you get help from anyone? If so, please tell me who helped you and how did they help?  <i>Probe</i> Did anyone help by giving you information or advice? Who was this?  <i>Probe</i> Did anyone help by providing a service or professional assistance? Who was this?  <i>Probe</i> <i>If professional or agency who helped is not primary medical provider or case manager ask:</i>                      Did someone help you locate or arrange an appointment with this agency/ professional?</p> <p><i>Write as many types of persons who provided help or made referral for help.</i>  <i>If professional services used, specify type of worker (if applicable) and the name of the social service agency.</i></p> <p>_____                      _____                      _____                      _____                      _____</p> <p><b><u>Does this service get you to ...</u></b>  <b><u>1) Medical Services 2) social Services 3) Supermarket 4) Other</u></b></p> <p>_____</p> <p><i>List each agency providing help and whether it took the form of a referral (01), info/advice(02), practical help (03) in attempting to resolve problem, or (00) for no help at all.</i></p> <p>_____  __    _____  __                         _____  __    _____  __   </p>

**CHAIN Questionnaire Changes: Wave 3 vs. Wave 4**  
All substantive changes are indicated in ***bold, italic, underlined*** font.

SECTION	WAVE 3	WAVE 4

**CHAIN Questionnaire Changes: Wave 3 vs. Wave 4**  
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SECTION	WAVE 3			WAVE 4					
<b>L</b> <b>SERVICE</b> <b>SATISFAC-</b> <b>TION/</b> <b>PROGRESS</b> (list 3 agencies, then most recent, rather than primary)	→ You said that in the past six months you have received services for _____ [Interviewer should circle all the services mentioned on page 98]			<small>SHORT FORM</small> → You said that in the past six months you have received services for _____ [Interviewer should circle all the services mentioned on page 98]					
	Service Area	→A. Which is the primary agency that has helped you in the last six months?	→B. How satisfied were you with the help that you received from this agency?	→C. How would you describe the progress that has been made with your problems in the area of...	<small>SHORT FORM</small>	Service Area	→A. Which is the most recent agency that has helped you in the last six months?	→B. How satisfied were you with the help that you received from this agency?	→C. How would you describe the progress that has been made with your problems in the area of...
	1. Housing	_____	01 Very satisfied 02 Somewhat satisfied 03 Somewhat dissatisfied 04 Very dissatisfied	00 No problem 01 The problems are currently resolved 02 A great deal of progress has been made toward a solution 03 Some progress has been made toward a solution 04 No change has occurred in the situation or no progress has been made 05 The problems have been getting worse?	_____	1. Housing	_____	01 Very satisfied 02 Somewhat satisfied 03 Somewhat dissatisfied 04 Very dissatisfied	00 No problem 01 The problems are currently resolved 02 A great deal of progress has been made toward a solution 03 Some progress has been made toward a solution 04 No change has occurred in the situation or no progress has been made 05 The problems have been getting worse?
	2. Financial Matters	_____	01 Very satisfied 02 Somewhat satisfied 03 Somewhat dissatisfied 04 Very dissatisfied	00 No problem 01 The problems are currently resolved 02 A great deal of progress has been made toward a solution 03 Some progress has been made toward a solution 04 No change has occurred in the situation or no progress has been made 05 The problems have been getting worse?	_____	2. Financial Matters	_____	01 Very satisfied 02 Somewhat satisfied 03 Somewhat dissatisfied 04 Very dissatisfied	00 No problem 01 The problems are currently resolved 02 A great deal of progress has been made toward a solution 03 Some progress has been made toward a solution 04 No change has occurred in the situation or no progress has been made 05 The problems have been getting worse?
	3. Legal Matters	_____	01 Very satisfied 02 Somewhat satisfied 03 Somewhat dissatisfied 04 Very dissatisfied	00 No problem 01 The problems are currently resolved 02 A great deal of progress has been made toward a solution 03 Some progress has been made toward a solution 04 No change has occurred in the situation or no progress has been made 05 The problems have been getting worse?	_____	3. Legal Matters	_____	01 Very satisfied 02 Somewhat satisfied 03 Somewhat dissatisfied 04 Very dissatisfied	00 No problem 01 The problems are currently resolved 02 A great deal of progress has been made toward a solution 03 Some progress has been made toward a solution 04 No change has occurred in the situation or no progress has been made 05 The problems have been getting worse?
4. Employment (including education or job training service)	_____	01 Very satisfied 02 Somewhat satisfied 03 Somewhat dissatisfied 04 Very dissatisfied	00 No problem 01 The problems are currently resolved 02 A great deal of progress has been made toward a solution 03 Some progress has been made toward a solution 04 No change has occurred in the situation or no progress has been made	_____					

**CHAIN Questionnaire Changes: Wave 3 vs. Wave 4**  
 All substantive changes are indicated in ***bold, italic, underlined*** font.

SECTION	WAVE 3				WAVE 4		
<b>M BARRIERS</b> (questions reformatted)	At any time in the last 6 months, did you ever delay or not get the assistance you thought you needed. . .	No	<i>If YES:</i> Did this happen when you needed medical services, social services, or both?			<b><i>15. In the last 6 months, have you experienced difficulty because it took too long to get an appointment to see a medical provider?</i></b> 01 Yes (specify) _____ 00 No	
			Medical	Social	Both		
	17. <b><i>Because the staff or providers thought you were using drugs?.....</i></b>		1	2	3		<b><i>16. In the last 6 months, have you experienced difficulty because it took too long to get an appointment to see a social service provider?</i></b> 01 Yes (specify) _____ 00 No
	18. <b><i>Because it took too long to get an appointment?</i></b>	0	1	2	3		
<b>N SUPPLEMENT</b> (question added)					→1. In your opinion, why do some people <u>NOT</u> get into HIV care or stay in care after learning their diagnosis? _____ _____ _____		
<b>O RECORD KEEPING</b>					<b><i>[No substantive changes, additions, or deletions]</i></b>		