



CHAIN 2009-3 Brief Report

Changes in the CHAIN
Study Questionnaire:
Wave 5 vs. Wave 6

María Cabán
Peter Messeri
Angela Aidala

Columbia University
Mailman School of Public Health

In collaboration with the
New York City Department of Health and Mental
Hygiene, the Westchester Department of Health,
the HIV Health & Human Services
Planning Council of New York, and Public Health Solutions

HRSA Grant # H89 HA 00015
November 17, 2009
© 2009 The Trustees of Columbia University in the
City of New York

C.H.A.I.N. MEMO

Introduction

This memorandum reports changes made to the CHAIN Questionnaire for use in NYC Cohort II Wave 6. A Technical Review Team (TRT) provides oversight for the CHAIN Project. The TRT is comprised of personnel from the New York City Department of Health and Mental Hygiene (NYCDOHMH), Public Health Solutions (formerly known as MHRA), the HIV Health and Human Services Planning Council of New York (Planning Council) and Columbia University's investigators.

The TRT recommended several additions to the questionnaire to cover areas of new importance to the Planning Council as a result of NYCDOHMH's (Bureau of HIV/AIDS Prevention and Control Care, Treatment and Housing Program) initiative on "Care Coordination: Incorporating Medical Care, Medical Case Management, Antiretroviral Adherence, and Benefits/Social Support". According to NYCDOHMH, "care coordination is a term that encompasses a variety of strategies that work to enable the patient to traverse the complex health care system with the goal of receiving timely and appropriate care and services to meet their medical and social needs". Data on care coordination is reflected in various sections of the questionnaire; these include Sections B, C, H, J and L.

The pages that follow document each substantive change in the questionnaire, showing the new questions added to Wave 6 (*new*), questions re-inserted from previous waves of the study (*re-insert*), and the question(s) as asked in Wave 5 versus how they will be asked in Wave 6 (*format*). In some instances, rewording or reordering of questions and/or interviewers' instructions (*format*) was done in order to improve the quality of those data collected.

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

SECTION	WAVE 5				WAVE 6																																																																																																																																											
A INTRO- DUCTION					<i>[No substantive changes, additions, or deletions]</i>																																																																																																																																											
B CONDITIONS (questions and categories added) (new)	<table border="1"> <thead> <tr> <th data-bbox="304 386 667 646"></th> <th colspan="2" data-bbox="667 386 890 591">A. In the past 6 months, has a doctor or other medical provider told you that you had. . .</th> <th colspan="2" data-bbox="890 386 1115 591">B. Are you currently being treated for . . .</th> </tr> <tr> <th data-bbox="304 591 667 646"></th> <th data-bbox="667 591 779 646">Yes</th> <th data-bbox="779 591 890 646">No</th> <th data-bbox="890 591 1001 646">Yes</th> <th data-bbox="1001 591 1115 646">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="304 646 667 711">01 Asthma</td> <td data-bbox="667 646 779 711">1</td> <td data-bbox="779 646 890 711">0</td> <td data-bbox="890 646 1001 711">1</td> <td data-bbox="1001 646 1115 711">0</td> </tr> <tr> <td data-bbox="304 711 667 776">02 Chronic Sinusitis</td> <td data-bbox="667 711 779 776">1</td> <td data-bbox="779 711 890 776">0</td> <td data-bbox="890 711 1001 776">1</td> <td data-bbox="1001 711 1115 776">0</td> </tr> <tr> <td data-bbox="304 776 667 922">03 Other Breathing Problems (Specify: _____)</td> <td data-bbox="667 776 779 922">1</td> <td data-bbox="779 776 890 922">0</td> <td data-bbox="890 776 1001 922">1</td> <td data-bbox="1001 776 1115 922">0</td> </tr> <tr> <td data-bbox="304 922 667 1052">04 Hypertension/ High Blood Pressure</td> <td data-bbox="667 922 779 1052">1</td> <td data-bbox="779 922 890 1052">0</td> <td data-bbox="890 922 1001 1052">1</td> <td data-bbox="1001 922 1115 1052">0</td> </tr> <tr> <td data-bbox="304 1052 667 1117">05 Heart Problems</td> <td data-bbox="667 1052 779 1117">1</td> <td data-bbox="779 1052 890 1117">0</td> <td data-bbox="890 1052 1001 1117">1</td> <td data-bbox="1001 1052 1115 1117">0</td> </tr> <tr> <td data-bbox="304 1117 667 1182">06 Diabetes</td> <td data-bbox="667 1117 779 1182">1</td> <td data-bbox="779 1117 890 1182">0</td> <td data-bbox="890 1117 1001 1182">1</td> <td data-bbox="1001 1117 1115 1182">0</td> </tr> <tr> <td data-bbox="304 1182 667 1279">07 Arthritis or Rheumatism</td> <td data-bbox="667 1182 779 1279">1</td> <td data-bbox="779 1182 890 1279">0</td> <td data-bbox="890 1182 1001 1279">1</td> <td data-bbox="1001 1182 1115 1279">0</td> </tr> <tr> <td data-bbox="304 1279 667 1344">08 High Cholesterol</td> <td data-bbox="667 1279 779 1344">1</td> <td data-bbox="779 1279 890 1344">0</td> <td data-bbox="890 1279 1001 1344">1</td> <td data-bbox="1001 1279 1115 1344">0</td> </tr> <tr> <td data-bbox="304 1344 667 1474">09 Cancer <i>Specify type:</i></td> <td data-bbox="667 1344 779 1474">1</td> <td data-bbox="779 1344 890 1474">0</td> <td data-bbox="890 1344 1001 1474">1</td> <td data-bbox="1001 1344 1115 1474">0</td> </tr> </tbody> </table>					A. In the past 6 months, has a doctor or other medical provider told you that you had. . .		B. Are you currently being treated for . . .			Yes	No	Yes	No	01 Asthma	1	0	1	0	02 Chronic Sinusitis	1	0	1	0	03 Other Breathing Problems (Specify: _____)	1	0	1	0	04 Hypertension/ High Blood Pressure	1	0	1	0	05 Heart Problems	1	0	1	0	06 Diabetes	1	0	1	0	07 Arthritis or Rheumatism	1	0	1	0	08 High Cholesterol	1	0	1	0	09 Cancer <i>Specify type:</i>	1	0	1	0	<p>→12. Here are some more health questions, in the past 6 months, has a doctor or other medical provider told you that you had any of the following conditions? <i>[If "Yes", ask B, C, and D.]</i></p> <table border="1"> <thead> <tr> <th data-bbox="1163 521 1394 899"></th> <th colspan="2" data-bbox="1394 521 1526 899">A. In the past 6 months, has a doctor told you that you had. . .</th> <th colspan="2" data-bbox="1526 521 1667 899">B. Are you currently being treated for . . .</th> <th colspan="2" data-bbox="1667 521 1808 899">C. <i>Is your HIV medical provider aware of your care for. . .</i></th> <th colspan="2" data-bbox="1808 521 1969 899">D. <i>Did your HIV medical provider refer you for care for. . .</i></th> </tr> <tr> <th data-bbox="1163 899 1394 964"></th> <th data-bbox="1394 899 1478 964">Yes</th> <th data-bbox="1478 899 1526 964">No</th> <th data-bbox="1526 899 1610 964">Yes</th> <th data-bbox="1610 899 1667 964">No</th> <th data-bbox="1667 899 1751 964">Yes</th> <th data-bbox="1751 899 1808 964">No</th> <th data-bbox="1808 899 1892 964">Yes</th> <th data-bbox="1892 899 1969 964">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="1163 964 1394 1029">01 Asthma</td> <td data-bbox="1394 964 1478 1029">1</td> <td data-bbox="1478 964 1526 1029">0</td> <td data-bbox="1526 964 1610 1029">1</td> <td data-bbox="1610 964 1667 1029">0</td> <td data-bbox="1667 964 1751 1029">1</td> <td data-bbox="1751 964 1808 1029">0</td> <td data-bbox="1808 964 1892 1029">1</td> <td data-bbox="1892 964 1969 1029">0</td> </tr> <tr> <td data-bbox="1163 1029 1394 1094">02 Chronic Sinusitis</td> <td data-bbox="1394 1029 1478 1094">1</td> <td data-bbox="1478 1029 1526 1094">0</td> <td data-bbox="1526 1029 1610 1094">1</td> <td data-bbox="1610 1029 1667 1094">0</td> <td data-bbox="1667 1029 1751 1094">1</td> <td data-bbox="1751 1029 1808 1094">0</td> <td data-bbox="1808 1029 1892 1094">1</td> <td data-bbox="1892 1029 1969 1094">0</td> </tr> <tr> <td data-bbox="1163 1094 1394 1159"><u>03 COPD</u></td> <td data-bbox="1394 1094 1478 1159">1</td> <td data-bbox="1478 1094 1526 1159">0</td> <td data-bbox="1526 1094 1610 1159">1</td> <td data-bbox="1610 1094 1667 1159">0</td> <td data-bbox="1667 1094 1751 1159">1</td> <td data-bbox="1751 1094 1808 1159">0</td> <td data-bbox="1808 1094 1892 1159">1</td> <td data-bbox="1892 1094 1969 1159">0</td> </tr> <tr> <td data-bbox="1163 1159 1394 1224"><u>04 Bronchitis</u></td> <td data-bbox="1394 1159 1478 1224">1</td> <td data-bbox="1478 1159 1526 1224">0</td> <td data-bbox="1526 1159 1610 1224">1</td> <td data-bbox="1610 1159 1667 1224">0</td> <td data-bbox="1667 1159 1751 1224">1</td> <td data-bbox="1751 1159 1808 1224">0</td> <td data-bbox="1808 1159 1892 1224">1</td> <td data-bbox="1892 1159 1969 1224">0</td> </tr> <tr> <td data-bbox="1163 1224 1394 1289"><u>05 Emphysema</u></td> <td data-bbox="1394 1224 1478 1289">1</td> <td data-bbox="1478 1224 1526 1289">0</td> <td data-bbox="1526 1224 1610 1289">1</td> <td data-bbox="1610 1224 1667 1289">0</td> <td data-bbox="1667 1224 1751 1289">1</td> <td data-bbox="1751 1224 1808 1289">0</td> <td data-bbox="1808 1224 1892 1289">1</td> <td data-bbox="1892 1224 1969 1289">0</td> </tr> <tr> <td data-bbox="1163 1289 1394 1403">06 Other Breathing Problems</td> <td data-bbox="1394 1289 1478 1403">1</td> <td data-bbox="1478 1289 1526 1403">0</td> <td data-bbox="1526 1289 1610 1403">1</td> <td data-bbox="1610 1289 1667 1403">0</td> <td data-bbox="1667 1289 1751 1403">1</td> <td data-bbox="1751 1289 1808 1403">0</td> <td data-bbox="1808 1289 1892 1403">1</td> <td data-bbox="1892 1289 1969 1403">0</td> </tr> <tr> <td data-bbox="1163 1403 1394 1513">07 Hypertension/ High Blood Pressure</td> <td data-bbox="1394 1403 1478 1513">1</td> <td data-bbox="1478 1403 1526 1513">0</td> <td data-bbox="1526 1403 1610 1513">1</td> <td data-bbox="1610 1403 1667 1513">0</td> <td data-bbox="1667 1403 1751 1513">1</td> <td data-bbox="1751 1403 1808 1513">0</td> <td data-bbox="1808 1403 1892 1513">1</td> <td data-bbox="1892 1403 1969 1513">0</td> </tr> </tbody> </table>					A. In the past 6 months, has a doctor told you that you had. . .		B. Are you currently being treated for . . .		C. <i>Is your HIV medical provider aware of your care for. . .</i>		D. <i>Did your HIV medical provider refer you for care for. . .</i>			Yes	No	Yes	No	Yes	No	Yes	No	01 Asthma	1	0	1	0	1	0	1	0	02 Chronic Sinusitis	1	0	1	0	1	0	1	0	<u>03 COPD</u>	1	0	1	0	1	0	1	0	<u>04 Bronchitis</u>	1	0	1	0	1	0	1	0	<u>05 Emphysema</u>	1	0	1	0	1	0	1	0	06 Other Breathing Problems	1	0	1	0	1	0	1	0	07 Hypertension/ High Blood Pressure	1	0	1	0	1	0	1	0
	A. In the past 6 months, has a doctor or other medical provider told you that you had. . .		B. Are you currently being treated for . . .																																																																																																																																													
	Yes	No	Yes	No																																																																																																																																												
01 Asthma	1	0	1	0																																																																																																																																												
02 Chronic Sinusitis	1	0	1	0																																																																																																																																												
03 Other Breathing Problems (Specify: _____)	1	0	1	0																																																																																																																																												
04 Hypertension/ High Blood Pressure	1	0	1	0																																																																																																																																												
05 Heart Problems	1	0	1	0																																																																																																																																												
06 Diabetes	1	0	1	0																																																																																																																																												
07 Arthritis or Rheumatism	1	0	1	0																																																																																																																																												
08 High Cholesterol	1	0	1	0																																																																																																																																												
09 Cancer <i>Specify type:</i>	1	0	1	0																																																																																																																																												
	A. In the past 6 months, has a doctor told you that you had. . .		B. Are you currently being treated for . . .		C. <i>Is your HIV medical provider aware of your care for. . .</i>		D. <i>Did your HIV medical provider refer you for care for. . .</i>																																																																																																																																									
	Yes	No	Yes	No	Yes	No	Yes	No																																																																																																																																								
01 Asthma	1	0	1	0	1	0	1	0																																																																																																																																								
02 Chronic Sinusitis	1	0	1	0	1	0	1	0																																																																																																																																								
<u>03 COPD</u>	1	0	1	0	1	0	1	0																																																																																																																																								
<u>04 Bronchitis</u>	1	0	1	0	1	0	1	0																																																																																																																																								
<u>05 Emphysema</u>	1	0	1	0	1	0	1	0																																																																																																																																								
06 Other Breathing Problems	1	0	1	0	1	0	1	0																																																																																																																																								
07 Hypertension/ High Blood Pressure	1	0	1	0	1	0	1	0																																																																																																																																								

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

		<table border="1"> <tr> <td>08 Heart Problems</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>09 Diabetes</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>10 Arthritis or Rheumatism</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>11 High Cholesterol</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>12 Cancer <i>Specify type:</i> <u>Field Code</u> <u>Lung</u> <u>Liver</u> <u>Rectal/Anal</u></td> <td><u>1</u></td> <td><u>0</u></td> <td><u>1</u></td> <td><u>0</u></td> <td><u>1</u></td> <td><u>0</u></td> <td><u>1</u></td> <td><u>0</u></td> </tr> </table>	08 Heart Problems	1	0	1	0	1	0	1	0	09 Diabetes	1	0	1	0	1	0	1	0	10 Arthritis or Rheumatism	1	0	1	0	1	0	1	0	11 High Cholesterol	1	0	1	0	1	0	1	0	12 Cancer <i>Specify type:</i> <u>Field Code</u> <u>Lung</u> <u>Liver</u> <u>Rectal/Anal</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>
08 Heart Problems	1	0	1	0	1	0	1	0																																							
09 Diabetes	1	0	1	0	1	0	1	0																																							
10 Arthritis or Rheumatism	1	0	1	0	1	0	1	0																																							
11 High Cholesterol	1	0	1	0	1	0	1	0																																							
12 Cancer <i>Specify type:</i> <u>Field Code</u> <u>Lung</u> <u>Liver</u> <u>Rectal/Anal</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>																																							
<p align="center">B BMI (questions added) (new)</p>		<p><u>Now some questions about your weight and height.</u></p> <p><u>13. About how much do you weigh without shoes?</u> <u>Weight (pounds)</u></p> <p><u>14. About how tall are you without shoes?</u> <u>/ Height</u> <u>(ft / inches)</u></p> <p><u>15. How much did you weigh a year ago?</u> <u>[If you were pregnant a year ago, how much did you weigh before your pregnancy?]</u> <u>Weight (pounds)</u></p> <p><u>16. Has a doctor or other health professional EVER suggested losing weight?</u> <u>00 No</u> <u>01 Yes</u> <u>77 Refused</u> <u>88 Don't know / Not Sure</u></p>																																													
<p align="center">B COGNITIVE IMPAIRMENT</p>	<p>13. I would now like to ask you about how you have felt during the past month that is, during the past 4 weeks, since about this time in _____ (previous month). For each question, tell me</p>	<p>17. I would now like to ask you about how you have felt during the past month that is, during the past 4 weeks, since about this time in _____ (previous month). For each question, tell me whether</p>																																													

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

(questions added) (re-insert)	<p>whether you feel this way All of the Time, Most of the Time, Some of the Time, A Little of the Time, or None of the Time</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">During the past month, how much of the time:</th> <th style="width: 10%;">All of the Time</th> <th style="width: 10%;">Most of the Time</th> <th style="width: 10%;">Some of the Time</th> <th style="width: 10%;">A Little of the Time</th> <th style="width: 10%;">None of the Time</th> </tr> </thead> <tbody> <tr> <td>1. Did you have a lot of energy?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>2. Have you been a very nervous person?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>3. Have you felt so down in the dumps that nothing could cheer you up?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>4. Have you felt calm and peaceful?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>5. Have you felt downhearted and depressed?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>6. Have you been a happy person?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table>	During the past month, how much of the time:	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time	1. Did you have a lot of energy?	1	2	3	4	5	2. Have you been a very nervous person?	1	2	3	4	5	3. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	4. Have you felt calm and peaceful?	1	2	3	4	5	5. Have you felt downhearted and depressed?	1	2	3	4	5	6. Have you been a happy person?	1	2	3	4	5	<p>you feel this way All of the Time, Most of the Time, Some of the Time, A Little of the Time, or None of the Time</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">During the past month, how much of the time:</th> <th style="width: 10%;">All of the Time</th> <th style="width: 10%;">Most of the Time</th> <th style="width: 10%;">Some of the Time</th> <th style="width: 10%;">A Little of the Time</th> <th style="width: 10%;">None of the Time</th> </tr> </thead> <tbody> <tr> <td>1. Did you have a lot of energy?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>2. Have you been a very nervous person?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>3. Have you felt so down in the dumps that nothing could cheer you up?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>4. Have you felt calm and peaceful?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>5. Have you felt downhearted and depressed?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>6. Have you been a happy person?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td><i><u>7. Did you have trouble keeping your attention on an activity for long?</u></i></td> <td><u>1</u></td> <td><u>2</u></td> <td><u>3</u></td> <td><u>4</u></td> <td><u>5</u></td> </tr> <tr> <td><i><u>8. Did you forget things that have happened?</u></i></td> <td><u>1</u></td> <td><u>2</u></td> <td><u>3</u></td> <td><u>4</u></td> <td><u>5</u></td> </tr> <tr> <td><i><u>9. Did you have difficulty reasoning and solving problems? For example, making plans, making decisions, or learning new things?</u></i></td> <td><u>1</u></td> <td><u>2</u></td> <td><u>3</u></td> <td><u>4</u></td> <td><u>5</u></td> </tr> </tbody> </table>	During the past month, how much of the time:	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time	1. Did you have a lot of energy?	1	2	3	4	5	2. Have you been a very nervous person?	1	2	3	4	5	3. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	4. Have you felt calm and peaceful?	1	2	3	4	5	5. Have you felt downhearted and depressed?	1	2	3	4	5	6. Have you been a happy person?	1	2	3	4	5	<i><u>7. Did you have trouble keeping your attention on an activity for long?</u></i>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<i><u>8. Did you forget things that have happened?</u></i>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<i><u>9. Did you have difficulty reasoning and solving problems? For example, making plans, making decisions, or learning new things?</u></i>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
During the past month, how much of the time:	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time																																																																																																			
1. Did you have a lot of energy?	1	2	3	4	5																																																																																																			
2. Have you been a very nervous person?	1	2	3	4	5																																																																																																			
3. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5																																																																																																			
4. Have you felt calm and peaceful?	1	2	3	4	5																																																																																																			
5. Have you felt downhearted and depressed?	1	2	3	4	5																																																																																																			
6. Have you been a happy person?	1	2	3	4	5																																																																																																			
During the past month, how much of the time:	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time																																																																																																			
1. Did you have a lot of energy?	1	2	3	4	5																																																																																																			
2. Have you been a very nervous person?	1	2	3	4	5																																																																																																			
3. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5																																																																																																			
4. Have you felt calm and peaceful?	1	2	3	4	5																																																																																																			
5. Have you felt downhearted and depressed?	1	2	3	4	5																																																																																																			
6. Have you been a happy person?	1	2	3	4	5																																																																																																			
<i><u>7. Did you have trouble keeping your attention on an activity for long?</u></i>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>																																																																																																			
<i><u>8. Did you forget things that have happened?</u></i>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>																																																																																																			
<i><u>9. Did you have difficulty reasoning and solving problems? For example, making plans, making decisions, or learning new things?</u></i>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>																																																																																																			

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

<p>C SUPPORTIVE HOUSING (instructions clarified, response category added)</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?</p> <p>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>5.5 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? <i>(Interviewer: Use answer categories as probes to clarify answer. Code all that apply)</i></p> <p>01 Yes, there is a case worker on site, in the building 02 Yes, a case worker visits regularly as part of housing program 03 No social worker, case manager, or case worker associated with housing 04 A social worker or outreach worker or some other service provider has visited you where you live but they are NOT part of your housing program or you are not sure what program they are with 05 You don't know if there are any service providers associated with your housing or who visit people in your housing</p>																																
<p>C FOOD, MEAL, & NUTRITION SERVICES (questions added) (new / format)</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>IF YES specify the program agency</th> </tr> </thead> <tbody> <tr> <td>36. Thinking of the past six months, have you had any of your meals in a group setting, where the food was provided by a program or agency, such as a hot lunch program or agency?</td> <td align="center">01</td> <td align="center">00</td> <td align="center"> _ _ _ _ </td> </tr> <tr> <td>37. In the past six months, have any of your meals been home delivered, in which a program or agency brings prepared food to you?</td> <td align="center">01</td> <td align="center">00</td> <td align="center"> _ _ _ _ </td> </tr> <tr> <td>38. In the past six months, have you received any food or food voucher for a food pantry, in which a program or agency provided food for you to take home?</td> <td align="center">01</td> <td align="center">00</td> <td align="center"> _ _ _ _ </td> </tr> </tbody> </table>		Yes	No	IF YES specify the program agency	36. Thinking of the past six months, have you had any of your meals in a group setting, where the food was provided by a program or agency, such as a hot lunch program or agency?	01	00	_ _ _ _	37. In the past six months, have any of your meals been home delivered, in which a program or agency brings prepared food to you?	01	00	_ _ _ _	38. In the past six months, have you received any food or food voucher for a food pantry, in which a program or agency provided food for you to take home?	01	00	_ _ _ _	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>IF YES specify the program agency</th> </tr> </thead> <tbody> <tr> <td>36. Thinking of the past six months, have you had any of your meals in a group setting, where the food was provided by a program or agency, such as a hot lunch program or agency?</td> <td align="center">01</td> <td align="center">00</td> <td align="center"> _ _ _ _ </td> </tr> <tr> <td>37. In the past six months, have any of your meals been home delivered, in which a program or agency brings prepared food to you?</td> <td align="center">01</td> <td align="center">00</td> <td align="center"> _ _ _ _ </td> </tr> <tr> <td>38. In the past six months, have you received any food or food voucher for a food pantry, in which a program or agency provided food for you to take home?</td> <td align="center">01</td> <td align="center">00</td> <td align="center"> _ _ _ _ </td> </tr> </tbody> </table>		Yes	No	IF YES specify the program agency	36. Thinking of the past six months, have you had any of your meals in a group setting, where the food was provided by a program or agency, such as a hot lunch program or agency?	01	00	_ _ _ _	37. In the past six months, have any of your meals been home delivered, in which a program or agency brings prepared food to you?	01	00	_ _ _ _	38. In the past six months, have you received any food or food voucher for a food pantry, in which a program or agency provided food for you to take home?	01	00	_ _ _ _
	Yes	No	IF YES specify the program agency																															
36. Thinking of the past six months, have you had any of your meals in a group setting, where the food was provided by a program or agency, such as a hot lunch program or agency?	01	00	_ _ _ _																															
37. In the past six months, have any of your meals been home delivered, in which a program or agency brings prepared food to you?	01	00	_ _ _ _																															
38. In the past six months, have you received any food or food voucher for a food pantry, in which a program or agency provided food for you to take home?	01	00	_ _ _ _																															
	Yes	No	IF YES specify the program agency																															
36. Thinking of the past six months, have you had any of your meals in a group setting, where the food was provided by a program or agency, such as a hot lunch program or agency?	01	00	_ _ _ _																															
37. In the past six months, have any of your meals been home delivered, in which a program or agency brings prepared food to you?	01	00	_ _ _ _																															
38. In the past six months, have you received any food or food voucher for a food pantry, in which a program or agency provided food for you to take home?	01	00	_ _ _ _																															

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

<p>39. Since _____ (reference 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?</p>	01	00	_ _ _ _	<p>39. Since _____ (reference date), <i><u>have you 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></i></p>	01	00	_ _ _ _												
				<p><i><u>40. Since _____ (reference date), have you received any one-on-one counseling about food and nutrition?</u></i></p> <p><i><u>01 Yes</u></i> <i><u>00 No Skip to Q.41A</u></i></p> <p><i><u>40A. What is the name and address of the agencies or programs which provided nutritional counseling?</u></i></p> <p>_____ / / / /</p> <p>_____ / / / /</p> <p><i><u>40B. What type of nutritional counseling did you receive?...</u></i></p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">Yes</th> <th style="width:10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td><i><u>1. Did someone ask you about the foods you eat?</u></i></td> <td style="text-align: center;">01</td> <td style="text-align: center;">00</td> </tr> <tr> <td><i><u>2. Did someone help you develop a plan for healthy meals?</u></i></td> <td style="text-align: center;">01</td> <td style="text-align: center;">00</td> </tr> <tr> <td><i><u>3. Did someone discuss food and nutritional issues important for persons on HIV medications?</u></i></td> <td style="text-align: center;">01</td> <td style="text-align: center;">00</td> </tr> </tbody> </table> <p><i><u>40C. Did you receive any other type of assistance? Specify.</u></i></p> <p>_____</p> <p>_____</p> <p><i><u>(Field code all that apply)</u></i></p> <p> _ _ _ _ _ _ _ _ _ </p> <p><i><u>*Nutritional counseling may include nutrition/meal planning to meet unique</u></i></p>					Yes	No	<i><u>1. Did someone ask you about the foods you eat?</u></i>	01	00	<i><u>2. Did someone help you develop a plan for healthy meals?</u></i>	01	00	<i><u>3. Did someone discuss food and nutritional issues important for persons on HIV medications?</u></i>	01	00
	Yes	No																	
<i><u>1. Did someone ask you about the foods you eat?</u></i>	01	00																	
<i><u>2. Did someone help you develop a plan for healthy meals?</u></i>	01	00																	
<i><u>3. Did someone discuss food and nutritional issues important for persons on HIV medications?</u></i>	01	00																	

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

		<p><i>client needs related to:</i></p> <p><i><u>01 measurement of nutritional status</u></i></p> <p><i><u>02 in-depth assessment of need (i.e., history of substance abuse)</u></i></p> <p><i><u>03 identification of nutritional risks, including limited access to food storage and cooking facilities</u></i></p> <p><i><u>04 prevention and/or management of co-morbid conditions</u></i></p> <p><i><u>05 promotion of adherence to HIV and other treatment regimens</u></i></p> <p><i><u>06 nutritional supplementation</u></i></p> <p><i><u>07 nutritional symptom management</u></i></p> <p><i><u>08 guidance on food acquisition, preparation, and safety</u></i></p> <p><i><u>09 consideration of individual food preferences based on taste, culture, religion, etc. in food planning</u></i></p>
<p>C</p> <p>HOUSING QUALITY</p> <p>(questions added)</p> <p>(new)</p>		<p>These next questions are about your current apartment or living unit.</p> <p>41A. Does your apartment (house, living unit) have complete plumbing facilities, that is, hot and cold piped water, a flush toilet, and a bathtub or shower?</p> <p>01 Yes</p> <p>00 No</p> <p>41B. Was there any time in the last three months (90 days) when all the toilets in your apartment (house, living unit) were not working for 6 hours or more?</p> <p>01 Yes</p> <p>02 No</p> <p>03 No toilet in the living unit</p> <p>41C. At any time <u>during the past winter</u> was there a breakdown in the heating equipment for your apartment (house, living unit) that is you didn't have any heat at all for 6 hours or longer?</p> <p>01 Yes</p> <p>02 No</p> <p>03 No regular source of heat in living unit.....<i>Skip to Q41E</i></p> <p>41D. <u>During the past winter</u> when the regular heating system was working, did you at any time have to use additional sources of heat like the kitchen stove, a portable heater, or fireplace?</p>

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

		<p>01 Yes 00 No</p> <p>41E. At any time in the <u>last three months</u> (90 days) have you seen any mice or rats or signs of mice or rats in your living unit or in your building?</p> <p>01 Yes 00 No</p> <p>41F. Has water leaked into your apartment (house, living unit) in the <u>last 12 months</u>, not including leaks that resulted from your own plumbing fixtures backing up or overflowing. Count only leaks from broken or inadequate plumbing or leaks from exterior walls.</p> <p>01 Yes 00 No</p>																			
<p>C TRAUMA (questions added)</p> <p>(re-insert)</p>		<p>Next are some questions about terrible or frightening things that may have happened to you. People often have traumatic experiences that are terrible, frightening events. <i>(If necessary, repeat assurances of confidentiality.)</i></p> <p>I am going to read a list of possible events that sometimes happen to people. Please tell me if you ever experienced...</p> <p><i>Go completely down the list. Then go back and for any “yes” except childhood events, ask :</i></p> <p>43. Is that something that happened in the past 12 months, that is, since about this time last year?</p> <table border="1" data-bbox="1165 1125 1959 1487"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Ever happen?</th> <th colspan="2">Past 12 months?</th> </tr> <tr> <th>No</th> <th>Yes</th> <th>No</th> <th>Yes</th> </tr> </thead> <tbody> <tr> <td>1. A serious accident or fire at home or at your job</td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> </tr> <tr> <td>2. A natural disaster such as hurricane, major earthquake, flood, or other similar disaster.....</td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> </tr> </tbody> </table>		Ever happen?		Past 12 months?		No	Yes	No	Yes	1. A serious accident or fire at home or at your job	0	1	0	1	2. A natural disaster such as hurricane, major earthquake, flood, or other similar disaster.....	0	1	0	1
	Ever happen?			Past 12 months?																	
	No	Yes	No	Yes																	
1. A serious accident or fire at home or at your job	0	1	0	1																	
2. A natural disaster such as hurricane, major earthquake, flood, or other similar disaster.....	0	1	0	1																	

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

		<p>3. Direct combat experience in a war</p>	<p>0 1</p>	<p>0 1</p>	
		<p>4. Physical assault or abuse in your adult life by your partner</p>	<p>0 1</p>	<p>0 1</p>	
		<p>5. Physical assault or abuse in your adult life by someone other than your partner</p>	<p>0 1</p>	<p>0 1</p>	
		<p>6. Physical assault or abuse as a child</p>	<p>0 1</p>	<p style="background-color: #cccccc;"></p>	
		<p>7. Seeing people hitting or harming one another in your family when you were growing up</p>	<p>0 1</p>	<p style="background-color: #cccccc;"></p>	
		<p>8. Sexual assault or rape as a child or teenager</p>	<p>0 1</p>	<p style="background-color: #cccccc;"></p>	
		<p>9. Sexual assault or rape in your adult life</p>	<p>0 1</p>	<p>0 1</p>	
		<p>10. Seeing some one physically assaulted or abused</p>	<p>0 1</p>	<p>0 1</p>	
		<p>11. Seeing someone seriously injured or violently killed</p>	<p>0 1</p>	<p>0 1</p>	
		<p>12. Losing a child through death</p>	<p>0 1</p>	<p>0 1</p>	
		<p>13. Loss of a parent or someone who was like a parent to you before age 18 ...</p>	<p>0 1</p>	<p style="background-color: #cccccc;"></p>	
		<p>14. Loss of a spouse, partner or loved one as an adult</p>	<p>0 1</p>	<p>0 1</p>	
		<p>15. Any other terrible or frightening thing that may have happened to you? Specify _____</p>	<p>0 1</p>	<p>0 1</p>	
		<p><i>If Respondent answers "NO" to all questions go to Q.44, p. 28. If client answers "YES" to <u>ONLY ONE</u> event listed, Ask Q. 1A on the next page.</i></p>			

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

		<p>1A. You have told me about the time _____ (<i>refer to event</i>). I would like to ask you a little more about this event <i>skip to Q.2, below</i></p> <p><i>If Respondent answers "YES" to <u>MORE THAN ONE</u> event on the previous page, Ask Q. 1 B, below</i></p> <p>1B. You have told me about a number of things that have happened to you. Which of these events was the most terrible or frightening for you? (<i>If necessary, re-read list of events Respondent names</i>) _____</p> <p>I would like to ask you a little more about this event.</p> <p>2. How frightened were you</p> <table data-bbox="1218 600 1848 682"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td>Not at all</td><td>Just a little</td><td>Bad</td><td>Very Bad</td><td>Scared to Death</td></tr></table>	1	2	3	4	5	Not at all	Just a little	Bad	Very Bad	Scared to Death
1	2	3	4	5								
Not at all	Just a little	Bad	Very Bad	Scared to Death								

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

		<p>(Regardless of when it happened) During the past six months, that is since _____ (ref date) . . .</p> <table border="0"> <thead> <tr> <th></th> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>3.</td> <td>Do you keep remembering it even when you don't want to?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>4.</td> <td>Do you have nightmares about it? ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5.</td> <td>Do things that remind you of it make you very upset?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>6.</td> <td>Do you ever have flashbacks - a sudden feeling that the event was happening all over again?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>7.</td> <td>Do you worry a lot that it might happen again?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>8.</td> <td>Do you avoid things that remind you of it?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>9.</td> <td>Do you sometimes have trouble remembering exactly what happened?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>10.</td> <td>Do you feel alone even when with other people, or feel cut off from people?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>11.</td> <td>Do you feel numb or like you no longer have strong feelings for anything?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>12.</td> <td>Are you jumpy or on guard when there is no reason to be?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </tbody> </table> <p><i>If R has experienced traumatic events: Often times, people who have experienced traumatic or frightening events find it helpful to speak with someone who has experience in matters like these. To talk to someone about any of the topics we've discussed, you can call our confidential direct line at 917-451-0021. A social worker who works with our program will be able to assist or speak with you. You can also call a special, confidential, toll-free, phone help-line that has someone available 24/7 who can help you with mental health as well as substance use issues. Call 1-800-LIFENET (1-800-543-3638) or in Spanish 1-877-AYUDASE (1-877-298-3373).</i></p>			Yes	No	3.	Do you keep remembering it even when you don't want to?	1	0	4.	Do you have nightmares about it? ..	1	0	5.	Do things that remind you of it make you very upset?	1	0	6.	Do you ever have flashbacks - a sudden feeling that the event was happening all over again?	1	0	7.	Do you worry a lot that it might happen again?	1	0	8.	Do you avoid things that remind you of it?	1	0	9.	Do you sometimes have trouble remembering exactly what happened?	1	0	10.	Do you feel alone even when with other people, or feel cut off from people?	1	0	11.	Do you feel numb or like you no longer have strong feelings for anything?	1	0	12.	Are you jumpy or on guard when there is no reason to be?	1	0
		Yes	No																																											
3.	Do you keep remembering it even when you don't want to?	1	0																																											
4.	Do you have nightmares about it? ..	1	0																																											
5.	Do things that remind you of it make you very upset?	1	0																																											
6.	Do you ever have flashbacks - a sudden feeling that the event was happening all over again?	1	0																																											
7.	Do you worry a lot that it might happen again?	1	0																																											
8.	Do you avoid things that remind you of it?	1	0																																											
9.	Do you sometimes have trouble remembering exactly what happened?	1	0																																											
10.	Do you feel alone even when with other people, or feel cut off from people?	1	0																																											
11.	Do you feel numb or like you no longer have strong feelings for anything?	1	0																																											
12.	Are you jumpy or on guard when there is no reason to be?	1	0																																											
<p>D CONSIDER</p>	<p>2. Are you currently pregnant? 01 YesSkip to Q3,</p>	<p>2. Are you currently pregnant? 01 YesSkip to Q3, below</p>																																												

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

<p>PREGNANCY (question added)</p> <p align="center"><i>(new)</i></p>	<p align="center"><i>below</i></p> <p>00 No</p> <p><i>If NO</i></p> <p>2A. What was the outcome of your last pregnancy?</p> <p>01 Live Birth</p> <p>02 Stillbirth/Miscarriage</p> <p>03 Abortion<i>Skip to Q5</i></p>	<p>00 No</p> <p><i>If NO</i></p> <p>2A. What was the outcome of your last pregnancy?</p> <p>01 Live Birth</p> <p>02 Stillbirth/Miscarriage</p> <p>03 Abortion</p> <p><u>2B. Are you considering getting pregnant?</u></p> <p><u>01 Possibly</u></p> <p><u>00 No.<i>Skip to 7A</i></u></p>
<p>D PREGNANCY RISKS & ADVICE (questions deleted (AZT) and questions added)</p> <p align="center"><i>(new)</i></p>	<p>5. Did you ever take AZT or other HIV medications while you were pregnant? <i>If R is currently pregnant ask: Are you taking AZT or other HIV medications during your pregnancy?</i></p> <p>01 Yes</p> <p>00 No</p> <p>5A. <i>If YES</i> Were you taking AZT or other HIV medications because... <i>If R is currently pregnant ask: Are you taking AZT or other HIV medications because...</i></p> <p align="center"><i>(Read categories and code all that apply)</i></p> <p>01 You were advised to take it for your health.</p> <p>02 You were advised to take it for your baby's health.</p> <p>03 It was part of a clinical trial.</p> <p>04 You were taking it before you were pregnant and you just continued taking it.</p> <p>05 You requested to take AZT</p> <p><i>If NO : Why didn't you take AZT or other HIV medications?</i></p> <hr/>	<p><i>If R is currently or is planning to be pregnant ask:</i></p> <p>3. Have you discussed with your doctor about the HIV transmission risk to your baby?</p> <p>01 Yes</p> <p>00 No</p> <p>4. Have you discussed with your doctor about the need for HAART?</p> <p>01 Yes</p> <p>00 No.....<i>Skip to Q5</i></p> <p>4A. <i>If Yes, Do you feel you understand the advice given to you by your doctor?</i></p> <p>01 Yes</p> <p>00 No</p>
<p>D PREGNANCY TREATMENT</p>	<p>4. Do you feel you have been well informed about different tests and treatment choices that are available to pregnant HIV positive women?</p>	<p><i>Ask all women currently or potentially pregnant.</i></p> <p>6. Do you feel you have been well informed about different tests and treatment choices that are available to pregnant HIV positive</p>

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

<p>CHOICES: WOMEN (interviewer instruction added) (format)</p>	<p>01 Yes 00 No if NO, Could you explain why?</p> <hr/>	<p>women? 01 Yes 00 No 6A. If NO, Could you explain why not?</p> <hr/>
<p>D PARENTING TREATMENT CHOICES: MEN (questions added) (new)</p>	<p>ASK ALL MEN 6B. Have you ever fathered any children or had parenting responsibilities for a child? 01 Yes 00 No Go to Section E, Page 30</p>	<p>ASK ALL MEN 7B. Have you ever fathered any children or had parenting responsibilities for a child? 01 Yes.Skip to Q 7D 00 No 7C. Are you considering having children? 01 Possibly 00 NoGo to Section E, Page 32 7D. Do you feel you have been well informed about different tests and treatment choices that are available to pregnant HIV positive women? 01 Yes 00 No 7E. If NO, Could you explain why not?</p> <hr/>
<p>E SEXUAL PRACTICES (questions deleted, wording changes, definitions refined) (format)</p>	<p>I. FEMALE RESPONDENTS ---->Male respondents, go to PART II, pg. 33 Next we need to ask for some personal information about sexual experience as part of each person's health profile. For the purposes of this study, sexual intercourse with a man is defined as follows: A man puts his penis in your mouth, vagina or rectum..... 1. How many different men have you had sexual intercourse with during the past six months that is since _____(reference date)? month/year _ _ _ # men 000 None.SKIP TO Q. 5, NEXT PAGE 777 Refused 888 Don't Know</p>	<p>I. FEMALE RESPONDENTS ---->Male respondents, go to PART II, pg. 35 <u>Next we need to ask for some personal information about sexual experience as part of each person's health profile. For the purposes of this study, sexual intercourse with a man is defined as follows: A man puts his penis in your vagina or rectum.</u> 1. How many different men have you had sexual intercourse with during the past six months that is since _____(reference date)? month/year _ _ _ # men 000 None.SKIP TO Q 4, NEXT PAGE 777 Refused 888 Don't Know</p>

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

<p>2. In the past 6 months, did it ever happen that you had sex with a male partner who <u>was not HIV positive</u>, or whose status you did not know, and he did not use a condom? Did that happen often, sometimes, once or twice, or not at all?</p> <p style="margin-left: 40px;">00 Not at all 01 Once or twice 02 Sometimes 03 Often 77 Refused 88 Don't Know ..</p> <p>2A. In the past 6 months, did it ever happen that you had sex with a male partner who <u>WAS HIV positive</u>, and he did not use a condom? Did that happen often, sometimes, once or twice, or not at all?</p> <p style="margin-left: 40px;">00 Not at all 01 Once or twice 02 Sometimes 03 Often 77 Refused 88 Don't Know</p> <p>3. Thinking of the men you've had sex with in the past 6 months, did any of them <u>give you</u> money or drugs in exchange for sex?</p> <p style="margin-left: 40px;">01 Yes 00 No 77 Refused 88 Don't Know</p> <p>4. Thinking of the men you've had sex with in the past 6 months, <u>did you give any of them</u> money or drugs in exchange for sex?</p> <p style="margin-left: 40px;">01 Yes 00 No 77 Refused 88 Don't Know</p> <p>** ASK ALL WOMEN</p> <p><i>Read this definition to the respondent: For the purposes of this study, oral sex between women is defined as follows: Your partner uses her tongue or mouth to touch your genitals or you use your tongue or mouth to touch your partner's genitals.</i></p>	<p><u>1a. How many of these sex partners were aware of your HIV status?</u></p> <p style="margin-left: 40px;"><u>01 All</u> <u>02 Some</u> <u>03 None</u> <u>77 Refused</u> <u>88 Don't Know</u></p> <p><u>1b. How many of these sex partners were HIV positive?</u></p> <p style="margin-left: 40px;"><u>01 All</u> <u>02 Some</u> <u>03 None</u> <u>88 I really don't know how many were HIV positive</u></p> <p>2. In the past 6 months, did it ever happen that you had vaginal or anal sex with a male partner who <u>was not HIV positive</u>, or whose status you did not know, and he did not use a condom? Did that happen often, sometimes, once or twice, or not at all?</p> <p style="margin-left: 40px;">00 Not at all 01 Once or twice 02 Sometimes 03 Often 77 Refused 88 Don't Know</p> <p><u>If once or more (Q2=01, 02, or 03) Ask:</u></p> <p style="margin-left: 40px;"><u>2a. How many different male partners did that happen with?</u></p> <table style="margin-left: 80px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">77</td> <td style="text-align: center;">Refused</td> <td></td> </tr> <tr> <td style="text-align: center;">88</td> <td style="text-align: center;">Don't Know</td> <td></td> </tr> </table> <p><u>If R doesn't know, ask:</u></p> <p style="margin-left: 40px;"><u>2b. Was it...</u></p> <table style="margin-left: 80px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">2 to 4</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;">5 or more?</td> </tr> <tr> <td style="text-align: center;">77</td> <td style="text-align: center;">Refused</td> </tr> <tr> <td style="text-align: center;">88</td> <td style="text-align: center;">Don't Know</td> </tr> </table> <p>3. In the past 6 months, did you give or get oral, vaginal or anal sex with</p>				77	Refused		88	Don't Know				01	1	02	2 to 4	03	5 or more?	77	Refused	88	Don't Know
77	Refused																					
88	Don't Know																					
01	1																					
02	2 to 4																					
03	5 or more?																					
77	Refused																					
88	Don't Know																					

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

<p>5. How many different women have you had sex with during the last six months -- that is, since _____ (reference date)?</p> <p>month/year _ _ _ _ # women 000 NoneSKIP TO Q. 7 77 Refused 88 Don't Know</p> <p>6. Thinking now of the times you've had oral sex with women in the past 6 months, how many times did you use a barrier, like saran wrap, latex, or a dental dam . . .</p> <p>01 Every time 02 Almost every time 03 More than half the time 04 About half the time 05 Less than half the time 06 Almost never or never?</p> <p>** ASK ALL WOMEN:</p> <p>7. All in all, would you say that your current sex life is very good, pretty good, so-so, pretty bad, or very bad?</p> <p>01 Very good 02 Pretty good 03 So-so 04 Pretty bad 05 Very bad</p> <p>8. Which of these terms would you say best describes how you think of yourself...</p> <p>01 Straight, heterosexual 02 Lesbian, gay, homosexual 03 Bisexual (attracted to both men and women)? (DON'T READ) 04 Other (specify): _____ _ _ _ </p> <p>9. In the past six months, have you experienced any problems in the area of sexuality, sexual intimacy or sexual relationships?</p> <p>00 No 01 Yes (specify)</p>	<p><u>a man in exchange for money or drugs?</u></p> <p>01 Yes 00 No 77Refused 88Don't Know</p> <p>** ASK ALL WOMEN</p> <p><i>Read this definition to the respondent: For the purposes of this study, oral sex between women is defined as follows: Your partner uses her tongue or mouth to touch your genitals or you use your tongue or mouth to touch your partner's genitals.</i></p> <p>4. How many different women have you had sex with during the last six months -- that is, since _____ (reference date)?</p> <p>month/year _ _ _ _ # women 000 NoneSKIP TO Q. 5 77 Refused 88 Don't Know</p> <p><u>4a. How many of these sex partners were aware of your HIV status?</u></p> <p>01 All 02 Some 03 None 77 Refused 88 Don't Know</p> <p><u>4b. How many of these sex partners were HIV positive?</u></p> <p>01 All 02 Some 03 None 88 I really don't know how many were HIV positive</p> <p>** ASK ALL WOMEN:</p> <p>5. All in all, would you say that your current sex life is very good, pretty good, so-so, pretty bad, or very bad?</p> <p>01 Very good</p>
--	--

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

<p>10. In the past 6 months, have you received counseling or talked to anyone regarding issues of sexuality, sexual intimacy, or sexual relationships?</p> <p style="padding-left: 40px;">01 Yes 00 No</p> <p>*** Show Card # 4 ***</p> <p>11. How important is it for you now to receive counseling (further counseling) or talk to someone regarding issues of sexuality, sexual intimacy, or sexual relationships . . .</p> <p style="padding-left: 40px;">01 Not at all 02 Slightly 03 Moderately 04 Considerably 05 Extremely</p> <p>12. How comfortable are you (would you be) in talking about sexuality with your doctor or medical provider...</p> <p style="padding-left: 40px;">01 Very comfortable 02 Somewhat comfortable 03 Somewhat uncomfortable 04 Very uncomfortable</p> <p>-->Go to SECTION F OUTLOOK Page 37</p> <p>II. MALE RESPONDENTS</p> <p>Next we need to ask for some personal information about sexual experience as part of each person's health profile. For the purposes of this study, sexual intercourse with a woman is defined as: You put your penis in your partner's mouth, vagina or rectum.</p> <p>1. How many different women have you had sex with during the past 6 months -- that is, since _____ (give reference date)? month/year</p>	<p style="padding-left: 40px;">02 Pretty good 03 So-so 04 Pretty bad 05 Very bad</p> <p>6. Which of these terms would you say best describes how you think of yourself...</p> <p style="padding-left: 40px;">01 Straight, heterosexual 02 Lesbian, gay, homosexual 03 Bisexual (attracted to both men and women)?</p> <p>(DON'T READ) 04 Other (specify): _____ _ _ </p> <p>7. In the past six months, have you experienced any problems in the area of sexuality, sexual intimacy or sexual relationships?</p> <p style="padding-left: 40px;">00 No 01 Yes (specify)</p> <p>8. In the past 6 months, have you received counseling or talked to anyone regarding issues of sexuality, sexual intimacy, or sexual relationships?</p> <p style="padding-left: 40px;">01 Yes 00 No</p> <p>9. How important is it for you now to receive counseling (further counseling) or talk to someone regarding issues of sexuality, sexual intimacy, or sexual relationships . . .</p> <p style="padding-left: 40px;">01 Not at all 02 Slightly 03 Moderately 04 Considerably 05 Extremely</p> <p>-->Go to SECTION F OUTLOOK Page 39</p> <p>II. MALE RESPONDENTS</p> <p><i>Next we need to ask for some personal information about sexual</i></p>
--	--

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

<p style="text-align: right;"> _ _ _ # women</p> <p>000 None SKIP TO Q. 5, NEXT PAGE</p> <p>777 Refused</p> <p>888 Don't Know</p> <p>2. In the past six months, did it ever happen that you had sex with a woman who WAS NOT HIV positive or whose status you did not know, and you did not use a condom? Did that happen often, sometimes, once or twice, or not at all?</p> <p>00 Not at all</p> <p>01 Once or twice</p> <p>02 Sometimes</p> <p>03 Often</p> <p>77 Refused</p> <p>88 Don't Know</p> <p>2B. In the past six months, did it ever happen that you had sex with a woman who WAS HIV positive and you did not use a condom? Did that happen often, sometimes, once or twice, or not at all?</p> <p>00 Not at all</p> <p>01 Once or twice</p> <p>02 Sometimes</p> <p>03 Often</p> <p>77 Refused</p> <p>88 Don't Know</p> <p>3. Thinking of the women you've had sex with in the past 6 months, <u>did you give any of them</u> money or drugs in exchange for sex?</p> <p>01 Yes</p> <p>00 No</p> <p>77 Refused</p> <p>88 Don't Know</p> <p>4. Thinking of the women you've had sex with in the past 6 months, did any of them <u>give you</u> money or drugs in exchange for sex?</p> <p>01 Yes.....</p> <p>00 No</p> <p><i>Read this definition to the respondent: For the purposes of this study,</i></p>	<p><i><u>experience as part of each person's health profile. For the purposes of this study, sexual intercourse with a woman is defined as: You put your penis in your partner's vagina or rectum.</u></i></p> <p>1. How many different women have you had sex with during the past 6 months -- that is, since _____ (give reference date)? month/year</p> <p style="text-align: right;"> _ _ _ # women</p> <p>000 None SKIP TO Q 4, NEXT PAGE</p> <p>777 Refused</p> <p>888 Don't Know</p> <p><u>1a. How many of these sex partners were aware of your HIV status?</u></p> <p><u>01 All</u></p> <p><u>02 Some</u></p> <p><u>03 None</u></p> <p><u>77 Refused</u></p> <p><u>88 Don't Know</u></p> <p><u>1b. How many of these sex partners were HIV positive?</u></p> <p><u>01 All</u></p> <p><u>02 Some</u></p> <p><u>03 None</u></p> <p><u>88 I really don't know how many were HIV positive</u></p> <p>2. In the past six months, did it ever happen that you had vaginal or anal sex with a woman who WAS NOT HIV positive or whose status you did not know, and you did not use a condom? Did that happen often, sometimes, once or twice, or not at all?</p> <p>00 Not at all</p> <p>01 Once or twice</p> <p>02 Sometimes</p> <p>03 Often</p> <p>77 Refused</p> <p>88 Don't Know</p> <p><i><u>If once or more (Q2=01, 02, or 03) Ask:</u></i></p>
---	--

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

<p>sexual intercourse with a man is defined as: You put your penis in your partner's mouth or rectum, or your male partner puts his penis in your mouth or rectum.</p> <p>5. How many different men have you had sex with during the last 6 months -- that is, since _____ (reference date)? month/year</p> <p style="margin-left: 40px;"> _ _ _ men 000 None.. Skip to Q. 9, next page 777 Refused 888 Don't Know</p> <p>6. In the past six months, about how often did it happen that you had sex with a male partner who <u>was not HIV positive</u> or whose status you did not know, and you did not use a condom? Did that happen often, sometimes, once or twice, or not at all?</p> <p style="margin-left: 40px;">00 Not at all 01 Once or Twice 02 Sometimes 03 Often</p> <p>6B. In the past six months, about how often did it happen that you had sex with a male partner who <u>was HIV positive</u> or whose status you did not know, and you did not use a condom? Did that happen often, sometimes, once or twice, or not at all?</p> <p style="margin-left: 40px;">00 Not at all 01 Once or Twice 02 Sometimes 03 Often</p> <p>7. Thinking of the men you've had sex with in the past 6 months, <u>did you give any of them</u> money or drugs in exchange for sex?</p> <p style="margin-left: 40px;">01 Yes 00 No 77 Refused 88 Don't Know</p> <p>8. Thinking of the men you've had sex with in the past 6 months, did any of them <u>give you</u> money or drugs in exchange for sex?</p>	<p><u>2a. How many different women did that happen with?</u> _ _ <u>77 Refused</u> <u>88 Don't Know</u></p> <p><u>If R doesn't know, ask:</u> <u>2b. Was it...</u> <u>01 1</u> <u>02 2 to 4</u> <u>03 5 or more?</u> <u>77 Refused</u> <u>88 Don't Know</u></p> <p><u>3. In the past 6 months, did you give or get oral, vaginal or anal sex with a woman in exchange for money or drugs?</u> <u>01 Yes</u> <u>00 No</u> <u>77 Refused</u> <u>88 Don't Know</u></p> <p>* * ASK ALL MEN</p> <p><i>Read this definition to the respondent : For the purposes of this study, sexual intercourse with a man is defined as: You put your penis in your partner's rectum, or your male partner puts his penis in your rectum.</i></p> <p>4. How many different men have you had sex with during the last 6 months -- that is, since _____ (reference date)? month/year</p> <p style="margin-left: 40px;"> _ _ _ men 000 None Skip to Q 7 777 Refused 888 Don't Know</p> <p><u>4a. How many of these sex partners were aware of your HIV status?</u> <u>01 All</u> <u>02 Some</u> <u>03 None</u> <u>77 Refused</u> <u>88 Don't Know</u></p>
--	--

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

<p>01 Yes 00 No</p> <p>*** ASK ALL MEN ***</p> <p>9. All in all, would you say that your current sex life is very good, pretty good, so-so, pretty bad, or very bad?....</p> <p>01 Very good 02 Pretty good 03 So-so 04 Pretty bad 05 Very bad</p> <p>10. Which of these terms would you say best describes how you think of yourself . . .</p> <p>01 Straight, heterosexual 02 Gay, homosexual 03 Bisexual (attracted to both men and women)? (DON'T READ) 04 Other (specify): _____ __ __ </p> <p>11. In the past six months, have you experienced any problems in the area of sexuality, sexual intimacy or sexual relationships?....</p> <p>00 No 01 Yes (specify) _____</p> <p>12. In the past 6 months, have you received counseling or talked to anyone regarding issues of sexuality, sexual intimacy, or sexual relationships?</p> <p>01 Yes 00 No</p> <p>*** Show Card # 4 ***</p> <p>13. How important is it for you now to receive counseling (further</p>	<p>4b. How many of these sex partners were HIV positive?</p> <p>01 All 02 Some 03 None 88 I really don't know how many were HIV positive</p> <p>5. In the past six months, about how often did it happen that you had sex with a male partner who <u>was not HIV positive</u> or whose status you did not know, and you did not use a condom? Did that happen often, sometimes, once or twice, or not at all?</p> <p>00 Not at all 01 Once or Twice 02 Sometimes 03 Often</p> <p><i><u>If once or more (Q5=01, 02, or 03) Ask:</u></i></p> <p><i><u>5a. How many different male partners did that happen with?</u></i></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;"> _ _ </td></tr> <tr><td style="text-align: center;">77 Refused</td></tr> <tr><td style="text-align: center;">88 Don't Know</td></tr> </table> <p><i><u>If R doesn't know, ask:</u></i></p> <p><i><u>5b. Was it...</u></i></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">01</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">02</td><td style="text-align: center;">2 to 4</td></tr> <tr><td style="text-align: center;">03</td><td style="text-align: center;">5 or more?</td></tr> <tr><td style="text-align: center;">77</td><td style="text-align: center;">Refused</td></tr> <tr><td style="text-align: center;">88</td><td style="text-align: center;">Don't Know</td></tr> </table> <p><i><u>6. In the past 6 months, did you give or get oral or anal sex with a man in exchange for money or drugs?</u></i></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">01</td><td style="text-align: center;">Yes</td></tr> <tr><td style="text-align: center;">00</td><td style="text-align: center;">No</td></tr> <tr><td style="text-align: center;">77</td><td style="text-align: center;">Refused</td></tr> <tr><td style="text-align: center;">88</td><td style="text-align: center;">Don't Know</td></tr> </table> <p>*** ASK ALL MEN ***</p> <p>7. All in all, would you say that your current sex life is very good, pretty good, so-so, pretty bad, or very bad?</p> <p>01 Very good</p>	_ _	77 Refused	88 Don't Know	01	1	02	2 to 4	03	5 or more?	77	Refused	88	Don't Know	01	Yes	00	No	77	Refused	88	Don't Know
_ _																						
77 Refused																						
88 Don't Know																						
01	1																					
02	2 to 4																					
03	5 or more?																					
77	Refused																					
88	Don't Know																					
01	Yes																					
00	No																					
77	Refused																					
88	Don't Know																					

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

	<p>counseling) or talk to someone regarding issues of sexuality, sexual intimacy, or sexual relationships...</p> <p>01 Not at all 02 Slightly important 03 Moderately important 04 Considerably important 05 Extremely important?</p> <p>14. How comfortable are you (would you be) in talking about sexuality with your doctor or medical provider ...</p> <p>01 Very comfortable 02 Somewhat comfortable 03 Somewhat uncomfortable 04 Very uncomfortable</p> <p>Go to SECTION F OUTLOOK Page 37</p>	<p>02 Pretty good 03 So-so 04 Pretty bad 05 Very bad</p> <p>8. Which of these terms would you say best describes how you think of yourself . . .</p> <p>01Straight, heterosexual 02Gay, homosexual 03Bisexual (attracted to both men and women)? (DON'T READ) 04 Other (specify): _____ _ _ </p> <p>9. In the past six months, have you experienced any problems in the area of sexuality, sexual intimacy or sexual relationships? ...</p> <p>00 No 01 Yes (specify)_____</p> <p>10. In the past 6 months, have you received counseling or talked to anyone regarding issues of sexuality, sexual intimacy, or sexual relationships?</p> <p>01 Yes 00 No</p> <p>*** Show Card # 4 ***</p> <p>11. How important is it for you now to receive counseling (further counseling) or talk to someone regarding issues of sexuality, sexual intimacy, or sexual relationships...</p> <p>01 Not at all 02 Slightly important 03 Moderately important 04 Considerably important 05 Extremely important?</p> <p>—>Go to SECTION F OUTLOOK Page 39</p>
--	---	--

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

<p>F OUTLOOK (questions added) (new)</p>	<p>12C. Have you ever used the Internet to find people for socializing, hooking up, or dating? 01 Yes 00 No</p>	<p>18. Do you have an e-mail account? 00 No, do not have an e-mail account, do not use e-mail 01 Yes, your own account 02 No, use someone else' account 03 Other, specify _____</p> <p>19. Do you ever use the Internet or "world-wide web"? 01 Yes 00 No <i>Skip to Q20</i></p> <p><i>If YES,</i></p> <p>19A. Where do you access or use the Internet or "world-wide web". . . <i>Read list; circle all that apply.</i></p> <p>01 At Home 02 At Work 03 At a Library 04 At a Medical Clinic 05 AIDS service-agency 06 Some other place, specify _____</p> <p>19B. In the past six months, have you searched the Internet for any health or HIV information? 01 Yes 00 No</p> <p>19C. Have you ever used the Internet to find people for socializing, hooking up, or dating? 01 Yes 00 No.....<i>Go to Q19E</i></p> <p>19D. Which sites do you use to find people for socializing, hooking up, or dating?</p> <p>_____</p> <p>_____</p> <p><i>Circle all that apply</i></p> <p>01 Adam4Adam 02 Black Planet 03 Craig's List 04 eHarmony 05 Facebook 06 Gay.com</p>
--	--	---

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

		<p>07 m4m4sex 08 MANHUNT 09 Match.com 10 MySpace 11 Poz 12 Poz4poz 13 The Body 14 "Chat rooms" 15 Other Site, <i>Specify</i> _____ 16 Other Site, <i>Specify</i> _____</p> <p>19E. In addition to using the internet, do you</p> <table border="0"> <tr> <td>01 Instant Message (IM)</td> <td>01 Yes</td> <td>00 No</td> </tr> <tr> <td>02 Use Facebook</td> <td>01 Yes</td> <td>00 No</td> </tr> <tr> <td>03 Use MySpace</td> <td>01 Yes</td> <td>00 No</td> </tr> <tr> <td>04 Twitter</td> <td>01 Yes</td> <td>00 No</td> </tr> <tr> <td>05 Other, <i>Specify</i> _____</td> <td></td> <td></td> </tr> <tr> <td>06 Other, <i>Specify</i> _____</td> <td></td> <td></td> </tr> </table> <p>20. Do you text using your cell phone?</p> <p>00 Do not have a cell phone 01 No, do not text 02 Yes</p>	01 Instant Message (IM)	01 Yes	00 No	02 Use Facebook	01 Yes	00 No	03 Use MySpace	01 Yes	00 No	04 Twitter	01 Yes	00 No	05 Other, <i>Specify</i> _____			06 Other, <i>Specify</i> _____		
01 Instant Message (IM)	01 Yes	00 No																		
02 Use Facebook	01 Yes	00 No																		
03 Use MySpace	01 Yes	00 No																		
04 Twitter	01 Yes	00 No																		
05 Other, <i>Specify</i> _____																				
06 Other, <i>Specify</i> _____																				
<p>G NEEDLE USE (instructions clarified) (format)</p>	<p>15. Have you <u>ever</u> had a drug injected or skin popped into a vein, into a muscle, or under the skin, with a needle even one time?</p> <p>01 Yes</p> <p>00 No <i>If used any drug in past 6 months, Skip to Q. 20 page 48, If <u>have not</u> used drugs in past 6 months , skip to Q.22, If <u>no</u> drugs ever used skip to Section H, Page 51</i></p> <p>77 Refused</p> <p>88 Don't Know..... → Go to Q. 20 Page 48</p>	<p>15. Have you <u>ever</u> had a drug injected or skin popped into a vein, into a muscle, or under the skin, with a needle even one time?</p> <p>01 Yes</p> <p><u>00 No or 77 Refused</u></p> <p><i>If used any drug in past 6 months, Skip to Q. 20 page 48, If <u>have not</u> used drugs in past 6 months , skip to Q.22, If <u>no</u> drugs ever used skip to Section H, Page 51</i></p> <p>88 Don't Know..... → Go to Q. 20 Page 48</p>																		
<p>G BUPE TREATMENT (questions added) (new)</p>		<p>Ask ALL who have ever used heroine or other opiates (Q12D or Q12F)</p> <p>23A. Have you ever received Buprenorphine/ "BUPE"/ subonxone treatment?</p> <p>01 YesSkip to Q. 24 00 No</p> <p>23B. Are you aware of the availability to be treated with Buprenorphine?</p> <p>01 Yes 00 No</p>																		

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

<p align="center">H MEDICAL SERVICES (response category added)</p> <p align="center"><i>(new)</i></p>	<p>2. Did you have a medical provider who was in charge of your overall HIV care at the time we last interviewed you, that is in _____(INTDATE)?</p> <p>01 No medical provider in charge of overall HIV care, at that time ...<i>Skip to <u>Checkpoint</u></i></p> <p>02 Had medical provider at last interview who is the same as current medical provider....<i>Skip to page 53</i></p> <p>03 Had medical provider at last interview but not the same as current medical provider and different agency.</p> <p>04 Had medical provider at last interview who is the same as current medical provider, but now works in a different clinic/agency</p> <p>05 Had a medical provider at last interview who is not the same as current medical provider, but works at the same agency as current medical provider.</p>	<p>2. Did you have a medical provider who was in charge of your overall HIV care at the time we last interviewed you, that is in (INTDATE)?</p> <p>01 No medical provider in charge of overall HIV care, at that time ...<i>Skip to <u>Checkpoint</u></i></p> <p><i><u>02 Had medical provider at last interview but do not currently have a medical provider</u></i></p> <p>03 Had medical provider at last interview who is the same as current medical provider....<i>Skip to <u>Checkpoint</u></i></p> <p>04 Had medical provider at last interview but not the same as current medical provider and different agency.</p> <p>05 Had medical provider at last interview who is the same as current medical provider, but now works in a different clinic/agency</p> <p>06 Had a medical provider at last interview who is not the same as current medical provider, but works at the same agency as current medical provider.</p>
<p align="center">H SAME PROVIDER, DIFFERENT CLINIC (question added)</p> <p align="center"><i>(new)</i></p>		<p><i>IF PROVIDER AT LAST INTERVIEW IS CURRENT PROVIDER BUT NOW WORKS IN A DIFFERENT CLINIC / AGENCY:</i></p> <p>→4A. You said that _____(name/agency from face sheet) was in charge of your overall HIV care at the time of our last interview in _____(date of last interview) but is not the agency where you see your HIV medical provider at the present time. . .</p> <p>→4B. How long ago was your last visit there? <input type="text"/> <input type="text"/> <input type="text"/> Da/ Wk/ Mo</p> <p>→4C. Why did you stop going there?</p> <p>_____</p> <p>_____</p>
<p align="center">H OTHER TYPE OF PROVIDER</p>	<p>5. Were there any other medical providers who have been important to your HIV care at any time since our last interview in _____ (date of last interview)?</p>	<p>5. Were there any other medical providers who have been important to your HIV care at any time since our last interview in _____ (date of last interview)?</p>

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

<p>(question added)</p> <p>(new)</p>	<p>00 No 01 Yes (<i>specify most important</i>)</p> <hr/> <p>at: _____ (<i>Provider clinic / agency name</i>)</p>	<p>00 No 01 Yes (<i>specify most important</i>)</p> <hr/> <p>at: _____ (<i>Provider clinic / agency name</i>)</p> <p><u><i>If YES,</i></u> <u>5A. Is he/she a physician or other medical care providers such as a nurse or a physician assistant?</u></p> <p><u>01 MD</u> <u>02 NP</u> <u>03 PA</u> <u>08 Other, Specify (_____)</u> <u>88 DK/NS</u> <u>77 Ref</u></p>
<p>H PROVIDER DISSATISFACTION (Field codes added) (format / new)</p>	<p>11. Overall, how satisfied are you with the medical care that you get from _____ (medical provider)...</p> <p>01 Very satisfied...<i>Skip to Q 12</i> 02 Somewhat satisfied...<i>Skip to Q 12</i> 03 Somewhat dissatisfied 04 Very dissatisfied?</p> <p>11A. If at all dissatisfied, Could you briefly explain why you were dissatisfied?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>11. Overall, how satisfied are you with the medical care that you get from _____ (medical provider)...</p> <p>01 Very satisfied...<i>Skip to Q 12</i> 02 Somewhat satisfied...<i>Skip to Q 12</i> 03 Somewhat dissatisfied 04 Very dissatisfied?</p> <p>11A. If at all dissatisfied, Could you briefly explain why you were dissatisfied?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Field Code: <u>All that apply / / / / / / / / / /</u></p> <p><u>01 R's problem was not taken seriously</u> <u>02 The provider did not really get to the real problem</u> <u>03 The provider did not understand R's concerns</u> <u>04 R had questions that were not answered</u> <u>05 The provider expected R to do too much on their own</u> <u>06 There was not enough time to discuss the problem fully</u> <u>07 The help offered was not practical</u> <u>08 Other</u></p>

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

<p align="center">H PATIENT / CLIENT NAVIGATOR (questions added) (new)</p>		<p>12. In the last 6 months, did someone go with you to see _____ <i>(medical provider)?</i></p> <p>01 Yes 00 No ... <i>Skip to Q13</i></p> <p><i>If yes, Who?</i></p> <p>_____</p> <p>_____</p> <p><i>Field Code: All that apply _ _ _ _ _ _ </i></p> <p><i>Formal</i></p> <p>01 Nurse 02 Nurse's Aide 03 Case Manager/Care Coordinator/ Navigator 04 Social Worker 05 Home Health Aide 06 Other formal (paid) helper, Specify _____</p> <p><i>Informal</i></p> <p>07 Volunteer 08 Buddy/Advocate 09 Friend 10 Family 11 Other informal helper, Specify _____</p> <p>12a. In the last 6 months, how many times did they accompany you? _____ # of times</p> <p>12b. How often did the person who accompanied you participate in your conversation with _____ <i>(medical provider)?</i></p> <p>01 All of the time 02 Most of the time 03 Some of the time 04 A little of the time 05 None of the time?</p>
<p align="center">H</p>		<p>13. Thinking back to the first time you went to</p>

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

<p>OUTREACH (questions added) (new)</p>		<p>_____ (<i>name of medical provider</i>) for your HIV infection, did you go on your own or did someone refer you or tell you to go there?</p> <p>01 On my own.....Skip to Q14 02 Was referred 03 Was just taken there; was there for something else.....Skip to Q14</p> <p><i>If REFERRED</i> 13A. Who referred you to this place?</p> <p>01 Friend, relative, acquaintance.....Skip to Q14 02 Another medical provider (specify agency)_____ Skip to Q14 03 Case manager (specify agency)_____ Skip to Q14 04 Outreach Worker 05 Other (specify) _____ Skip to Q14</p> <p><i>Code for first medical provider</i> __ __ __ __ <i>Code for referring agency</i> __ __ __ __ </p> <p><i>If REFERRED BY AN OUTREACH WORKER</i> 13B. How did the outreach worker contact you?</p> <p>01 Social service agency (specify agency)_____ 02 Public location or mobile van (specify location)_____ 03 Contacted at home 04 Health fair or other public event 05 Other (specify) _____</p> <p>14. In the past 6 months, were you contacted by an outreach worker and told to see _____(medical provider)? 01 Yes 00 No ... Skip to Q15</p>
---	--	--

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

		<p><i>If CONTACTED BY OUTREACH WORKER</i></p> <p>14A. How did the outreach worker find you to contact you?</p> <p>01 Contacted R directly (specify agency)_____</p> <p>02 Visited R at home (specify agency)_____</p> <p>03 Contacted R's friend, relative, acquaintance</p> <p>04 Social service agency (specify agency)_____</p> <p>05 Medical clinic (specify agency)_____</p> <p>06 Other public location (specify)_____</p> <p>09 Other (specify)_____</p> <p>_____</p>
<p>H MEDICAL SERVICES (question added) (format / new)</p>	<p>15. During the last six months, has there always been someone you could go to for routine check-ups, vaccinations, or medical tests?</p> <p>01 Yes</p> <p>00 No <i>SKIP TO Q.16</i></p> <p><i>If YES</i></p> <p>15A. Does your current medical provider offer this service?</p> <p>01 Yes</p> <p>02 No</p> <p>03 No current medical provider</p>	<p>15. During the last six months, has there always been someone you could go to for routine check-ups, vaccinations, or medical tests?</p> <p>01 Yes</p> <p>00 No <i>SKIP TO Q.16</i></p> <p><i>If YES</i></p> <p>15A. Does your current medical provider offer this service?</p> <p>01 Yes</p> <p>02 No</p> <p>03 No current medical provider</p> <p><i><u>If YES.</u></i></p> <p><u>15B. Is he/she a physician or other medical care provider such as a nurse or a physician assistant?</u></p>

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

		<p><u>01 MD</u> <u>02 NP</u> <u>03 PA</u> <u>08 Other (_____)</u> <u>88 DK/NS</u> <u>77 Ref</u></p>
<p>H CHOOSING PROVIDER (questions added) (re-insert)</p>		<p>18. Do you feel that you have as much choice as you would like in choosing your medical provider? 01 Yes.....Skip to Q19 00 No</p> <p><i>If NO,</i> 18A. Why do you feel this way?</p> <p>_____</p> <p>_____</p> <p>Field Code (<i>Check all that apply</i>)</p> <p>01 My HIV status 02 My substance-use problems 03 My gender 04 My ethnicity 05 My insurance coverage is (Medicaid, an HMO, no insurance) and this restricts my choice. 06 Lack of information I don't know where to go. 07 My neighborhood does not have enough providers. 08 The providers don't speak my language. 09 Medical provider was assigned to respondent 10 My sexual orientation 11 Other</p>
<p>H CONFIDENTIALITY (question added) (new)</p>		<p>19. Do you feel that your doctor's office treats your medical information in a confidential manner? 01 Yes 00 No 88 Don't know / Not sure</p>
<p>H PREVENTION FOR POSITIVES</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> has your primary medical provider. . .</p>	<p>29. 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> has anyone ... For any YES, Ask Was that a medical provider, a case</p>

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

(question root revised, questions added) (format / new)		Yes	No	manager or somebody else? <table border="1"> <thead> <tr> <th>At any time <u>during the past six months</u> has anyone ...</th> <th>A. Medical Provider</th> <th>B. Case Manager</th> <th>C. Other Provider</th> </tr> </thead> <tbody> <tr> <td>29A. Asked about your recent sexual activity 1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes, <i>Specify:</i> _____ _____ 0 No</td> </tr> <tr> <td>29B. Asked about your recent drug use 1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes, <i>Specify:</i> _____ _____ 0 No</td> </tr> <tr> <td>29C. Instructed you on safer sex practices 1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes, <i>Specify:</i> _____ _____ 0 No</td> </tr> <tr> <td>29D. Counseled you on safer drug use practices 1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes, <i>Specify:</i> _____ _____ 0 No</td> </tr> <tr> <td>29E. Counseled or referred you to drug treatment 1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes, <i>Specify:</i> _____ _____ 0 No</td> </tr> <tr> <td>29F. Asked whether you had sexual partners that should be referred for HIV testing 1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes, <i>Specify:</i> _____ _____ 0 No</td> </tr> <tr> <td>29G. Discussed with you the risk of HIV re-infection or "super-infection" 1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes, <i>Specify:</i> _____ _____ 0 No</td> </tr> <tr> <td>29H. Asked if you were using condoms every time you had sexual intercourse? 1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes, <i>Specify:</i> _____ _____ 0 No</td> </tr> <tr> <td>29I. Discussed partner notification with you? 1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes 0 No</td> <td>1 Yes, <i>Specify:</i> _____ _____ 0 No</td> </tr> </tbody> </table>				At any time <u>during the past six months</u> has anyone ...	A. Medical Provider	B. Case Manager	C. Other Provider	29A. Asked about your recent sexual activity 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No	1 Yes, <i>Specify:</i> _____ _____ 0 No	29B. Asked about your recent drug use 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No	1 Yes, <i>Specify:</i> _____ _____ 0 No	29C. Instructed you on safer sex practices 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No	1 Yes, <i>Specify:</i> _____ _____ 0 No	29D. Counseled you on safer drug use practices 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No	1 Yes, <i>Specify:</i> _____ _____ 0 No	29E. Counseled or referred you to drug treatment 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No	1 Yes, <i>Specify:</i> _____ _____ 0 No	29F. Asked whether you had sexual partners that should be referred for HIV testing 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No	1 Yes, <i>Specify:</i> _____ _____ 0 No	29G. Discussed with you the risk of HIV re-infection or "super-infection" 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No	1 Yes, <i>Specify:</i> _____ _____ 0 No	29H. Asked if you were using condoms every time you had sexual intercourse? 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No	1 Yes, <i>Specify:</i> _____ _____ 0 No	29I. Discussed partner notification with you? 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No	1 Yes, <i>Specify:</i> _____ _____ 0 No
	At any time <u>during the past six months</u> has anyone ...	A. Medical Provider	B. Case Manager					C. Other Provider																																							
	29A. Asked about your recent sexual activity 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No					1 Yes, <i>Specify:</i> _____ _____ 0 No																																							
	29B. Asked about your recent drug use 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No					1 Yes, <i>Specify:</i> _____ _____ 0 No																																							
	29C. Instructed you on safer sex practices 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No					1 Yes, <i>Specify:</i> _____ _____ 0 No																																							
	29D. Counseled you on safer drug use practices 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No					1 Yes, <i>Specify:</i> _____ _____ 0 No																																							
	29E. Counseled or referred you to drug treatment 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No					1 Yes, <i>Specify:</i> _____ _____ 0 No																																							
	29F. Asked whether you had sexual partners that should be referred for HIV testing 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No					1 Yes, <i>Specify:</i> _____ _____ 0 No																																							
	29G. Discussed with you the risk of HIV re-infection or "super-infection" 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No					1 Yes, <i>Specify:</i> _____ _____ 0 No																																							
	29H. Asked if you were using condoms every time you had sexual intercourse? 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No					1 Yes, <i>Specify:</i> _____ _____ 0 No																																							
29I. Discussed partner notification with you? 1 Yes 0 No	1 Yes 0 No	1 Yes 0 No	1 Yes, <i>Specify:</i> _____ _____ 0 No																																												
24A. Asked about your recent sexual activity	1	0																																													
24B. Asked about your recent drug use	1	0																																													
24C. Instructed you on safer sex practices	1	0																																													
24D. Counseled you on safer drug use practices	1	0																																													
24E. Counseled or referred you to drug treatment	1	0																																													
24F. Asked whether you had sexual partners that should be referred for HIV testing	1	0																																													
24G. Discussed with you the risk of HIV re-infection or "super-infection"	1	0																																													
24H. Asked if you were using condoms every time you had sexual intercourse?	1	0																																													

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

		<table border="1"> <tr> <td data-bbox="1163 196 1476 313"> 29J. Offered assistance in notifying your partners? 1 Yes 0 No </td> <td data-bbox="1476 196 1596 313"> 1 Yes 0 No No </td> <td data-bbox="1596 196 1738 313"> 1 Yes 0 No </td> <td data-bbox="1738 196 1927 313"> 1 Yes, <i>Specify</i>: _____ _____ 0 No </td> </tr> </table>	29J. Offered assistance in notifying your partners? 1 Yes 0 No	1 Yes 0 No No	1 Yes 0 No	1 Yes, <i>Specify</i> : _____ _____ 0 No
29J. Offered assistance in notifying your partners? 1 Yes 0 No	1 Yes 0 No No	1 Yes 0 No	1 Yes, <i>Specify</i> : _____ _____ 0 No			
<p align="center">I INSURANCE (category revised) (format)</p>	<p>1. What kind of medical insurance do you currently have, if any? <i>Circle all that apply</i></p> <p>01 Private Insurance 02 Private HMO 03 Medicaid <i>Skip to Q. 6 pg. 64</i> 04 Medicare <i>Skip to Q. 6 pg. 64</i> 05 CHAMPUS/CHAMPVA <i>Skip to Q. 6 pg. 64</i> 06 Other Private 07 Other Public (<i>specify</i>)_____ <i>Skip to Q. 6 pg. 64</i> 08 ADAP/ADAP+ <i>Skip to Q. 6 pg. 64</i> 09 None</p>	<p>1. What kind of medical insurance do you currently have, if any? <i>Circle all that apply</i></p> <p>01 Private Insurance 02 Private HMO 03 Medicaid <i>Skip to Q. 6 pg. 64</i> 04 Medicare <i>Skip to Q. 6 pg. 64</i> 05 <u>TRICARE (formerly CHAMPUS)/ CHAMPVA</u>... <i>Skip to Q. 6 pg. 64</i> 06 Other Private 07 Other Public (<i>specify</i>)_____ <i>Skip to Q. 6 pg. 64</i> 08 ADAP/ADAP+ <i>Skip to Q. 6 pg. 64</i> 09 None</p>				

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

<p>J SERVICES UTILIZED (clarifications added) (format)</p>	<p>Let's begin by listing the major types of medical services you have received in the last six months, that is since (reference date).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Services used in the last 6 months:</th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 20%;">If YES, skip to:</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">8. Have you received care from any other non medical doctor such as optometrists, nutritionists, foot doctors, or chiropractors, not including any doctors mentioned above?</td> <td style="text-align: center;">01</td> <td style="text-align: center;">00</td> <td style="text-align: center;">p. 72</td> </tr> <tr> <td style="padding: 5px;">9. Have you received treatment from any alternative health care provider or healer, for example, a practitioner of holistic medicine, an herbalist, or any other alternative therapy like biofeedback or acupuncture?</td> <td style="text-align: center;">01</td> <td style="text-align: center;">00</td> <td style="text-align: center;">p. 73</td> </tr> </tbody> </table>	Services used in the last 6 months:	Yes	No	If YES, skip to:	8. Have you received care from any other non medical doctor such as optometrists, nutritionists, foot doctors, or chiropractors, not including any doctors mentioned above?	01	00	p. 72	9. Have you received treatment from any alternative health care provider or healer, for example, a practitioner of holistic medicine, an herbalist, or any other alternative therapy like biofeedback or acupuncture?	01	00	p. 73	<p>Let's begin by listing the major types of medical services you have received in the last six months, that is since (reference date).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Services used in the last 6 months:</th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 20%;">If YES, skip to:</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">8. Have you received care from any <i>medical practitioners who are not physicians</i> such as optometrists, nutritionists, foot doctors, or chiropractors, not including any doctors mentioned above?</td> <td style="text-align: center;">01</td> <td style="text-align: center;">00</td> <td style="text-align: center;">p. 80</td> </tr> <tr> <td style="padding: 5px;">9. Have you received treatment from any alternative health care provider or healer, for example, <i>a non-traditional healer</i>, a practitioner of holistic medicine, an herbalist, or any other alternative therapy like biofeedback or acupuncture?</td> <td style="text-align: center;">01</td> <td style="text-align: center;">00</td> <td style="text-align: center;">p. 81</td> </tr> </tbody> </table>	Services used in the last 6 months:	Yes	No	If YES, skip to:	8. Have you received care from any <i>medical practitioners who are not physicians</i> such as optometrists, nutritionists, foot doctors, or chiropractors, not including any doctors mentioned above?	01	00	p. 80	9. Have you received treatment from any alternative health care provider or healer, for example, <i>a non-traditional healer</i> , a practitioner of holistic medicine, an herbalist, or any other alternative therapy like biofeedback or acupuncture?	01	00	p. 81
Services used in the last 6 months:	Yes	No	If YES, skip to:																							
8. Have you received care from any other non medical doctor such as optometrists, nutritionists, foot doctors, or chiropractors, not including any doctors mentioned above?	01	00	p. 72																							
9. Have you received treatment from any alternative health care provider or healer, for example, a practitioner of holistic medicine, an herbalist, or any other alternative therapy like biofeedback or acupuncture?	01	00	p. 73																							
Services used in the last 6 months:	Yes	No	If YES, skip to:																							
8. Have you received care from any <i>medical practitioners who are not physicians</i> such as optometrists, nutritionists, foot doctors, or chiropractors, not including any doctors mentioned above?	01	00	p. 80																							
9. Have you received treatment from any alternative health care provider or healer, for example, <i>a non-traditional healer</i> , a practitioner of holistic medicine, an herbalist, or any other alternative therapy like biofeedback or acupuncture?	01	00	p. 81																							
<p>J ORAL HEALTH CARE (question added) (new)</p>	<p>42a. Is your dental provider an HIV specialist? 01 Yes 00 No 88 Don't know / not sure</p>																									

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

J DRUG/ ALCOHOL TREATMENT (category added) (new)						
	A. TYPE OF TREATMENT OR COUNSELING <i>For each type of service, fill in # of visits or duration in Column B or C, as appropriate.</i>	B. How long were you in the program?	C. Please tell me the name and address of the organization that provided this treatment/ counseling.	A. TYPE OF TREATMENT OR COUNSELING <i>For each type of service, fill in # of visits or duration in Column B or C, as appropriate.</i>	B. How long were you in the program?	C. Please tell me the name and address of the organization that provided this treatment/ counseling.
52. You told me that in the last six months you have received treatment or counseling for problems related to alcohol or drug use. Please look at this card and tell me what kind of treatment or counseling this is. Code all that apply. **SHOW CARD # 6**	IN-PATIENT TREATMENT01	Mo / Wk	1.	IN-PATIENT TREATMENT01	Mo / Wk	1.
	OUT-PATIENT TREATMENT.....02	Mo / Wk	_____	OUT-PATIENT TREATMENT.....02	Mo / Wk	_____
	DETOXIFICATION PROGRAM....03	Mo / Wk	2.	DETOXIFICATION PROGRAM....03	Mo / Wk	2.
	THERAPEUTIC COMMUNITY (TC)04	Mo / Wk	_____	THERAPEUTIC COMMUNITY (TC)04	Mo / Wk	_____
	HALFWAY HOUSE05	Mo / Wk	3.	HALFWAY HOUSE05	Mo / Wk	3.
	RESIDENTIAL TREATMENT....06	Mo / Wk	_____	RESIDENTIAL TREATMENT....06	Mo / Wk	_____
	METHADONE MAINTENANCE... 07	Mo / Wk	_____	METHADONE MAINTENANCE... 07	Mo / Wk	_____
	EMPLOYEE ASSISTANCE PROG. (EAP)...08	Mo / Wk	_____	EMPLOYEE ASSISTANCE PROG. (EAP)...08	Mo / Wk	_____
				52. You told me that in the last six months you have received treatment or counseling for problems related to alcohol or drug use. Please look at this card and tell me what kind of treatment or counseling this is. Code all that apply. **SHOW CARD # 6**		
				IN-PATIENT TREATMENT01	Mo / Wk	1.
				OUT-PATIENT TREATMENT.....02	Mo / Wk	_____
				DETOXIFICATION PROGRAM....03	Mo / Wk	2.
				THERAPEUTIC COMMUNITY (TC)04	Mo / Wk	_____
				HALFWAY HOUSE05	Mo / Wk	3.
				RESIDENTIAL TREATMENT....06	Mo / Wk	_____
				METHADONE MAINTENANCE... 07	Mo / Wk	_____
				<u>BUPRENORPHINE</u> <u>TREATMENT....08</u>	Mo / Wk	_____
				EMPLOYEE ASSISTANCE PROG. (EAP)...09	Mo / Wk	_____

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

		<p><i>Include only if counseling or treatment is for alcohol/drug problems</i></p> <p>INDIVIDUAL COUNSELOR, PSYCHOLOGIST, OR PSYCHIATRIST... 09</p>	<p>Mo / Wk</p>			<p><i>Include only if counseling or treatment is for alcohol/drug problems (Check all that apply)</i></p> <p>INDIVIDUAL CNSLR 10A PSYCHOLOGIST 10B PSYCHIATRIST... 10C</p>	<p>Mo / Wk</p>	
		<p>OTHER DRUG/ALCOHOL (SPECIFY) _____..10</p> <p>DK...88</p>	<p>Mo / Wk</p>			<p>OTHER DRUG/ALCOHOL (SPECIFY) _____..11</p> <p>DK...88</p>	<p>Mo / Wk</p>	
<p>J BEGAN TAKING MEDICATIONS (question added) (new)</p>					<p>→64A. When did you first take HIV medications (this may include ART, protease inhibitors, AZT)? ____/____ (month/year) ____ 88/8888 Don't know/Not sure ____ 00/0000 Never taken ____ 77/7777 Refuse to answer</p>			
<p>J MEDICATIONS USED (two new drugs added) (new)</p>	<p>ASK EVERYONE MEDICATIONS USED</p> <p>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.</p> <p>.....</p>				<p>ASK EVERYONE MEDICATIONS USED</p> <p>There are many drug therapies for HIV and a number of medications people may take. 64A. (above)</p> <p>We want to learn if you are taking any of these medications and how they are working for you. 64B. NNRTIs</p>			

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

		<p align="center"><u>Intelligence</u></p> <p>Entry Inhibitor</p> <p align="center"><u>Selzentry</u></p>
<p align="center">J</p> <p align="center">PROVIDER ASSISTANCE TO TAKE MEDS</p> <p>(type of providers added)</p> <p align="center"><i>(format / new)</i></p>	<p>76A. Which of the following people helped you? (Allow the R time to answer and then ask, <u>if appropriate</u> What agency do they work for?</p> <p align="center">(Circle all that apply)</p> <p align="center">Clinic/Agency name and address</p> <p>01 Medical Provider/Physician _____ _____ </p> <p>02 Nurse _____ _____ </p> <p>03 Case manager/social worker _____ _____ </p> <p>04 Mental health professional _____ _____ </p> <p>05 Drug/alcohol counselor _____ _____ </p> <p>06 Peer/Health educator _____ _____ </p> <p>07 Other professional person (specify) _____ Clinic/Agency name and address _____ _____ _____ </p> <p>08 Other non-professional, such as, a friend, a relative (specify) _____</p> <p>09 Member or leader of support group you attend _____ _____ </p>	<p>76A. Which of the following people helped you? (Allow R time to answer and then ask, <u>if appropriate</u>. What agency do they work for?</p> <p align="center">(Circle all that apply)</p> <p align="center">Clinic/Agency name and address</p> <p>01 Medical Provider/Physician _____ _____ </p> <p>02 Nurse _____ _____ </p> <p>03 Case manager/social worker _____ _____ </p> <p>04 Mental health professional _____ _____ </p> <p>05 Drug/alcohol counselor _____ _____ </p> <p><u>06 Treatment adherence counselor</u> _____ _____ </p> <p><u>07 Care coordinator/navigator</u> _____ _____ </p> <p>08 Peer/Health educator _____ _____ </p> <p>09 Other professional person (specify) _____ Clinic/Agency name and address _____ _____ _____ </p> <p>10 Other non-professional, such as, a friend, a relative (specify) _____</p> <p>11 Member or leader of support group you attend _____ _____ </p>
<p align="center">J</p> <p align="center">TYPE OF ASSISTANCE TO TAKE MEDS</p> <p>(questions added)</p> <p align="center"><i>(new)</i></p>		<p>76B. What kind of help were you given in taking your medication in the right way?</p> <p align="center"><i>(Field code all that apply)</i></p> <p>01 Information/advice on a one-on-one basis Specify: # of times per month: _____; for how long? _____ days/ weeks/ months</p> <p>02 Information/advice in a group setting Specify: # of times per month: _____; for how long? _____ days/ weeks/ months</p> <p>03 Written material, such as, brochures, booklets</p> <p>04 Some device to help keep track of dosages and time, such as a beeper, watch that beeps, a calendar</p> <p>05 Pill box: Box/container designed to keep pills</p> <p>06 Directly observed therapyAsk76C</p> <p>07 Other type of help (i.e. mcaps)_(specify) _____</p>

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

		<p><i>If R states Directly Observed Therapy; OTHERS Skip to Q77</i></p> <p>76C. Has there been a time in the last six months when a nurse or other care provider has watched you take your medications at home or at the clinic? [Circle all that apply]</p> <p>01 Home 02 Clinic 03 Other location (specify) _____ 04 No one has watched me take my medications <i>SKIP TO Q.77</i></p> <p>76D. How often did a nurse or other care provider has watched you take your medications?</p> <p>01 Daily, every day 02 4 to 5 times a week 03 2 to 3 times a week 04 1 time a week</p>																				
<p align="center">K SOCIAL NETWORKS</p>		<p align="center"><i><u>[No substantive changes, additions, or deletions]</u></i></p>																				
<p align="center">L COBRA CASE MANAGER (question added) (new)</p>		<table border="1"> <thead> <tr> <th></th> <th>Case Manager 1</th> <th>Case Manager 2</th> <th>Case Manager 3</th> <th>Case Manager 4</th> </tr> </thead> <tbody> <tr> <td>3. Name/</td> <td> _ _ _ </td> <td> _ _ _ </td> <td> _ _ _ </td> <td> _ _ _ </td> </tr> <tr> <td>Title</td> <td>_____ _____</td> <td>_____ _____</td> <td>_____ _____</td> <td>_____ _____</td> </tr> <tr> <td>8. <u>To your knowledge, is this case manager a COBRA case manager?</u></td> <td>01 Yes 00 No</td> <td>01 Yes 00 No</td> <td>01 Yes 00 No</td> <td>01 Yes 00 No</td> </tr> </tbody> </table>		Case Manager 1	Case Manager 2	Case Manager 3	Case Manager 4	3. Name/	_ _ _	_ _ _	_ _ _	_ _ _	Title	_____ _____	_____ _____	_____ _____	_____ _____	8. <u>To your knowledge, is this case manager a COBRA case manager?</u>	01 Yes 00 No	01 Yes 00 No	01 Yes 00 No	01 Yes 00 No
	Case Manager 1	Case Manager 2	Case Manager 3	Case Manager 4																		
3. Name/	_ _ _	_ _ _	_ _ _	_ _ _																		
Title	_____ _____	_____ _____	_____ _____	_____ _____																		
8. <u>To your knowledge, is this case manager a COBRA case manager?</u>	01 Yes 00 No	01 Yes 00 No	01 Yes 00 No	01 Yes 00 No																		
<p align="center">L CASE MANAGER ASSISTANCE (questions)</p>	<p>During the last 6 months, has any case manager worked with you in any of the following areas . . .</p>	<p>During the last 6 months, has any case manager worked with you in any of the following areas . . .</p>																				

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

added) (new)		Yes	No	<i>If Yes, Which of your case managers was this? Circle All that Apply</i>		Yes	No	<i>If Yes, Which of your case managers was this? Circle All that Apply</i>
	8. Revising or developing a plan for dealing with your needs	01	00	1 2 3 4	9. Revising or developing a plan for dealing with your needs	01	00	1 2 3 4
	9. Helping you get, or referring you to, specific medical services	01	00	1 2 3 4	10. Helping you get, or referring you to, specific medical services	01	00	1 2 3 4
	10. Helping you get, or referring you to, specific social services	01	00	1 2 3 4	11. Helping you get, or referring you to, specific social services	01	00	1 2 3 4
	11. Periodically checking on how you are doing or asking whether you are getting the services you need	01	00	1 2 3 4	12. Periodically checking on how you are doing or asking whether you are getting the services you need	01	00	1 2 3 4
	12. Filling out forms for benefits or entitlements	01	00	1 2 3 4	13. Filling out forms for benefits or entitlements	01	00	1 2 3 4
	13. Counseling you about your personal life or your problems	01	00	1 2 3 4	14. Counseling you about your personal life or your problems	01	00	1 2 3 4
	14. Counseling you about drug or alcohol use	01	00	1 2 3 4	15. Counseling you about drug or alcohol use	01	00	1 2 3 4
	15. Counseling you about how to practice safer sex	01	00	1 2 3 4	16. Counseling you about how to practice safer sex	01	00	1 2 3 4
	16. Counseling you on taking your antiviral medication	01	00	1 2 3 4	17. Counseling you on taking your antiviral medication	01	00	1 2 3 4
					<i>18. Helping you to keep an appointment for medical care with your primary care provider or medical specialist</i>	01	00	1 2 3 4
					<i>19. Helping you to keep an appointment for social services</i>	01	00	1 2 3 4
					<i>20. Developing a plan to help you take your HIV medications the right way</i>	01	00	1 2 3 4
L	Let's talk about: **LEGAL MATTERS**				Let's talk about: **LEGAL MATTERS**			

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

<p>LEGAL MATTERS (field codes added) (format / new)</p>	<p>1. Please tell me a little bit more about your need for assistance in this area or the problem you had.</p> <hr/> <hr/> <p><i>Field code all that apply</i></p> <ul style="list-style-type: none"> 01 Immigration issues 02 Criminal justice / probation, parole 03 Discrimination issues 04 Child custody/ permanency planning 05 Landlord tenant/lease/eviction proceedings 06 Fair hearing for entitlements issue 08 Other (specify) _____ 	<p>1. Please tell me a little bit more about your need for assistance in this area or the problem you had.</p> <hr/> <hr/> <p><i>Field code all that apply</i></p> <ul style="list-style-type: none"> 01 Immigration issues 02 Criminal justice / probation, parole 03 Discrimination issues 04 Child custody/ permanency planning 05 Landlord tenant/lease/eviction proceedings 06 Fair hearing for entitlements issue <u>07 Preparation of Power of Attorney, Do Not Resuscitate (DNR) Orders, Wills & Trusts</u> <u>08 Financial matters such as Bankruptcy Proceedings</u> <u>09 Intervention necessary to ensure access to benefits (including discrimination or breach of confidentiality)</u> 10 Other (specify) _____
<p>L LINGUISTIC/ TRANSLATION SERVICES (service area added) (new)</p>		<p>Let's talk about: **LINGUISTIC / TRANSLATION SERVICES**</p> <p>1. Please tell me a little bit more about your need for assistance in this area or the problem you had.</p> <hr/> <hr/> <hr/> <p><i>Field code all that apply</i></p> <ul style="list-style-type: none"> 01 Translation services when receiving medical care in person 02 Translation services when receiving social services in person 03 Translation services when receiving social services by phone 04 Other (specify) _____ <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></p>

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

		<p>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. If professional services used, specify type of worker (if applicable) and the name of the social service agency.</i></p> <p>_____</p> <p>_____</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>_____ __ __ </p> <p>_____ __ __ </p> <p>_____ __ __ </p> <p><i>If R has not sought help from any professional or agency . . . Ask Q.3, next page</i></p> <p><i>If R has sought professional services Ask Q.4, next page</i></p> <p>3. You said that you didn't seek help from any professional or agency for your problem with translation services. Why not?</p> <p>_____ __ __ </p> <p>_____ __ __ </p> <p>_____ __ __ </p> <p><i>Field code</i></p> <p>01 I didn't know where to go.</p> <p>02 I couldn't discuss this with my family or friends.</p> <p>03 Fear or anxiety about HIV.</p> <p>04 I couldn't make a scheduled appointment.</p> <p>05 I couldn't reach agency/worker to help me.</p> <p>06 I didn't feel I needed professional help.</p> <p>07 Other (specify)_____</p> <p>08 I don't qualify/ am not eligible for services</p> <p><i>If R mentions more than one professional, ask which professional R has had most recent contact and list agency/provider name</i></p>
--	--	--

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

		<p>4. How satisfied were you with the help that you received from _____ <i>(this person or service agency). . .</i></p> <p>01 Very satisfied 02 Somewhat satisfied 03 Somewhat dissatisfied 04 Very dissatisfied?</p> <p><i>If at all dissatisfied, Could you briefly describe why you were dissatisfied?</i></p> <hr/> <p><i>ASK EVERYONE</i> <i>** Show Card # 7* **</i></p> <p>5. In the last 6 months, how would you describe the progress that has been made with your problems with translation services...</p> <p>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?</p>					
<p>L SATISFACTIO N / PROGRESS with LINGUISTIC/ TRANSLATION SERVICES (service area added)</p> <p><i>(new)</i></p>		<table border="1"> <tr> <td data-bbox="1150 1015 1281 1258"> <p>Service Area</p> </td> <td data-bbox="1281 1015 1402 1258"> <p>List Agencies providing help in the past six months</p> </td> <td data-bbox="1402 1015 1543 1258"> <p>A. Which is the most recent agency that has helped you in the last six months?</p> </td> <td data-bbox="1543 1015 1690 1258"> <p>B. How satisfied were you with the help that you received from this agency?</p> </td> <td data-bbox="1690 1015 1932 1258"> <p>C. How would you describe the progress that has been made with your problems in the area of...</p> </td> </tr> </table>	<p>Service Area</p>	<p>List Agencies providing help in the past six months</p>	<p>A. Which is the most recent agency that has helped you in the last six months?</p>	<p>B. How satisfied were you with the help that you received from this agency?</p>	<p>C. How would you describe the progress that has been made with your problems in the area of...</p>
<p>Service Area</p>	<p>List Agencies providing help in the past six months</p>	<p>A. Which is the most recent agency that has helped you in the last six months?</p>	<p>B. How satisfied were you with the help that you received from this agency?</p>	<p>C. How would you describe the progress that has been made with your problems in the area of...</p>			

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

		<table border="1"> <tr> <td data-bbox="1136 188 1281 959"> 11. <i>Linguistic</i> <i>/</i> <i>Translation</i> <i>Services</i> </td> <td data-bbox="1281 188 1402 959"> _____ _____ _____ _____ _____ _____ </td> <td data-bbox="1402 188 1543 959"> _____ _____ _____ _____ </td> <td data-bbox="1543 188 1690 959"> 01 Very satisfied 02 Somewhat satisfied 03 Somewhat dissatisfied 04 Very dissatisfied </td> <td data-bbox="1690 188 2005 959"> 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? DO NOT READ 00 R reports no problem </td> </tr> </table>	11. <i>Linguistic</i> <i>/</i> <i>Translation</i> <i>Services</i>	_____ _____ _____ _____ _____ _____ 	_____ _____ _____ _____ 	01 Very satisfied 02 Somewhat satisfied 03 Somewhat dissatisfied 04 Very dissatisfied	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? DO NOT READ 00 R reports no problem
11. <i>Linguistic</i> <i>/</i> <i>Translation</i> <i>Services</i>	_____ _____ _____ _____ _____ _____ 	_____ _____ _____ _____ 	01 Very satisfied 02 Somewhat satisfied 03 Somewhat dissatisfied 04 Very dissatisfied	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? DO NOT READ 00 R reports no problem			
<p align="center">L CARE COORDINA- TION (questions added) (new)</p>		<p>During the interview, you have told us about many providers who have helped you with your HIV care. Now I am going to ask you about how your main HIV care providers work together or don't work together. These main HIV care providers include the medical provider in charge of your overall HIV condition, who you told me was _____ (Name of Primary Care Provider),</p> <p>and any of the following providers who you feel play an important role in your HIV care...</p> <p>A. A case manager or social worker - is there a case manager or social worker who plays an important role in your HIV care? 00 No 01 Yes (specify name and agency)</p> <p>Name: _____ Agency: _____ Address: _____ _____</p> <p>B. A treatment adherence counselor or someone who helps you take medications - is there a treatment adherence counselor who plays an important role in your HIV care? 00 No 01 Yes (specify name and agency)</p>					

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

		<p>Name: _____ Agency: _____ Address: _____ _____</p> <p>C. A mental health provider - is there a mental health provider who plays an important role in your HIV care? 00 No 01 Yes (<i>specify name and agency</i>)</p> <p>Name: _____ Agency: _____ Address: _____ _____</p> <p>D. Another provider who is important to your HIV care (<i>specify type, name and agency</i>) Type of Provider: _____ Name: _____ Agency: _____ Address: _____ _____</p> <p>E. Another provider who is important to your HIV care (<i>specify type, name and agency</i>) Type of Provider: _____ Name: _____ Agency: _____ Address: _____ _____</p> <p>F. Another provider who is important to your HIV care (<i>specify type, name and agency</i>) Type of Provider: _____ Name: _____ Agency: _____ Address: _____ _____</p> <p><i>Instructions</i></p> <p><i>If R mentions no providers other than the primary care provider, GO TO Q12.</i></p> <p><i>If R mentions primary care provider and any other provider, CONTINUE</i></p> <p>For the next set of questions, when I say “HIV care team,” I am referring to these providers you just mentioned as being important to your HIV care.</p> <p>I am going to read you statements about your current experience with your HIV care team. For each statement I read below, I want you to tell me how much you</p>
--	--	--

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6

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

		agree or disagree with it. Please tell me if you: <i>Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, or Strongly Agree.</i>				
		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	3. Your HIV care team gives you the information you need about your health.	1	2	3	4	5
	4. Your HIV care team gives you the information you need about how to achieve your treatment goals.	1	2	3	4	5
	5. Your HIV care team leaves you wondering sometimes where to go with a specific health concern.	1	2	3	4	5
	6. All the members of your HIV care team are familiar with your major medical conditions and recent changes in your health.	1	2	3	4	5
	7. The members of your HIV care team update each other when they make any changes in the care you receive.	1	2	3	4	5
	8. The information you get from your HIV care team is confusing.	1	2	3	4	5
	9. When it comes down to it, these providers have their	1	2	3	4	5

CHAIN Questionnaire Changes: Wave 5 vs. Wave 6
 All substantive changes are indicated in ***bold, italic, underlined*** font.

		<table border="1"> <tr> <td data-bbox="1199 191 1425 337">own individual areas of expertise but do not really work together as a team.</td> <td data-bbox="1425 191 1545 337"></td> <td data-bbox="1545 191 1665 337"></td> <td data-bbox="1665 191 1785 337"></td> <td data-bbox="1785 191 1904 337"></td> <td data-bbox="1904 191 2020 337"></td> </tr> <tr> <td data-bbox="1199 337 1425 488">10. My HIV care team routinely involves me in decisions about my health care.</td> <td data-bbox="1425 337 1545 488">1</td> <td data-bbox="1545 337 1665 488">2</td> <td data-bbox="1665 337 1785 488">3</td> <td data-bbox="1785 337 1904 488">4</td> <td data-bbox="1904 337 2020 488">5</td> </tr> <tr> <td data-bbox="1199 488 1425 662">11. It is primarily because of my own efforts that all the providers I listed are well informed about my HIV care.</td> <td data-bbox="1425 488 1545 662">1</td> <td data-bbox="1545 488 1665 662">2</td> <td data-bbox="1665 488 1785 662">3</td> <td data-bbox="1785 488 1904 662">4</td> <td data-bbox="1904 488 2020 662">5</td> </tr> </table> <p data-bbox="1150 688 1955 732">12. Does your current primary HIV medical provider maintain electronic medical records?</p> <p data-bbox="1339 737 1591 808">01 Yes 00 No 88 Don't know / Not sure</p>	own individual areas of expertise but do not really work together as a team.						10. My HIV care team routinely involves me in decisions about my health care.	1	2	3	4	5	11. It is primarily because of my own efforts that all the providers I listed are well informed about my HIV care.	1	2	3	4	5
own individual areas of expertise but do not really work together as a team.																				
10. My HIV care team routinely involves me in decisions about my health care.	1	2	3	4	5															
11. It is primarily because of my own efforts that all the providers I listed are well informed about my HIV care.	1	2	3	4	5															
<p align="center">M BARRIERS (question added) (new)</p>		<table border="1"> <tr> <td data-bbox="1142 911 1562 1040">At any time in the last 6 months, did you ever delay or not get the assistance you thought you needed. . .</td> <td data-bbox="1562 911 1650 1040">No</td> <td colspan="3" data-bbox="1650 911 2003 1040">If YES: Did this happen when you needed medical services, social services, or both?</td> </tr> <tr> <td data-bbox="1142 1040 1562 1094"></td> <td data-bbox="1562 1040 1650 1094"></td> <td data-bbox="1650 1040 1772 1094">Medical</td> <td data-bbox="1772 1040 1898 1094">Social</td> <td data-bbox="1898 1040 2003 1094">Both</td> </tr> <tr> <td data-bbox="1142 1094 1562 1203">15. <i><u>Because the office or clinic was not open at a convenient time?</u></i></td> <td data-bbox="1562 1094 1650 1203">0</td> <td data-bbox="1650 1094 1772 1203">1</td> <td data-bbox="1772 1094 1898 1203">2</td> <td data-bbox="1898 1094 2003 1203">3</td> </tr> </table>	At any time in the last 6 months, did you ever delay or not get the assistance you thought you needed. . .	No	If YES: Did this happen when you needed medical services, social services, or both?					Medical	Social	Both	15. <i><u>Because the office or clinic was not open at a convenient time?</u></i>	0	1	2	3			
At any time in the last 6 months, did you ever delay or not get the assistance you thought you needed. . .	No	If YES: Did this happen when you needed medical services, social services, or both?																		
		Medical	Social	Both																
15. <i><u>Because the office or clinic was not open at a convenient time?</u></i>	0	1	2	3																
<p align="center">N SUPPLE- MENT</p>		<p align="center"><i><u>[No substantive changes, additions, or deletions]</u></i></p>																		
<p align="center">O RECORD KEEPING</p>		<p align="center"><i><u>[No substantive changes, additions, or deletions]</u></i></p>																		