

Participant ID #: _____ Staff Initials: _____ Date __ / __ / ____

FLORIDA COHORT WAVE 3

EXTENDED CORE QUESTIONNAIRE

(v1.2 - 3/17/2022)

Thank you for taking the time to fill out this survey!

There are no wrong or right answers, so we hope that you will feel comfortable answering each question as honestly as possible.

The research assistant is always available to answer any questions you may have. All of your answers will be kept confidential. You will be compensated \$15 for completing this part of the survey.

----- SINCERELY-----

THE FLORIDA COHORT TEAM



General Health

This set of questions ask how much difficulty you have had doing everyday activities and your interest in alternative therapies. If you are unsure about how to answer a question, please give the best answer you can.

1. Do you use a walker, wheelchair, or other equipment to move around?

- Yes
 No

2. Please indicate if you have ever used any of the following for mental and physical health and if you have used it in the past 12 months.

	No	Yes, but not in the <u>past 12 months</u>	Yes, in the <u>past 12 months</u> ?
Meditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yoga	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tai Chi/Qigong (slow meditative movement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbal medicinal teas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplements (vitamins, CoQ-10, probiotics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBD products (oil, cream, tinctures)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prayer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Would you be interested in trying any of the following for mental and physical health? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Meditation | <input type="checkbox"/> Herbal medicinal teas |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Supplements (like vitamins) |
| <input type="checkbox"/> Tai Chi/Qigong | <input type="checkbox"/> CBD Products |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Prayer |
| | <input type="checkbox"/> None of the above |

HIV Treatment and Care Engagement

This section asks some questions about your HIV care and antiretroviral medications that you might take for HIV and about people who provide you with your HIV health care (HIV providers).

4. After you first tested positive for HIV, how long did it take to get your first medical care visit for HIV?

- Less than 1 month
- 1 to 3 months
- 4 to 5 months
- 6 to 12 months
- 1 to 4 years
- 5 to 9 years
- 10 to 20 years
- More than 20 years

5. Are you currently taking HIV antiretroviral medications, also known as ART?

Yes

No

SKIP TO PAGE 4, ANSWER QUESTION 9

6. When you last picked up or received your HIV medication prescriptions, did you get a 30-day or 90-day supply?

- 30-day supply
- 90-day supply
- Some of each

7. Over the past 6 months, how much money did you spend each month on medications, including co-pays, on average?

- \$0
- \$1-10
- \$11-50
- \$51-100
- \$101-250
- More than \$250

8. In the past 12 months, have you done any of the following to try to prevent others from finding out about your HIV-status? (Check all that apply)

- Removed/covered the labels on the prescription bottles so no one can tell what you are taking
- Put HIV medications into another container to disguise them
- Traveled at least 30 miles away to get your HIV medication so people wouldn't know you have HIV
- Changed where you get your HIV medication so people wouldn't know you have HIV
- Hid medications when someone has come over to your home
- None of the above

9. Please state how much you agree or disagree with the following statements about your regular clinic or doctor's office. If you do not have a regular clinic or doctor's office, please give your answers for the last place you went to for HIV care.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I like the doctor(s) at the clinic or office.	○	○	○	○	○
The clinic or office is convenient or close by.	○	○	○	○	○
The clinic or office accepts my health insurance.	○	○	○	○	○
The clinic or office keeps my information private and confidential.	○	○	○	○	○
The clinic or office staff treat me well.	○	○	○	○	○
I don't know where else to go for care.	○	○	○	○	○
I trust the clinic or office staff.	○	○	○	○	○
I trust the doctor(s).	○	○	○	○	○
Overall, I am satisfied with the clinic or office.	○	○	○	○	○

10. If you had to go to an in-person HIV healthcare appointment, how would you get to your provider's office? (Check all that apply)

- I walk
- I bike
- I drive my own car/vehicle
- My partner/friend/family drives me
- Public transportation
- Clinic transportation service
- Taxi, Uber, or Lyft
- I pay someone to take me to and from my doctor's appointments
- Other (***Please specify***) _____

11. Other than your HIV health care provider, have you seen any of the following doctors or healthcare providers in the past 12 months? (Check all that apply)

- A primary care doctor (different from your HIV provider)
- A women's health specialist (gynecologist, OB/GYN)
- A psychiatrist, psychologist, or counselor
- A dentist
- Other (***Please specify***) _____
- I have not seen another healthcare provider

12. How many times have you been hospitalized overnight in the past 12 months?

- 0
- 1
- 2
- 3 or more

HIV Disclosure

Some people may choose to tell or disclose their HIV status to everyone, but others may not. This section asks about who you have disclosed or told your HIV status to.

13. Your close social network includes people that you feel close to, such as family and best friends, and other people who are important to you or who you communicate with frequently. How many people are in your close social network?

0

SKIP TO PAGE 7, ANSWER QUESTION 16

1

2-4

5-10

11 or more

14. Have you told all, some, or none of the people in your close social network about your HIV status?

All

Some

None

15. Please state how much you agree or disagree with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
In the <u>past 12 months</u> , I have felt stress from disclosing my HIV status to someone in my close social network.	<input type="radio"/>					
In the <u>past 12 months</u> , I have felt stress from keeping my status secret from someone in my close social network.	<input type="radio"/>					

Emotion

People experience all types of emotions throughout their life. The following questions ask about the types of feelings or emotions that you may have experienced.

16. Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example,

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide

Have you ever experienced this kind of event?

Yes

No

SKIP TO PAGE 8, ANSWER QUESTION 17

16a. In the last 30 days, because of that experience have you...

	Yes	No
Had nightmares about it or thought about it when you did not want to?	<input type="radio"/>	<input type="radio"/>
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	<input type="radio"/>	<input type="radio"/>
Been constantly on guard, watchful, or easily startled?	<input type="radio"/>	<input type="radio"/>
Felt numb or detached from others, activities, or your surroundings?	<input type="radio"/>	<input type="radio"/>
Felt guilty or unable to stop blaming yourself or others for it or any problems it may have caused?	<input type="radio"/>	<input type="radio"/>

17. Please indicate how much you agree or disagree with each of the statements below.

	Agree Strongly	Agree Some	Disagree Some	Disagree Strongly
When I feel bad, I will often do things I later regret in order to make myself feel better now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes when I feel bad, I can't seem to stop what I am doing even though it is making me feel worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am upset, I often act without thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel rejected, I will often say things that I later regret.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sexual Behavior

This section asks you some questions about sex. Your answers will be kept confidential. Please answer the following as honestly as possible. Some of these questions may be similar to ones you've already answered.

18. What do you consider your sexual orientation or preference?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Asexual
- Other (**Please specify**) _____

19. In the past 12 months, have you engaged in any kind of sex (including anal, vaginal, and/or oral sex)?

- Yes
- No

SKIP TO PAGE 10, ANSWER QUESTION 22

20. During the past 12 months, did you ever, even once, have vaginal or anal sex with any of the following types of partners?

	No	Yes, and always with a condom	Yes, but without a condom at least once
A main partner (long term or spouse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other partner (date, fling, someone you just met)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any partner who was HIV positive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any partner who was HIV negative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any partner whose HIV status was unknown or you were not sure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A commercial sex worker (someone you paid for sex)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A partner from whom I received money or services in exchange for sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. In the past 12 months, have you had sex with anyone new or anyone you hadn't had sex with before?

Yes

No

21a. How did you meet the new sexual partner(s)? (Check all that apply)

- Through a friend
- Through a community organization (for example, Church or a support group)
- Internet (**Please specify which website**) _____
- Phone app (like Tinder or Grindr)
(**Please specify which app**) _____
- Bar or club
- Bath house
- Gym
- On the street
- Other (**Please specify**) _____

22. In the past 12 months, have you been diagnosed with any of the following sexually transmitted infections (STIs)? (Check all that apply)

- Chlamydia
- Gonorrhea
- Herpes
- Syphilis
- Any other sexually transmitted infection
- None
- Not sure

Alcohol Use

This section asks about alcohol use in your lifetime and other drug use. All of your answers will be kept confidential. Please answer the following as honestly as possible. Some of these questions may be similar to ones you've already answered.

23. Alcohol includes drinks like beer, wine, and liquor. In your lifetime, have you had any alcohol?

Yes, at least one drink in the past year

Yes, but no drinks in the past year

Never → **SKIP TO PAGE 15, ANSWER QUESTION 30**

23a. How many years has it been since your last alcoholic drink?

1 year

11 to 20 years

2 years

21 to 30 years

3-5 years

More than 30 years

6 to 10 years

24. How old were you when you first started using alcohol (drinking more than a few sips)?

25. Have you ever tried to quit or cut back on your drinking?

Yes

No → **SKIP TO PAGE 14, ANSWER QUESTION 29**

26. When was the last time you tried to quit or cut back your drinking?

In the past year

1 year ago

2 years ago

3-5 years ago

6 to 10 years ago

11 to 20 years ago

21 to 30 years ago

More than 30 years ago

27. What were the main reasons you quit or cut back drinking?

	Yes	No
Improve relationship with family or friends	<input type="radio"/>	<input type="radio"/>
Alcohol use affects my work	<input type="radio"/>	<input type="radio"/>
Resolve legal problems (e.g., DUI)	<input type="radio"/>	<input type="radio"/>
Health problems	<input type="radio"/>	<input type="radio"/>
To be healthier	<input type="radio"/>	<input type="radio"/>
To feel better	<input type="radio"/>	<input type="radio"/>
To lose weight	<input type="radio"/>	<input type="radio"/>
Improve mental well-being	<input type="radio"/>	<input type="radio"/>
Financial troubles/ save money	<input type="radio"/>	<input type="radio"/>
Doctor told me to	<input type="radio"/>	<input type="radio"/>
No particular reasons	<input type="radio"/>	<input type="radio"/>
I was/am an alcoholic	<input type="radio"/>	<input type="radio"/>
Other (<i>Please specify</i>) _____	<input type="radio"/>	<input type="radio"/>

People use many strategies to try to stop or reduce drinking. From the following list, please check yes or no if you ever tried each of the options. Then, for each option you have tried, please indicate how effective it was in helping you to stop or reduce drinking.

28. Have you ever tried any of the following treatments or strategies to help you stop or cut back on your drinking? If YES, how effective was this in helping you stop or cut back on your drinking?

	Ever tried?		How effective was this in helping you stop or cut back on your drinking			
	If YES, ANSWER		Not at all	A little	Somewhat	Very
	Yes	No				
Alcoholics Anonymous (AA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling or therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Detox" or alcohol treatment in an outpatient or community setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Detox" or alcohol treatment in an inpatient or community setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication to help reduce drinking (Please specify what medication) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-monitoring (mobile device, wrist monitor, breathalyzer, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On my own (with no help) / "cold turkey"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prayer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

There are many different reasons why people who drink may not seek help. We are interested in learning about barriers to alcohol treatment that you have either faced or worried about facing.

29. Was there ever a time when you thought you should seek help for your drinking, but you didn't go?

Yes

No

SKIP TO PAGE 15, ANSWER QUESTION 30

29a. Did this happen during the last 12 months?

Yes

No

29b. What were the main reasons why you did not seek help?

Negative Experiences

Some people have experienced many terrible things in their lifetime and others haven't had any terrible experiences. The following set of questions is related to traumatic childhood experiences and domestic violence. Please be as honest as possible. Remember that you do not have to answer any question that you do not want to answer.

30. Have you ever been insulted, belittled, humiliated or threatened with harm by someone you cared about such as a parent, brother, sister, boyfriend, or girlfriend?

- Yes
- No

30a. Did this happen before you were 18 years old?	<input type="radio"/> Yes	<input type="radio"/> No
30b. Has this happened to you in the <u>past 12 months</u>?	<input type="radio"/> Yes	<input type="radio"/> No

31. Have you ever been emotionally abused or neglected?

- Yes
- No

31a. Did this happen before you were 18 years old?	<input type="radio"/> Yes	<input type="radio"/> No
31b. Has this happened to you in the <u>past 12 months</u>?	<input type="radio"/> Yes	<input type="radio"/> No

32. Have you ever been physically abused (for example, hit, choked, burned, or beaten) by someone you knew well such as a parent, brother, sister, boyfriend, or girlfriend?

- Yes
- No

32a. Did this happen before you were 18 years old?	<input type="radio"/> Yes	<input type="radio"/> No
32b. Has this happened to you in the <u>past 12 months</u>?	<input type="radio"/> Yes	<input type="radio"/> No

SKIP TO PAGE 16, ANSWER QUESTION 33

33. Have you ever been severely punished (for example, locked up, shut in a closet, tied up, or chained) by someone you knew well such as a parent, brother, sister, boyfriend, or girlfriend?

- Yes
- No

33a. Did this happen before you were 18 years old?	<input type="radio"/> Yes <input type="radio"/> No
33b. Has this happened to you in the <u>past 12 months</u>?	<input type="radio"/> Yes <input type="radio"/> No

34. Have you ever been robbed, mugged, or physically (not sexually) attacked by a stranger or someone you did not know well?

- Yes
- No

34a. Did this happen before you were 18 years old?	<input type="radio"/> Yes <input type="radio"/> No
34b. Has this happened to you in the <u>past 12 months</u>?	<input type="radio"/> Yes <input type="radio"/> No

35. Have you ever been stalked or had anyone threaten to kill or seriously harm you?

- Yes
- No

35a. Did this happen before you were 18 years old?	<input type="radio"/> Yes <input type="radio"/> No
35b. Has this happened to you in the <u>past 12 months</u>?	<input type="radio"/> Yes <input type="radio"/> No

SKIP TO PAGE 17, ANSWER QUESTION 36

36. Have you ever been discriminated against because of race, ethnic group, gender, sexual orientation, or religion?

Yes

No

36a. Did this happen before you were 18 years old?	<input type="radio"/> Yes	<input type="radio"/> No
36b. Has this happened to you in the <u>past 12 months</u>?	<input type="radio"/> Yes	<input type="radio"/> No

37. Have you ever been the victim of a hate crime (having violence directed at you because of your race, ethnic group, gender, sexual orientation, or religion)?

Yes

No

37a. Did this happen before you were 18 years old?	<input type="radio"/> Yes	<input type="radio"/> No
37b. Has this happened to you in the <u>past 12 months</u>?	<input type="radio"/> Yes	<input type="radio"/> No

38. Have you ever been bothered or harassed by sexual remarks, jokes, inappropriate touching or demands for sexual favors by someone at work or school?

Yes

No

38a. Did this happen before you were 18 years old?	<input type="radio"/> Yes	<input type="radio"/> No
38b. Has this happened to you in the <u>past 12 months</u>?	<input type="radio"/> Yes	<input type="radio"/> No

SKIP TO PAGE 18, ANSWER QUESTION 39

39. Have you ever been touched or made to touch someone else in a sexual way because you felt forced in some way or threatened by harm to yourself or someone else?

- Yes
- No

39a. Did this happen before you were 18 years old?	<input type="radio"/> Yes <input type="radio"/> No
39b. Has this happened to you in the <u>past 12 months</u>?	<input type="radio"/> Yes <input type="radio"/> No

40. Have you ever had sex because you felt forced in some way or threatened by harm to yourself or someone else?

- Yes
- No

40a. Did this happen before you were 18 years old?	<input type="radio"/> Yes <input type="radio"/> No
40b. Has this happened to you in the <u>past 12 months</u>?	<input type="radio"/> Yes <input type="radio"/> No

41. Have you ever had unwanted sex in exchange for money, drugs, or other material goods such as shelter or clothing?

- Yes
- No

41a. Did this happen before you were 18 years old?	<input type="radio"/> Yes <input type="radio"/> No
41b. Has this happened to you in the <u>past 12 months</u>?	<input type="radio"/> Yes <input type="radio"/> No

No one deserves to be treated badly. Resources to help individuals who have experienced these things are available here: <https://sharc-research.org/community-resources/>

Criminal Justice

Next, we would like to ask about your experiences with the criminal justice system, since different experiences with the criminal justice system can affect HIV-related outcomes.

42. How many different times have you been in a jail, prison, detention center, or juvenile correctional facility for longer than 24 hours? (Do not count times when you were only kept overnight)

Never

→ **SKIP TO PAGE 21, ANSWER QUESTION 47**

1

2-3

4-5

6-7

8-9

10 or more

43. What was the longest amount of time you were ever incarcerated at one time?

A week or less

A month or less

Less than 1 year

1 year or more but less than 2 years

2 to 3 years

4 to 5 years

More than 5 years

44. When was the last time you were in a jail, prison, detention center or juvenile correctional facility for longer than 24 hours?

Within past year

1 year ago

2 years ago

3-5 years ago

6 to 10 years ago

11 to 20 years ago

21 to 30 years ago

More than 30 years ago

45. How long were you incarcerated the last time?

- A week or less
- A month or less
- Less than 1 year
- 1 year or more but less than 2 years
- 2 to 3 years
- 4 to 5 years
- More than 5 years

46. When were you diagnosed with HIV?

- Before the last time I was incarcerated
- During the last time I was incarcerated
- After the last time I was incarcerated

SKIP TO PAGE 21, ANSWER QUESTION 47

46a. Did you receive HIV medications while you were incarcerated?

- Yes
- No

46b. Were you given HIV medications when you were released?

- Yes
- No
- Don't remember

46c. Did you receive HIV care services within 30 days after release?

- Yes
- No

SKIP TO PAGE 21, ANSWER QUESTION 47

46d. There are many reasons why people do not receive HIV care services within 30 days after release. In your case, what is the main reason?

- Nothing was arranged for me at the time of release
- It took longer than 30 days to find out where to go
- I chose not to go
- Other (**Please specify**) _____

Socio-Demographics

We would like to learn a little bit more about you. Some of these questions may be similar to questions you've already answered.

47. Are you living with your current husband, wife, boyfriend, girlfriend, or partner?

- Yes
- No
- Does not apply

48. Are you currently employed?

- Yes
- No, I am unemployed
- No, I am unable to work or disabled

48a. Why are you unable to work?

49. Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) are federal insurance programs (also known as welfare) that provide money to people unable to work because of a disability and older persons. During the past 12 months, did you receive SSDI or SSI?

- Yes
- No
- Not sure

50. Have you been evicted or forced to leave your home within the last 12 months?

- Yes
- No

THANK YOU FOR COMPLETING THE
SURVEY!

----- SINCERELY-----

THE FLORIDA COHORT TEAM

