

Was using drugs and/or alcohol

Clinic Location

Lacked transportation to get to the clinic
Could not easily get to the clinic location

Childcare

Child care was not available at the clinic

Cost of HIV care/no insurance

Did not have No insurance
Could not afford the cost of care

Access to HIV Provider

Had to wait too long to get an appointment
Takes too long to get another appointment if you miss one
Had to wait too long in the clinic to be seen
Could not get to the clinic during the hours it was open
Did not have all of the required paperwork to see the HIV doctor
Could not take time off of work

Fear

Did not feel comfortable being around other patients at the clinic
People at the clinic would know or recognize me
Did not trust of the medical system

Stigma

Did not want to take time off of work because my employer might find out I have HIV
Worried someone would find out I have HIV
Worried people would think badly of me because I have HIV

Clinic Staff or Setting

Clinic staff was not friendly or helpful
Couldn't find a HIV healthcare provider I liked
Did not feel culturally accepted at the clinic
Did not like the clinic (e.g., too hot/cold, too dirty, in a bad neighborhood)

Heath Status

Felt too sick to go to the clinic
Felt well or had no symptoms
Not ready to start taking HIV medications

Other: _____

7a. Of the reasons you told me, which do you think is the main reason keeping you from seeing an HIV doctor?

Reason #: _____ [select main reason from Q7 if more than one]

8. Where did you go the last time you saw your HIV doctor: _

Provider name: _____ [use drop down list of providers in Casewatch]

9. How many times have you seen your HIV doctor in the past 12 months? _____

10. Do you want to go back to that HIV doctor/clinic for your HIV care?

No → Skip to Q. 11 Yes

10a. If no, why do you not want to go back? (Select all that apply)

Don't like doctor Have to wait too long for an appointment
 Don't like office staff Did not feel like I needed it
 Clinic is too far away I do not want to deal with this right now.
 Don't speak my language Other: _____

11. Have you ever been prescribed medications for HIV?

Yes → GO to Q. 11a No → SKIP to Q. 12

11a. Are you currently taking medications for HIV?

Yes No

ASK OF ALL PATIENTS [never in care AND previously in care]:

(READ ALOUD): *I am going to work with you to get you connected to a clinic so that you can get medical and social support to help you stay healthy.*

12. What, if any, are the types of things that you need immediate help with for you to see an HIV doctor? (Select all that apply)

Disclosure

I need to tell my partner about my HIV status
I need to tell my family about my HIV status

Living Situation

I am homeless and I need stable housing
I am worried about my immigration status

Substance Use

I am actively using drugs and/or alcohol, which interferes with my daily activities
I need help to stop using drugs and/or alcohol

Clinic Location

I do not have transportation to get to the clinic
I cannot get to the clinic location easily

Childcare

I need someone to take care of my child/children so I can go to the clinic

Cost of HIV care/no insurance

I do not have medical insurance
I do not think I can afford the cost of care

Access to HIV Provider

I cannot get to the clinic during the hours it is open
I do not have all of the required paperwork to see the HIV doctor
I cannot take time off of work
I do not know if I can take time off of work

Fear

I do not feel comfortable being around other patients at the clinic
I am scared people at the clinic would know or recognize me
I do not trust of the medical system

Stigma
 I do not want to take time off of work because my employer might find out I have HIV
 I am worried someone would find out I have HIV
 I am worried people would think badly of me because I have HIV

Mental Health Status
 I need to see a doctor to get medication for my mental health
 I have been feeling sad or upset recently
 I get stressed thinking about going to the doctor

Health Status
 I feel okay no symptoms
 I am not ready to start taking HIV medications

Other: _____

I don't need help with anything to see an HIV doctor

(READ ALOUD): *As part of the assessment, I ask all patients about their mental health and any counseling or mental health services they may have received in the past 6 months. You don't have to answer any questions you feel are too personal.*

13. In the past 6 months, have you experienced any emotional issues that got in the way of your daily routine or the usual things that you do?

Yes No

14. In the past 6 months, have you been in mental health therapy or seen a psychiatrist?

Yes No → *Skip to Q15*

14a. When did you last see a mental health therapist or a psychiatrist (month and year)?

____/____
 M M Y Y Y Y

14b. Where did you last see a mental health therapist or psychiatrist? _____

(READ ALOUD): *"The next questions I ask are about things that might have bothered you in the past 6 months. For each question, please tell me which answer best describes how much (or how often) you have been bothered by each problem during the past SIX (6) MONTHS." (Show Response Card)*

During the past SIX (6) MONTHS, how much (or how often) have you been bothered by the following problems?	None Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day	Highest Domain Score (clinician)
15. Little interest or pleasure in doing things?	0	1	2	3	4	
16. Feeling down, depressed, or hopeless?	0	1	2	3	4	
17. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
18. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
19. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
20. Feeling nervous, anxious, frightened,	0	1	2	3	4	

worried, or on edge?						
21. Feeling panic or being frightened?	0	1	2	3	4	
22. Avoiding situations that make you anxious?	0	1	2	3	4	
23. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
24. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
25. Thoughts of actually hurting yourself?	0	1	2	3	4	
26. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
27. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
28. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
29. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
30. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
31. Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
32. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
33. Not knowing who you really are or what you want out of life?	0	1	2	3	4	
34. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
35. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
36. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
37. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0	1	2	3	4	

READ: *"Now I'd like to ask you a few questions about the ways you may use drugs or alcohol".*

38. Have you used drugs or alcohol in the past 6 months?

Yes No → Skip to Q40

39. Have you injected any drugs in the past 6 months?

Yes No → Skip to Q40

39a. If YES, did you share any of your injection equipment?

Yes No Don't know/Refuse to answer

40. Are you currently trying to reduce or stop your drug or alcohol use?
 Yes No

READ: "Now I'd like to ask you a few questions about yourself and your partner(s)".

41. Are you single, married, in a committed relationship, separated, divorced or widowed? [Read all responses and check only one]

- Single, never married Married
 Divorced Other: _____
 Widowed
 Partnered or in a relationship

42. Do you consider yourself to be... [Check only one]

- Gay/Lesbian Other: _____
 Bisexual
 Straight (Heterosexual)

43. During the past 6 months have you had vaginal or anal sex with a partner?

- Yes No → Go to Q. 44

43a. During the past 6 months, how many different sexual partners did you have? # _____

43b. Tell me how many of those partners did you NOT use condoms with? # _____

43d. How many of those partners did you tell your HIV status to? # _____

44. Have you been diagnosed with any sexually transmitted disease in the past 12 months?

- Yes No

(READ ALOUD): "I am going to now ask you some questions about your living situation."

45. Where are you currently living? [Check all that apply]

<input type="checkbox"/> 1 Rental unit alone <input type="checkbox"/> 2 Single Room Occupancy hotel (SRO) <input type="checkbox"/> 3 Own Home <input type="checkbox"/> 4 Live with friend <input type="checkbox"/> 5 Live with family <input type="checkbox"/> 6 Live with partner <input type="checkbox"/> 7 Group/Foster home <input type="checkbox"/> 8 Supportive housing <input type="checkbox"/> 9 Transitional Housing <input type="checkbox"/> 10 Hotel/Motel <input type="checkbox"/> 11 Living temporarily with friend(s) <input type="checkbox"/> 12 Living temporarily with family <input type="checkbox"/> 13 Other housing: _____	→ go to Q 47
<input type="checkbox"/> 14 Car <input type="checkbox"/> 15 Outside/Street <input type="checkbox"/> 16 Shelter <input type="checkbox"/> 17 Abandoned/vacant building <input type="checkbox"/> 18 Other homeless: _____ <input type="checkbox"/> 19 Don't know/Refuse to answer	HOMELESS → go to next question

If patient is currently homeless:

46. How long have you been homeless? _____ weeks

46a. Where do you... i. sleep? _____
ii. eat? _____
iii. hang out? _____

47. Thank you for answering all of my questions. Is there anything else that I have not asked you about that you think would help you to see an HIV care provider?

No

Yes, describe: _____

<u>Summary Notes:</u>

Linkage Case Manager Signature

LCM _____

Date ____/____/____