

# SUDIS QUESTIONNAIRE

Female version

\_\_ ID \_\_

PLACE ID LABEL HERE

Today's Date: MONTH / DAY / YEAR  
month day year

Interviewer Initials: INTVIEWR

SUDIS SITE: (check below)

- 1  Field site (specify site number) SITE  
2  Other (specify)  
3  University of California, San Francisco

Time interview started: TIME : \_\_\_\_ [AM/PM]  
Time interview stopped: \_\_\_\_ : \_\_\_\_ [AM/PM]

Reviewed by \_\_

Cleaned by \_\_

Transcribed by \_\_

## SUDIS WOMEN'S QUESTIONNAIRE

### **Introduction:**

Thank you for being a part of this study. Some of the things I will ask about are very personal. I want to make sure you understand that all of your answers will be kept confidential, meaning that they are private and will not be shared with others. Your name will not be written on this survey to add more protection of privacy. All research material will be kept in a locked file and destroyed after the research has ended.

Your answers will be used to help design programs for other people with HIV. Try to be honest in the answers you give. For example, some people feel it might be better to say that they always use condoms or never share outfits. But for this study, there are no right or wrong answers. I am most interested in your feelings, thoughts and experiences.

If you have any questions, feel free to ask them at any time. Some questions sound the same, but please answer all of them, because they are all important for this research. If you need to take a break during the interview, please let me know, because we can do that.

If you have questions, or things that you'd like to talk about after this interview, you can call Kelly Knight, M.Ed. at (415) 597-4651. Also, the agencies and individuals in the Community Referral Guide included in this packet might be helpful in answering your questions or connecting you with other services.

**SECTION A: HIV AND YOUR HEALTH**

In this first section I'd like to know more about your health, especially how HIV has affected your health, and what health care services you receive.

**A1. When did you first test positive for HIV, or learn that you had HIV? If you are unsure of the specific date, please give your best estimate.**

*(If respondent can not specify month, but can only provide the season, 01=winter, 04=spring, 07=summer, 10=fall)*

Month: TESTMO Year: TESTYR TESTED

Was not tested; was told by a health care provider s/he had HIV → GO TO A3

**A2. When you first got a positive HIV-test result, where were you tested?** TESTWHRF -9 NOT TESTED

- 1) Health department or other public test site
- 2) Public hospital or community clinic or STD clinic
- 3) Family planning clinic or prenatal visit or when pregnant (ADDED)
- 4) Private doctor, clinic, hospital, or HMO
- 5) Jail (city, county)
- 6) Prison (state, Federal)
- 7) Another study (specify) \_\_\_\_\_
- 8) Field-tested by outreach worker; mobile van
- 9) Drug treatment center
- 10) Needle exchange program
- 11) Other: \_\_\_\_\_

TESTOTHR

**A3. What kind of health insurance do you have now?** INSUR 2

- 1) None
- 2) MediCaid/Care or SSI
- 3) Private
- 4) Other: INSUROTH

**A4. Do you have somewhere you go (a clinic or a doctor) regularly for your HIV care?** CARE

- 0) No → GO TO A4b
- 1) Yes
- 8) Don't know or not sure → GO TO A5
- 9) Declines → GO TO A5

**a. If YES: Where do you go most often to get medical care for HIV? (Choose only one.)**

- 1) Public health clinic or hospital
- 2) Private doctor or private clinic
- 3) Family planning clinic (ADDED)
- 4) Health maintenance organization (HMO)
- 5) VA hospital or clinic
- 6) Emergency department/Emergency room
- 7) Jail or prison
- 8) Needle exchange program
- 9) Other: \_\_\_\_\_

CAREWHRF -9 NO HIV CARE  
-8 DK/NS/DCLN  
ANS CARE

CAREOTHR

**b. If NO: Why aren't you receiving regular medical care for your HIV?**

(INTERVIEWER: DO NOT read aloud or suggest any answers. Check all that apply.)

- 1) Don't know where to go for medical care CARENO1
- 2) Couldn't afford care (i.e., no money or insurance benefits) CARENO2
- 3) Could be identified as someone with HIV CARENO3
- 4) Could be identified as a drug user CARENO4
- 5) Could have effects on family (e.g., lose custody of kids) CARENO5
- 6) Too busy (i.e., competing concerns: shelter, drug habit, etc.) CARENO6
- 7) Inconvenient (i.e., no transportation, need for childcare, clinic hours, etc.) CARENO7
- 8) Not interested CARENO8
- 9) Don't trust health care system (i.e., bad prior experience) CARENO9
- 10) Other 1: CAREWHY1 CARENO10
- 11) Other 2: CAREWHY2 CARENO11

-9 RECEIVE HIV CARE  
-8 DK/NS/DCLN ANS CARE

**A5. Are you currently receiving any other types of HIV-related services other than medical care?**

- 0) No → GO TO A5b SVC50THR
- 1) Yes
- 8) Don't know or not sure → GO TO A6
- 9) Declines → GO TO A6

**a. If YES: What kinds of services are you receiving?**

(INTERVIEWER: READ answers. Check all that apply.)

- 1) Housing or shelter for people with HIV/AIDS SVC52
- 2) Food services (Open Hand, Food Bank, etc.) SVC512
- 3) Case management SVC54
- 4) Early Intervention Program SVC51
- 5) Alcohol or drug treatment SVC56
- 6) Needle exchange program SVC57
- 7) One-to-one Psychological counseling SVC513
- 8) Support groups (Specify: SUPPORT1, SUPPORT2) SVC55
- 9) Legal assistance SVC58
- 10) Financial assistance SVC514
- 11) Practical support (bills, buddy program, help with cleaning) SVC59
- 12) ADAPT: financial assistance with HIV medical treatment therapies SVC515
- 13) Other HIV or non-HIV-related services (Specify: SERVICE1, SERVICE2) SVC510
- 14) Other research studies (Specify: RSRCH1, RSRCH2) SVC511

-9 NOOTH HIV SERVICES  
-8 DK/NS/DCLN OTH HIV

**b. If NO: Why aren't you receiving HIV-related services other than medical care?**

(INTERVIEWER: DO NOT read aloud or suggest any answers; check all that apply.)

- 1) Didn't know that services existed NOSVCS11
- 2) Didn't know where to go for services NOSVCS1
- 3) Couldn't afford it (including no insurance) NOSVCS3
- 4) Worried about being identified as a drug user NOSVCS12
- 5) Worried about being identified as someone with HIV NOSVCS13
- 6) Not convenient NOSVCS5
- 7) No transportation NOSVCS9
- 8) Not interested NOSVCS6
- 9) Services didn't fit my needs NOSVCS7
- 10) No HIV-related services in my area NOSVCS8
- 11) Feel uncomfortable as a women because clients are mostly men NOSVCS14
- 12) Other (Specify: SVCYOTHR) NOSVCS10

-9 RECV OTH HIV SERVICES  
-8 DK/NS/DCLN OTH HIV

**A6. Have you ever had a CD4 or T-cell count? This is a blood test used to check the health of people with HIV, to see if they may be at risk for getting sick.**

- CD4**
- 0) No → GO TO A7
  - 1) Yes → GO TO A6a
  - 8) Don't Know or not sure → GO TO A7
  - 9) Declines → GO TO A7

**A6a. When was the last time you had a CD4 or T-cell count? If you are unsure of the specific date, please give your best guess.**

-9 NO/DK/NS/DCLN CD4 COUNT  
 Month: CD4MO Year: CD4YR  
 (01=winter, 04=spring, 07=summer, 10=fall)

**A6b. What was your last CD4 or T-cell count? If you don't know the exact number, please give your best guess.**

-9 NO/DK/NS/DCLN CD4 COUNT  
 -8 DK/NS OF CD4 COUNT  
 CD4/T-cell count: CD4COUNT Don't know, not sure \_\_\_\_\_

**A7. Have you ever had your viral load measured? This is a blood test that measures the amount of HIV virus in your blood. Like T-cells, it is also used to check the health of people with HIV.**

- VLOAD**
- 0) No → GO TO A8
  - 1) Yes → GO TO A7a
  - 8) Don't Know or not sure → GO TO A8
  - 9) Declines → GO TO A8

**A7a. When was the last time you had your viral load measured?**

(01=winter, 04=spring, 07=summer, 10=fall)  
 -9 NO/DK/NS/DCLN VIR LD  
 Month: VLOADMO Year: VLOADYR

**A7b. What was your viral load at that time?**

(INTERVIEWER: If respondent knows the value of viral load test record it on line one, if doesn't know exact value ask them if their provider indicated the result was undetectable, low or high; CHECK ONLY ONE)  
 -9 NO/DK/NS/DCLN VIR LD

- 1) VLOADNUB <sup>-8 ESTIMATED</sup> **VIRAL LOAD** VLOAD EST -9 NO/DK/NS/DCLN VIR LD
- 2) Undetectable
- 3) Low or good
- 4) High or bad
- 8) Don't know
- 9) Declines

**A8. Have you ever been diagnosed with AIDS?**

- AIDS**
- 0) No → GO TO A9
  - 1) Yes → GO TO A8a
  - 8) Not sure → GO TO A9
  - 9) Declines → GO TO A9

**A8a. When were you first diagnosed with AIDS?**

- 9 NO/NS/DCLN ANS AIDS  
 (01=winter, 04=spring, 07=summer, 10=fall)  
 Month: AIDSMO Year: AIDSYR

**A9. Now I'm going to ask you about STDs or VD, that is, diseases one can get through sex.**

(0 = No; 1 = Yes; 8 = Don't Know or Not Sure; 9 = Declines) (01=winter, 04=spring, 07=summer, 10=fall)

Sexually transmitted disease	EVER Had?				When LAST HAD? Month / Year	Did you have before you were HIV+				
	N	Y	DK	DC		N	Y	DK	DC	
Syphilis <u>SYPH</u>	0	1	8	9	<u>SYPHMO</u> */19 <u>SYPHYR</u> *	0	1	8	9	<u>SYPHBF</u> *
Gonorrhea or clap (If YES, probe for site) <u>GON</u>	0	1	8	9	<u>GONMO</u> ***/19 <u>GONYR</u> **					
...in your vagina (genital) <u>GONGENIT</u> **	0	1	8	9	<u>GONGENMO</u> ***/19 <u>GONGENYR</u> **					
...in your anus (rectal) <u>GONANUS</u> **	0	1	8	9	<u>GONANUMO</u> ***/19 <u>GONANUYR</u> **					
...in your mouth (oral) <u>GONMOUTH</u> **	0	1	8	9	<u>GONMOUTHMO</u> ***/19 <u>GONMOUTHYR</u> **					
Chlamydia <u>CHLAM</u>	0	1	8	9	<u>CHLAMMO</u> */19 <u>CHLAMYR</u> *					
Bacterial vaginosis(BV, gardnerella, haemophilus) <u>BV</u>	0	1	8	9	<u>BVMO</u> */19 <u>BVYR</u> *					
Herpes (If YES, probe for site) <u>HERP</u>	0	1	8	9	<u>HERPMO</u> ***/19 <u>HERPYR</u> **	0	1	8	9	<u>HERPBF</u> *
...in your vagina or on your labia <u>HERPGENIT</u> **	0	1	8	9	<u>HERPGEMO</u> ***/19 <u>HERPGEYR</u> **	0	1	8	9	<u>HERPGB</u> *
...on or near your anus <u>HERPANUS</u> **	0	1	8	9	<u>HERPANMO</u> ***/19 <u>HERPANUYR</u> **	0	1	8	9	<u>HERPAB</u> *
Warts or condyloma (If YES, probe for site) <u>WARTS</u>	0	1	8	9	<u>WARTSMO</u> ***/19 <u>WARTSYR</u> **	0	1	8	9	<u>WARTSB</u> *
...in your vagina or on your labia <u>WARTGENIT</u> **	0	1	8	9	<u>WARTGEMO</u> ***/19 <u>WARTGEYR</u> **	0	1	8	9	<u>WARTGB</u> *
...on or near your anus <u>WARTANUS</u> **	0	1	8	9	<u>WARTANMO</u> ***/19 <u>WARTANYR</u> **	0	1	8	9	<u>WARTAB</u> *
Any sore, ulcer or blister in your genital or rectal area <u>SORE</u>	0	1	8	9	<u>SOREMO</u> */19 <u>SOREYR</u> *					
Cervicitis (inflammation or irritation of the cervix): unknown type <u>CERVIX</u>	0	1	8	9	<u>CERVIXMO</u> */19 <u>CERVIXYR</u> *	0	1	8	9	<u>CERVXB</u> *
Yeast infection <u>YEAST</u>	0	1	8	9	<u>YEASTMO</u> */19 <u>YEASTYR</u> *	0	1	8	9	<u>YEASTB</u> *
Cervical Cancer <u>CCANC</u>	0	1	8	9	<u>CCANCMO</u> */19 <u>CCANCYR</u> *					
PID (infection in your tubes) <u>PID</u>	0	1	8	9	<u>PIDMO</u> */19 <u>PIDYR</u> *	0	1	8	9	<u>PIDBF</u> *
Other rectal infection <u>RECT</u> <u>RECTNAME</u>	0	1	8	9	<u>RECTMO</u> */19 <u>RECTYR</u> *					
Any other STD, specify: <u>USTD</u> <u>USTDNAME</u>	0	1	8	9	<u>USTDMO</u> */19 <u>USTDYR</u> *					

\* -9 NEV/DK/DCLN (STD)    \*\* -9 NEVER HAD (STD)    \*\*\* -9 NEVER HAD (STD)  
 - 8 NEV/DK/DCLN (STD)

**A10. Now I'm going to ask you about health problems that injection drug users may experience.**

(0 = No; 1 = Yes; 8 = Don't Know or Not Sure; 9 = Declines)

(01=winter, 04=spring, 07=summer, 10=fall)

Health problem	EVER Had?				When LAST HAD? Month / Year	Did you have before you were HIV+			
	N	Y	DK	DC		N	Y	DK	DC
Skin abscess ABSCESES	0	1	8	9	ABSCESES MO / 19 ABSCESES YR -9 NEV/DK/DCLN SKIN ABSCESES				
Endocarditis (an infection on your heart valves) ENDO	0	1	8	9	ENDOMO / 19 ENDOYR -9 NEV/DK/DCLN ENDOCARDITIS				
Hepatitis A HEPA	0	1	8	9	HEPAMO / 19 HEPAYR -9 NEV/DK/DCLN HEPA	0	1	8	9
Hepatitis B HEPB	0	1	8	9	HEPBMO / 19 HEPBYR -9 NEV/DK/DCLN HEPB	0	1	8	9
Hepatitis C HEPC	0	1	8	9	HEPCMO / 19 HEPCYR -9 NEV/DK/DCLN HEPC	0	1	8	9
Hepatitis, unknown type HEP	0	1	8	9	HEPMO / 19 HEPYR -9 NEV/DK/DCLN UNK HEP	0	1	8	9
Positive skin test (PPD) for tuberculosis (TB) PPD	0	1	8	9	PPDMO / 19 PPDYR -9 NEV/DK/DCLN PPD	0	1	8	9
TB or tuberculosis in your lungs (you were asked to take at least 3 medicines) TB	0	1	8	9	TBMO / 19 TBYR -9 NEV/DK/DCLN TB	0	1	8	9
Drug overdose OD	0	1	8	9	ODMO / 19 ODYR -9 NEV/DK/DCLN OD				

**A11. Are you currently taking any medications prescribed by a doctor for HIV/AIDS? (This does not include vitamins or alternative therapies such as medical marijuana)**

- 0) No → GO TO A16                      MEDS
- 1) Yes → GO TO A11a
- 8) Don't know → GO TO A16
- 9) Declines → GO TO A16

**A11a. Are you currently in a research study that gives you medications for the treatment of HIV/AIDS?**

- 0) No MEDEXP -9 NO/DK/DCLN HIV DRUGS
- 1) Yes (Name of study: MEDSTUD1; MEDSTUD2)

A12. Now I'm going to read you a list of different medicines that are used to fight HIV. I'm going to ask if you are taking this medicine. Because managing to take all of one's medicines every day can be difficult, I will also ask how many days in the LAST MONTH you were not able to take (or forgot to take) one or more doses of each medication.

*INTERVIEWER: Show picture card of different pills. May use 30-day calendar to anchor significant dates and to assist respondent recall. Ask the participant if they missed any doses yesterday. Then ask for the last week, and work up to 30 days.*

Are you CURRENTLY taking this medicine?				
NUCLEOSIDE ANALOGUES				Number of days missed any dose in last 30 days
3TC (Epivir, lamivudine)	EPIV -9 NO/DK/DCLN HIV DRUGS	Yes Go to next drug	No Go to next drug	DK MISS EPIV days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE 3TC
DdC (Hivid, zalcitibine)	DDC -9 NO/DK/DCLN HIV DRUGS	Yes Go to next drug	No Go to next drug	DK MISS DDC days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE DDC
AZT (Retrovir, zidovudine)	AZT -9 NO/DK/DCLN HIV DRUGS	Yes Go to next drug	No Go to next drug	DK MISS AZT days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE AZT
DDI (Videx, didanosine)	DDI -9 NO/DK/DCLN HIV DRUGS	Yes Go to next drug	No Go to next drug	DK MISS DDI days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE DDI
D4T (Zerit, stavudine)	D4T -9 NO/DK/DCLN HIV DRUGS	Yes Go to next drug	No Go to next drug	DK MISS D4T days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE D4T
(AZT + 3TC) COMB Combivir	COMB -9 NO/DK/DCLN HIV DRUGS	Yes Go to next drug	No Go to next drug	DK MISS COMB days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE COMBIVIR
NON-NUCLEOSIDE ANALOGUES				
Viramune (nevirapine)	NEV -9 NO/DK/DCLN HIV DRUGS	Yes Go to next drug	No Go to next drug	DK MISS NEV days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE NEVIRAPINE
Rescriptor (delavirdine)	DEL -9 NO/DK/DCLN HIV DRUGS	Yes Go to next drug	No Go to next drug	DK MISS DEL days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE DELAVIRDINE
PROTEASE INHIBITORS				
Crixivan (indinavir)	IND -9 NO/DK/DCLN HIV DRUGS	Yes Go to next drug	No Go to next drug	DK MISS IND days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE INDINAVIR
Fortovase/Invirase (saquinavir)	SAQ -9 NO/DK/DCLN HIV DRUGS	Yes Go to next drug	No Go to next drug	DK MISS SAQ days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE SAQUINAVIR
Norvir (ritonavir)	RIT -9 NO/DK/DCLN HIV DRUGS	Yes Go to next drug	No Go to next drug	DK MISS RIT days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE RITONAVIR
Abacavir	ABAC -9 NO/DK/DCLN HIV DRUGS	Yes Go to next drug	No Go to next drug	DK MISS ABAC days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE ABACAVIR
Viracept (nelfinavir)	NEL -9 NO/DK/DCLN HIV DRUGS	Yes Go to next drug	No Go to next drug	DK MISS NEL days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE NELFINAVIR

Please name any other prescription HIV medications that you are currently using or taking :

MED1, MED2, MED3, MED4, MED5



13. **SHOW SCALE:** In general, how easy or difficult is it for you to ALWAYS take all your HIV medications as prescribed? For example, remembering to take all your drugs, taking them at the right time, taking them with/without food, etc.?

- 1) Very difficult
  - 2) Difficult
  - 3) Neither difficult nor easy
  - 4) Easy
  - 5) Very easy
  - 8) Don't know
  - 9) Declines to state
- MEDTAKE  
-9 NO/DK/DCLN HIV DRUGS

A14. **SHOW SCALE:** How often does your medical provider ask you about whether you are taking, or having any problems taking, your HIV medications?

- 1) Never
  - 2) Rarely
  - 3) Occasionally
  - 4) Often
  - 5) Very often
  - 6) Not Applicable
  - 8) Don't know
  - 9) Declines
- MEDASK  
-9 NO/DK/DCLN HIV DRUGS

A15. **SHOW SCALE:** Have the HIV medications that you've been taking had an effect on your sex life?

- 0) No effect
  - 1) Yes, mostly a positive (good) effect
  - 2) Yes, mostly a negative (bad) effect
  - 8) Don't know
  - 9) Declines
- MED\_SEX  
-9 NO/DK/DCLN HIV DRUGS

A16. Are you currently using any alternative or complementary or holistic therapies against HIV?  
(These include herbs, non-Western medicine, spiritual approaches, therapeutic/medical marijuana, etc.)

- 0) No
- 1) Yes (Specify: MEDALT MEDALT1; MEDALT2; MEDALT3 )
- 8) Don't know
- 9) Declines