

### 3. HIV TESTS AND STAGING

#### Section A: HIV Tests

TIME THIS SECTION BEGINS RECORDED HERE

TSST03A

A1. When did you get your first HIV test that was positive?

**B03A01** MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

**B03A01M** OR

**B03A01Y** NEVER HAD A POSITIVE HIV TEST ..... 2 → SKIP TO A10

A2. Was this the first test for HIV that you had, counting only tests that you got the results for?

(Circle One)

**B03A02** YES ..... 1 → SKIP TO A4

NO ..... 2

A3. When was your last (most recent) test for HIV that was negative?

**B03A03M**

**B03A03Y** MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

A4. (Thinking back to your first positive test for HIV.) (HAND R CARD #5) Why was it that you got tested?

(Circle One)

**B03A04** a. I WAS SICK ..... 1

b. ROUTINE SCREENING WHEN GIVING BLOOD, GETTING INSURANCE, IN JAIL OR PRISON, JOINING THE MILITARY, OR SOME OTHER ROUTINE TEST ..... 2

c. PREGNANCY ..... 3

d. ANOTHER REASON ..... 4

A5. Where did you get that first positive test? Was it at:

(Circle One)

**B03A05** A clinic or doctor's office, ..... 1

A hospital, ..... 2

An anonymous testing site, ..... 3

A jail or prison, blood donation center, in the military or other place routine testing is done, or ..... 4

Some other place? ..... 5

A6. After you got your first positive HIV test result, how long was it until you got medical care for HIV — by which I mean more testing or an examination? (PROBE: How many days or weeks or months was it between the time you first tested positive and the time you first got care for HIV?)

a. HOW LONG: \_\_\_\_\_ b. CODE UNITS: DAYS ..... 1

**B03A06**

WEEKS ..... 2

MONTHS ..... 3

YEARS ..... 4

A7. CAPI CHECK A5.

**(Circle One)**

A5 IS CODED 1 OR 2 ..... 1 → SKIP TO A10

ALL OTHERS ..... 2

A8. INTERVIEWER: IS A6 EQUAL TO 3 MONTHS OR MORE?

**(Circle One)**

YES ..... 1

NO ..... 2 → SKIP TO A10

A9. Did the person who gave you the positive test result refer you for medical care?

**(Circle One)**

**B03A09**

YES ..... 1

NO ..... 2

A10. In order to compare our study results with the results of other studies, I'd like to know if you did any of the following things before you were first diagnosed as HIV positive.

**(Circle One on Each Line)**

| Before you were first told you had HIV, had you: |   | <u>YES</u> | <u>NO</u> | <u>DON'T KNOW</u> |
|--|---|------------|-----------|-------------------|
| <b>B03A10A</b>                                   | a. Had sex with a man? .....  | 1          | 2         | 3                 |
| <b>B03A10B</b>                                   | b. Had sex with a woman? .....  | 1          | 2         | 3                 |
| <b>B03A10C</b>                                   | c. Injected drugs? .....  | 1          | 2         | 3                 |
| <b>B03A10D</b>                                   | d. Had sex with someone you know or believe to have been an IV or injected drug user? ..... | 1          | 2         | 3                 |
| <b>B03A10E</b>                                   | e. Had sex with someone you know or believe to have been bisexual? .....                    | 1          | 2         | 3                 |
| <b>B03A10F</b>                                   | f. Received clotting factor for hemophilia or another blood clotting disorder? .....        | 1          | 2         | 3                 |
| <b>B03A10G</b>                                   | g. Received transfusion of blood or components <u>other than clotting factor</u> ? .....    | 1          | 2         | 3                 |