

Interview Date: ____/____/____

Abbreviated Natural History Interview: Youth Version

Staff Code: ____

Provider: ____

: 1 Male 2 Female

Client Birthdate: ____/____/____

Client ID:

(use as many boxes as needed, starting at the left)

--	--	--	--	--	--	--	--	--	--

SECTION I [required]

INTERVIEWER: Read the following questions and mark the client's answers where indicated.

1-1. Where have you lived in the last six (6) months?

(INTERVIEWER: Read the list and CHECK (✓) as many answers as apply.)

- | | |
|--|--|
| 1 <input type="checkbox"/> Your own house or apartment | 1 <input type="checkbox"/> Squat or abandoned building |
| 1 <input type="checkbox"/> Your parent or relative's home | 1 <input type="checkbox"/> In a foster or group home |
| 1 <input type="checkbox"/> Your boyfriend/girlfriend/lover/spouse's home | 1 <input type="checkbox"/> In a shelter or mission |
| 1 <input type="checkbox"/> Another friend's home | 1 <input type="checkbox"/> In a halfway house or treatment program |
| 1 <input type="checkbox"/> On the street, in a car, in a park, or on the beach | 1 <input type="checkbox"/> In a motel |
| 1 <input type="checkbox"/> Jail, detention, or juvenile hall | 1 <input type="checkbox"/> Somewhere else (Specify: _____) |
| 1 <input type="checkbox"/> With children | |

1-2. Where did you sleep last night? *(INTERVIEWER: CIRCLE the answer in the set of options listed above in question 1-1.)*

SECTION II [required]

INTERVIEWER: Read the following questions and mark the client's answers where indicated.

2-1. In general, how safe have you felt in the last 30 days; do you feel _____? *(check one answer)*

- 1 Very safe 2 Safe 3 Not very safe 4 Not safe at all 7 Don't know 8 Refused

INTERVIEWER: If the client answered "Very safe" or "Safe" to Question 2-1, ask Question 2-1a [optional]:

2-1a. In what ways have you felt safe?: _____

INTERVIEWER: If the client answered "Not very safe" or "Not safe at all" to Question 2-1, ask Question 2-1b [optional]:

2-1b. In what ways have you not felt safe?: _____

2-2. In general, how "hassled" or "stressed out" have you felt in the last 30 days; have you felt _____? *(check one answer)*

- 1 Very hassled 2 Hassled 3 Not very hassled 4 Not hassled at all 7 Don't know 8 Refused

SECTION II (continued...)

2-3. In the last 30 days, have you been able to get all the help you needed (with things like food, a place to sleep, counseling, doctor visits, etc.); did you _____? (check one answer)

- 1 Get all the help you needed 2 Get most of the help you needed
 3 Get some of the help you needed 4 Get none of the help you needed
 7 Don't know 8 Refused
 9 Didn't need any help

INTERVIEWER: If the client answered "Get all the help you needed" or "Get most of the help you needed" to Question 2-3, ask Question 2-3a [optional]:

2-3a. How has the program met your needs?: _____

INTERVIEWER: If the client answered "Get some of the help you needed" or "Get none of the help you needed" to Question 2-3, ask Questions 2-3b and 2-3c [optional]:

2-3b. In what ways has the program not met your needs?: _____

2-3c. What could be done to better meet those needs?: _____

2-4. Right now, do you feel like your life is "better" or "worse" than it was about a month ago; is your life _____? (check one answer)

- 1 Much better now 2 Better now 3 About the same/don't know 4 Worse now 5 Much worse now
 8 Refused

SECTION III [required]

INTERVIEWER: Read each type of service below and ask if the client has needed it in the last 6 months. Then, ask if the client has been to or received it in the last 6 months. Make sure that the client actually has been to or received the service in question. The client need not have gotten it from your agency; it could have been from somewhere else.

INTERVIEWER, READ: "Now I am going to ask you whether or not in the past 6 months you have needed a number of different services. Then I will ask if you have actually been to or received those services. If you don't know whether or not you have used the service, or if you choose not to answer, you may indicate that as well."

Services	a. In the last 6 months, have you needed _____? <i>INTERVIEWER, check one of the following in each row</i>	b. In the last 6 months, have you been in or received _____? <i>INTERVIEWER, check one of the following in each row</i>
3-1. Counseling (talking to a professional counselor about your problems)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
3-2. Health care provider (at other than an emergency room) for outpatient treatment	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
3-3. Hospital emergency room	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused

3-4. A hospital for an overnight stay	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-5. An outpatient drug or alcohol-abuse treatment program	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-6. An inpatient drug or alcohol-abuse treatment program	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-7. Food or clothing that you could not afford on your own (excluding provisions from family or friends)	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-8. Long-term (a month or more) housing	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-9. Short-term (less than a month) housing	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-10. Case management or general assistance in getting services from somebody in "the system"	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-11. Self-help, 12-step, HIV support group, or another support group	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-12. HIV pre-test counseling	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-13. HIV post-test counseling	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-14. HIV testing	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-15. Other HIV care	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-16. Vocational training or help getting a job	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-17. Financial assistance	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused
3-18. Drop-in center	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused	0 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 8 <input type="checkbox"/> Refused

SECTION IV [required]

INTERVIEWER: Read the following question and write in the client's answer where indicated.

4-1. About how many hours did you work in a job in the last seven (7) days? _____ hours
(**INTERVIEWER,** enter "777" if the client doesn't know and "888" if the client refuses to answer)

4-2. Are you a full-time or part-time student? (**INTERVIEWER:** If the client answers "yes," ask whether he/she goes to school full-time or part-time and mark the appropriate answer.)

1 Yes, full-time student 2 Yes, part-time student 0 No

SECTION V [optional]

INTERVIEWER: This is a standardized assessment. Read the instructions and each item exactly as they are written. To help the client to respond, SHOW CARD A. Check the number for each item corresponding to the category stated by the client.

INTERVIEWER, READ: "Now I am going to read a list of the ways you might feel. Please tell me how often you have felt this way during the past week."

DURING THE PAST WEEK:

5-1. I was happy. (check one answer)	3 <input type="checkbox"/> Rarely or None of the Time (<1 day)	2 <input type="checkbox"/> Some or a Little of the Time (1-2 days)	1 <input type="checkbox"/> Occasionally or a Moderate Amount of the Time (3-4 days)	0 <input type="checkbox"/> Most or All of the Time (5-7 days)
5-2. I felt depressed. (check one answer)	0 <input type="checkbox"/> Rarely or None of the Time (<1 day)	1 <input type="checkbox"/> Some or a Little of the Time (1-2 days)	2 <input type="checkbox"/> Occasionally or a Moderate Amount of the Time (3-4 days)	3 <input type="checkbox"/> Most or All of the Time (5-7 days)
5-3. I felt lonely. (check one answer)	0 <input type="checkbox"/> Rarely or None of the Time (<1 day)	1 <input type="checkbox"/> Some or a Little of the Time (1-2 days)	2 <input type="checkbox"/> Occasionally or a Moderate Amount of the Time (3-4 days)	3 <input type="checkbox"/> Most or All of the Time (5-7 days)
5-4. I had crying spells. (check one answer)	0 <input type="checkbox"/> Rarely or None of the Time (<1 day)	1 <input type="checkbox"/> Some or a Little of the Time (1-2 days)	2 <input type="checkbox"/> Occasionally or a Moderate Amount of the Time (3-4 days)	3 <input type="checkbox"/> Most or All of the Time (5-7 days)
5-5. I felt sad. (check one answer)	0 <input type="checkbox"/> Rarely or None of the Time (<1 day)	1 <input type="checkbox"/> Some or a Little of the Time (1-2 days)	2 <input type="checkbox"/> Occasionally or a Moderate Amount of the Time (3-4 days)	3 <input type="checkbox"/> Most or All of the Time (5-7 days)
5-6. I felt out of control. (check one answer)	0 <input type="checkbox"/> Rarely or None of the Time (<1 day)	1 <input type="checkbox"/> Some or a Little of the Time (1-2 days)	2 <input type="checkbox"/> Occasionally or a Moderate Amount of the Time (3-4 days)	3 <input type="checkbox"/> Most or All of the Time (5-7 days)
5-7. I felt panicked or scared. (check one answer)	0 <input type="checkbox"/> Rarely or None of the Time (<1 day)	1 <input type="checkbox"/> Some or a Little of the Time (1-2 days)	2 <input type="checkbox"/> Occasionally or a Moderate Amount of the Time (3-4 days)	3 <input type="checkbox"/> Most or All of the Time (5-7 days)
5-8. I felt hopeful about the future. (check one answer)	3 <input type="checkbox"/> Rarely or None of the Time (<1 day)	2 <input type="checkbox"/> Some or a Little of the Time (1-2 days)	1 <input type="checkbox"/> Occasionally or a Moderate Amount of the Time (3-4 days)	0 <input type="checkbox"/> Most or All of the Time (5-7 days)

SECTION VI [optional]

INTERVIEWER: Read the instructions below as they are written. For each drug listed in the grid, you will ask whether or not the client has used it in the last 6 months. Mark the client's answer in the same row of the grid where indicated.

INTERVIEWER, READ: “Next I am going to ask you some questions about the types of drugs you have used in the past 6 months. If you don’t know whether or not you have used a particular drug, or if you refuse to answer, you may indicate that as well. Remember that I will keep your answers to these questions confidential and that at any time, you may refuse to answer any or all of the questions that you wish.”

Have you used ___ in the last 6 months?	<i>INTERVIEWER, check one of the following in each row</i>			
6-1. Alcohol	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused
6-2. Marijuana, hashish (weed, grass, reefer)	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused
6-3. Crack	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused
6-4. Cocaine (coke) by itself (other than crack) that you injected or snorted	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused
6-5. Heroin by itself	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused
6-6. Heroin & cocaine or heroin & speed mixed together (e.g., speedball, goofballs)	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused
6-7. Amphetamines (e.g., speed, uppers, bennies)	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused
6-8. Other drugs (Drug used most recently; Specify only one drug: _____)	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused
6-9. Have you injected any drugs	...in the last 6 months?			
	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused

SECTION VII [optional]

INTERVIEWER: Read the instructions below as they are written. For each sexual practice listed in the grid, you will ask whether or not the client has done it in the past 6 months. Mark the client’s answer in the same row of the grid where indicated.

INTERVIEWER, READ: “Now I am going to talk to you about some of your sexual practices. The questions that I will be asking apply to all types of partners, for example, main partners, partners for money, drugs, or whatever you may have had. If you don’t know whether or not you have done something, or if you refuse to answer, you may indicate that as well. Remember that I will keep your answers to these questions confidential and that at any time, you may refuse to answer any or all of the questions that you wish.”

	<i>INTERVIEWER, check one of the following in each row</i>
7-1. In the last 6 months, have you had vaginal sex without a condom or other latex protection?	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
7-2. In the last 6 months, have you performed oral sex on a <u>male</u> partner without a condom or other latex protection?	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
7-3. In the last 6 months, have you performed oral sex on a <u>female</u> partner without a condom or other latex protection?	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
7-4. In the last 6 months, has a <u>male</u> partner performed oral sex on you without a condom or other latex protection?	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
7-5. In the last 6 months, has a <u>female</u> partner performed oral sex on you without a condom or other latex protection?	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused

	<i>INTERVIEWER, check one of the following in each row</i>
7-6. In the last 6 months, has a partner performed anal sex on you without a condom or other latex protection?	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
7-7. In the last 6 months, have you had sex with someone you think is a drug injector or shooter?	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
<i>SKIP 7-7a IF ANSWER TO 7-7 IS "NO," "DON'T KNOW," OR "REFUSED"</i>	
7-7a. Have you shared needles with any of those partners?	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
7-8. In the last 6 months, have you needed to have sex with someone to get food, a place to stay, money, or drugs?	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
<i>ASK QUESTIONS 7-9 AND 7-10 OF MALES ONLY</i>	
7-9. In the last 6 months, have you performed anal sex on a <u>male</u> partner without a condom or other latex protection?	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
7-10. In the last 6 months, have you performed anal sex on a <u>female</u> partner without a condom or other latex protection?	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused

SECTION VIII [required]

INTERVIEWER: Read as written the instructions below.

INTERVIEWER, READ: "I'd like to ask you about different medical problems and illnesses that you have had as well as whether or not you have taken certain medications. If you are not sure what something is, please ask me. The answers that you will give me, as always, will be kept confidential. Remember, if you would not like to answer a particular question, or if you would not like to continue, you may stop."

8-1. In general, how would you rate your health overall; would you say that it is _____? (check one answer)
 1 Excellent 2 Good 3 Fair 4 Poor 5 Don't Know/Refused

8-2. Do you know your CD4 count? (Also called T-cell, T-helper, or T4-count)
 1 Yes 0 No

INTERVIEWER, if the client does know his/her CD4 count get the following information:

Number _____ Date last checked (Month/Year) ____/____

Was the CD4 count self-reported? 1 Yes 0 No

Was the CD4 count confirmed by another agency or lab test? 1 Yes 0 No

Have you had any of the following illnesses in the last 6 months?	<i>INTERVIEWER, check one of the following in each row</i>
8-3. Thrush (a white, patchy/plaque yeast infection in the mouth)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-4. Kaposi's sarcoma (blue-red nodules on the skin)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-5. Lymphoma (Hodgkins or non-Hodgkins; cancer of the lymph tissue present in the spleen and/or lymph nodes)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-6. PCP (pneumocystis carinii pneumonia; infection of the lungs characterized by fever, dry cough, and shortness of breath)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused

8-7. Toxoplasmosis (symptoms are similar to mononucleosis, may also have inflammation of the retina in the eye)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-8. Candida esophagitis (yeast infection of the esophagus--the food tube)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-9. MAI (mycobacterium avium intracellulare--a TB-like or related illness)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-10. Active TB (tuberculosis) infection (not just been told you have a positive TB test)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-11. Gonorrhea (GC, "the clap")	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-12. Syphilis ("syph"; ever have a positive VDRL or RPR test)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-13. Genital warts or human papilloma virus (HPV; soft warts or growths in or around the penis/vagina and/or anus)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-14. Genital herpes or herpes (characterized by a painful rash consisting of itching, burning small blisters in or around the penis/vagina or anus)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-15. Hepatitis	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-16. Recurrent pneumonia (2 or more episodes in the past year)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused

Have you taken any of the following in the last 6 months?	<i>INTERVIEWER, check one of the following in each row</i>
8-17. Sulfamethoxazole & Trimethoprim (Bactrim--tablets or liquid)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-18. Pentamidine (inhalation or IV)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-19. Dapsone	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-20. Rifabutin (Mycobutin)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-21. Azithromycin	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-22. Mycobutin	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-23. Clarithromycin	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-24. AZT (ZDV--zidovudine--or Retrovir)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-25. ddi (Videx)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-26. ddC (HIVID)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-27. Acyclovir (Zovirax)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-28. IVIG (intravenous immunoglobulin)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-29. 3TC (Lamivudine)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-30. Indinavir sulfate (Crixivan)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-31. Saquinavir (Invirase)	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused
8-32. Other protease inhibitors that have not been mentioned	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 7 <input type="checkbox"/> Don't Know 8 <input type="checkbox"/> Refused

(Specify: _____)

8-33. Are you currently a participant in clinical trials research?

0 No 1 Yes 7 Don't Know 8 Refused

INTERVIEWER: If the client answered "yes" to Question 8-33, ask Question 8-33a:

8-33a. What protocol(s): _____

8-34. In the last 6 months, have you used any alternative or complementary medicine (e.g., acupuncture, herbal remedies, homeopathy, aroma therapy, t'ai chi, or Chinese medicine)?

0 No 1 Yes 7 Don't Know 8 Refused

INTERVIEWER: ASK THE FOLLOWING QUESTIONS ONLY IF THE CLIENT IS FEMALE; IF MALE, GO ON TO THE NEXT SECTION.

8-35. In the last 6 months, have you had Candida vaginitis (yeast infection of the vagina--characterized by a thick, white, "cottage cheese" discharge and/or associated itching/burning in the vaginal area)?

0 No 1 Yes 7 Don't Know 8 Refused

8-36. Have you in the past 6 months had an abnormal Pap smear (abnormal results from a cervical smear test)?

0 No 1 Yes 7 Don't Know 8 Refused

8-37. How many times have you ever been pregnant? _____ TIMES

(INTERVIEWER, if client is currently pregnant, include the present in the total number of times. Enter "777" if the client doesn't know and "888" if the client refuses to answer)

8-38. Are you currently pregnant?

0 No 1 Yes 7 Don't Know 8 Refused

SECTION IX [optional]

INTERVIEWER: This is a standardized assessment. Read the instructions and items exactly as they are written. For each item in the grid, remember to circle the number corresponding to the client's answer. To help the client to respond, SHOW CARD B.

INTERVIEWER, READ: "Please tell me whether you agree or disagree with each of the following items. Indicate your agreement or disagreement by telling me whether you strongly agree, agree, disagree, or strongly disagree with each item after I read it."

	Strongly Agree	Agree	Disagree	Strongly Disagree
9-1. I feel that I'm a person of worth, at least on an equal plane with others.	1	2	3	4
9-2. I feel that I have a number of good qualities.	1	2	3	4
9-3. All in all, I am inclined to feel that I am a failure.	1	2	3	4
9-4. I am able to do things as well as most other people.	1	2	3	4
9-5. I feel I do not have much to be proud of.	1	2	3	4
9-6. I take a positive attitude toward myself.	1	2	3	4
9-7. On the whole, I am satisfied with myself.	1	2	3	4
9-8. I wish I could have more respect for myself.	1	2	3	4
9-9. I certainly feel useless at times.	1	2	3	4
9-10. At times I think I am no good at all.	1	2	3	4

SECTION X [optional]

INTERVIEWER: This is a standardized assessment. Read the instructions and items exactly as they are written.

INTERVIEWER, READ: "Now I'm going to read some statements about HIV and AIDS. Please tell me whether you think each statement is true or false. If you don't know whether or not an item is true or false, or, if you refuse to answer, you may indicate this as well."

10-1. Anal sex without a condom is a very risky behavior for getting the AIDS virus.	1 <input type="checkbox"/> True	2 <input type="checkbox"/> False	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused
10-2. Keeping in good physical condition is the best way to prevent getting the AIDS virus.	1 <input type="checkbox"/> True	2 <input type="checkbox"/> False	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused
10-3. A person can get AIDS by touching or hugging someone with AIDS.	1 <input type="checkbox"/> True	2 <input type="checkbox"/> False	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused
10-4. Condoms reduce the risk of getting the AIDS virus.	1 <input type="checkbox"/> True	2 <input type="checkbox"/> False	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused
10-5. Most people who have the AIDS virus quickly show signs of being sick.	1 <input type="checkbox"/> True	2 <input type="checkbox"/> False	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused
10-6. Having sex without a condom increases a person's	1 <input type="checkbox"/> True	2 <input type="checkbox"/> False	7 <input type="checkbox"/> Don't Know	8 <input type="checkbox"/> Refused

This form was developed in collaboration between The Measurement Group and the HRSA SPNS Program Adolescent CARE Projects. ©1996-1998 by The Measurement Group. Permission is granted for noncommercial use only. Form may not be altered.

risk of getting the AIDS virus.

- 10-7. A person must have lots of different sexual partners to be at risk for AIDS. 1 True 2 False 7 Don't Know 8 Refused
- 10-8. Only people who have sexual intercourse with gay (homosexual) men get AIDS. 1 True 2 False 7 Don't Know 8 Refused
- 10-9. You can get AIDS from kissing. 1 True 2 False 7 Don't Know 8 Refused
- 10-10. People who get the AIDS virus through needle-sharing can spread the virus to others during sex. 1 True 2 False 7 Don't Know 8 Refused
- 10-11. If a woman uses birth control pills, it lowers her risk of getting AIDS. 1 True 2 False 7 Don't Know 8 Refused
- 10-12. There is a cure for AIDS/HIV infection. 1 True 2 False 7 Don't Know 8 Refused
- 10-13. Teenagers are less likely to get AIDS than persons over 20 years old. 1 True 2 False 7 Don't Know 8 Refused
- 10-14. A person can get HIV from sharing injection equipment with someone who looks healthy. 1 True 2 False 7 Don't Know 8 Refused
- 10-15. Cleaning injection equipment with water is a good way to kill HIV. 1 True 2 False 7 Don't Know 8 Refused
- 10-16. A woman with HIV can pass the virus to her fetus or unborn child. 1 True 2 False 7 Don't Know 8 Refused
- 10-17. A condom will always stop HIV. 1 True 2 False 7 Don't Know 8 Refused
- 10-18. Men and women can get HIV from oral sex. 1 True 2 False 7 Don't Know 8 Refused
- 10-19. A responsible sex partner "never objects" to using a condom or dental dam. 1 True 2 False 7 Don't Know 8 Refused
- 10-20. Using a condom correctly during sex is a good way to keep from getting HIV. 1 True 2 False 7 Don't Know 8 Refused
- 10-21. A person can get HIV by having sex with someone who got it from injecting drugs. 1 True 2 False 7 Don't Know 8 Refused

Card A

**Rarely or None of the Time
(Less than 1 Day)**

**Some or a Little of the Time
(1-2 Days)**

**Occasionally or a Moderate Amount of the Time
(3-4 Days)**

**Most or All of the Time
(5-7 Days)**

Card B

Strongly Agree

Agree

Disagree

Strongly Disagree