





<u>Before</u> attending the workgroup did you think condoms reduced the risk of getting HIV/AIDS?	<input type="checkbox"/> True	<input type="checkbox"/> False
<u>After</u> attending the workgroup do you think condoms reduce the risk of getting HIV/AIDS?	<input type="checkbox"/> True	<input type="checkbox"/> False
<u>Before</u> attending the workgroup did you think that most people who have HIV/AIDS quickly show signs of being sick?	<input type="checkbox"/> True	<input type="checkbox"/> False
<u>After</u> attending the workgroup do you think that most people who have HIV/AIDS quickly show signs of being sick?	<input type="checkbox"/> True	<input type="checkbox"/> False
<u>Before</u> attending the workgroup did you think that having sex without a condom increases a person's risk of getting HIV/AIDS?	<input type="checkbox"/> True	<input type="checkbox"/> False
<u>After</u> attending the workgroup do you think that having sex without a condom increases a person's risk of getting HIV/AIDS?	<input type="checkbox"/> True	<input type="checkbox"/> False
<u>Before</u> attending the workgroup did you think a person must have lots of different sexual partners to be at risk for HIV/AIDS?	<input type="checkbox"/> True	<input type="checkbox"/> False
<u>After</u> attending the workgroup do you think that a person must have lots of different sexual partners to be at risk for HIV/AIDS?	<input type="checkbox"/> True	<input type="checkbox"/> False
<u>Before</u> attending the workgroup did you think that only people who have sex with gay men get HIV/AIDS?	<input type="checkbox"/> True	<input type="checkbox"/> False
<u>After</u> attending the workgroup do you think that only people who have sex with gay men get HIV/AIDS?	<input type="checkbox"/> True	<input type="checkbox"/> False
<u>Before</u> attending the workgroup did you think that people who get HIV/AIDS through needle sharing could spread the virus to others during sex?	<input type="checkbox"/> True	<input type="checkbox"/> False
<u>After</u> attending the workgroup do you think that people who get HIV/AIDS through needle sharing can spread the virus to others during sex?	<input type="checkbox"/> True	<input type="checkbox"/> False
<u>Before</u> attending the workgroup did you think that there was a cure for HIV/AIDS infection?	<input type="checkbox"/> True	<input type="checkbox"/> False
<u>After</u> attending the workgroup do you think that there is a cure for HIV/AIDS infection?	<input type="checkbox"/> True	<input type="checkbox"/> False



## 7. Job skills

- How do you research available jobs?

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- How do you find a job you really want?

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- Do you currently have a resume?

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- What is important to include in a resume?

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- Are you comfortable interviewing for a job?

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- Are you interested in continuing your education?

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## 8. Accessing medical services

Have you ever been tested for HIV?  No  Yes

Have you ever been to a gynecologist?  No  Yes

### Have you been able to get all the help you needed at the services listed below?

In the last 6 months, have you <b>needed</b> <u>counseling</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes	In the last 6 months, have you <b>received</b> <u>counseling</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes
In the last 6 months, have you <b>needed</b> a <u>gynecologist</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes	In the last 6 months, have you <b>received</b> <u>gynecological care</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes
In the last 6 months, have you <b>needed</b> a <u>doctor</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes	In the last 6 months, have you <b>received</b> care from a <u>doctor</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes
In the last 6 months, have you <b>needed</b> to go to a <u>hospital emergency room</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes	In the last 6 months, have you <b>received</b> care from a <u>hospital emergency room</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes
In the last 6 months, have you <b>needed</b> a <u>hospital for an overnight stay</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes	In the last 6 months, have you <b>received</b> care from a <u>hospital for an overnight stay</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes
In the last 6 months, have you <b>needed</b> help from a <u>nurse, doctor or counselor for a drug, or alcohol problem</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes	In the last 6 months, have you <b>received</b> care from a <u>nurse, doctor or counselor for a drug, or alcohol problem</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes
In the last 6 months, have you <b>needed</b> to stay in a <u>clinic or hospital for a drug or alcohol problem</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes	In the last 6 months, have you <b>received</b> care from a <u>clinic or hospital for a drug or alcohol problem</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes
In the last 6 months, have you <b>needed</b> help from any kind of <u>support group</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes	In the last 6 months, have you <b>received</b> help from any kind of <u>support group</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes
In the last 6 months, have you <b>needed</b> <u>HIV pre-test counseling</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes	In the last 6 months, have you <b>received</b> <u>HIV pre-test counseling</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes
In the last 6 months, have you <b>needed</b> <u>HIV post-test counseling</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes	In the last 6 months, have you <b>received</b> <u>HIV post-test counseling</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes
In the last 6 months, have you <b>needed</b> <u>HIV testing</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes	In the last 6 months, have you <b>received</b> <u>HIV testing</u> ?  <input type="checkbox"/> No <input type="checkbox"/> Yes

**9. How safe do you feel in the place where you are living now?**

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**10. How you feel about yourself (circle one answer for each question)**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I feel I am as good as anybody else.	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel that I have a number of good qualities.	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel that I am a failure.	Strongly Agree	Agree	Disagree	Strongly Disagree
I am able to do things as well as other people.	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel I do not have much to be proud of.	Strongly Agree	Agree	Disagree	Strongly Disagree
I take a positive attitude toward myself.	Strongly Agree	Agree	Disagree	Strongly Disagree
I am satisfied with myself.	Strongly Agree	Agree	Disagree	Strongly Disagree
I wish I could have more respect for myself.	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel useless at times.	Strongly Agree	Agree	Disagree	Strongly Disagree
At times I think I am no good at all.	Strongly Agree	Agree	Disagree	Strongly Disagree