### INSTRUCTIONS TO THE STUDY NURSE:

The SOCIODEMOGRAPHIC QUESTIONNAIRE should be given to the participant prior to the clinical exam. The participant must be able to read at the sixth-grade level at a minimum to complete the questionnaire without additional assistance.

It is important to be familiar with the content and format of the questionnaire before giving it to study participants. At the first visit, please begin by telling the participant:

> "Please answer all questions honestly; you will not be “judged” based on your responses. If you do not wish to answer a question, please draw a line through it. When completed, the form will be quickly reviewed to make sure you didn’t mistakenly skip questions (without crossing them out); your specific responses to questions will not be reviewed. Please feel free to ask if you need any of the questions explained to you."

The questionnaire is very brief and should take less than 5 minutes to complete. Before giving the participant the questionnaire, please fill out the header(s) and DETACH THIS PAGE.

Each question is in the same general format and contains several items. Note that the participant is always asked to make a “✓” next to the appropriate answer.

Collect the completed questionnaire. Before going on, review the questionnaire for omissions. If the participant missed any of the questions, point this out and encourage him/her to complete the omissions.

For data keying, if the subject did not answer a question, enter “-1.” Do not leave any fields blank.

### PLEASE COMPLETE THE FOLLOWING ITEMS AFTER THE PARTICIPANT COMPLETES THE QUESTIONNAIRE OR AFTER YOU ASCERTAIN THAT THIS IS NOT POSSIBLE:

1. **How was the questionnaire completed?**
   - **If “4- Not completed”, complete ‘a’ and Stop.**
     - 1-Self administered by the participant
     - 2-Face-to-face interview
     - 3-Both self-administered and interview
     - 4-Not completed
     - 9-Other, specify

   **If Other, specify [70]:** ________________________________

   a. **If “4-Not completed”, indicate the reason and stop:**
      - 1-Participant declined
      - 2-There was not enough time
      - 9-Other reason, specify

   **If Other, specify [70]:** ________________________________

2. **Enter the country code for the location of the clinic and the language used to complete the form.** Refer to Appendix 80 for Country and Language Codes.

   **Country:** ______  **Language:** ______
Please check one box for each question where there are check boxes. If you do not wish to answer a question, please draw a line through it.

### I. EDUCATION

1. What is the highest level of education you have completed?  
   *(Check one box)*
   
   a. 12th grade or less .................................................................  1
   b. High school graduate or GED ....................................................  2
   c. Some college/AA degree/Technical school training ......................  3
   d. College graduate (BA or BS) .................................................  4
   e. Graduate school degree: Master’s or Doctorate degree (MD, PhD, JD) .......  5

### II. HOUSING

2. How many people are currently living in your household, including yourself? 

3. Please describe the home where you live.  
   *(Check “Yes” or “No” for each question. Check “Yes” to all that apply.)*
   
   a. It is owned or being bought by you (or someone in the household). ......  1  2
   b. It is rented for money by you (or someone in the household). ..............  1  2
   c. It is occupied without payment or money or rent. .............................  1  2
   d. I live with friends. ......................................................................  1  2
   e. I live with family. .......................................................................  1  2
   f. I have no permanent residence. .....................................................  1  2
   g. I live in a correctional facility (jail, prison). ...................................  1  2

### III. INSURANCE

4. How do you pay for your health care?  
   *(Check “Yes” or “No” for each question. Check “Yes” to all that apply.)*
   
   a. Government funding (Medicaid, Medicare, ADAP, VA, Ryan White, etc.)  1  2
   b. Private insurance ..........................................................................  1  2
   c. Self pay, out of pocket ...................................................................  1  2
IV. JOB

5. Do you work for pay outside the home? ☐ Yes ☐ No

6. Check the box that best corresponds to your current work situation.

*(Check “Yes” or “No” for each question.)*

- Working full time ☐ 1 ☐ 2
- Working part time ☐ 1 ☐ 2
- Not working and not looking for work ☐ 1 ☐ 2
- Unemployed and looking for work ☐ 1 ☐ 2
- Disabled or retired and not looking for work ☐ 1 ☐ 2
- Currently in school ☐ 1 ☐ 2

V. INCOME

7. What is your total combined family income for the past 12 months, before taxes, from all sources, wages, public assistance/benefits, help from relatives, alimony, and so on? If you don’t know your exact income, please estimate.

*(Check one box)*

- Less than $5,000 ☐ 1
- $5,000 - $19,999 ☐ 2
- $20,000 - $49,999 ☐ 3
- $50,000 - $99,999 ☐ 4
- $100,000 - $149,999 ☐ 5
- More than $150,000 ☐ 6
- Don’t know ☐ 7
- Chose not to answer ☐ 8

Thank you very much for completing this questionnaire.