

Seek, Test, Treat and Retain for Vulnerable Populations: Data Harmonization Measure

DEMOGRAPHICS

Demographic Measure

<p>Current Age – Date of Birth</p>	<p><i>What is your date of birth?</i> _____ MM/DD/YYYY</p> <p><input type="checkbox"/> 9997 Refused [ask follow-up question] <input type="checkbox"/> 9999 Don't Know [ask follow-up question]</p> <p><i>[Follow-up question if date of birth not provided by respondent :]</i></p> <p><i>About how old are you?</i></p> <p>AGE _____ (top code at 89)</p> <p><input type="checkbox"/> 97 Refused <input type="checkbox"/> 99 Don't Know</p>
<p>Ethnicity</p> <p>For domestic studies only</p>	<p><i>Do you consider yourself Hispanic/Latino? [Where did your ancestors come from?]</i></p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 9 DON'T KNOW</p>
<p>Race</p> <p>For international studies assess relevant racial categories in country of study</p>	<p><i>How would you describe your racial or ethnic background: that is, which group or groups describe you best? (Check all that apply)</i></p> <p><input type="checkbox"/> 10 WHITE <input type="checkbox"/> 11 BLACK/AFRICAN AMERICAN <input type="checkbox"/> 12 INDIAN (AMERICAN) <input type="checkbox"/> 13 ALASKA NATIVE <input type="checkbox"/> 17 PACIFIC ISLANDER (SPECIFY) _____ <input type="checkbox"/> 24 OTHER ASIAN (SPECIFY) _____ <input type="checkbox"/> 25 SOME OTHER RACE (SPECIFY) _____ <input type="checkbox"/> 97 REFUSED <input type="checkbox"/> 99 DON'T KNOW</p>
<p>Gender</p>	<p><i>Do you consider yourself to be:</i></p> <p><input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE <input type="checkbox"/> 3 TRANSGENDER <input type="checkbox"/> 4 OTHER (SPECIFY): _____ <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 9 DON'T KNOW</p>
<p>Biological Sex at Birth</p>	<p><i>What was your sex at birth?</i></p> <p><input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 9 DON'T KNOW</p>

	<p>999997 for Refused 999999 for Don't know</p> <p><i>[Respondents who don't know or refuse to provide their income] Which of the following is the category that your total family income from all legal and non-legal resources would be in?</i></p> <p><input type="checkbox"/> 1 Less than \$1000 (US) <input type="checkbox"/> 2 \$1001 - \$2500 (US) <input type="checkbox"/> 3 \$2,501 - \$5,000 (US) <input type="checkbox"/> 4 \$5,001-\$10,000 (US) <input type="checkbox"/> 5 \$10,001-\$20,000 (US) <input type="checkbox"/> 6 \$20,001-\$40,000 (US) <input type="checkbox"/> 7 \$40,001 or more (US) <input type="checkbox"/> 97 REFUSED <input type="checkbox"/> 99 DON'T KNOW</p> <p><i>Does any portion of your yearly or monthly income include benefits (e.g., SSI)? If so, roughly what portion (percentage)?</i></p> <p>_____ %</p>
<p>Employment Status During the Past Year</p>	<p><i>We would like to know about what you do -- What has been your usual employment pattern during the past year? The answer should represent the majority of the last year, not just the most recent employment status. If there are equal times for more than one category, select that which best represents the more current situation.</i></p> <p><input type="checkbox"/> 1 WORKING: FULL-TIME [SPECIFY ON OR OFF THE BOOKS] <input type="checkbox"/> 2 WORKING: PART-TIME [SPECIFY ON OR OFF THE BOOKS] <input type="checkbox"/> 3 TEMPORARILY LAID OFF, SICK LEAVE OR MATERNITY LEAVE <input type="checkbox"/> 4 LOOKING FOR WORK, UNEMPLOYED <input type="checkbox"/> 5 RETIRED <input type="checkbox"/> 6 DISABLED, PERMANENTLY OR TEMPORARILY <input type="checkbox"/> 7 HOMEMAKER <input type="checkbox"/> 8 STUDENT <input type="checkbox"/> 9 CURRENTLY INCARCERATED <input type="checkbox"/> 10 OTHER (SPECIFY): _____ <input type="checkbox"/> 97 REFUSED <input type="checkbox"/> 99 DON'T KNOW</p>
<p>Money for Necessities</p>	<p><i>During the past 12 months, how many times did you run out of money for basic necessities like housing or food?</i></p> <p><input type="checkbox"/> 1 DAILY <input type="checkbox"/> 2 WEEKLY <input type="checkbox"/> 3 MONTHLY <input type="checkbox"/> 4 OCCASIONALLY</p>

	<input type="checkbox"/> 5 NEVER <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 9 DON'T KNOW
Public Assistance	<p><i>During the past 12 months, which of the following forms of public assistance have you received? Please choose all that apply</i></p> <input type="checkbox"/> 1 MEDICAL CARD (e.g., MEDICAID, MEDI-CAL, etc.) <input type="checkbox"/> 2 FOOD STAMPS <input type="checkbox"/> 3 PUBLIC AID CHECK/TANF/DISABILITY ASSISTANCE/OTHER CASH ASSISTANCE <input type="checkbox"/> 4 SSI/SOCIAL SECURITY <input type="checkbox"/> 5 CHILD CARE VOUCHERS <input type="checkbox"/> 6 RENT ASSISTANCE <input type="checkbox"/> 7 NO ASSISTANCE OF ANY TYPE <input type="checkbox"/> 8 OTHER (SPECIFY): _____ <input type="checkbox"/> 97 REFUSED <input type="checkbox"/> 99 DON'T KNOW
Health Insurance	<p><i>Are you covered by health insurance or some other kind of health care plan?</i></p> <input type="checkbox"/> 1 YES (PROCEED to next question) <input type="checkbox"/> 0 NO (SKIP to Housing Status Section) <input type="checkbox"/> 7 REFUSED (SKIP to Housing Status Section) <input type="checkbox"/> 9 DON'T KNOW (SKIP to Housing Status Section) <p><i>What kind of health insurance or health care coverage do you have? Include those that pay for only one type of service (such as nursing home care, accidents, or dental care). Exclude private plans that only provide extra cash while hospitalized. If you have more than one kind of health insurance, tell me all plans that you have.</i></p> <p><i>[CODE ALL THAT APPLY, HAND CARD WITH LIST OF ANSWERS. CAPI INSTRUCTION: DO NOT ALLOW MORE THAN ONE ANSWER WHEN 40 (NO COVERAGE OF ANY TYPE) IS CODED.]</i></p> <input type="checkbox"/> 14 PRIVATE HEALTH INSURANCE <input type="checkbox"/> 15 MEDICARE (for the elderly and people with disabilities) <input type="checkbox"/> 16 MEDI-GAP <input type="checkbox"/> 17 MEDICAID (IF AVAILABLE, DISPLAY STATE PLAN NAME) (for individuals with low incomes) <input type="checkbox"/> 18 SCHIP (CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM) <input type="checkbox"/> 19 MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA) <input type="checkbox"/> 20 INDIAN HEALTH SERVICE <input type="checkbox"/> 21 STATE-SPONSORED HEALTH PLAN (IF AVAILABLE, DISPLAY STATE PLAN NAME) <input type="checkbox"/> 22 OTHER GOVERNMENT PROGRAM <input type="checkbox"/> 23 SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS) <input type="checkbox"/> 40 NO COVERAGE OF ANY TYPE <input type="checkbox"/> 41 OTHER (SPECIFY): _____

	<input type="checkbox"/> 97 REFUSED <input type="checkbox"/> 99 DON'T KNOW
Housing Status	<i>Are you currently homeless?</i> <input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 9 DON'T KNOW
Current Living Situation	<i>We have a few questions about where you are living. In what type of place do you currently live? (Check all that apply)</i> <input type="checkbox"/> 1 OWN OR RENT HOME/APT. <input type="checkbox"/> 2 STAYING AT HOME OF FAMILY MEMBER(S) <input type="checkbox"/> 3 STAYING AT HOME OF FRIEND (S)/OTHER <input type="checkbox"/> 4 GROUP/FOSTER HOME <input type="checkbox"/> 5 IN A ROOMING, BOARDING, OR HALFWAY HOUSE <input type="checkbox"/> 6 SHELTER <input type="checkbox"/> 7 ON THE STREET(S) (VACANT LOT, ABANDONED BUILDING, PARK, ETC.) <input type="checkbox"/> 8 OTHER (SPECIFY): _____ <input type="checkbox"/> 97 REFUSED <input type="checkbox"/> 99 DON'T KNOW
Individuals in your household	<i>How many individuals are in your household? (INCLUDE YOURSELF)</i> _____