

For Office Staff Only:

Peer ID _____	peerid	Date of Study Enrollment ____ / ____ / _____	enrdate
Site ID _____	siteid	Date Questionnaire Completed ____ / ____ / _____	fmdate
Form# 0 1 2	fmnum	Location ID# _____	locid

PETS Level 2 Intake Questionnaire

Thank you for taking the time to fill out this questionnaire. Your answers will help us learn if the training makes a difference in what you know and what you can do. It is part of a national evaluation. Your responses are completely confidential. Do not write your name on this survey. Some of the questions are personal, and if you do not want to answer them, you do not have to. You will still receive the training that we provide through this program, whether you answer the questions or not.

Instructions: Please read each question below. Place a \checkmark or x next to the answer that best describes you. Some questions ask you to write a number in the space. If you do not understand a question, please ask for help.

PEER TRAINING AND WORK EXPERIENCE

1. Have you had any other HIV training (in addition to this one) in the last 2 years?

- Yes
- No

2. How many days of HIV/AIDS training did you have in the past 2 years?

_____ days of HIV/AIDS training

- I have not had any HIV/AIDS training in the past 2 years

3. In the past month, did you work at any job? (Please check one answer)

- Yes, I worked full time
- Yes, I worked part time (32 or less hours per week)
- No, I was unemployed

4. In the past 6 months, did you work or volunteer to help people living with HIV (as a peer educator, advocate, outreach worker, treatment educator, case manager)?

- No, I did not work or volunteer as a peer
- Yes, I volunteered as a peer
- Yes, I worked as a peer

5. How long have you been working or volunteering to help people living with HIV? (Please write in the number of years, but if less than one year, please write the number of months)

_____ Years _____ Months _____ I am not working or volunteering as a peer

6. What kind of organization do you work or volunteer for now as a peer? (Please check any of the boxes below that describe your organization)

<input type="checkbox"/> None, I do not work as a peer	<input type="checkbox"/> Community based agency
<input type="checkbox"/> Hospital	<input type="checkbox"/> Prison/jail
<input type="checkbox"/> Community health clinic	<input type="checkbox"/> Homeless shelter
<input type="checkbox"/> AIDS Service Organization	<input type="checkbox"/> Substance abuse treatment program
<input type="checkbox"/> Church group	<input type="checkbox"/> Mental health clinic or agency
<input type="checkbox"/> Social service agency	<input type="checkbox"/> Other: _____

KNOWLEDGE ABOUT HIV

7. Please tell us if you think these things are true or not. (If you do not know, check “Don’t Know.”)

		True	False	Don’t Know
a.	If a woman with HIV is pregnant, her baby will always have HIV.			
b.	If you have an undetectable viral load, you can not give HIV to your partner.			
c.	A viral load less than 200 means you have AIDS.			
d.	Taking HIV medications (ART) does not cure HIV.			
e.	Everyone should start taking HIV medications as soon as they are diagnosed.			
f.	It is better to take half of your HIV medications (ART) than to take none at all.			
g.	It is important to attend regular medical appointments with a nurse or doctor			

For each of the questions below, please circle the letter next to the answer you think is correct. If you do not know, circle the letter next to “Do not know.”

8. The HIV test looks for:

- a. CD4 cells (or T cells)
- b. HIV
- c. HIV antibodies
- d. Opportunistic infections
- e. Do not know

9. People who have AIDS get opportunistic infections because

- a. When HIV enters the body, it changes into germs that cause infections
- b. The drugs used to treat HIV cause infections
- c. HIV weakens the immune system and makes it difficult to fight disease
- d. Do not know

10. HIV medications (ART) help to:

- a. Increase your viral load
- b. Reduce your viral load.
- c. Get rid of infections
- d. Do not know

11. If a person with HIV has diarrhea, they should:

- a. Stop eating until the diarrhea ends
- b. Drink a lot of water
- c. Drink a lot of coffee or caffeinated tea
- d. All of the above
- e. Do not know

12. If a person with HIV has the following problem, you should refer him or her to a mental health counselor:

- a. Deliberately throws up after eating (or binges or purges with food)
- b. Feeling down for a long time
- c. Thinking that everyone is out to get him or her
- d. All of the above
- e. Do not know

13. Which of these questions is an open-ended question?

- a. "Do you take your medications every day?"
- b. "Do you think you should discuss your medications with your doctor?"
- c. "Have you told your partner about your HIV?"
- d. "How do you feel about telling your partner about your HIV?"
- e. All of the above
- f. Do not know

14. Which activity is NOT appropriate for a peer?

- a. Advocating for a client
- b. Letting a client know which medications to stop taking if they are getting headaches
- c. Providing education about how to have safer sex
- d. Letting a client know that you can not give them money
- e. All of the above
- f. Do not know

15. Harm reduction means:

- a. Reducing the amount of alcohol you drink
- b. Entering a drug treatment program
- c. Wearing condoms when you have sex
- d. All of the above
- e. Do not know

16. PEER SERVICES

These are some of the things a peer can do with their clients, in a paid job or as a volunteer. Please check the box that best describes how often you did this as a peer **in the last 6 months**. If you did not work or volunteer as a peer in the past 6 months, please check “Never.”

		During the last 6 months, how often did you do this as a peer?			
		Never	1 or 2 times	3-10 times	More than 10 times
a.	Help a client decide to reduce their drug use				
b.	Discuss with a client how to have safer sex				
c.	Help a client understand how HIV medications can improve their health				
d.	Help a client talk openly with his or her doctor.				
e.	Go with a client to health care or social service appointment				
f.	Provide emotional support to a client				
g.	Talk with a client about a behavior change that impacts their health				
h.	Help a client find or choose HIV services				
i.	Help a client find or choose social or support services				
j.	Help a client make choices about disclosing HIV status				
k.	Help a client to take HIV medications correctly				
l.	Set clear boundaries with clients				
m.	Help a client understand what confidentiality means				

HIV MEDICAL CARE

These questions are about the health care you get for HIV. When we use the words “health care provider,” we mean the person you see most often for your HIV medical care. This person can be a doctor, a nurse, a nurse practitioner, or physician’s assistant.

17. What year did you test positive for HIV? _ _ _ _ _

- I don’t remember
- I never tested HIV positive

18. Has a health care provider ever told you that you have AIDS?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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19. In the last 6 months, how many times did you see a doctor for your HIV (outside of an emergency room)?

Number of doctor visits: _____

20. In the last 6 months, did a health care provider draw blood to check your CD4 count or HIV viral load?

- No
- Yes
- They drew blood, but I am not sure why

21. What is your most recent CD4 count? _____

- I don't know

22. What is your most recent HIV viral load count? _____

- I don't know

23. In the last six months, did you discuss any HIV treatment options with your health care provider?
(Treatment options include plans for taking medications, changing diet, other changes to address side effects or symptoms)

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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24. In the last six months, did you miss any of your appointments for HIV medical care without rescheduling them?

- No
- Yes
- Don't know
- I did not have any appointments for HIV medical care in the past 6 months

25. Why did you miss this/these appointment(s)? *(Skip this question if you didn't miss or have any appointments)*

26. Are you currently taking HIV medications (ART)?

- No
- Yes

27. How often do you remember to take your HIV medications? *(Please check one box below)*

<input type="checkbox"/> All the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not very often	<input type="checkbox"/> I am not taking meds
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28. If you are not taking HIV medications or not taking them all of the time, what are the reasons?

*****IF YOU TAKE YOUR MEDICINE ALL THE TIME, PLEASE SKIP THIS QUESTION*****

(Please check all that apply):

a.	I don't need to take them yet (I'm too healthy)	<input type="checkbox"/>
b.	I just found out I have HIV and have not talked with the doctor about medications	<input type="checkbox"/>
c.	The side effects are too bad	<input type="checkbox"/>
d.	Taking HIV medication is a problem because of my work or other activities	<input type="checkbox"/>
e.	I am taking a medication or drug "holiday"	<input type="checkbox"/>
f.	I feel the treatment is worse than the disease	<input type="checkbox"/>
g.	I just don't want to take them now	<input type="checkbox"/>
h.	I can not pay for the medications	<input type="checkbox"/>
i.	Other (specify): _____	<input type="checkbox"/>

29. How is your health right now? *(Please check one box below)*

<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
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30. How often did you use condoms or dental dams when you had sex with other people in the past month?

- I did not have sex with anyone in the past month
- Every time
- More than half the time
- Less than half the time
- Never
- Cannot remember/don't know

OTHER QUESTIONS ABOUT YOU

31. How old are you now? ____ years old

32. What is your gender?

<input type="checkbox"/> Male
<input type="checkbox"/> Female
<input type="checkbox"/> Transgender

33. How would you describe yourself?

<input type="checkbox"/> Heterosexual/Straight
<input type="checkbox"/> Bisexual
<input type="checkbox"/> Gay/Lesbian

34. What is your race or ethnicity? (Please check all that apply)

<input type="checkbox"/> Black/African-American	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Hispanic or Latino/a	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> African	<input type="checkbox"/> Other (specify) _____

35. What language do you speak most of the time with friends and family?

<input type="checkbox"/> English
<input type="checkbox"/> Spanish
<input type="checkbox"/> Other (what language) _____

36. What is the highest grade or year of school you finished? (Please check one box)

	Years/Grade
<input type="checkbox"/>	1-6 (Elementary School)
<input type="checkbox"/>	7-11 (Some Junior High or High School)
<input type="checkbox"/>	12 (High School Diploma or GED)
<input type="checkbox"/>	13-18 (Some College or Graduate School)

37. What kind of health insurance do you have? (Please check all that apply)

<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Private insurance, Veteran's or CHAMPUS
<input type="checkbox"/>	Other (specify): _____
<input type="checkbox"/>	I do not have any health insurance

THANK YOU for your participation!