

Study I.D.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Visit No.	<input type="text"/> <input type="text"/> <input type="text"/>
Date		Staff I.D.	
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Data Entry Only

Demographics

Please circle or mark the most appropriate responses, as well as filling in any relevant blanks, to answer the following demographic and background questions. You may skip over any questions that you do not feel comfortable answering.

1. What sex were you assigned at birth?
 0. Male
 1. Female
 2. Intersex
 3. Decline to State
2. What is your gender identity?
 0. Male
 1. Female
 2. Trans Male / Transman / Transmasculine
 3. Trans Female / Transwoman / Transfeminine
 4. Genderqueer / Gender non-conforming
 5. Other (please specify) _____
 6. Decline to state
3. How old are you? _____ (years)
4. In your own words, how would you describe your race or ethnicity?

5. Are you of Spanish/Hispanic/Latino origin?
 0. Not Hispanic or Latino
 1. Yes, Cuban
 2. Yes, Mexican
 3. Yes, Puerto Rican
 4. Yes, South or Central American
 5. Yes, other Spanish culture or origin
6. What is your race? (*please circle all that apply*)
 0. Black, African American, or African origin
 1. American Indian or Alaska Native
 2. Asian American or Asian Origin
 3. Native Hawaiian or Pacific Islander
 4. White
 5. Other _____



7. Were you born in the US?

- 0. No (skip to 8)
- 1. Yes

If Yes:

7a. Were you born in California?

- 0. No
- 1. Yes (skip to 8)

7b. Which US state were you born in? _____

8. What is your relationship status?

- 1. Single, not in a relationship
- 2. In a committed relationship
- 3. Other (please explain further)_____

9. What is your marital status?

- 1. Never married
- 2. Married
- 3. Widowed
- 4. Divorced
- 5. Separated

10. Have you shared your HIV status with anybody?

- 0. No
- 1. Yes

If Yes,

10a. Have you told any family members?

- 0. No
- 1. Yes

10b. Have you told any of your friends?

- 0. No
- 1. Yes

10c. How long after learning your HIV status, did you first disclose your HIV status?

- 1. within a month of diagnosis
- 2. 1-6 months after diagnosis
- 3. 6 - 12 months after diagnosis
- 4. 1 - 3 years after diagnosis
- 5. 3 - 5 years after diagnosis
- 6. more than 5 years after diagnosis

11. Do you presently hold a job?

- 1. Yes, Full-time
- 2. Yes, Part-time
- 3. No, currently unemployed
- 4. No, currently on disability
- 5. No, other (please explain further)_____



12. How much income did you personally earn (before taxes) from all sources in the last year? (please mark one)

0. Less than \$10,000
1. \$10,000 to \$19,999
2. \$20,000 to \$34,999
3. \$35,000 to \$49,999
4. \$50,000 to \$74,999
5. \$75,000 to \$99,999
6. \$100,000 to \$149,999
7. \$150,000 or more
8. Decline to state

13. What was the total family income (before taxes) from all sources within your household in the last year? (please mark one)

0. Less than \$10,000
1. \$10,000 to \$19,999
2. \$20,000 to \$34,999
3. \$35,000 to \$49,999
4. \$50,000 to \$74,999
5. \$75,000 to \$99,999
6. \$100,000 to \$149,999
7. \$150,000 or more
8. Decline to state

14. Where do you spend **most** of your daytime hours?

1. At work/ at your job
2. At home
3. At a hotel/motel
4. In education or job training
5. At a friend's or family's place
6. Street, park, or outdoors
7. In a treatment facility or in transitional housing
8. In permanent supportive housing
9. Seeking employment
10. At the library
11. Wherever you can find a place
12. Other (please explain further) _____

15. Where is your **usual** sleeping location?

1. In your own apartment, room, or house
2. In a friend's or family member's apartment, room, or house
3. In a hotel/motel room
4. At a treatment or transitional program
5. At a shelter
6. In a car/vehicle
7. Outdoors
8. Other (please specify) _____

16. Please provide the zip code of the area you live in. _____



17. Including yourself, how many people currently live with you? _____

18. How is/are this person/these people related to you? (*Circle all that apply*)

1. Not applicable
2. Spouse
3. Unmarried Partner
4. Child/ren
5. Sibling
6. Parent
7. Grandchild/ren
8. Other Relative
9. Other Non-Relative

19. What is the highest level of education that you completed?

1. No schooling completed
2. Some education, but no high school
3. Less than high school diploma
4. Graduated high school or obtained GED
5. Some college
6. Graduated college (bachelor's degree)
7. Some graduate education
8. Graduate degree

Supplementary File 2. Visual Analog Scale (VAS) of ART Adherence.

Please place an "X" on the line below at a point to show how much of your HIV medication you took in the past 30 days.

0% means that you have **taken none of your current HIV medication**, **50%** means that you have **taken half your current medication doses**, **100%** means that you **have taken every single dose** in the past 30 days. You can put an "X" anywhere between 0% and 100%.

