

WOMEN'S INTERAGENCY HIV STUDY

BASELINE VISIT

SOCIODEMOGRAPHICS

FORM 1

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

|_|-|_|_|-|_|_|_|_|-|_|

A2. WIHS STUDY VISIT #:

___ ___

A3. FORM VERSION:

0 8 / 1 5 / 9 4
M D Y

A4. DATE OF INTERVIEW:

___ ___ / ___ ___ / ___ ___
M D Y

A5. INTERVIEWER'S INITIALS:

___ ___ ___

A6. TIME MODULE BEGAN:

|_|_| : |_|_| AM.....1
PM.....2

INTRODUCTION TO PARTICIPANT:

Thank you for agreeing to participate in this study. This is a very important study about women's health. To learn as much as possible about your health, I will need to ask you numerous questions about your life. I understand that some of these questions may be difficult for you to answer, and exact dates may be hard to remember. Please take as much time as you need so I can gather information which is as accurate as possible. Of course, your responses will be confidential. Your name will not be reported to anyone, or recorded on any form. We will be using a unique identification number instead of your name; therefore, there will be no way to link your name to this interview. If you cannot or do not wish to answer a certain question, tell me and I will just go on to the next question. Remember, there are no right or wrong answers to these questions, just answer them as best you can.

During this first section, I will ask you some questions about your background and income. This information is used for statistical purposes only to generally describe the background of people who are part of this study.

WIHS ID #

SECTION B. SOCIODEMOGRAPHIC DATA

B1. What country were you born in?

- UNITED STATES1 (B3)
- PUERTO RICO OR OTHER U.S. TERRITORIES.....2
- OTHER3

(SPECIFY)

DON'T KNOW.....<-8>

B2. What year did you come to live in the U.S.?

(CODE MOST RECENT MOVE, IF SEVERAL MOVES.) 19 |__|__|

B3. **HAND PARTICIPANT RESPONSE CARD 5.**

Choose the answer that best applies to you now from the list I am going to read to you. Are you now...

- Legally married/Common-law married1
- Not Married, but living with a partner2 (B5)
- Widowed.....3 (B5)
- Divorced/or marriage annulled.....4 (B5)
- Separated5 (B5)
- Never married.....6 (B5)
- OTHER.....7 (B5)

(SPECIFY)

B4. Does your spouse live with you?

- YES1
- NO2

B5. **HAND PARTICIPANT RESPONSE CARD 6.**

Where are you staying (living) now?

- In your own house/ apartment1
- At your parent's house2
- Someone else's house/ apartment3
- In a rooming, boarding, or halfway house4 (B19)
- In a shelter/ welfare hotel5 (B19)
- On the street(s).....6 (B19)
- Jail/ other correctional facility.....7 (B21)
- Residential drug, alcohol treatment facility8 (B19)
- OTHER PLACE9

(SPECIFY)

IF LIVING "ON THE STREET(S)", REFER TO SOCIAL SERVICE PROVIDER.

WIHS ID #

B6. Not counting yourself, how many people live with you? (IF ZERO, B8)

B7. How are they related to you?
(PROBE: Any others?)

CIRCLE "1" FOR EACH RELATIONSHIP MENTIONED AND THEN ASK QUESTION "i", "How many?" CIRCLE "2" FOR RELATIONSHIPS NOT MENTIONED AFTER PROBING.

	MENTIONED		
	<u>YES</u>	<u>NO</u>	i. How many?
a) YOUR CHILDREN	1	2 (b)	<input type="text"/>
b) FOSTER CHILDREN	1	2 (c)	<input type="text"/>
c) OTHER CHILDREN	1	2 (d)	<input type="text"/>
<hr/>			
(SPECIFY)			
d) HUSBAND/MALE SEX PARTNER	1	2	
e) FEMALE SEX PARTNER.....	1	2	
f) YOUR PARENTS/STEP/FOSTER.....	1	2 (g)	<input type="text"/>
g) OTHER ADULT RELATIVES	1	2 (h)	<input type="text"/>
<hr/>			
(SPECIFY)			
h) OTHER ADULT NON-RELATIVES	1	2 (B8)	<input type="text"/>
<hr/>			
(SPECIFY)			

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
B8. Are you currently employed (for pay, full-time or part-time)?	1	2	<-8>	<-7>
B9. Are you currently receiving food stamps, WIC (Women Infant Children), and/or financial assistance from an agency with the payment of your rent, with transportation or with your utility bills?	1	2	<-8>	<-7>

B10. HAND PARTICIPANT RESPONSE CARD 7.

What is the current average monthly income, before taxes, of your household. Remember, your household includes family members or other people who live with you and depend on that money. Include pay or money from all sources such as wages, salaries, tips, Social Security, Aid for Dependent Children (AFDC), pension or retirement, and any other kind of support.

(DO NOT READ ALL RESPONSE CHOICES. CIRCLE THE CODE FOR THE CATEGORY THAT MOST CLOSELY FITS THE RESPONSE GIVEN BY THE PARTICIPANT)

<u>YEAR</u>	<u>MONTH</u>	<u>WEEK</u>	
\$6,000 OR LESS	\$500 OR LESS	\$115 OR LESS	1
\$6,001 TO \$12,000.....	\$501 TO \$1,000	\$116 TO \$231	2
\$12,001 TO \$18,000.....	\$1,001 TO \$1,500	\$232 TO \$346.....	3
\$18,001 TO \$24,000.....	\$1,501 TO \$2,000	\$347 TO \$461	4
\$24,001 TO \$30,000.....	\$2,001 TO \$2,500	\$462 TO \$577.....	5
\$30,001 TO \$36,000.....	\$2,501 TO \$3,000	\$578 TO \$692.....	6
\$36,001 TO \$75,000.....	\$3,001 TO \$6,250	\$693 TO \$1442.....	7
MORE THAN \$75,000	MORE THAN \$6,250	MORE THAN \$1442.....	8
		DON'T KNOW	<-8>
		DECLINED	<-7>

INSTRUCTIONS: ASK ABOUT EACH INCOME SOURCE (B11-B18). FOR EACH "YES", ASK SUBQUESTION "a".

The following questions ask about where your household's income comes from. By "household" we mean family members or other people who live with you and depend on that money. Please include both legal and illegal sources. Do you, or does anyone else in your household get money from:

a. Do you get this payment directly? **(PROBE:** Do not include money that was paid directly to someone else in your household, which they then gave to you).

[READ B11-B18]

SOURCES:	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
B11. Wages/Salary.....	1	2 (B12)	1	2
B12. Alimony/Child Support	1	2 (B13)	1	2
B13. Welfare/Public Aid, AFDC.....	1	2 (B14)	1	2
B14. SSI/SSDI (Social Security Disability Income)	1	2 (B15)	1	2
B15. State or private disability or workers' compensation	1	2 (B16)	1	2
B16. Social Security (Excluding SSI, SSDI)	1	2 (B17)	1	2
B17. Pension	1	2 (B18)	1	2
B18. Any Other Source.....	1	2 (B30)	1 (B30)	2 (B30)

(SPECIFY)

S K I P T O B 3 0 , P A G E 6

IF PARTICIPANT HAS NO INCOME AT ALL, REFER TO SOCIAL SERVICE PROVIDER

WIHS ID #

- | | <u>YES</u> | <u>NO</u> | <u>DON'T KNOW</u> | <u>DECLINED</u> |
|--|------------|-----------|-------------------|-----------------|
| B19. Are you currently employed (for pay, full-time or part-time)? | 1 | 2 | <-8> | <-7> |
| B20. Are you currently receiving food stamps, WIC (Women Infant Children), and/or financial assistance from an agency with the payment of your rent, with transportation or with your utility bills? | 1 | 2 | <-8> | <-7> |

B21. HAND PARTICIPANT RESPONSE CARD 7.

What was the average monthly income, before taxes, of your former household. Remember, your former household includes family members or other people who lived with you and depended on that money. Include pay or money from all sources such as wages, salaries, tips, Social Security, Aid for Dependent Children (AFDC), pension or retirement, and any other kind of support.

(DO NOT READ ALL RESPONSE CHOICES. CIRCLE THE CODE FOR THE CATEGORY THAT MOST CLOSELY FITS THE RESPONSE GIVEN BY THE PARTICIPANT)

<u>YEAR</u>	<u>MONTH</u>	<u>WEEK</u>	
\$6,000 OR LESS	\$500 OR LESS	\$115 OR LESS	1
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MORE THAN \$75,000	MORE THAN \$6,250	MORE THAN \$1442.....	8
		DON'T KNOW	<-8>
		DECLINED	<-7>

WIHS ID #

INSTRUCTIONS: INSTRUCTIONS: ASK ABOUT EACH INCOME SOURCE (B22-B29). FOR EACH "YES", ASK SUBQUESTION "a".

The following questions ask about where your former household's income came from. By "household" we mean family members or other people who lived with you and depended on that money. Please include both legal and illegal sources.

Did you, or anyone else in your household get money from:

a. Did you get this payment directly? (**PROBE:** Do not include money that was paid directly to someone else in your household, which they then gave to you).

[READ B22 - B29]

SOURCES:	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
B22. Wages/Salary.....	1	2 (B23)	1	2
B23. Alimony/Child Support.....	1	2 (B24)	1	2
B24. Welfare/Public Aid, AFDC.....	1	2 (B25)	1	2
B25. SSI/SSDI (Social Security Disability Income)	1	2 (B26)	1	2
B26. State or private disability or workers' compensation	1	2 (B27)	1	2
B27. Social Security (Excluding SSI, SSDI).....	1	2 (B28)	1	2
B28. Pension.....	1	2 (B29)	1	2
B29. Any Other Source.....	1	2 (B30)	1	2

(SPECIFY)

B30. TIME MODULE ENDED:

||: |_|_|

AM.....1

PM.....2

GO TO FORM 2