

WOMEN'S INTERAGENCY HIV STUDY  
FORM 21: SOCIODEMOGRAPHICS

**SECTION A: GENERAL INFORMATION**

- A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE |\_|- |\_|\_| - |\_|\_|\_|\_| - |\_|
- A2. WIHS STUDY VISIT #: |\_|\_|
- A3. FORM VERSION: **04/02/09**
- A4. DATE OF INTERVIEW: |\_|\_|/|\_|\_|/|\_|\_|  
M D Y
- A5. INTERVIEWER'S INITIALS: |\_|\_|\_|
- A6. DATE OF LAST STUDY VISIT (FROM VISIT CONTROL SHEET) |\_|\_|/|\_|\_|/|\_|\_|  
M D Y
- A7. TIME MODULE BEGAN: |\_|\_|:|\_|\_| AM..... 1  
PM..... 2

**INTRODUCTION TO PARTICIPANT:**

You will notice that some questions may have been added to or deleted from the interview. Please listen carefully for changes as WIHS investigators continue to revise questions to reflect what is currently important to our understanding of women and HIV.

As we have at prior visits, 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. I would also like to remind you that all of your responses will be strictly confidential.

During this first section, I will ask you some questions about your background and income.

**PROMPT: IF EVEN NUMBERED VISIT (#2, #4, #6, etc.) SKIP TO B3.**

**B1. HAND PARTICIPANT RESPONSE CARD Ø.**

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 married .....1
- Not Married, but living with a partner.....2
- Widowed.....3
- Divorced/or marriage annulled .....4
- Separated .....5
- Never married .....6
- Other .....7

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**B3. HAND PARTICIPANT RESPONSE CARD 1.**

Where are you living now?

- In your own house/ apartment .....1
- At your parent's house .....2
- Someone else's house/ apartment.....3
- In a rooming, boarding, or halfway house .....4 (B13)
- In a shelter/ welfare hotel.....5 (B13)
- On the street(s) (beach).....6 (B13)
- Jail/ other correctional facility .....7 (B21 if ODD, B22 if EVEN)
- Residential drug, alcohol treatment facility .....8 (B13)
- Other place.....9 (B13)

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

**PROMPT: IF ODD-NUMBERED VISIT, SKIP TO B13.**

**ADULTS IN HOUSEHOLD: BURDEN/SUPPORT CONTINUUM**

B4. Not including yourself, on average during the past year, how many adults (individuals 18 years of age or older) live in your household?

TOTAL NUMBER OF ADULTS :   |\_|\_| (If B4 = 00, SKIP TO QUESTION B6)

**B5. HAND PARTICIPANT RESPONSE CARD 2.**

When thinking about how you and the adults in your household depend on each other to manage the household, which of the following statements best describes your household during the past year? (PROMPT: "Managing the household" includes shopping, cleaning, preparing meals, paying the bills, taking care of children or ill members, and/or providing other kinds of physical and emotional support.)

The adults in my household:

- Depend on me to manage everything in the household.
  - I am considered head of the household. ....1
- Depend on me to manage most everything, but do provide some support and help in the household .....2
- Provide an equal amount of support and help in the household as I do.....3
- Provide more support and help in the household than I do.....4
- Provide complete management of the household. I depend on them for most everything .....5

**CHILDCARE: BURDEN/SUPPORT CONTINUUM**

B6. Thinking about the past year, on average how many children younger than 18 years of age do you take care of? (PROMPT: By "take care of" I mean those children who depend on you for their basic needs (food, shelter, etc.) at least eight hours a day. This includes your own children as well as anyone else's children you care for or help care for.)

TOTAL NUMBER OF CHILDREN:   |\_|\_| (If B6 = 00, SKIP TO QUESTION B13)

B7. We are interested in knowing your relationship to the children in your care and how much time you spend caring for these children. More than one type of relationship may apply so I will ask you about each.

Are you the child(ren)'s...	<u>YES</u>	<u>NO</u>
a. Mother or Step-mother .....	1	2
b. Foster parent .....	1	2
c. Grandmother .....	1	2
d. Relative (aunt, cousin, sister, etc.).....	1	2
e. Other (babysitter, daycare worker, nanny, etc).....	1	2

**SPECIFY:** \_\_\_\_\_

B8. How many hours per day or per week do you provide childcare? Do not count the hours that you are away from children you care for, for example, while you are at work, out of their presence, or while the children are in school or in someone else's care. **(PROBE:** For instance, if your children are not in school and are in your direct care all of the time, your response would be 24 hours per day. If the children go to school and/or you work, and thus you care for them only during hours when they are not in school and you are not in work, your response might be something like 16 hours per day. If you care for someone else's children while they work Monday through Friday, your response might be 40 hours total per week.) **(TOTAL CANNOT EXCEED 24 HOURS PER DAY OR 168 HOURS PER WEEK).**

#HOURS |\_\_|\_\_|\_\_| PER DAY..... 1  
PER WEEK..... 2

**PARENTING / PARENTING SELF-EFFICACY CONTINUUM**

**B9. HAND PARTICIPANT RESPONSE CARD 3.**

How would you describe the ease or difficulty of taking care of the children you parent?

- Very difficult .....1
- Somewhat difficult .....2
- Neither difficult nor easy.....3
- Fairly easy .....4
- Very easy.....5

**B10. HAND PARTICIPANT RESPONSE CARD 4.**

Please select the one response from Response Card 4 that best describes your opinion of your parenting skills.

I feel that I am:

- Not very good at being a parent .....1
- A person who has some trouble being a parent.....2
- An average parent.....3
- A better than average parent.....4
- A very good parent.....5
- Not applicable / I am not a parent/foster-parent/step-parent .....6

**B11. HAND PARTICIPANT RESPONSE CARD 5.**

Some older children help with shopping, cleaning, preparing meals, taking care of younger children or ill family members, and/or provide other kinds of physical and emotional support. Select the response that best describes how often you receive help from children in your care.

- Not at all .....1
- A little bit .....2
- Some/Moderately .....3
- Quite a bit .....4
- A lot/Extremely .....5
- I do not have children old enough to help .....6

**B12. In the past year, have you lost or gained custody (formal or informal) of any children (biological or foster) under 18 years of age?**

- Neither lost nor gained custody .....1
- Lost custody .....2
- Gained custody .....3

**EMPLOYMENT CONTINUUM**

**B13. Are you currently employed (for pay, full-time or part-time)?**

- YES ..... 1
- NO ..... 2 **(B17)**

**B14. How many hours per week or per month do you work?**

#HOURS |\_\_|\_\_|\_\_| PER WEEK.....1  
PER MONTH....2

**B15. What shift do you work?**

- Day shift .....1
- Evening (“pm”) .....2
- Night shift.....3
- Mixed shifts .....4

**B16. HAND PARTICIPANT RESPONSE CARD 6.**

Please select the one response from Response Card 6 that best describes your opinion of your employee abilities.

I feel that I am:

- Not a very good employee.....1 **(B19)**
- A person who has some trouble being an employee .....2 **(B19)**
- An average employee .....3 **(B19)**
- A better than average employee .....4 **(B19)**
- A very good employee .....5 **(B19)**

**B17. Are you currently looking for a job?**

- YES ..... 1
- NO ..... 2

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B18. There are many reasons people may have difficulty getting or keeping a job or why it may not be possible for them to work. Please indicate all the reasons that apply to you:

	<u>YES</u>	<u>NO</u>
a. I don't know how to find a job .....	1	2
b. I do not have many skills or abilities.....	1	2
c. I have children at home and no one to help take care of them .....	1	2
d. I have a relative or friend that I take care of.....	1	2
e. I do not have good transportation to get to and from work .....	1	2
f. My partner/husband doesn't want me to work.....	1	2
g. I don't want to risk losing my disability income if I start working.....	1	2
h. I am too sick or disabled to work .....	1	2
i. I am using drugs or alcohol .....	1	2
j. I am not a U.S. citizen .....	1	2
k. I don't want/need to work .....	1	2
l. I'm retired or too old to work.....	1	2
m. Other.....	1	2 <b>(B19)</b>

**SPECIFY:** \_\_\_\_\_

B19. Do you barter or trade a service or product (that means you do not exchange money) for something you or your family needs on a regular basis (at least monthly)?

YES ..... 1  
NO ..... 2

B20. Do you volunteer your time (provide a service to others)?

YES ..... 1  
NO ..... 2 **(B21 if ODD; B22 if EVEN)**

a. How many hours per week or per month do you volunteer?

#HOURS |\_\_|\_\_| PER WEEK.....1  
PER MONTH....2

**PROMPT: IF EVEN NUMBERED VISIT (#2, #4, #6, etc.) SKIP TO B22.**

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[Empty box for WIHS ID #]

**B21. HAND PARTICIPANT RESPONSE CARD 7.**

What is the average monthly income, before taxes, of your household. 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 – legal or illegal. **(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 \$1,442.....	7
MORE THAN \$75,000 .....	MORE THAN \$6,250 .....	MORE THAN \$1,442.....	8

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

**INTRODUCTION TO PARTICIPANT:**

The WIHS is trying to learn how incarceration has impacted taking antiretroviral medications for the women in our study.

B22. Since your (MONTH) study visit, have you been incarcerated (spent time in prison or jail)?

- YES ..... 1
- NO ..... 2 **(B23)**

a. How many times? [ ][ ]

**START F21s1**

**INTERVIEWER: For each instance of incarceration since the participant's (MONTH) study visit, ask subquestions b and c.**

b. For how long?					c. Did you continue taking your antiretroviral medications while you were incarcerated?		
	<u>DAYS</u>	<u>MONTHS</u>	<u>YEARS</u>		<u>YES</u>	<u>NO</u>	<u>N/A</u>
i.	[ ][ ]	1	2	3	1	2	3
ii.	[ ][ ]	1	2	3	1	2	3
iii.	[ ][ ]	1	2	3	1	2	3

**END F21s1**

B23. TIME MODULE ENDED: [ ][ ] : [ ][ ] AM .....1  
PM.....2