

SUPPORTING INFORMATION

- 1) General Questionnaire (self-completed at health care entry)
 - a. English
 - b. Amharic
 - c. Tigrinya
 - d. Spanish
 - e. Somali
- 2) HIV Questionnaire (interviewer-completed at point of HIV testing)
- 3) Key Informant Interview Guide

Please answer the following questions. You may choose to leave a question blank if you would prefer not to answer.

1) How old are you? _____

2) What is your gender? Male Female Other: _____

3) Do you identify as transgender? Yes No

4) What is your race? **Check all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Black/African-American/African | <input type="checkbox"/> Hispanic/Latinx |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pacific Islander or Native Hawaiian | |

5) What is your religious affiliation?

- | | | |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Jewish | |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> No religious affiliation | _____ |

6) Are you currently employed? Yes No

7) What is the highest level of schooling you have completed?

- | | |
|--|---|
| <input type="checkbox"/> Primary school | <input type="checkbox"/> College degree (e.g. Bachelor's, Master's or professional) |
| <input type="checkbox"/> High/secondary school | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Some college, but no degree | |

8) What language(s) do you primarily speak at home? **Check all that apply.**

- | | | | |
|----------------------------------|-----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Amharic | <input type="checkbox"/> Tigrinya | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Somali | <input type="checkbox"/> Arabic | |
| <input type="checkbox"/> French | <input type="checkbox"/> Oromiffa | <input type="checkbox"/> Kiswahili | |

9) What zip code do you currently live in? _____

10) What country were you born in? _____

11) What year did you emigrate to the US? _____ N/A

12) Have you traveled outside of the US in the last 5 years? Yes No

QUESTIONNAIRE PART I (ENGLISH)

13) Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

- Yes No Don't know

14) Do you have one or more persons who you think of as your personal doctor or health care provider?

- Yes No Don't know

15) A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor, nurse practitioner, or other health provider **for a routine checkup**?

- Less than 1 year ago 2-5 years ago Don't know
 1-2 years ago More than 5 years ago Never

16) Over the past 2 weeks, **how often** have you had little interest or pleasure in doing things?

- Not at all
 Several days
 More than half of days
 Nearly every day

17) Over the past 2 weeks, **how often** have you been feeling down, depressed, or hopeless?

- Not at all
 Several days
 More than half of days
 Nearly every day

18) Have you ever lived in the same house with someone who was sick with tuberculosis (TB)?

- Yes No I don't know

19) Have you ever taken any medications for tuberculosis (TB) treatment?

- Yes No I don't know

20) Some people who want to be tested for HIV decide not to get tested because of certain barriers. **Check the one LARGEST barrier that your community faces for HIV testing.**

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Getting tested is too expensive | <input type="checkbox"/> Don't want to know their results | <input type="checkbox"/> No barriers |
| <input type="checkbox"/> Don't know where to get tested | <input type="checkbox"/> Treatment is too expensive | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Testing is too far away | <input type="checkbox"/> Worried about losing their partner | |
| <input type="checkbox"/> Worried about privacy or confidentiality | <input type="checkbox"/> Worried about losing their job | |

የሚከተሉትን ጥያቄዎች እባኩትን ይመልሱ። ጥያቄውን መመለስ ካልፈለጉ መልሱን ባዶ መተው ትችላሉ።

1) እድሜዎ ስንት ነው? _____

2) ይታዎ ምንድን ነው? ወንድ ሴት ሌላ፤ _____

3) ራሶን እንደ ትራንስጀንደር (ይታ የለወጠ) ይቆጥራሉ? አዎ አይ

4) የእርስዎ ዘር ምንድን ነው? የሚመለከቱትን ሁሉ ይምረጡ።

- ጥቁር/አፍሪካ አሜሪካዊ/አፍሪካዊ
- የእስፓንኛ/ላቲን
- እስያዊ ወይም እስያ አሜሪካዊ
- ነጭ
- ሕንድ አሜሪካዊ ወይም የአላስካ ተወላጅ
- ሌላ፤ _____
- የፓስፊክ ደሴት ነዋሪ ወይም የሃዋይ ተወላጅ

5) ሃይማኖትዎ ምንድን ነው?

- ክርስቲያን
- የሂንዱ እምነት
- ሌላ
- ሙስሊም
- አይሁዳዊነት
- ቡድሂስት
- የሃይማኖት አባልነት የለኝም

6) በአሁን ሰዓት ስራ ይሰራሉ? አዎ አይ

7) የመጨረሻ ከፍተኛ የትምህርት ደረጃ የጨረሱት?

- የመጀመሪያ ደረጃ ትምህርት ቤት
- ኮሌጅ በዲግሪ (ምሳሌ፡ የመጀመሪያ ፣ ሁለተኛ ፣ ወይም የሞያ ዲግሪ)
- ሁለተኛ ደረጃ ትምህርት ቤት
- ኮሌጅ ያለ ዲግሪ
- ሌላ፤ _____

8) የትኛውን ቋንቋ ነው ቤት ውስጥ የሚናገሩት? የሚመለከቱትን ሁሉ ላይ ክብ ያድርጉ።

- እንግሊዝኛ
- አማርኛ
- ትግርኛ
- ሌላ፤ _____
- ስፓንኛ
- ሶማሊኛ
- አረብኛ
- ፈረንሳይኛ
- አሮምኛ
- ኪስታሊኛ

9) የአካባቢያዊ መለያ ቁጥር (ወይም zip code) በአሁን ጊዜ ምንድን ነው? _____

10) የት አገር ነው የተወለዱት? _____

11) በስንት ዓመተ ምህረት ነው ወደ አሜሪካ የመጡት? _____ N/A

12) ባለፈው አምስት አመት ወስጥ ከአሜሪካ ውጪ ጉዞ ሄደዋል? አዎ አይ

QUESTIONNAIRE PART I (AMHARIC)

13) የጤና ኢንሹራንስ እንደ HMO ቅድም ክፍያ ፕሮግራም ፣ ወይም የመንግስት ፕሮግራም እንደ Medicare ፣ ወይም የሕንድ ጤና አገልግሎት (Indian Health Service) ፣ ወይም ሌላ የጤና ጥበቃ ሽፋን አላችሁ ?

- አዎ አይ አላውቅም

14) የግል ሐኪም ወይም የጤና አገልግሎት ሰጪ የምትሉት ቢያንስ አንድ ሰው አላችሁ?

- አዎ አይ አላውቅም

15) መደበኛ ምርመራ ማለት የተለየ ጉዳት ፣ ህመም ፣ ወይም ሁኔታ ሳይሆን በአጠቃላይ አካላዊ ምርመራ ነው። ስለዚህ ምን ያህል ጊዜ ሆንዎታል እርሶ በሃኪም ፣ ነርስ ፣ ወይም ሌላ ጤና አገልግሎት ሰጪ መደበኛ ምርመራ የተደረጉት?

- ከአንድ አመት በታች ከሁለት እስከ አምስት አመት በፊት አላውቅም
 ከአንድ እስከ ሁለት አመት መሃል ከአምስት አመት በላይ በጭራሽ መቼም

16) በአለፈው ሁለት ሳምንት ውስጥ ስራዎችን ለመስራት ፍላጎት ማጣት ወይም ደስታ ማጣት ያጋጠሞት ስንት ጊዜ ይሆናል?

- በጭራሽ መቼም
 ብዙ ቀናት
 ግማሽ ቀናት በላይ
 በየቀኑ ማለት ይቻላል

17) በአለፈው ሁለት ሳምንት ውስጥ ፣ ስንት ጊዜ ይሆናል ተስፋ መቁረጥ ወይም ተስፋ የመቁረጥ ስሜት ያጋጠመዎት?

- በጭራሽ መቼም
 ብዙ ቀናት
 ግማሽ ቀናት በላይ
 በየቀኑ ማለት ይቻላል

18) ቲቤርክሎዝስ (tb) በሽታ ከያዘው ሰው ጋር አብራችሁ በአንድ ቤት ውስጥ ኖራችሁ ታውቃላችሁ?

- አዎ አይ አላውቅም

19) ለቲቤርክሎዝስ (tb) ሕክምና መድሃኒት ወስዳችሁ ታውቃላችሁ?

- አዎ አይ አላውቅም

20) አንዳንድ ሰዎች ኤች አይ ቪ (HIV) ምርመራ እየፈለጉ በተለያዩ ምክንያት ላለመፈተን ይወስናሉ። በእርሶ ህብረተሰብ ለHIV ላለመመርመር ትልቁ ምክንያት ወይም መሰናክል ይህ ነው የሚሉትን ከብ ያድርጉ።

- ምርመራው ውድ ነው የምርመራውን ውጤት ማወቅ መሰናክል የለም
 የት እንደሚመረመሩ አለማወቅ ስለማይፈለግ ሌላ፤
 የምርመራው ቦታ ሩቅ ስለሆነ ሕክምናው ውድ ስለሚሆን
 ስለ ግላዊነት ወይም ሚስጥርነት በመስጋት የሕይወት አጋርን ላለማጣን በመስጋት
 ስራን ላለማጣት በመስጋት

በይዘአም እዞም ጥያቄታት ይመልሱ. ምምላስ ተዘይደአ ደሊዮም ነጻ ምግዳፍ ይኸእሉ እዮም።

1) ከንደይ ዓመትኻ/ኺ? _____

2) ጾታ? ተባዕታይ አንስታይ ካልእ: _____

3) ትራንስጀንደር ኢኻ/ኺ ከትባሃል ይካልሉ? (ጾታ ዝለወጥካ) እወ አይኾንኩን

4) ዘርእኻ/ኺ እንታይ እዩ? መልሲ ትብሎ ኩሉ አኹብብ.

- ጸሊም/አፍሪካንአሜሪካን/አፍሪካዊ
- ሂስፖኒክ/ላቲናዊ
- ኤሲያዊ ወይ ኤስያን አሜርካን
- ጻዕዳ
- ኤሲያዊ ወይ ኤስያን አሜርካን
- ካልእ: _____
- ፕስፊክ ኢስላንደር ወይ ወዲባት ሁዋያን

5) ሃይማኖትኻ/ኪ እንታይ እዩ?

- ክርስትያን
- ሂንዱ
- ማስሊም
- ጂዊሽ
- ቡዲስት
- ምንንም ሃይማኖት ዘይክተል
- ካልእ: _____

6) ኸዚ ዝተቐጻርካዮ ስራሕ አለካ? እወ ዮብለይን

7) ዝላዓለ ትምህርቲ ደረጃኻ/ኪ ከነደይ እዩ?

- ፕራይሜሪ ስኩል
- ኮሌጅ ዲግሪ (ናኣብነት፡- ናይ መጀመርታ ዲግሪ፣ ማስተርስ ፣ ፕሮፌሺናል)
- ሃይ/ስኩንደሪ ስኩል
- ካልእ: _____
- ኮሌጅ፣ ብዘዩ ዲግሪ

8) ኣብ ገዛ ኣብሊጽኻ/ኺ እትጥቀመሉ ቋንቋ/ቋንቋታት? መልሲ ትብሎ አኹብብ.

- ኢንግሊሽ
- አማሪኛ
- ትግርኛ
- ካልእ: _____
- ስፓኒሽ
- ሶማል
- ዓረብ
- ፍሬንች
- አሮሚፋ
- ኪስዋሊ

9) ኸዚ ኣበዩናይ ዚገጥሙኩም ኮድ ትነብር? _____

10) ኣበዩናይ ሃገር ተዎሊድኻ/ኺ? _____

QUESTIONNAIRE PART I (TIGRINYA)

<p>11) ናብ ዩ ኤስ ኤ መዓዝ ኣቲኻ/ኺ? _____ <input type="checkbox"/> N/A</p>
<p>12) ኣብዚ 5 ዓመት እዚ ካብ ዩ ኤስ ኤ ወጺኻ ኔርካ ዶ? <input type="checkbox"/> እወ <input type="checkbox"/> ኣይወጸኩን</p>
<p>13) ዝኾነ ዓይነት ናይ ሕክምና ግልጋሎት ሸፋን ኣለካ ዶ? ከም ናይ ሕክምና ኢንፎርጋንስ ፣ ከም ቅድመ ክፍሊት ፕላን HMOs፣ መንግስታዊ ፕላን ከም ሜዲኬር ወይ ኢንዱዮን ሕክምና ግልጋሎት</p> <p><input type="checkbox"/> እወ <input type="checkbox"/> የብለይን <input type="checkbox"/> ኣይፈልጥን</p>
<p>14) ሓደ ወይ ካብኡ ንላዕሊ ግላዊ ዶክተር ወይ ናይ ሕክምና ግልጋሎት ዝህብ ኢልኻ ትሓስቦ ሰብ ኣለካዶ? <input type="checkbox"/> እወ <input type="checkbox"/> የብለይን <input type="checkbox"/> ኣይፈልጥን</p>
<p>15) መደበኛ ምርመራ ጠቕላላ ናይ ኣካላዊ ምርመራ እዩ፤ ን ኣብነት ከም ንጹር ጉዳኣት፣ ሕግመ ወይ ጊዛዊ ሁውከት ኣይኮነን። ዶክተር፣ ነርስ ወይ ናይ ሕክምና ግልጋሎት መደበኛ ምርመራ ካብዘይትረክብ ኸንደይ ጌርኻ?</p> <p><input type="checkbox"/> ቅድሚት ሕሳብ 1 ዓመት <input type="checkbox"/> ቅድሚት 2-5 ዓመት <input type="checkbox"/> ኣይፈልጥን</p> <p><input type="checkbox"/> ቅድሚት 1-2 ዓመት <input type="checkbox"/> ቅድሚት 5 ዓመት ብላዓሊ <input type="checkbox"/> በፍጹም</p>
<p>16) ካብቲ ዝሕለፈ 2 ቅነ ብላዕሊ ክንደየናይ ግዜ እዩ ንእሽተይ ድሌት ወይ ንእሽተይ ነገራት ናይ ምግባር ሓገዥ ዝነበረካ? <input type="checkbox"/> በፍጹም <input type="checkbox"/> ዝተወሰኑ መዓልቲታት <input type="checkbox"/> ካብ ፍርቂ መዓልቲ ብላዓሊ <input type="checkbox"/> ዳርጋ ኩሉ መዓልቲ</p>
<p>17) ካብቲ ዝሕለፈ 2 ቅነ ብላዕሊ ክንደየናይ ግዜ እዩ ናይ ትሕተኝኝት ስሚዒት, ድብርት, ወይ ተስፋቕራጽነት ችግር ዝርብሸካ ዝነበረ? <input type="checkbox"/> በፍጹም <input type="checkbox"/> ዝተወሰኑ መዓልቲታት <input type="checkbox"/> ካብ ፍርቂ መዓልቲ ብላዓሊ <input type="checkbox"/> ዳርጋ ኩሉ መዓልቲ</p>
<p>18) ብ ቲቦርክሎሲስ(ቲቢ) ሓሚሙ ዝነበረ ኣካል? <input type="checkbox"/> እወ <input type="checkbox"/> ኣይኮነን <input type="checkbox"/> ኣይፈልጥን</p>
<p>19) ንቲቦርክሎሲስ(ቲቢ) ዝኸውን ዝኾነ ዓይነት ፈውሲ ወሲዶም ይፈልጡ ዶ? <input type="checkbox"/> እወ <input type="checkbox"/> ኣይኮነን <input type="checkbox"/> ኣይፈልጥን</p>
<p>20) ዝተወሰኑ ኤቶ ኣይ ቪ ከምርመራ ዝደልዩ ሰባት ብዝተፈላለዩ መሰናኸል ንክየምርመሩ ወሲኖም። ኤቶ ኣይ ቪ ንክይትምርመር ንዝዘብኻ እቲ ዝዓቦየ መሰናኸል ዝኾነ ኣኹብብ .</p> <p><input type="checkbox"/> ምምርመራ ብጥዕሚ ክባር ስለዝኮነ <input type="checkbox"/> ወጺእተይ ክፈልጥ ስለ ዘይድሊ <input type="checkbox"/> መሰናኸል የለን</p> <p><input type="checkbox"/> ናይ ምርመራ ቦታ ዘይምፍላጥ <input type="checkbox"/> ምሕካሙ ብጥዕሚ ክባር ስለዝኮነ <input type="checkbox"/> ካልእ:</p> <p><input type="checkbox"/> ናይ ምርመራ ቦታ ብምርሓቕ <input type="checkbox"/> ፍቕረኛኣም ክይስእኑ ብምፍራሕ</p> <p><input type="checkbox"/> ሚስጥራውነት ይንገሩ ንምሕላው <input type="checkbox"/> ስራሖም ክይስእኑ ብምፍራሕ _____</p>

Por favor responda a las siguientes preguntas. Puede dejar la respuesta vacía, si prefiere no responder.

1) ¿Qué edad tiene usted? _____

2) ¿Cuál es su género? Hombre Mujer Otro: _____

3) ¿Se identifica usted como transgénero? Sí No

4) ¿Cuál es su raza? **Marque con un círculo todas las opciones aplicables.**

- | | |
|---|---|
| <input type="checkbox"/> Negro/afroestadounidense/africano | <input type="checkbox"/> Hispano o latino |
| <input type="checkbox"/> Asiático o asiático estadounidense | <input type="checkbox"/> Blanco |
| <input type="checkbox"/> Indígena estadounidense o nativo de Alaska | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Isleño del Pacífico o hawaiano nativo | |

5) ¿Cuál es su afiliación religiosa?

- | | | |
|------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Cristiano | <input type="checkbox"/> Hinduista | <input type="checkbox"/> Otro: |
| <input type="checkbox"/> Musulmán | <input type="checkbox"/> Judío | |
| <input type="checkbox"/> Budista | <input type="checkbox"/> Ninguna afiliación religiosa | _____ |

6) ¿Tiene usted un empleo actualmente? Sí No

7) ¿Cuál es el nivel educativo más alto que usted ha completado?

- | | |
|---|--|
| <input type="checkbox"/> Escuela primaria (entre 1 a 6 años) | <input type="checkbox"/> Título de pregrado o de postgrado (ejemplos: títulos de cuatro años, de maestría o profesionales) |
| <input type="checkbox"/> Escuela secundaria (entre 7 a 12 años) | <input type="checkbox"/> Otro: |
| <input type="checkbox"/> Algunos años de universidad pero no obtuvo el título | _____ |

8) ¿Qué idioma(s) habla principalmente en su casa? **Marque con un círculo todas las opciones aplicables.**

- | | | | |
|----------------------------------|-----------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Inglés | <input type="checkbox"/> Amhárico | <input type="checkbox"/> Tigrinya | <input type="checkbox"/> Otro: |
| <input type="checkbox"/> Español | <input type="checkbox"/> Somalí | <input type="checkbox"/> Árabe | _____ |
| <input type="checkbox"/> Francés | <input type="checkbox"/> Oromo | <input type="checkbox"/> Kiswahili | |

9) ¿En qué código postal vive usted actualmente? _____

10) ¿En qué país nació usted? _____

11) ¿En qué año emigró usted a los Estados Unidos? _____ N/A

12) ¿Ha viajado fuera de los Estados Unidos en los cinco últimos años? Sí No

QUESTIONNAIRE PART I (SPANISH)

13) ¿Tiene usted algún tipo de cobertura de atención de la salud, incluyendo un seguro médico, planes prepagados tales como HMO, planes de gobierno tales como Medicare o el Servicio de Salud Indígena?

- Sí No No sé

14) ¿Tiene usted a una o más personas que considere como médico personal o proveedor de atención de la salud?

- Sí No No sé

15) **Un chequeo rutinario de salud** es un examen físico general y no un examen de una lesión, enfermedad, ni condición específica. ¿Hace cuánto tiempo aproximadamente visitó usted por última vez a un médico, enfermera especializada u otro proveedor de salud **para un chequeo rutinario de salud**?

- Hace menos de un año Hace dos a cinco años No sé
 Hace uno a dos años Hace más de cinco años Nunca

16) ¿En las últimas dos semanas, con cuánta frecuencia ha tenido usted poco interés o disfrute al hacer cosas?

- Para nada
 Varios días
 Más de la mitad de los días
 Casi todos los días

17) ¿En las últimas dos semanas, con cuánta frecuencia se ha sentido usted decaído, deprimido o sin esperanza?

- Para nada
 Varios días
 Más de la mitad de los días
 Casi todos los días

18) ¿Ha vivido alguna vez en la misma casa con alguna persona enferma de tuberculosis (TB)?

- Sí No No sé

19) ¿Ha tomado alguna vez algún medicamento para tratar la tuberculosis (TB)?

- Sí No No sé

20) Algunas personas que desean realizarse la prueba de VIH deciden no hacerlo debido a ciertas barreras. **Marque un círculo alrededor de la PRINCIPAL barrera que su se enfrenta su comunidad en cuanto a pruebas de VIH.**

- Las pruebas son demasiado caras. Preocupación sobre la privacidad o la confidencialidad. Preocupación de perder a la pareja.
 No saben dónde realizarse las pruebas. No quieren saber los resultados. Preocupación de perder el trabajo.
 Los lugares para las pruebas son muy lejos. El tratamiento es demasiado caro. No hay barreras
 Otro: _____

Fadlan ka jawaab su'aalahan soo socda. Waxa ka tagi kartaa su'aal adigoon ka jawaabin haddii aad doontid in aadan ka jawaabin.

1) Imisa jir ayaad tahay? _____

2) Muxuu yahay jinsigaagu? Lab Dheddig Mid Kale: _____

3) Miyaad isu aqoonsantahay jinsigaaga inaad ka duwan tahay? Haa Maya

4) Maxay tahay qowmiyaddaadu? **Goobaab dhammaan wixii khuseeya.**

- | | |
|---|--|
| <input type="checkbox"/> Madow/Afrikan-Amerikaan/Afrikaan | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Aasiyaan ama Ameerikaan Aasiyaan | <input type="checkbox"/> Caddaan |
| <input type="checkbox"/> Hindi Ameerikaan ama Dhaladka Alaska | <input type="checkbox"/> Mid Kale: |
| <input type="checkbox"/> Pacific Islander ama Dhaladka Hawaiian | _____ |

5) Maxay tahay caqiidadaada diineed??

- | | | |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Kiristaan | <input type="checkbox"/> Hindu | <input type="checkbox"/> Mid Kale: |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Yuhuud | _____ |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Ma jirto Caqiido diineed | _____ |

6) Miyaad hadda shaqaysaa? Haa Maya

7) Waa maxay heerka ugu sarreeya dugsiiga ee aad dhammaysay?

- | | |
|---|---|
| <input type="checkbox"/> Dugsi hoose | <input type="checkbox"/> Shahaado Jaamacadeed (sida, Shahaadada Koowaad, Shahaado Bajulaarka, Master ah ama shahaado Mihnadle ah) |
| <input type="checkbox"/> Dugsi sare | <input type="checkbox"/> Mid Kale: |
| <input type="checkbox"/> Xoogaa kulliyad ah, laakiin bilaa shahaado jaamacadeed | _____ |

8) Maxay tahay luqadda koowaad ee aad kaga hashasho guriga? **Goobaab dhammaan wixii khuseeya.**

- | | | | |
|------------------------------------|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Ingiriisi | <input type="checkbox"/> Amharic | <input type="checkbox"/> Tigrinya | <input type="checkbox"/> Mid Kale: |
| <input type="checkbox"/> Isbaanish | <input type="checkbox"/> Somali | <input type="checkbox"/> Carabi | _____ |
| <input type="checkbox"/> Faransiis | <input type="checkbox"/> Oromiffa | <input type="checkbox"/> Kiswahili | |

9) Muxuu yahay zip code-ka aad hadda ku nooshahay?

10) Wadankee ayaad ku dhalatay? _____

11) Sannadkee ayaad u soo guurtay Maraykanka? _____ N/A

QUESTIONNAIRE PART I (SOMALI)

12) Ma u safartay meel ka baxsan Maraykanka 5tii sanno ee la soo dhaafay? <input type="checkbox"/> Haa <input type="checkbox"/> Maya		
13) Miyaad leedahay nooc caymis daryeel caafimaad, oo ay ku jiraan caymiska caafimaadka, qorshayaashii horay loo bixiyay sida HMOs, qorshayaasha dawladda sida Medicare, ama adeegga "Indian Health Service"?		
<input type="checkbox"/> Haa	<input type="checkbox"/> Maya	<input type="checkbox"/> Ma aqaan
14) Miyaad leedahay qof ama ka badan oo aad u malaynayso inuu yahay dhakhtarkaaga gaarka ah ama adeeg-bixiyahaaga xanaanada caafimaadka?		
<input type="checkbox"/> Haa	<input type="checkbox"/> Maya	<input type="checkbox"/> Ma aqaan
15) Baaritaan caafimaad oo joogta ah waa baaritaan guud oo jireed, ma'aha baaritaan u gaar ah dhaawac, jirro, ama xaalad. Muddo intee dhan ah ayaa laga joogaa markii ugu dambeysay ee aad soo booqatay dhakhtar, kalkaaliye sare oo caafimaad, ama bixiye caafimaad oo kale, si laguugu sameeyo baaritaan caafimaad oo joogta ah?		
<input type="checkbox"/> Wax ka yar 1 sanno kahor	<input type="checkbox"/> 2-5 sanno kahor	<input type="checkbox"/> Ma aqaan
<input type="checkbox"/> 1-2 sanno kahor	<input type="checkbox"/> In kabadan 5 sanno kahor	<input type="checkbox"/> Ma jiro
16) 2-dii toddobaad ee ugu dambeeyay, meeqa jeer ayaad dareentay daneyn yar ama raaxo-darro inaan wax qabto?		
<input type="checkbox"/> Marnaba	<input type="checkbox"/> Maalmo dhowr ah	<input type="checkbox"/> In ka badan nus maalin
<input type="checkbox"/> In ka badan nus maalin	<input type="checkbox"/> Ku dhawaad maalin kasta	
17) 2-dii toddobaad ee ugu dambeeyay, meeqa jeer ayaad dareentay hoose u dhac, niyad jab, ama rajo la'aan?		
<input type="checkbox"/> Marnaba	<input type="checkbox"/> Maalmo dhowr ah	<input type="checkbox"/> In ka badan nus maalin
<input type="checkbox"/> In ka badan nus maalin	<input type="checkbox"/> Ku dhawaad maalin kasta	
18) Weligaa guri ma kula nooleed qof qaba cudurka qaaxada ama "TB"da?		
<input type="checkbox"/> Haa	<input type="checkbox"/> Maya	<input type="checkbox"/> Ma aqaan
19) Weligaa ma qaadatay daawada cudurka qaaxada ama "TB"da?		
<input type="checkbox"/> Haa	<input type="checkbox"/> Maya	<input type="checkbox"/> Ma aqaan
20) Dadka qaarkood oo raba in laga baaro HIV-ga waxay go'aansadaan inaan la baarin sababta oo ah caqabado gaar ah. Goobaab caqabadda UGU WEYN ee komuyuunatigaagu wajahdoin laga baaro HIV.		
<input type="checkbox"/> Sameynta baaritaanku waa qaali	<input type="checkbox"/> Walwel ku saabsan qarsoodiga iyo gaar-ahaanta macluumaadkeyga	<input type="checkbox"/> Walwal la xirira waayista shaqadooda
<input type="checkbox"/> Ma yaaqaanaan meesha laga qaato baaritaanka	<input type="checkbox"/> Ma rabaan ina y ogaadaan natiijadooda	<input type="checkbox"/> Ma jiraan caqabado
<input type="checkbox"/> Baaritaanku waa mid aad u fog	<input type="checkbox"/> Dawaynta aad ayay qaali u tahay	<input type="checkbox"/> Mid Kale:
	<input type="checkbox"/> Walwal la xiriira wajahaadda lammaanahooda	<input type="checkbox"/>

Start Time: _____

End Time: _____

QUESTIONNAIRE PART II

Study ID label here

INTERVIEW LANGUAGE (circle one)

English Amharic Tigrinya Somali Other: _____

Begin by examining the participant checklist. If the health fair participant is participating in the study, the participant must have the informed consent stamped to undergo this questionnaire. Before asking questions, inform the participant that this is a short, anonymous questionnaire about HIV testing. They can decline to answer any question that makes them uncomfortable.

HIV Section: To be completed in person by HIV tester Ask these questions to all individuals before offering an HIV test	
Have you ever been tested for HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have tested before , when was the last time you were tested?	Year: _____ Month (if known): _____
If you have tested before , in what country did you receive your last HIV test?	<input type="checkbox"/> USA <input type="checkbox"/> Outside of the USA (write in country) _____
If you have tested before , where did you receive your last HIV test?	<input type="checkbox"/> Hospital, clinic, or other health facility <input type="checkbox"/> Community organization (e.g., CMCH) <input type="checkbox"/> Health fair (e.g., Key Arena) or other outreach event <input type="checkbox"/> Immigrant health exam <input type="checkbox"/> Other _____
If you have tested before , what was the result of your last HIV test?	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer
If you have tested POSITIVE before , are you currently on treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Refer client to One-on-One if not on treatment. Comment on treatment status in the box at the end of the questionnaire.	
How many sexual partners have you had in the last 12 months?	_____
Do you have a friend or family member living with HIV?	
Do you have a friend or family member living with HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>What barriers, if any, do you face in getting tested for HIV? [Do not read the list of barriers to client– instead, check all reasons spontaneously provided by the client.]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I don't have transportation to the site <input type="checkbox"/> I don't know where to go for testing <input type="checkbox"/> I don't have enough time <input type="checkbox"/> The testing site is too far away <input type="checkbox"/> I don't like the people at the testing sites <input type="checkbox"/> I am worried about confidentiality <input type="checkbox"/> I might be recognized at the testing site <input type="checkbox"/> There is no cure so why get tested <input type="checkbox"/> I can't afford treatment so why get tested <input type="checkbox"/> I don't want to know my results <input type="checkbox"/> I am afraid of losing my health insurance <input type="checkbox"/> I am afraid of losing my job <input type="checkbox"/> I am afraid of losing my partner or family <input type="checkbox"/> No barriers <input type="checkbox"/> Other: _____
<p>If the client is not already HIV-positive, ask the client if they would like to test for HIV today. Follow standard U-TEST protocols.</p>	
<p>Did the client choose to test?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If no test, why did the client decide not to test?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Already knows HIV status <input type="checkbox"/> Concerned about confidentiality <input type="checkbox"/> Does not feel at risk for HIV infection <input type="checkbox"/> Other: _____
<p>For in-person testing only: What was the test result?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Invalid (client did not receive a test result today) <p>Lot Number:</p> <p>Expiration Date:</p>
<p>General Comments or Observations</p>	

Once you have completed documenting the participant responses above, please stamp the "Questionnaire II" part of their checklist. Do not check whether or not they have tested for HIV.

Key Informant Interview Guide

Today's date: _____ Interviewer: _____

A. Background information

Age: _____

Gender (circle one): Female Male Other

Country of birth: _____

Primary language: _____

Occupation: _____

Health board/organization affiliation: _____

B. General healthcare

Question/topic area	Responses/notes
1) What are the biggest barriers for African immigrants in engaging in preventative healthcare in the Seattle area? - How improve? - Are there any ways around these barriers that people in your community/culture have used? How successful was this?	
2) What aspects of the healthcare system could be changed or improved to help African immigrants be better engaged in preventative healthcare? - What have you heard or noticed how members of your community/culture are generally treated in formal healthcare settings (clinics, hospital, etc.?)	
3) In your community/culture, which member of the family member tends to coordinate healthcare needs for the family? - What works well about this structure? What is difficult? - Are children or adults more likely to see the doctor and/or dentist more regularly?	
4) Do you feel that men or women are more likely to seek preventative healthcare in your community/culture? - What works well about this structure? What is difficult? - How do women find care during pregnancy and childbirth? What have you experienced or heard about women's experiences with healthcare providers during pregnancy and childbirth? How do you feel this experience would be different if a woman was known to be HIV positive?	
5) Are there any alternative healthcare providers that are popular in your community/culture? - Who has access to these providers, and how? - How do people go about paying these providers? - What kinds of services do they provide? - Are there many practicing or non-practicing mainstream healthcare providers in your community who provide care for other community members?	
6) What types of locations are convenient for your community members to access healthcare services? How likely are people in your community/culture to use healthcare services offered in or near their apartment building?	

C. Health fair/HIV

Question/topic area	Responses/notes
1) What did you like about the Harambee! mini-health fair? - List three things that worked well?	
2) How do you think the mini-health fairs can be improved? - List three things that could be improved upon?	
3) Are there any unique aspects of your community/culture that worsen or improve stigma associated with seeking HIV testing or care? - How do you think members of your community/culture would feel about a family member or friend testing positive for HIV? - How do you think an HIV positive person from your community/culture would be perceived or treated if they shared their diagnosis with another member of their community? with their regular healthcare provider or a new healthcare provider? Is there anything in particular they would not be able to participate in?	
4) In your opinion, what are the biggest barriers to African immigrants in the Seattle area getting tested for HIV? - What do you think would help to improve those things? - Are there any ways around these barriers that people in your community/culture have used? How successful was this?	
5) What would your ideal setting for HIV testing look like? - What fears do you think community members would have about getting HIV testing in a community center? In a regular clinic or doctor's office? At home with a test kit? - Do you foresee any issues with providing HIV testing and other healthcare services where many members of your community/culture live?	
6) Did you get tested for HIV at or after the health fair? Why or why not? - If you did get tested, did you use the provider-offered test or the self-test kit? How was your experience using that modality? Would you recommend that modality to someone else?	
7) Do you consider yourself at risk for getting HIV? Do you consider others you know at risk for getting HIV? If so, how or why? - Do you travel outside of the US or back to your home country? If so, where do you go? Do you ever engage in sex there? How many sexual partners might you have on a typical trip there?	
Other comments or observations:	