

## Standard Questions for All Surveys

1. What is your gender? (check one)

female  
 male  
 transgender

*Reasoning: Transgender individuals need to be identified separately.*

2. What year were you born? \_\_\_\_\_

*Reasoning: Different organizations have used different age groupings which are not comparable and which obscure detail. Age can easily be determined when the date of the survey is known.*

3. What race/ethnicity do you consider yourself? \_\_\_\_\_

*Reasoning: Standardization.*

4. Which of the following groups best describes you? Please choose only one.

White (non-Hispanic)  
 African American/Black (non-Hispanic)  
 Hispanic/Latino/a  
 Asian  
 Pacific Islander  
 Native American  
 Alaskan Native  
 Other (specify) \_\_\_\_\_

*Reasoning: Standardization and inclusivity.*

5. What is your sexual orientation? (check one)

gay  
 lesbian  
 bisexual  
 heterosexual/straight  
 not sure/don't know

*Reasoning: Standardization and inclusivity.*

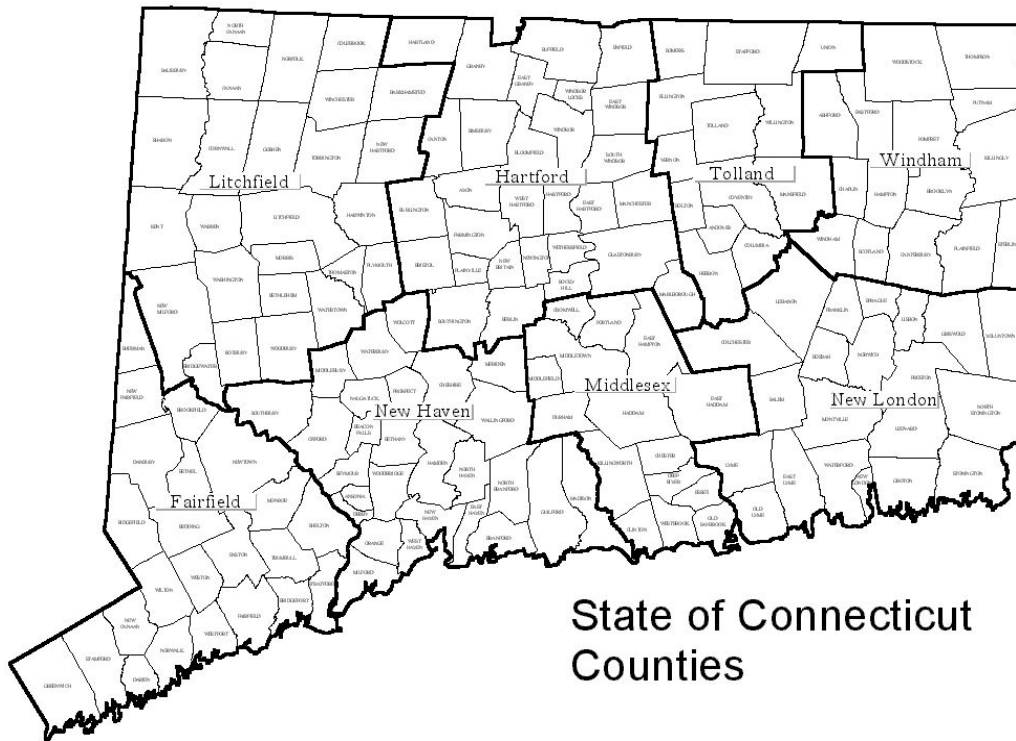
6. What language(s) would you prefer to receive services in? \_\_\_\_\_

*Reasoning: Rather than asking primary or secondary language spoken, for our purposes, determine the language(s) of preference in which to receive services. Multiple responses are acceptable.*

7. What town do you live in? \_\_\_\_\_

*Reasoning: Most people know their town; some do not know or do not want to use their ZIP code, and many do not know in which state-defined “region” they live.*

8. Please indicate the county you live in.



*County maps can be found at <<http://www.state.ct.us/ecd/research/maps/index.html>>*

*Reasoning: If only a county is needed, providing a map increases accuracy of information.*

9. Have you received any of the following services within the past year? (check all that apply)

Prevention Services

- HIV Counseling for Pregnant Women
- Basic HIV/AIDS Education
- Needle Exchange
- Safer Sex Information
- HIV Support Group(s)
- HIV Counseling and Testing
- Safer Sex Skills Workshop (e.g. condom use)
- Street Outreach (e.g. a person gives you info. about STIs on the street)
- NA, AA, and other 12-Step Programs
- Free Condoms
- Partner Notification (e.g. assistance with contacting previous sex partners after a positive diagnosis)
- Sexually Transmitted Infection Treatment (gonorrhea, chlamydia, HIV, etc...)
- Treatment for HIV/AIDS

Health Care Services

- Primary Care
- Medications (e.g. paying)
- Mental Health Treatment
- Dental
- Housing
- Complementary Therapies
- Home-based health
- Nutritional Counseling
- Substance Treatment
- Transportation
- Support Groups
- Job training/placement
- Legal Aide
- Nursing Home/Hospice
- Foods/Meal Assistance
- Home-based help
- Emergency Financial

- Drug treatment
- Methadone Maintenance
- Drug Treatment Advocate
- Source for Bleach Kits
- Faith/Religious-Based Approaches
- Other: \_\_\_\_\_
- Multiple Session Workshops

- Case Management
- Other: \_\_\_\_\_

*Reasoning: Comprehensive, standardization of both prevention and health care services with examples as necessary.*

10. How much money did you bring in from all sources during the last month?

\_\_\_\_\_

*Reasoning: Income categories across organizations are not comparable and detail is lost. Not everyone may accurately recall his or her last year's income, but may have better recall for the past month. Individuals may have multiple sources of income, some of which are not documented.*

11. Please complete the following statement. On most nights over the past 30 days, I have slept at:

- A residence that I own, pay for, or contribute to, which most people consider a home.
- A homeless shelter, welfare motel, a car or abandoned building or outside.
- A type of institutional housing such as a (choose one)
  - group home     hospital     treatment program     prison

*Reasoning: Standardizing and operationalizing a definition of homelessness.*

12. Do you have a paying job?

- Yes
- No

If you answered yes, the job is (check one)

- Part time
- Full time

*Reasoning: Standardization*

13. Do you have health insurance?

- Yes
- No