

Kentucky Participant Questionnaire

Region _____

Please complete this form for our records. All of the information collected here will be kept strictly confidential. If you feel uncomfortable answering any question, you may leave it blank.

1. GENDER/SEX
 - Female
 - Male
 - Transgender
 - Unknown
2. AGE
 - under 25 years
 - 25 to 34 years
 - 35 to 44 years
 - 45 to 54 years
 - 55 years or older
3. ETHNICITY (Please answer both parts of this question)
 - Hispanic or Latino

RACE

 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White
 - Multi-racial
 - Unknown
4. SEXUAL ORIENTATION
 - Straight/Heterosexual
 - Gay/Lesbian
 - Bisexual
 - Unsure
5. EMPLOYMENT STATUS
 - Employed full-time
 - Employed part-time
 - Not currently employed
 - Other
6. IN GENERAL, HOW WOULD YOU RATE YOUR HEALTH AT THE PRESENT TIME?
 - Very good
 - Good
 - Fair
 - Poor
7. IN THE LAST 6 MONTHS, HOW MANY TIMES HAVE YOU HAD TO SEE A DOCTOR BECAUSE YOU WERE SICK?
 - None
 - 1 time
 - 2 to 4 times
 - 5 to 8 times
8. DO YOU FEEL THE STAFF WHERE YOU RECEIVE HIV/AIDS HEALTH CARE SERVICES TREAT YOU WITH RESPECT?
 - Yes
 - No
9. ARE ANY OF THE PEOPLE WHO PROVIDE YOU WITH HIV HEALTH CARE OR SOCIAL SERVICES AFRICAN AMERICANS?
 - Yes
 - No
10. DO YOU FEEL THAT THE STAFF WHERE YOU RECEIVE HIV/AIDS HEALTH CARE SERVICES UNDERSTAND YOUR CULTURE?
 - Yes
 - No