PHSKC Medical Monitoring Project (MMP) Statement of Informed Consent

Public Health Seattle and King County, together with the Washington State Department of Health and CDC, is doing a project to learn more about people who have HIV and the types of services they use and need. This information will help us improve programs to prevent other people from getting HIV and improve services for those who already have HIV.

You have been randomly selected from a list of people diagnosed with HIV. Participation in this project is voluntary. If you choose to *not* participate, your access to services will *not* be affected.

What participation involves:

If you choose to be in this project, we will ask you to complete a one-time interview and for your permission to collect information from your medical records. The interview will take about one hour. We will ask about your:

- medical history
- 2. use of medical and social services
- 3. sex practices
- 4. use of drugs and alcohol
- 5. your reproductive history
- 6. physical and mental health
- 7. experiences with discrimination against people with HIV

Some survey questions may make you feel uncomfortable. You do not have to answer any questions you do not wish to answer.

After the survey, we will collect the following types of information from your medical records, illnesses you've had, medicines you've taken, and care you've received.

What you can expect from us:

All information you give us will be kept private and confidential. Your information will be linked to you only by a code number, and it will be kept in a locked file that only project staff can open. Your information will be grouped together with information from other participants so that no one will know which answers came from you. Information submitted to CDC cannot be traced back to you. Federal law protects the confidentiality of information you give to us. If you answer the questions and agree to let us review your medical records, you will be given a \$50 VISA gift card.

Things to consider

- If you like, we can give you information about local services and how to avoid giving HIV to others.
- If you have questions or concerns about the project, today or in the future, you can call the King County MMP office at 206-263-1185.

Do you have any questions?

Do you give your consent for the interview and the medical record abstraction? Yes/No Do you want a copy of the consent form (contains terms "HIV")

Response cards

Response Card A			
	Monthly Household Income		Yearly Household Income
a.	\$0 to \$916 per month	or	\$0 to \$10,999 per year
b.	\$917 to \$1,083 per month	or	\$11,000 to \$12,999 per year
c.	\$1,084 to \$1,249 per month	or	\$13,000 to \$14,999 per year
d.	\$1,250 to \$1,416 per month	or	\$15,000 to \$16,999 per year
e.	\$1,417 to \$1,666 per month	or	\$17,000 to \$19,999 per year
f.	\$1,667 to \$2,083 per month	or	\$20,000 to \$24,999 per year
g.	\$2,084 to \$2,499 per month	or	\$25,000 to \$29,999 per year
h.	\$2,500 to \$3,333 per month	or	\$30,000 to \$39,999 per year
i.	\$3,334 to \$4,166 per month	or	\$40,000 to \$49,999 per year
j.	\$4,167 to \$6,249 per month	or	\$50,000 to \$74,999 per year
k.	\$6,250 or more per month	or	\$75,000 or more per year

Response Card B			
Extremely			
Quite a bit			
Somewhat			
A little bit			
Not at all			
Response Card C			
None of the time			
A little of the time			
About half of the time			
Most of the time			
All of the time			
Response Card D			
Never			
Rarely			
About half of the time			
Most of the time			
Always			
Response Card E			
Not at all			
Several days			
More than half the days			
Nearly every day			

Response Card F

Daily

Weekly

Monthly

Less than monthly

Never

Response Card G

Strongly disagree

Somewhat disagree

Neutral

Somewhat agree

Strongly agree

Alcohol Response Card

