

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 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

12 fl oz of
regular beer

=

8–9 fl oz of
malt liquor
(shown in a
12 oz glass)

=

5 fl oz of
table wine

=

1.5 fl oz shot of
80-proof spirits
("hard liquor" —
whiskey, gin, rum,
vodka, tequila, etc.)



about 5%
alcohol



about 7%
alcohol



about 12%
alcohol



about 40%
alcohol

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

Response Card H

- Cervical Cancer
- Anal Cancer
- Oral Cancer
- Penile Cancer
- Vaginal Cancer
- Vulvar Cancer
- Cancer in general (don't know what type)

Response Card I

- No reason/never thought about it
- Didn't know I needed this type of test
- Doctor didn't tell me I needed it
- Haven't had any problems
- Put it off
- Too expensive/no insurance/cost
- Too painful, unpleasant, or embarrassing
- Hysterectomy
- Don't have a doctor
- Had HPV vaccine
- Had HPV test
- Other

Response Card J

- Been diagnosed with COVID-19?
- Lost your job and/or wages from your work for one week or more?
- Lost your health insurance?
- Missed any dose of your HIV medicines or other essential medicines?
- Had a problem getting a prescription or a refill for your HIV medicines?
- Missed medical appts, HIV-related lab tests and/or unable to receive services (e.g. counseling, support group, etc.)?
- Used a smartphone or computer to conduct a virtual visit with your doctor, nurse, pharmacist, or other health care worker?

Response Card **K**

- Asymptomatic or Pre-symptomatic Infection
- Mild Illness
- Moderate Illness
- Severe Illness
- Critical Illness

Response Card **L**

- There are no appointments available in my area
- I am not eligible to receive the vaccine
- I do not want to receive the vaccine
- I am too busy with personal things such as family or work
- I do not know how to schedule an appointment
- I do not think COVID-19 is a risk to my health
- I do not think the COVID-19 vaccine is safe and/or effective
- Other