ATLANTA EMA CONSUMER SURVEY OF PEOPLE LIVING WITH HIV AND AIDS

Sponsored by Ryan White Part A HIV Health Services Planning Council and Fulton County Government Ryan White Program

INTRODUCTION

Thank you for agreeing to take part in this survey. It will give you a voice in the planning of HIV and AIDS treatment services throughout Atlanta and surrounding Counties.

For each question on the survey, circle or write in an answer. There are no right or wrong answers. Please take as much time as you need to answer each question based on your experiences. If you have any questions or need help, please ask.

Your answers are completely private. Your name will never be linked to your answers.

Thank you in advance. Please continue.

Confidential ID Needed

We will be asking many people living with HIV and AIDS to answer these questions. Please create a private identifier for the top of every page. This ID is unique to you, and will protect your privacy.

_____	_____	_____	_____	_____
What is the *first*initial of your first name	**What is the *last*initial of of your last name**	**What is the month of your birthday**	**What is the day of your birthday**	**What is the *first letter* of your mother's first name? (If you don't know, list the *first letter* of your father's first name)**

(01=Jan, 02=Feb, 03=Mar, 04=Apr, 05=May, 06=Jun, 07=Jul, 08=Aug, 09=Sep, 10=Oct, 11=Nov, 12=Dec)

Please copy the ID you have created on the top right of each page of the survey.

Interviewer Initials: **Location of Interview:**

Today's Date: _____/_____/_____

SECTION: CHARACTERISTICS

1. What is the zip code and county where you currently live?

_____

□ Check here if you don't have or don't know your zip code

2. When were you born? _____/_____
Month / Year

3. What was your sex at birth? **(Select 1 answer)**

Male	☐
Female	☐

4. What is your gender identity? **(Select 1 answer)**

Male	☐
Female	☐
Transgender - Male to Female (MTF)	☐
Transgender - Female to Male (FTM)	☐

5. What is your ethnicity? **(Select only ONE response)**

Hispanic	☐
Non-Hispanic	☐

6. What is your race? **(Select ALL that apply)**

American Indian/Alaskan Native	☐
Asian/Pacific Islander	☐
Black/African American	☐
White/Caucasian	☐
Other Race	☐

7. What language do you speak at home?

_____

8. Do you need an interpreter for services?

Yes **If yes, specify language** _____	☐
No	☐

9. How do you identify yourself? **(Select 1 answer)**:

Heterosexual/Straight	☐
Homosexual-Gay Male	☐
Lesbian	☐
Bisexual	☐
MSM (Men Who Have Sex With Men)	☐
Other **(Specify)**_____	☐

10. What is the most likely way you were infected with HIV? **(Select 1 answer)**

Sex with a man	☐
Sex with a woman	☐
Sharing needles	☐
Blood products or transfusion	☐
Acquired at birth	☐
Don't know	☐
Other (specify) _____	☐

11. What is the **primary** way you get to your appointments? **(Select ONE response only)**

Public transportation/MARTA	☐
Personal vehicle	☐
Share rides with family/friends	☐
Walk	☐
Borrow vehicles	☐
Vouchers/Van Rides provided by agency	☐
Bicycle	☐
Taxi/Uber	☐
Transportation paid for by insurance	☐
Other (specify) _____	☐

SECTION: HOUSING

12. Where do you currently live? **(Select 1 answer**

In an apartment/house I own	☐
In an apartment/house I rent	☐
At my parent's/relative's apt./ house	☐
Living/crashing with someone and not paying rent	☐
In a hotel or boarding house	☐
In a housing program	☐
In a residential treatment facility (drug or psychiatric)	☐
In a half-way house	☐
Nursing home or assisted living home	☐
Homeless (street, car, under bridge, in a park)	☐
Homeless shelter	☐
Hospice	☐
Other (Specify)_____	☐

13. How long have you been living in your current situation?	
Less than one month	☐
One to two months	☐
Three to six months	☐
Six months to one year	☐
More than one year	☐

14. At any time in the last 2 years have you needed any of the following housing services? **(Select all that apply)**	
I didn't need housing services **(Skip to Question 15)**	☐
Help finding a place to live	☐
Permanent housing	☐
Short-term housing *(halfway house, homeless shelter)*	☐
Housing where my child(ren) can live with me	☐
Nursing home, drug/psych treatment	☐
Money to pay utilities	☐
Housing for PLWH/A	☐
Other (Specify)_____	☐

15. Thinking about your housing now, do any of these reasons stop you from taking care of your HIV/AIDS? **(Select all that apply)**	
I don't have a safe and/or private room	☐
I don't have a bed to sleep in	☐
I don't have a place to keep my medicine	☐
I don't have a phone where someone can call me	☐
I don't have enough food to eat	☐
I don't have money to pay for rent	☐
I don't have heat and/or air conditioning	☐
I'm afraid of others knowing I am HIV+	☐
I can't get away from drugs	☐
Other (specify) _____	☐

SECTION - INCARCERATION

16. In the past 12 months, have you been in:	
Jail	☐
Federal or State prison	☐
In both jail and prison	☐
Neither (skip to Q. 22)	☐

17. Did you test HIV positive for the first time when you were incarcerated?	
Yes→ **Go to Q. 19**	☐
No	☐

18. If you did not test positive for the first time while incarcerated, did you disclose your status to prison health staff?	
Yes	☐
No	☐

19. Did you receive HIV medical care while incarcerated?	
Yes	☐
No (skip to Q. 21)	☐

20. After you were released from incarceration, did you receive: **(Select all that apply)**	
Information about finding housing	☐
Referral to medical care	☐
HIV medicine that you took with you	☐
Referral to a case manager	☐
Information about services	☐
Your HIV test results if testing HIV+ for 1st time	☐
None of the above	☐

21. If you did not receive HIV/AIDS services after your release, what prevented you from getting HIV/AIDS services you needed? **(Select all that apply)**	
No insurance-financial reasons	☐
I didn't know where to go	☐
I didn't want anyone to know I have HIV	☐
I couldn't get away from drugs	☐
I was having trouble finding friends I could trust	☐
I didn't want to take off from work	☐
I didn't have transportation to get services	☐
I didn't have ID or documentation to qualify	☐
Other (specify) _____	☐
Nothing	☐

SECTION – ECONOMIC STATUS

22. What best describes your employment situation in the past 12 months? **(Select 1 answer)**	
Working full-time job	☐
Working part-time job	☐
Self-employed	☐

Working off and on	☐
Not working	☐

23. If not working, why were you unable to work during the past 12 months **(Select all that apply)**

Student	☐
Looking for job/unable to find work	☐
Attending job training	☐
Retired	☐
For health reasons, on disability	☐
For health reasons, NOT on disability	☐
Other (specify) _____	☐

24. What is your **yearly** income before taxes **(Select ONLY 1 answer)**

$0 - $11,670 (up to $972 per month)	☐
$11,671 - $15,730 ($973 - $1,311 per month)	☐
$15,731 - $19,790 ($1,311 - $1,649 per month)	☐
$19,791 – $23,850 ($1,649 - $1,987 per month)	☐
$23,851 - $27,910 ($1,987 - $2,326 per month)	☐
$27,911 - $31,970 (2,326 - $2,664 per month)	☐
$31,971 - $36,030 ($2,664 - $3,002 per month)	☐
$36,031 - $40,090 ($3,002 – 3,341 per month)	☐
Greater than $40,090 ($3,074 or more per month)	☐

25. How many people are supported by this income? **(Write in number)** _____

26. Of these, how many under 24 years old? **(Write in number)** _____

27. What is the highest grade you completed? **(Select 1 answer)**

Grade school or less	☐
Some high school	☐
Graduated high school/GED	☐
Some college/2 yr college/trade school	☐
Completed 4 year college	☐
Graduate school	☐

SECTION – INSURANCE/BENEFITS STATUS

28. Do you have health insurance?

Yes	☐
No	☐ → **Go to Q. 39**

29. What kind of health insurance do you have? **(Select ALL that apply)**

Insurance/HMO through work	☐
Insurance through my last job-COBRA	☐
Out-of-pocket/Fee-for-service	☐
Private Insurance/HMO not through work	☐
Medicare	☐
Medicaid	☐
VA	☐
Other **(Specify)**_____	☐
Don't know/Not sure	☐

30. Did you sign up for health insurance through the federal marketplace (Affordable Care Act, Obamacare, ACA)?

Yes	☐
No **(Go to Q. 37)**	☐
Don't know/Not sure **(Go to Q. 37)**	☐

31. Which private insurance company did you sign up with?

(write response below)

Don't know/Not sure ☐

32. Did a patient navigator help you review the health insurance options available through the federal marketplace?

Yes	☐
No	☐
Don't know/Not sure	☐

33. If you are now privately insured, have you experienced any problems in getting your medications?

Yes **(Specify)**_____ ☐

34. Have these problems caused an interruption in your medications? (You stopped taking them because you couldn't afford the co-pays, for example)

Yes	☐
No	☐
No	☐
Don't know/Not sure	☐

35. If you are now privately insured, did you have to switch providers?	
Yes	☐
No	☐
Don't know/Not sure	☐

36. If you are now privately insured, do you receive assistance with your co-pays?	
Yes	☐
No	☐
Don't know/Not sure	☐

37. Do you know that you can get co-pay assistance?	
Yes	☐
No **(Go to Q. 39)**	☐
Don't know/Not sure **(Go to Q. 39)**	☐

38. What resources do you access for co-pay assistance?	
Patient Assistance Network (PAN)	☐
Health Insurance Program (Ryan White)	☐
State	☐
Pharmaceutical Company Co-Pay Assistance	☐

39. Which of these benefits do you receive? **(Select ALL that apply)**	
Food Stamps (SNAP)	☐
Private long-term disability	☐
Private short-term disability	☐
SSI (Supplemental Security Income)	☐
SSDI (Social Security Disability Income)	☐
CHAMPVA (Veteran's benefits)	☐
CHAMPUS (VA assistance for non-military personnel)	☐
Worker's compensation	☐
Life Insurance	☐
Retirement	☐
Emergency Financial Assistance (Specify type of assistance)_____	☐
WIC (food for childrent)	☐
HICP (Health Insurance Continuation Program)	☐
Temporary Assistance for Needy Families (TANF)	☐
Unemployment	☐
General Assistance (Fulton/DeKalb only)	☐

SECTION – HIV TESTING/LINKAGE TO CARE

40. How old were you when you first tested HIV positive? **(Write in age)** _____

41. Where were you living when you first tested positive for HIV?	
In the same county I live in now	☐
In another county in Georgia	☐
In another state	☐
Outside of the United States	☐

42. Were you ever tested for HIV before you tested HIV positive?	
Yes → How many times? _____	☐
No	☐
Don't remember	☐

43. When you first tested positive, what was the main reason you decided to get tested? **(Select 1 response)**	
Had been feeling sick	☐
Was in the ER/hospital	☐
Had unprotected sex	☐
Had sex with an HIV+ person	☐
Part of a personal testing routine	☐
Partner recommended I get tested	☐
Part of prenatal care	☐
Testing event in the community	☐
Gift or money given for testing	☐
Peer pressure from friends	☐
Asked by a provider	☐
Involved in sex work	☐
Media campaigns	☐
Asked by outreach worker	☐
Easy access to testing site	☐
Part of routine care	☐
Incarcerated	☐
Using/Sharing injection equipment (needles)	☐
No particular reason	☐
Other (specify) _____	☐

44. Did you ever put off getting tested for HIV?	
No → **Skip to Q. 45**	
Yes → **Mark all that apply:**	
Fear of testing positive	☐
Fear of others finding out	☐
Fear of having to take medicine	☐
Fear of telling partner	☐
Fear of being arrested/charged with a crime	☐
Other **(Specify)**_____	☐

45. After testing HIV positive for the first time, were you:	
Given a list of HIV clinics	☐
Offered help to obtain HIV care	☐
Given an HIV care appointment	☐
Linked to HIV care within 3 months of diagnosis	☐

46. After testing HIV positive, when did you have your first visit with a doctor? **(Select ONE answer)**	
Within one month**(Go to Q. 48)**	☐
Within 3 months**(Go to Q. 48)**	☐
Within six months of diagnosis**(Go to Q. 48)**	☐
Six months to one year after diagnosis**(Go to Q. 48)**	☐
Longer than 1 year after diagnosis	☐
I have not seen a doctor for my HIV	☐
I have chosen not to see a doctor	☐
Other (specify) _____	☐
Don't know	☐

47. If you did not receive care after diagnosis, why not? **(Select ALL that apply)**	
I didn't know where to go	☐
I couldn't get an appointment	☐
I couldn't get transportation	☐
I couldn't get childcare	☐
I couldn't pay for care	☐
It wasn't important to me	☐
I didn't want anyone to know I had HIV	☐
I didn't feel sick	☐
I wasn't ready to deal with having HIV	☐
I didn't believe the results	☐
Didn't want to take HIV medication	☐
I couldn't get time off work	☐
I was depressed	☐
I was using drugs/alcohol	☐
Other (specify) _____	☐

48. Who firsthelped you get into medical care after you found out you were HIV positive? **(Select ONE response)**	
Family member	☐
Friend	☐
Doctor/medical provider	☐
Person who gave your test results	☐
Case manager/social worker	☐
Health department staff	☐
Prison/jail	☐
Someone living with HIV (Peer Counselor or Navigator)	☐
Nobody	☐
Other (specify) _____	☐

SECTION – CARE and TREATMENT

49. Were you ever told by your doctor or nurse, that you have an AIDS diagnosis?	
Yes	☐
No**(Go to Q. 51)**	☐
I was told I had AIDS the same time I tested HIV positive	☐

50. How old were you when you were diagnosed with AIDS?
_____

51. When was your most recent T-cell (CD4) test done?	
In the last month	☐
In the last 3 months	☐
In the last 6 months	☐
One year or more	☐
Don't know	☐

52. What was your most recent T-cell (CD4) count?	
Under 200	☐
Between 200-350	☐
Between 350-500	☐
Over 500	☐
Never had one/Never told results	☐
Don't know	☐

53. When was your most recent viral load test done?	
In the last month	☐
In the last 3 months	☐
In the last 6 months	☐
One year or more	☐
Don't know	☐

54. What was the result of your most recent viral load test?	
Undetectable	☐
Under 200	☐
Over 200	☐
Never had one/Never told results	☐
Don't know	☐

55. When was your last visit with a medical provider specifically for your HIV/AIDS?	
Never	☐
In the last month	☐
In the last 3 months	☐
In the last 6 months	☐
One year or more	☐
Don't know	☐

56. If you did not get HIV/AIDS medical care during the past 12 months, please indicate the reason/s why. **(Mark all that apply)**	
I didn't know where to go	☐
I couldn't get an appointment	☐
I couldn't get transportation	☐
I couldn't get childcare	☐
I couldn't pay for care	☐
It wasn't important to me	☐
I didn't want anyone to know I had HIV	☐
I didn't feel sick	☐
I couldn't get time off work	☐
I was depressed	☐
I had a bad experience with the medical staff	☐
I was using drugs/alcohol	☐
Other (specify) _____	☐

57. Where do go for HIV medical care most often? **(Select <u>ONE</u> response)**	
Health Department (Fulton County, Clayton County, etc.)	☐
HIV Clinic (Not Health Department)	☐
Private Doctor	☐
VA Hospital /Clinic	☐
Emergency Room	☐
Other Clinic (Specify)_____	☐

58. Have you been hospitalized for an HIV/AIDS related condition during the past 12 months?	
Yes	☐
No	☐

59. Are you taking any of the following medications? **Please answer EACH item below**			
Not currently prescribed medications **(Check box and skip to Q. 61)**			☐
HIV drugs: antiretrovirals, protease protease inhibitors	Y	N	DK
Other drugs related to HIV/AIDS (Bactrim, Dapsone, etc.)	Y	N	DK
Birth control pills	Y	N	DK
Other medication you take daily (Diabetes, Cholesterol, HBP	Y	N	DK
Antidepressants or other mental health drugs	Y	N	DK
Medicine for pain	Y	N	DK
Sleep aids	Y	N	DK
Hormones or steroids	Y	N	DK
TB medicine	Y	N	DK
Hepatitis C medicine	Y	N	DK
Herbal or other over-the-counter products	Y	N	DK

60. Are any of your prescription drugs paid for or reimbursed by the following sources? **Please answer EACH item below**			
ADAP (AIDS Drug Assistance Program)	Y	N	DK
Medicaid	Y	N	DK
Medicare	Y	N	DK
Veteran's Benefits (VA)	Y	N	DK
Private Insurance	Y	N	DK
Patient Assistance from Pharmaceutical Company	Y	N	DK

61. If you are not taking prescribed medicine to treat your HIV/AIDS, why not? **If not on medications, select <u>ALL</u> that apply**	
Not recommended by my doctor	☐
Personal choice	☐
I don't know where to get them	☐

I can't afford the cost	☐
They made me feel bad	☐
I'm taking time off from my medicines	☐
I feel healthy	☐
I have trouble understanding how to take my medications	☐
I have trouble remembering to take my medications	☐
I don't have a place to store them	☐
Other (specify) _____	☐

62. In the <u>past 30 days</u>, how often have you skipped taking your HIV/AIDS medicine? (Skip if N/A)	
Have not skipped in the past 30 days	☐
Once or twice in the past 30 days	☐
Once or twice a week	☐
More than twice a week	☐
I have stopped taking my medicine	☐

63. If you skipped or stopped taking your HIV/AIDS medicine in the <u>past 30 days</u>, why? **Provide a response for each item**(Skip if N/A)		
Side effects	Y	N
Hard schedule to remember	Y	N
Didn't want others to see me taking them	Y	N
Didn't understand how to take them	Y	N
Felt the medicine didn't work	Y	N
Couldn't afford medicine	Y	N
Forgot	Y	N
Ran out	Y	N
Hard to coordinate with food	Y	N
Didn't want to take them	Y	N
Homeless	Y	N
Depressed	Y	N
Didn't have a place to store them	Y	N
Medicine made me feel good so felt I didn't need them anymore	Y	N
My doctor advised me to stop	Y	N
Was away from home	Y	N
Had a change in my daily routine	Y	N
Felt the drug was toxic/harmful	Y	N
Other (specify) _____		☐

<u>SECTION – OUT OF CARE</u>

64. Since you found out you have HIV, has there been a period of time of **more than one year** when you didn't see a doctor or go to a clinic?
Yes ☐
No ☐ → **Go to Q. 68**

65. What stopped you from seeking HIV care during that period? **(Select <u>ALL</u> that apply)**	
I couldn't afford care	☐
I didn't know where to go	☐
I wasn't ready to deal with my HIV	☐
I wasn't sick anymore	☐
Lost health coverage or Ryan White eligibility	☐
Didn't have a way to get to services any longer	☐
Had an undetectable viral load, so didn't need care	☐
My doctor/case manager left	☐
I didn't want others to know I had HIV	☐
I was afraid of the medication side effects	☐
I was in jail or prison	☐
I couldn't get care where I lived	☐
It was too confusing to get services	☐
I had other concerns	☐
I was homeless	☐
I was using drugs or alcohol	☐
I had mental health issues	☐
I had a bad experience with medical staff	☐
Other (specify) _____	☐

66. Since that time, have you gone back to see a doctor?
Yes ☐
No ☐ → **Go to Q. 68**

67. If yes to Q. xx, what happened to make you go back to care? **(Select all that apply)**	
I got sicker	☐
Change in my income	☐
Change in my insurance status	☐
Heard about new doctor/clinic	☐
Change in my doctor's or clinic's attitudes	☐
Different drugs or treatments available	☐
I got stable housing	☐
I wanted to get my blood work done	☐
I was able to deal w/other problems in my life	☐

Someone helped me return to care	☐
I was contacted by a Patient Navigator who helped me return to care	☐
Other (specify) _____	☐

68. What kinds of things help you keep up with your HIV medical care? **(Select all that apply)**	
I want to stay healthy	☐
Support from my doctor	☐
I feel better	☐
I have the support of friends and family members	☐
I don't want to give it to anyone else	☐
My faith, religion, or spirituality	☐
Support of other PLWHA	☐
Agency/clinic reminders for appointments	☐
Support from my case manager	☐
Staying sober	☐
Support of my partner/spouse	☐
HIV support groups	☐
Mental health services (counseling, medication)	☐
Other (specify) _____	☐

SECTION – CO-MORBIDITIES

69. Have you been told you have any of these infections? **Please answer EACH item below**			
Hepatitis A	Y	N	DK
Hepatitis B	Y	N	DK
Hepatitis C	Y	N	DK

70. If you tested positive for Hepatitis, please answer each of the following:			
I was referred to a Hepatitis Doctor	Y	N	DK
I was treated at my HIV clinic	Y	N	DK
I didn't receive any treatment	Y	N	DK

71. At any time in the last year have you been told you have any of the following infections? **Please answer EACH item below**			
Syphilis	Y	N	DK
Herpes	Y	N	DK
Genital Warts	Y	N	DK
Chlamydia	Y	N	DK
Gonorrhea	Y	N	DK
Trichomoniasis	Y	N	DK
Other STD (Specify)_____			

72. Has a doctor **ever** told you that you have: **Please answer EACH item below**			
Diabetes or Sugar Diabetes	Y	N	DK
High Blood Pressure/Hypertension	Y	N	DK
Any kind of heart disease	Y	N	DK
High Cholesterol	Y	N	DK
Kidney Disease	Y	N	DK
COPD (Emphysema, Chronic Bronchitis)	Y	N	DK
Asthma	Y	N	DK
Cirrhosis	Y	N	DK
Auto-immune disease (MS, lupus)	Y	N	DK
Neuropathy (nerve pain)	Y	N	DK
Osteoporosis	Y	N	DK
Arthritis	Y	N	DK
Cancer	Y	N	DK
TB	Y	N	DK
Other (Specify)_____			

73. Have you ever received mental health care of any kind?	
Yes	☐
No	☐ → **Go to Q. 76**

74. What mental healthcare did you receive? **Provide a response for each item**		
In a hospital at least overnight	Y	N
One to one counseling	Y	N
Group counseling	Y	N
Prescribed meds	Y	N
Couples counseling	Y	N

75. Have you ever been diagnosed by a mental health professional with any of the following? **Provide a response for each item**		
Depression	Y	N
Bipolar Disorder	Y	N
Anxiety or Panic Attacks	Y	N
Attention Deficit Disorder(ADD)/ Attention Deficit Hyperactivity Disorder (ADHD)	Y	N
PTSD	Y	N
Obsessive compulsive disorder	Y	N
Gender dysphoria/gender identity disorder	Y	N
Agoraphobia (fear of being in open or public places)	Y	N
Other (specify) _____		

76. Have you ever experienced any of the following symptoms in the past 12 months that made you seek professional help? **Provide a response for each item**		
Anxiety or worry	Y	N
Sadness	Y	N
Insomnia (unable to fall asleep or stay asleep)	Y	N
Anger	Y	N
Memory loss	Y	N
Fear of leaving the home	Y	N
Feeling manic or out of control	Y	N
Thoughts of hurting self or others	Y	N
Night terrors	Y	N
Hallucinations	Y	N
Other (specify) _____		

77. Who do you talk to most often about your HIV diagnosis? **Check all that apply**	
Medical professional	☐
Friend	☐
Family member/significant other	☐
Other people who are HIV+	☐
Professional counselor/therapist	☐
Case manager	☐
Psychiatrist	☐
Peer-led support group	☐
Professional-led support group	☐
Pastor/faith leader	☐
Online communities/social media	☐
Other (specify) _____	

78. Have you ever received substance abuse counseling and/or treatment?	
Yes	☐
No	☐ → **Go to Q. 80**

79. What substance abuse counseling/treatment did you receive? **Provide a response for each item**		
In a hospital/facility at least overnight	Y	N
One to one counseling	Y	N
Group counseling	Y	N
Prescribed medications	Y	N

SECTION – SELF-MANAGED

80. Do you currently have a HIV case manager? (someone to help you coordinate your HIV/AIDS care)	
Yes → **Go to Q. 86**	☐
No, I manage my own care	☐
Not yet, waiting for first appointment → **Go to Q. 86**	☐

81. Why did you decide to manage your own care? **Select all that apply**	
Personal preference	☐
Advice of case manager	☐
Unhappy with quality of case management services I was receiving	☐

82. In the past 12 months, have you been contacted by a case manager to check in on how you are doing?	
Yes	☐
No	☐
Don't know	☐

83. Do you know how to reach a case manager in case of an emergency or if you need additional support?	
Yes	☐
No	☐
Don't know	☐

84. In the past 12 months, have you had to contact a case manager to help you with an emergency need or to get servces?	
Yes	☐
No	☐
Don't know	☐

85. In the past 12 months, have you attended activities, workshops, or meetings for self-managed clients?	
Yes	☐
No	☐

86. In the past 12 months, have you received a referral from a case manager for:	
Medicines	☐
Support services	☐
Other referrals (Specify)_____	☐

87. **Medical Care**	**A**	**B**	**C**	**D**
For each service listed below, answer each question A-D:	**Did you need this service?**	**Were you offered this service?**	**Did you receive this service?**	**IF YOU RECEIVED SERVICE, did it meet your needs?**
HIV Medical Care *(When you go to a clinic or agency to see a doctor or nurse for medical care)*	Yes No	Yes No	Yes No	Yes No
Treatment Adherence *(Support from a medical provider or medical case manager to help you with your medications)*	Yes No	Yes No	Yes No	Yes No
Medical Nutrition Therapy *(Nutritional counseling provided by a dietician)*	Yes No	Yes No	Yes No	Yes No
Medical Case Management *(Someone who helps you manage your medical care including help with your medications)*	Yes No	Yes No	Yes No	Yes No

88. **Oral Health Care**	**A**	**B**	**C**	**D**
For each service listed below, answer each question A-D:	**Did you need this service?**	**Were you offered this service?**	**Did you receive this service?**	**IF YOU RECEIVED SERVICE, did it meet your needs?**
Emergency Dental Care *(Receiving dental care for emergency oral health problems such as infections, pain, broken tooth or cap)*	Yes No	Yes No	Yes No	Yes No
Preventive Dental Care *(Seeing a dentist or dental hygienist for cleaning, x-rays, routine check-ups)*	Yes No	Yes No	Yes No	Yes No
Non-Emergency Dental Care *(Treatment for oral surgery, dentures, or extractions, etc.)*	Yes No	Yes No	Yes No	Yes No

89. **Health Insurance Premium Support**	**A**	**B**	**C**	**D**
For each service listed below, answer each question A-D:	**Did you need this service?**	**Were you offered this service?**	**Did you receive the service?**	**IF YOU RECEIVED SERVICE, did it meet your needs?**
Premium Assistance *(Help paying for your monthly health insurance premiums – the cost of maintaining your health insurance whether you seek medical care or not)*	Yes No	Yes No	Yes No	Yes No
Medication Co-Pay Assistance*(Help paying for medicine not fully covered by your insurance)*	Yes No	Yes No	Yes No	Yes No

90. **MENTAL HEALTH SERVICES**	**A**	**B**	**C**	**D**
For each service listed below, answer each question A-D:	**Did you need this service?**	**Were you offered this service?**	**Did you receive the service?**	**IF YOU RECEIVED SERVICE, did it meet your needs?**
Individual Counseling *(One-on-one sessions with a mental health professional)*	Yes No	Yes No	Yes No	Yes No
Group Counseling *(Group sessions led by a mental health professional)*	Yes No	Yes No	Yes No	Yes No
Psychiatric Consultation *(Sessions with a psychiatrist to get medications)*	Yes No	Yes No	Yes No	Yes No
Crisis Support *(Support when you have a mental health issue that you need immediate help with)*	Yes No	Yes No	Yes No	Yes No

91. **SUBSTANCE ABUSE SERVICES**	**A**	**B**	**C**	**D**
For each service listed below:	**Did you need this service?**	**Were you offered this service?**	**Did you receive the service?**	**IF YOU RECEIVED SERVICE, did it meet your needs?**
Individual Counseling *(Talking to a trained counselor about your substance abuse problem)*	Yes No	Yes No	Yes No	Yes No
Group Counseling *(Talking to people in a group setting about how you feel, not including a 12-step meeting)*	Yes No	Yes No	Yes No	Yes No

92. **FOOD SERVICES**	**A**	**B**	**C**	**D**
For each service listed below:	**Did you need this service?**	**Were you offered this service?**	**Did you receive the service?**	**IF YOU RECEIVED SERVICE, did it meet your needs?**
Soft Meals *(Meals for people who have difficulty chewing or swallowing or have had recent dental surgery)*	Yes No	Yes No	Yes No	Yes No
Food Pantry *(A weekly bag of groceries and fresh fruit/vegetables to help you prepare meals at home)*	Yes No	Yes No	Yes No	Yes No

Nutritional Supplements *(Cans of Ensure or Glucerna prescribed by your medical provider)*	Yes No	Yes No	Yes No	Yes No
Food Vouchers *(Coupons that you can use to buy food at selected locations)*	Yes No	Yes No	Yes No	Yes No
Prepared Meals *(Meals that are delivered to your home or that you can pick up yourself)*	Yes No	Yes No	Yes No	Yes No

93. **Psychosocial Support**	**A**	**B**	**C**	**D**
For each service listed below:	**Did you need this service?**	**Were you offered this service?**	**Did you receive the service?**	**IF YOU RECEIVED SERVICE, did it meet your needs?**
Peer Counseling/Support *(A formal relationship with someone who has HIV or is in recovery that you talk to about your feelings or problems who is not a friend or sponsor)*	Yes No	Yes No	Yes No	Yes No
Patient Navigation Services *(Someone that helps support you by reminding you of appointments and helping you to navigate the system)*	Yes No	Yes No	Yes No	Yes No

94. **Other Support Services**	**A**	**B**	**C**	**D**
For each service listed below:	**Did you need this service?**	**Were you offered this service?**	**Did you receive the service?**	**IF YOU RECEIVED SERVICE, did it meet your needs?**
Emergency Financial Assistance Medications*(Help paying for non-ADAP medications)*	Yes No	Yes No	Yes No	Yes No
Medical Transportation *(Assistance with transportation cost to get to HIV care services)*	Yes No	Yes No	Yes No	Yes No
Legal Services *(Assistance with legal issues like housing and insurance discrimination, writing a will, social security disability claims, etc.)*	Yes No	Yes No	Yes No	Yes No
Linguistic Services *(You need someone to explain things to you in a language other than English, such as Spanish, French, or Sign)*	Yes No	Yes No	Yes No	Yes No
Childcare *(Someone to watch your child in a childcare center when you go to the doctor)*	Yes No	Yes No	Yes No	Yes No
Case Management (non-medical) *(A case manager who helps you with referrals, filling out forms, benefits enrollment, etc.)*	Yes No	Yes No	Yes No	Yes No

95. Below is a list of issues that you may have had when trying to obtain or use HIV/AIDS services. Mark an "X" in the box beside each item to say how big a challenge it has been for you ***in the past 12 months***. You may choose from a "very big" challenge to "not a problem."

"Big" = It stopped you from getting the service.
"Medium" = You faced substantial problems but you were eventually able to get the services.
"Small" = Caused you minor concern and/or delays in obtaining the service.
"No Problem/NA" = You experienced no challenges at all or this did not apply to you (ex. In jail/prison)

	Big	**Medium**	**Small**	**No Problem/ NA**
Example: This survey is difficult to complete.	☐	☐	☐	☐
a. I did not know that a service or treatment was available to me.	☐	☐	☐	☐
b. I did not know where to go to get the service.	☐	☐	☐	☐
c. I did not know what medical services I needed for my HIV/AIDS.	☐	☐	☐	☐
d. My physical health has not allowed me to travel to where the service is provided.	☐	☐	☐	☐
e. My state of mind or ability to deal with the treatment.	☐	☐	☐	☐
f. Current or recent drug or alcohol use.	☐	☐	☐	☐
g. I was in jail or prison.	☐	☐	☐	☐
h. I have been denied or been afraid to seek services because I was in jail or prison.	☐	☐	☐	☐
i. Fear that people would find out I have HIV.	☐	☐	☐	☐
j. Lack of privacy by the organization to protect my medical chart.	☐	☐	☐	☐
k. Fear that I would be reported to immigration or other authorities.	☐	☐	☐	☐
l. No transportation or access to adequate transportation.	☐	☐	☐	☐
m. The service I need is not available at a time I can get there.	☐	☐	☐	☐
n. The services that I need are far away (more than 20 minutes).	☐	☐	☐	☐
o. There is no on-site child care or no access to childcare provided by the agency.	☐	☐	☐	☐
p. The amount of time I had to wait for an appointment.	☐	☐	☐	☐
q. I was not able to use my preferred language.	☐	☐	☐	☐
r. I did not know who to ask for help.	☐	☐	☐	☐
s. The provider was not sensitive to my race, gender identify, ethnicity, sexual	☐	☐	☐	☐

orientation or culture.				
t. Discrimination by the organization providing the service.	☐	☐	☐	☐
u. I did not get along with the people providing services.	☐	☐	☐	☐
v. Person providing services to me did not seem to know enough.	☐	☐	☐	☐
w. There was no specialist who could provide the specific care I needed. (Specify specialty_____ _____).	☐	☐	☐	☐
x. The organization did not refer me to the services I needed.	☐	☐	☐	☐
y. Lack of support to help me get through the system.	☐	☐	☐	☐
z. Instructions I received to obtain the service or treatment I needed were confusing, didn't understand them.	☐	☐	☐	☐
aa. The rules and regulations for services I needed.	☐	☐	☐	☐
bb. There is too much paperwork and/or red tape.	☐	☐	☐	☐
cc. Reduced services due to funding cuts.	☐	☐	☐	☐
dd. Lack of health insurance coverage.	☐	☐	☐	☐
ee. I was not eligible for the service (I made too much money, active substance use, etc.)	☐	☐	☐	☐
ff. Other: _____	☐	☐	☐	☐

96. List up to three services you need but are not offered by any provider in the Atlanta area.

1. _____
2. _____
3. _____

97. Now I am going to read you a list of potential discussions you may have had with different providers. Please check the box under the column for that item.

	Provider (doctor, nurse, case manager, peer counselor, or other provider)	**No One**	**Not Sure**
a. Your risk of spreading HIV to someone else	☐	☐	☐
b. Use of condoms to reduce spread of HIV/AIDS	☐	☐	☐
c. The risk that a receptive partner in anal or vaginal sex can infect someone else with HIV/AIDS	☐	☐	☐
d. The risk that an insertive partner in anal or vaginal sex can infect someone else with HIV/AIDS	☐	☐	☐
e. The risk of one person with HIV re-infecting another person with HIV	☐	☐	☐
f. The impact a person's viral load may have on infecting someone else with HIV/AIDS	☐	☐	☐
g. Your choices in telling your HIV status to your sexual and injection drug use partners	☐	☐	☐
h. The risks of combining club or party drug use and sex	☐	☐	☐
i. The impact of Hepatitis C on a person with HIV	☐	☐	☐

98. The next questions ask about substance use and how often you have used each of the substances.

Have you EVER used any of the following substances? [INTERVIEWER: READ LIST BELOW]			IF YOU HAVE USED DURING THE PAST YEAR, how often did you use any of the following?			
		EVER used		**If used in the PAST YEAR**		
			Not used in the last year	**Used less than once a month**	**Used at least once a month**	**Used once a week or more**
	No	**Yes**				
a. Alcohol	N	Y→	☐	☐	☐	☐
b. Marijuana or hash or synthetic marijuana	N	Y→	☐	☐	☐	☐
c. Crack/cocaine	N	Y→	☐	☐	☐	☐
d. Heroin	N	Y→	☐	☐	☐	☐
e. Crystal meth or methamphetamines, Tina	N	Y→	☐	☐	☐	☐
f. Speedball	N	Y→	☐	☐	☐	☐
g. GHB (Gamma Hydrooxybutyrate), Ga. Homeboy	N	Y→	☐	☐	☐	☐
h. Poppers	N	Y→	☐	☐	☐	☐
i. Ecstasy (X), Molly	N	Y→	☐	☐	☐	☐
j. Special K (Ketamine)	N	Y→	☐	☐	☐	☐
k. Using erectile drugs such as Viagra together with street drugs	N	Y→	☐	☐	☐	☐
l. Prescription not prescribed; if prescribed, not used as prescribed (specify)_____	N	Y→	☐	☐	☐	☐
m. Codeine	N	Y→	☐	☐	☐	☐
n. Bath Salts	N	Y→	☐	☐	☐	☐
o. LSD, mushrooms, acid	N	Y→	☐	☐	☐	☐
p. Other (specify)_____	N	Y→	☐	☐	☐	☐

99. Have you used a needle to inject any street drugs ***in the past 12 months?***	
Yes	☐
No	☐

100. Have you used a needle to inject hormones or steroids ***in the past 12 months?***	
Yes	☐
No → **Go to Q. 77**	☐

101. How often have you shared needles with Someone ***in the past 12 months?***	
Never	☐
Sometimes	☐
Always	☐

102. How often have you used a needle exchange service ***in the past 12 months?***	
Never	☐
Sometimes	☐
Always	☐

103. [READ ALOUD] Now I am going to read you some statements about your experiences and opinions of how people living with HIV/AIDS feel and how they have been treated. For each statement, please let me know if it *ALWAYS, VERY OFTEN, SOMETIMES, ONCE IN AWHILE, OR NEVER* happens to you and <u>you believe it is because of your HIV+ status</u>.

	Always	Very Often	Sometimes	Once in awhile	Never	N/A
a. I have been denied employment.	☐	☐	☐	☐	☐	☐
f. I have lost jobs when my employers have found out.	☐	☐	☐	☐	☐	☐
b. I have been a victim of domestic violence/intimate partner violence.	☐	☐	☐	☐	☐	☐
c. I have been denied **non-HIV** services.	☐	☐	☐	☐	☐	☐
m. I have lost or been denied housing because of my HIV.	☐	☐	☐	☐	☐	☐
d. I have been treated differently by health care staff.	☐	☐	☐	☐	☐	☐
e. I have been spoken to harshly by health care staff.	☐	☐	☐	☐	☐	☐
g. Health care staff have made me feel ashamed about having HIV.	☐	☐	☐	☐	☐	☐
h. Health care staff have told me that getting HIV is what I deserved for how I live my life.	☐	☐	☐	☐	☐	☐
i. Some people avoided touching me once they knew I have HIV.	☐	☐	☐	☐	☐	☐
j. I worry that people who know I have HIV will tell others.	☐	☐	☐	☐	☐	☐
k. I worry that people might judge me when they learn I have HIV.	☐	☐	☐	☐	☐	☐
l. Since learning I have HIV, I feel set apart and isolated from the rest of the world.	☐	☐	☐	☐	☐	☐