**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.

# Characteristics

1. Are you living with HIV?

* Yes
* No à EXIT SURVEY
* I don’t know à EXIT SURVEY

1. What county do you live in? (Drop down)
   * Barrow
   * Bartow
   * Carroll
   * Cherokee
   * Clayton
   * Cobb
   * Coweta
   * DeKalb
   * Douglas
   * Fayette
   * Forsyth
   * Fulton
   * Gwinnett
   * Henry
   * Newton
   * Paulding
   * Pickens
   * Rockdale
   * Spalding
   * Walton
   * Not Listed
2. What is your zip code? If you do not know your ZIP code, please type in 0000. \_\_\_\_\_\_\_\_\_
3. When were you born? /

Month / Year

1. What is your sex assigned at birth?
   * Male
   * Female
2. What is your gender identity? (Select one answer)
   * Male
   * Female
   * Transgender Woman
   * Transgender Man
   * Other \_\_\_\_\_\_\_\_
3. What is your ethnicity? (Select only ONE response)
   * Hispanic
   * Non-Hispanic
4. What is your race? (Select all that apply)
   * American Indian/Alaskan Native
   * Asian/Pacific Islander
   * Black/African American
   * White/Caucasian
   * Other Race
5. What language do you speak at home? \_\_\_\_\_
6. Do you need a language interpreter or other type of interpretation for services?
   * Yes
     1. If yes, specify what type of interpretation is required
   * No
7. How do you usually get to your appointments? Select all that apply.
   * Public transportation/MARTA
   * Personal vehicle
   * Get rides from family/friends
   * Walk
   * Borrow vehicles
   * Vouchers/van rides provided by agency
   * Bicycle
   * Taxi or ride sharing app (e.g., Uber, Lyft)
   * Transportation paid for by insurance
   * Other (specify) \_\_\_\_\_

# Housing

1. What is your current living situation? (select 1 answer)
   * In an apartment/house I own
   * In an apartment/house I rent
   * At my parent’s/relative’s apartment/house
   * Nursing home or assisted living home
   * In a stable housing program
   * Living/couch surfing with someone
   * In a hotel or boarding house
   * In a residential treatment facility (drug or psychiatric)
   * In a half-way house
   * In a temporary housing program
   * Hospice
   * Homeless shelter
   * Homeless (street, car, under bridge, in a park)
   * Other (please specify)
2. 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
3. At any time in the last 2 years, have you needed any of the following housing services? (Select all that apply)
   * 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
   * Residential treatment
   * Money to pay utilities
   * Money to pay security deposits
   * Housing for persons living with HIV/AIDS
   * Other (specify) \_\_\_\_\_\_\_
   * I didn’t need housing services
4. Considering your living situation, which of these reasons make it harder for you to take care of your health?
   * I do not have a safe and/or private room
   * I do not feel safe
   * I do not have a bed to sleep in
   * I do not have a place to keep my medicine
   * I do not have a phone where someone can call me
   * I do not have enough food to eat
   * I do not have money to pay for rent
   * I do not have heat and/or air conditioning
   * I am afraid of others where I live knowing I have HIV
   * I cannot get away from drugs or alcohol
   * I do not have good internet access
   * There is not good public transportation where I live

I do not feel comfortable receiving mail about my HIV care, including medications

* + Other (specify) \_\_\_\_\_\_\_\_\_\_\_
  + I do not have these challenges

# Incarceration

1. In the past 12 months, have you been in:
   * Jail
   * Federal or State Prison
   * In both jail and prison
   * Neither à Skip to Next Section
2. Did you test HIV positive for the first time when you were incarcerated?
   * Yes à Skip to Question 19
   * No
3. If you did not test positive for the first time while incarcerated, did you disclose your status to jail or prison health staff?
   * Yes
   * No
4. Did you receive HIV medical care while incarcerated?
   * Yes
   * No
5. As part of your release from incarceration, what services 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 the first time
   * None of the above
6. If you did not receive HIV/AIDS services immediately after your release, what prevented you from getting the services you needed? (Select all that apply)
   * No insurance – financial reasons
   * I did not know where to go
   * I did not want anyone to know my HIV status
   * I had conflicts with my work schedule
   * I did not have access to transportation to get services
   * I did not have ID or documentation to qualify
   * Other (specify)\_\_\_\_\_\_\_\_
   * None of the above

# Economic Status

1. What best describes your current situation? (Select 1 answer)
   * Working full-time
   * Working part-time
   * Self-employed
   * Working off and on
   * Not working
   * Disability
   * Student
   * Retired
   * Seasonal
   * Looking for job/unable to find work
   * Attending job training
   * Other (please specify)
2. What is your yearly income before taxes (select ONLY 1 answer)
   * $0 - $15,000 (up to $1,250 per month)
   * $15,001 - $19,000 ($1,251 - $1,583 per month)
   * $19,001 - $23,000 ($1,584 - $1,916 per month)
   * $23,001 – $27,000 ($1,917 - $2,250 per month)
   * $27,001- $31,000 ($2,251- $2,583 per month)
   * $31,001 - $35,000 ($2,581 - $2,916 per month)
   * $35,001- $39,000 ($2,917 - $3,250 per month)
   * $39,001 - $43,000 ($3,251 – 3,528 per month)
   * Greater than $43,001 ($3,584 or more per month)
3. How many people are supported by this income? \_\_\_\_ [Please enter only numbers 0-9]
4. What is the highest education you completed? (Select 1 answer)
   * Grade school or less
   * Some high school
   * Graduated high school/GED
   * Some college/2 year college/trade school
   * Completed 4-year college
   * Graduate school

# Insurance/Benefits Status

1. What kind of health insurance do you have? (Select ALL that apply)
   * Insurance/HMO through work
   * Private insurance/HMO not through work
   * Insurance through my last job – COBRA
   * Out-of-pocket/fee-for service
   * Health insurance through the federal marketplace (Affordable Care Act, Obamacare, ACA)
   * Medicare
   * Medicaid
   * VA or Tricare
   * Uninsured/No insurance
   * Other (specify) \_\_\_\_
   * Don’t know/not sure
2. Do you have any challenges paying for your care (e.g., co-pays or out of pocket costs)?
   * Yes
   * No
3. Did someone help you review options and/or apply for insurance through the marketplace?
   * Yes
   * No
   * Do not know/not sure
4. What challenges, if any, have you faced due to your insurance? Select all that apply.
   * Problems getting medication
   * Needed to switch providers
   * Delays in care due to prior approval
   * High co-pays/deductible/premium
   * I did not have these challenges
5. Do you know that you can get assistance with co-pays and/or insurance premiums?
   * Yes
   * No à Skip to HIV testing/linkage to care section
   * Don’t know/not sure à Skip to HIV testing/linkage to care section
6. Do you currently receive assistance with your co-pays and/or insurance premiums?
   * Yes à answer 32
   * No -> skip to HIV testing/linkage to care section
   * Don’t know/not sure -> skip to HIV testing/linkage to care section
7. What resources do you use for co-pay assistance? Select all that apply.
   * Patient Assistance Network (PAN)
   * Health Insurance Program (Ryan White/HICP)
   * Pharmaceutical Company Co-Pay Assistance
   * Other Co-Pay Assistance
   * Don’t Know

# HIV Testing/Linkage to Care

1. When did you find out you were living with HIV? (month, year) \_\_\_\_\_\_\_\_\_\_\_\_\_
2. When you first tested positive, what was the main reason you decided to get tested? (select all that apply)
   * Had been feeling sick
   * Was in the ER/hospital
   * Had unprotected/condomless sex
   * Had sex with someone living with HIV
   * Part of a personal testing routine
   * Partner recommended I get tested
   * Part of prenatal care
   * Testing event in the community
   * Received gift or money for getting tested
   * 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) \_\_\_\_\_\_\_
3. How would you describe the support you received in getting a medical appointment after the positive test?
   * I had an appointment immediately
   * I was given a list of clinics so I could make my own appointment
   * I was offered support in scheduling the appointment, but I wanted to handle it on my own

Someone helped me make an appointment

1. After testing HIV positive, when did you have your first visit with a healthcare provider (Select one answer)
   * Within a week à Go to question 38
   * Within a month à Go to question 38
   * Within one year of diagnosis à Go to question 38
   * Longer than 1 year after diagnosis
   * I have not seen a doctor or healthcare provider for my HIV

* Other
* Don’t know/don’t remember

1. If you did not receive care within one year or longer after diagnosis, why not (select all that apply):
   * I did not know where to go
   * I could not get an appointment
     1. (Optional) Please explain: \_\_\_\_\_\_\_\_\_
   * I could not get transportation
   * I could not get childcare
   * I could not pay for care
   * I was not ready to deal with having HIV
   * It was not important to me
   * I did not want anyone to know I had HIV
   * I did not feel sick
   * I did not believe the results
   * I did not want to take HIV medication
   * I could not get time off work
   * I was depressed
   * I was using drugs/alcohol
   * I prefer a holistic, natural approach to care
   * I have chosen not to see a healthcare provider
   * Other (specify) \_\_\_\_\_\_
2. How would you best describe the person who first helped you to get into medical care after you found out you were living with HIV? (Select all that apply)
   * Family member
   * Friend
   * Doctor/healthcare provider
   * Person who gave me my test results
   * Case manager/social worker
   * Health department staff
   * Prison/Jail
   * Someone living with HIV
   * Peer counselor or navigator
   * Nobody
   * Other (specify) \_\_\_\_\_

# Care & Treatment

1. Were you ever told by your healthcare provider that you have an AIDS diagnosis? (CD4 under 200 or AIDS defined condition)?
   * No
   * Yes, I was told I had AIDS the same time I tested HIV positive
   * Yes, I was told I had AIDS after learning my HIV status
2. When was your most recent T-cell (CD4) test done?
   * In the last month
   * In the last 3 months
   * In the last 6 months
   * In the past 6 months to one year
   * One year or more
   * Do not know -> Skip 41, go to 42
   * Never had one -> Skip 41, go to 42
3. What was your most recent T-cell (CD4) count?
   * Under 200
   * Between 200-350
   * Between 350-500
   * Over 500
   * Never told results
   * Do not know
4. When was your most recent viral load test done?
   * In the last month
   * In the last 3 months
   * In the last 6 months
   * In the past 6 months to one year
   * One year or more
   * Don’t know -> Skip 43, go to 44
   * Never had one 🡪 Skip 43, go to 44
5. What was the result of your most recent viral load test?
   * Undetectable/Under 200
   * Over 200
   * Never told results
   * Don’t know
6. When was your last visit with a healthcare provider specifically for your HIV/AIDS care?
   * Never à Skip question 45 & 46
   * In the last month à Skip to 46
   * In the last 3 months à skip to 46
   * In the last 6 months à skip to 46
   * In the past 6 months to one year à skip to 46
   * One year or more
   * Don’t know
7. 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 did not know where to go
   * I could not get an appointment
   * I could not get transportation
   * I could not get childcare
   * I could not pay for care
   * It was not important to me
   * I did not feel sick
   * I could not get time off work
   * I was depressed
   * I had a bad experience with staff
   * I was using drugs/alcohol
   * Other (specify) \_\_\_\_\_\_
8. Where do you go for HIV medical care most often? (Select ONE response)
   * County Health department
   * HIV Clinic (not County Health Department, would include community-based organizations, for profit/community hospitals, etc.)
   * Private Healthcare Provider (e.g., Kaiser, Avita Care)
   * VA Hospital
   * Emergency Room/Urgent Care
   * Other clinic (Specify) \_\_\_\_\_
9. Have you been hospitalized for an HIV/AIDS related condition during the past 12 months?
   * Yes
   * No
10. Are you currently prescribed any HIV medications?
    * Yes
    * No à Skip to question 50
11. Are any of your prescription drugs paid for or reimbursed by the following sources? Select all that apply.
    * ADAP (AIDS Drug Assistance Program)
    * Medicaid
    * Medicare
    * Veteran’s Benefits (VA)
    * Private Insurance
    * Patient Assistance from Pharmaceutical Company
    * Do not Know
12. If you are not taking prescribed medications to treat your HIV/AIDS, why not? Select all that apply.
    * Not recommended by my healthcare provider
    * Personal choice
    * I do not know where to get them
    * I cannot afford the cost
    * They make me feel bad
    * I am taking time off from my medications
    * I feel healthy
    * I have trouble understanding how to take my medications
    * I have trouble remembering to take my medications
    * I do not have a place to store them
    * Other reasons I don’t take medication (specify) \_\_\_\_
13. In the past 30 days, how often have you missed taking your HIV/AIDS medications (Skip if N/A)
    * Have not missed in the past 30 days à Skip to question 53
    * I am taking an injectable HIV medication 🡪 Skip to Question 53
    * Once or twice in the past 30 days
    * Once or twice a week
    * More than twice a week
    * I have stopped taking my medication
14. If you missed or stopped taking your HIV/AIDS medication in the past 30 days, why? Select all that apply.
    * Side Effects
    * Felt the medicine was toxic/harmful
    * Felt the medicine didn’t work
    * Hard schedule to remember
    * Forgot
    * Hard to coordinate with food
    * Had a change in my daily routine
    * Did not want others to see me taking them
    * Did not understand how to take them
    * Homeless/Unstable housing
    * Did not have a place to store them
    * Could not afford medicine
    * Ran out
    * Did not want to take them
    * Depressed
    * Medicine made me feel good so felt I did not need them anymore
    * I feel healthy
    * My doctor advised me to stop
    * Other reasons (specify) \_\_\_\_\_
15. Who do you talk to about your HIV diagnosis? Check all that apply
    * Medical professional
    * Friend
    * Family member
    * Significant other
    * Other people living with HIV
    * Life coach
    * Professional counselor/therapist
    * Case manager
    * Psychiatrist
    * Peer-led support group
    * Professional-led support group
    * Pastor/faith leader
    * Online communities/social media
    * Other (specify)

# Out of Care

1. Since you found out you were living with HIV, has there been a period of time of **more than one year** when you did not see a healthcare provider or go to a clinic for your HIV/AIDS care?

* Yes
* No à Go to question 58

1. What stopped you from seeking HIV care during that period? (Select all that apply)

* I could not afford care
* I did not know where to go
* I was not ready to deal with my HIV
* I was not sick anymore
* Lost health coverage or Ryan White eligibility
* Did not have a way to get to services any longer
* Had an undetectable viral load
* My healthcare provider/case manager left
* I did not want others to know I had HIV
* I was afraid of the medication side effects
* I was in jail or prison
* I could not get care where I lived
* It was too confusing to get services
* Services were not accessible via telehealth
* I was homeless
* I was using drugs or alcohol
* I had mental health issues
* I had a bad experience with staff
* I was turned away from care
* Other (please specify) \_\_\_\_

1. Since that time, have you gone back to see a healthcare provider for your HIV/AIDS care?

* Yes 🡪 Answer 57
* No -> Go to 58

1. If yes to Q.64, what happened to make you go back to HIV care? (Select all that apply)

* I was feeling worse than before
* Change in my income
* Change in my insurance status
* Heard about new healthcare provider/clinic
* Change in my healthcare provider’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 with 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)

1. 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 healthcare provider
* I feel better
* I have the support of friends and family members
* I do not want to give it to anyone else
* My faith, religion, or spirituality
* Support of other people living with HIV/AIDS
* Agency/clinic reminders for appointments
* Support from my case manager
* Staying sober
* Stable housing
* Support of my partner/spouse
* HIV support groups
* Mental health services (counseling, medication)
* Being able to access telehealth medical services
* Other (specify)

# Self-Managed

1. Do you currently have someone to help you coordinate your HIV/AIDS care (like an HIV case manager)?
   * Yes à Go to Comorbidities section
   * Not yet, waiting for first appointment à Go to Comorbidities section
   * I manage my own care -> Go to 60
   * No-> Go to 61
2. 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
* Other (specify)

1. In the past 6 months, have you been contacted by a case manager to check in on how you are doing?

* Yes
* No
* Don’t know

1. Do you know how to reach a case manager in case of an emergency need or if you need additional support?

* Yes
* No

1. In the past 12 months, have you had to contact a case manager to help you with an emergency need or to get services?

* Yes 🡪 go to 64
* No -> go to next section

1. If you contacted a case manager, did you get the assistance you needed?

* Yes
* No

# Co-morbidities

1. At any time in the last year, have you been told you have any of the following sexually transmitted infections? Select all that apply  **If yes to any, go to 66. If “none of the above” is selected, skip to 67.**

* Chlamydia
* Gonorrhea
* Herpes
* Human Papilloma Virus (HPV)/Genital Warts
* Syphilis
* Trichomoniasis
* Other sexually transmitted infection (please specify): \_\_\_\_\_
* None of the above -> Skip to 67

1. If yes, did you or are you receiving treatment?

* Yes
* No

1. Has a medical provider **ever** told you that you have: **Select all that apply**

* Asthma
* Auto-immune disease (MS, Lupus, Rheumatoid Arthritis)
* Cancer
  + 1. Specify Type of Cancer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cirrhosis
* COPD (Emphysema, Chronic Bronchitis)
* Diabetes or Sugar Diabetes
* Heart Disease (any kind)
  + 1. Specific Type of Heart Disease
* Hepatitis
  + 1. Specific Type of Hepatitis (A, B, C)
* High Blood Pressure/Hypertension
* High Cholesterol
* Kidney Disease or Failure
* Lung Disease (any kind)
  + 1. Specify type of Lung Disease
* Neuropathy (nerve pain)
* Osteoarthritis
* Osteoporosis
* TB
* Other (please specify)
* None of the above

1. Outside of medications to manage HIV/AIDS, are you taking any medications to manage your other conditions?
   * Yes
   * No
2. Do you ever encounter challenges with your mental health?

* Yes
* No à Go to Question 75

1. Have you ever received mental healthcare? Check all that apply

* One on one counseling
* Group counseling
* Couples counseling
* Mental health medication
* Emergency Care à Skip question 71.1 unless selected
* Mental health stabilization
* I have never received mental healthcare

71.1. Have you spent at least one night in a hospital for your mental health?

* Yes
* No

1. Have you ever received a diagnosis by a mental health professional with any of the following? **Select all that apply.**

* Agoraphobia (fear of being in open or public places)
* Anxiety or Panic Attacks
* Bipolar Disorder
* Depression
* Obsessive Compulsive Disorder
* PTSD
* Schizophrenia
* Other (specify)
* None of the above -> skip to 72

1. (if they select any of the responses for #71) Are you taking any medications to manage your mental health condition(s)?

* Yes
* No

1. In the past 12 months, have you experienced any of the following symptoms ? Select all that apply.

* Anxiety or worry
* Sadness or depressed or hopelessness
* Insomnia (unable to fall asleep or stay asleep)
* Anger
* Memory loss
* Fear of leaving the home
* Feeling manic or out of control
* Thoughts of hurting self or others
* Night terrors
* Hallucinations
* None of the above -> Skip to 74

1. Did you seek professional help for your symptoms?

* Yes
* No

# Substance Use and Abuse

1. Have you ever been clinically or self-diagnosed with a substance use disorder?

* Yes
* No -> Skip section

1. Have you ever received substance use counseling and/or treatment?

* Yes
  + 1. For which substances \_\_\_\_\_\_\_\_
* No

1. In the past 12 months, have you done any of the following (select all that apply).
   * Used a needle to inject hormones or steroids not prescribed for you
   * Used a needle to inject any street drugs
   * Shared needles with someone
   * Used a needle exchange service

# Services

1. **Medical Care**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I haven't needed this service | I needed this service, but it wasn’t offered | I received this service, but it didn’t meet my needs | I received the service, and it met my needs. |
| HIV Medical Care  *(When you go to a clinic or agency to see a doctor or nurse for medical care)* |  |  |  |  |
| Telehealth for HIV Medical Care  *(When you see your doctor or nurse for virtual medical care and/or advice)* |  |  |  |  |
| Treatment Adherence  *(Support from a medical provider or medical case manager to help you with your medications)* |  |  |  |  |
| Medical Nutrition Therapy  *(Nutritional counseling provided by a dietician)* |  |  |  |  |
| Medical Case Management  *(Someone who helps you manage your medical care including help with your medications)* |  |  |  |  |

1. **Oral Health Care**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I haven't needed this service | I needed this service, but it wasn’t offered | I received this service, but it didn’t meet my needs | I received the service, and it met my needs. |
| Emergency Dental Care  *(Receiving dental care for emergency oral health problems such as infections, pain, broken tooth or cap)* |  |  |  |  |
| Preventive Dental Care  *(Seeing a dentist or dental hygienist for cleaning, x-rays, routine check-ups)* |  |  |  |  |
| Non-Emergency Dental Care  *(Treatment for oral surgery, dentures, or extractions, etc.)* |  |  |  |  |

1. **Health Insurance Premium Support**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I haven't needed this service | I needed this service, but it wasn’t offered | I received this service, but it didn’t meet my needs | I received the service, and it met my 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)* |  |  |  |  |
| Medication Co-Pay Assistance*(Help paying for medicine not fully covered by your insurance)* |  |  |  |  |

1. **Mental Health Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I haven't needed this service | I needed this service, but it wasn’t offered | I received this service, but it didn’t meet my needs | I received the service, and it met my needs. |
| Individual Counseling  *(One-on-one sessions with a mental health professional)* |  |  |  |  |
| Group Counseling  *(Group sessions led by a mental health professional)* |  |  |  |  |
| Psychiatric Consultation  *(Sessions with a psychiatrist to get medications)* |  |  |  |  |
| Crisis Support  *(Support when you have a mental health issue that you need immediate help with)* |  |  |  |  |

1. **Substance Abuse Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I haven't needed this service | I needed this service, but it wasn’t offered | I received this service, but it didn’t meet my needs | I received the service, and it met my needs. |
| Individual Counseling  *(Talking to a trained counselor about your substance use issues)* |  |  |  |  |
| Group Counseling  *(Talking to people in a group setting about how you feel)* |  |  |  |  |
| Harm Reduction  (*Talking to someone about how to manage or reduce your use of substances)* |  |  |  |  |

1. **Food Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I haven't needed this service | I needed this service, but it wasn’t offered | I received this service, but it didn’t meet my needs | I received the service, and it met my needs. |
| Prepared Meals including Soft Meals  *(Meals that are delivered to your home or that you can pick up yourself)* |  |  |  |  |
| Food Pantry  *(A weekly bag of groceries and fresh fruit/vegetables to help you prepare meals at home)* |  |  |  |  |
| Nutritional Supplements  (Cans of Ensure or Glucerna prescribed by your medical provider) |  |  |  |  |
| Food Vouchers  (Coupons that you can use to buy food at selected locations) |  |  |  |  |

1. **Psychosocial Support**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I haven't needed this service | I needed this service, but it wasn’t offered | I received this service, but it didn’t meet my needs | I received the service, and it met my 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)* |  |  |  |  |
| Patient Navigation Services  *(Someone that helps support you by reminding you of appointments and helping you to navigate the system)* |  |  |  |  |

1. **Other Support Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I haven't needed this service | I needed this service, but it wasn’t offered | I received this service, but it didn’t meet my needs | I received the service, and it met my needs. |
| Emergency Financial Assistance – Prescription/Medication Assistance *(Help paying for non-ADAP medications or prescriptions)* |  |  |  |  |
| Emergency Financial Assistance – Rent/Utilities *(Help paying for rent or utilities)* |  |  |  |  |
| Medical Transportation  *(Assistance with transportation cost to get to HIV care services)* |  |  |  |  |
| Other Professional Services, including Legal Services  *(Assistance with legal issues like housing and insurance discrimination, writing a will, social security disability claims, etc.)* |  |  |  |  |
| Linguistic Services  *(You need someone to explain things to you in a language other than English, such as Spanish, French, or Sign)* |  |  |  |  |
| Childcare  *(Someone to watch your child in a childcare center when you go to the doctor)* |  |  |  |  |
| Case Management (non-medical)  *(A case manager who helps you with referrals, filling out forms, benefits enrollment, etc.)* |  |  |  |  |

# Stigma & Obstacles

1. Below are 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 indicate if it happens to you and you believe it is because of you are living with HIV. Select all that apply:
   * I have been denied employment.
   * I have lost jobs when my employers have found out.
   * I am a survivor of domestic violence/intimate partner violence.
   * I have been denied **non-HIV** services.
   * I have lost or been denied housing because of my HIV.
   * I have been treated differently by health care staff.
   * I have been spoken to harshly by health care staff.
   * Health care staff have made me feel ashamed about having HIV.
   * Health care staff have told me that getting HIV is what I deserved for how I live my life.
   * Some people avoided touching me once they knew I have HIV.
   * I worry that people who know I have HIV will tell others.
   * I worry that people might judge me when they learn I have HIV.
   * Since learning I have HIV, I feel set apart and isolated from the rest of the world.

# Survey Experience

1. How was your experience taking this survey? \_\_\_\_\_\_\_\_\_
2. Did you have any problems or barriers accessing this electronic survey?
   * No
   * Yes -> answer 88
3. If yes, what barriers did you face in using this survey? (Please check all that apply)

* Limited data plan
* Not having a smartphone, tablet, or computer
* Not having enough phone or data minutes
* Unreliable Wifi or cell service
* Using a shared device
* Other (please specify)