

Date: _____

Staff: _____

Site: _____

**RYAN WHITE PART A PART B and HOPWA
HIV CLIENT NEEDS SURVEY FOR BROWARD COUNTY**



Please DO NOT fill out this survey if you are not HIV positive.

If you are HIV positive, this survey is your chance to tell the agencies that fund HIV health care, housing assistance, and support services about the services YOU need. The results of this survey will help to ensure that future funds go where they are needed.

This survey is voluntary.

You will continue to receive services if you do not complete the survey. Your answers are strictly confidential. No one will know who you are.

You can fill out the form for another person, if she or he is a child or an adult who is too sick to care for her or himself.

Only fill out one survey.

Please DO NOT fill out this survey if you have already completed one.

For Reference Only
Survey is Closed

SETTING PRIORITIES FOR HIV SERVICES IN BROWARD COUNTY

The Broward County HIV Health Services Planning Council, Housing Opportunities for Persons with AIDS Program (HOPWA) and the South Florida AIDS Network set priorities to determine how best to use annual funds from Ryan White Part A, Part B, and HOPWA.

1. Listed below are the core services that meet the federal government’s requirements for Part A and Part B funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 7 is the least important service. **Do not give two services the same rank.**

Rank 1-7	Core Services
	Dental care (such as routine check-ups, cleanings, cavities, and extractions)
	Doctor’s visits for HIV medical and specialty care
	Help to pay for health insurance premiums, deductibles, and co-payments
	Local AIDS pharmaceutical assistance to help pay for HIV-related prescription drugs
	Medical case management
	Mental health services
	Outpatient drug or alcohol addiction treatment

2. Listed below are support services that meet the federal government’s requirements for Part A and Part B funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 5 is the least important service. **Do not give two services the same rank.**

Rank 1-5	Support Services
	Centralized Intake and Eligibility Determination (CIED)
	Emergency food bank services
	Legal services about denial of benefits, wills, guardianship, and other issues
	Outreach services to help find HIV positive people and get in them in medical care
	Transportation such as bus passes and van transport to medical services

3. Listed below are some of the services that meet the federal government’s requirements for HOPWA funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and 9 to the least important service.

Rank 1-9	Do not give two services the same rank. (Short-term is defined as 6 months or less.)
	Assisted living housing for HIV positive people needing help with their daily activities
	Help paying for moving expenses
	Help paying for rent for permanent or long-term housing
	Help paying for security deposits and credit checks
	Housing case management to help find housing, meet support service needs and coordinate services with other agencies
	Long-term or permanent help paying for housing
	Residential treatment for persons living with HIV that have mental health problems
	Short-term residential substance abuse housing
	Short-term help paying your rent, mortgage, or utilities

YOUR INFORMATION

4. **Today you age is:** _____ (years of age)
5. **In what ZIP code do you live?** _____
6. **Your gender is:** Female Male Transgender (Male to Female) Transgender (Female to Male)
- a. **If you selected transgender, does your medical provider understand the medical needs of transgender patients?** Yes No Don’t know
- b. **If you selected transgender, does your medical provider prescribe you hormone therapy?**
 Yes No Don’t need it

For Reference Only
Survey is Closed

7. Check the ONE box that best describes your race:
 White/Caucasian Black/African American (including Haitian) Asian
 Native Hawaiian/Pacific Islander American Indian/Alaska Native
 More than one race Don't know
8. Check the ONE box that best describes your ethnic background:
 Hispanic/Latino Non-Hispanic/Latino Don't know
9. Check the ONE primary language you speak MOST OFTEN in your home:
 English Spanish Creole French Portuguese Other _____
10. Check the ONE term that BEST describes your employment status in the last month:
 Working full time or part time With a job and on sick leave
 With a job and not working for reasons other than sick leave Laid off
 Unemployed and looking for work Unemployed and not looking for work
 Disabled and not working Retired and not working
 Full-time homemaker
- a. Check the number of hours PER WEEK you usually worked for pay (in the last month).
 35 hours or more 20-34 hours 1-19 hours Did not work for pay in the last month
11. In the last month, about how much income did you get from employment, disability, pension, unemployment, child or spousal support, workers compensation, or other sources? \$_____ per month
12. How many people besides you lived in your household in the last month? _____
13. Your current viral load is: Undetectable Don't know My viral load is _____
14. Your CD4 count is: Don't know My CD4 count is _____
15. The year you first tested positive for HIV was: _____ (example: 1999)
16. Have you ever been diagnosed with AIDS? Yes No Don't know
17. Check the place you were living when you were FIRST tested positive for HIV:
 Broward County Somewhere else in Florida In another state, District of Columbia, or Puerto Rico
 In another country (not in the USA)
18. Check ALL that describe your situation when you FIRST tested positive for HIV:
 During pregnancy In jail or prison
 Living in a homeless shelter Admitted to a hospital
 Getting medical care at an emergency room Getting treated for substance abuse or addiction
 Getting treated for another sexually transmitted disease (such as gonorrhea or syphilis)
 Other _____
 Don't know or don't remember
19. Check ALL that describe your experiences when you FIRST tested HIV positive:
 You had sex with a man You injected drugs
 You had sex with someone that injected drugs You exchanged sex for drugs, a place to sleep, or money
 You were in jail or a prison for more than one night None of the above
20. Check ALL that describe your experiences in the last 6 months:
 You had sex with a man You injected drugs
 You had sex with someone that injected drugs You exchanged sex for drugs, a place to sleep, or money
 You were in jail or a prison for more than one night None of the above
21. Check the ONE term that BEST describes your sexual experiences in the last 6 months:
 Always with men Mainly with men, but sometimes with women Equally often with men and women
 Always with women Mainly with women, but sometimes with men Did not have sex in the past 6 months
22. Check the ONE term that BEST describes your current sexual orientation:
 Gay Lesbian Bisexual Heterosexual
 Celibate or asexual Transsexual Unsure or in transition Something else

Survey is Closed

HIV SERVICES YOU USE

We would like to learn about the HIV services you use and barriers to getting them. In this section, we ask you to think back over the last 6 months. By this, we mean between November 2010 and today.

HIV TESTING

23. In the past six months, did you get an HIV test? Yes No Don't know

- a. If YES, what is the name of the doctor's office, clinic, hospital, emergency room, or other place at which you got an HIV test? _____
- b. If YES, were you given information about where to go for HIV medical care, such as where to go for doctor's visits and to get HIV drugs? Yes No Not Applicable
- c. If YES, and you did have an appointment with a doctor, how long was it before you were able to get an appointment to see a doctor about your HIV infection?
 1-2 weeks 3-4 weeks More than 4 weeks Don't know
- a. If "More than 4 weeks", check ALL the reasons why it took this long to see a doctor about your HIV infection:
- Could not afford it
 - Did not know where to find a doctor
 - Did not want anyone to know you have HIV
 - Did not think it was necessary
 - Did not know where to find doctor who speaks same language as you
 - Could not leave work for an appointment
 - Could not get childcare
 - Could not get transportation
 - Was scared
 - Other _____

24. Did you ever receive an HIV test but not return to get your results? Yes No Don't know

- a. If YES, check ALL the reasons why did you not return for your HIV test results?
- Could not get childcare
 - Could not get transportation
 - Could not leave work for an appointment
 - Planned to get the result another time
 - Thought someone would try to find you if you were HIV positive
 - Forgot to get the result
 - You were scared
 - Other _____

OUTREACH SERVICES

25. In the last 6 months, did you get outreach services to help you FIND HIV medical care?

Yes No Don't know

26. In the last 6 months, did you get outreach services to help you RETURN to HIV medical care after dropping out? Yes No Don't know

HIV ANTIRETROVIRAL DRUGS

27. HIV antiretroviral drugs are also called protease inhibitors or HAART. Have you ever taken HIV antiretroviral drugs? Never Currently You stopped taking HIV drugs Don't know

- a. If you are CURRENTLY taking HIV antiretroviral drugs, how often do you take your HIV drugs as prescribed by your HIV clinician?
- All the time Most of the time Some of the time Never
 - You do not know how often you are supposed to take the drugs

For Reference Only
Survey is Closed

b. If you are CURRENTLY taking HIV antiretroviral drugs, check ALL of the reasons you missed taking your drugs as prescribed by your HIV clinician?

- You do not know where to get them
- You cannot afford the cost
- You were unable to get an appointment to enroll in ADAP to pay for antiretroviral drugs
- You lost your enrollment in ADAP to pay for antiretroviral drugs
- You are on the ADAP wait list
- Your medication from a patient assistance program (PAP) was late
- The drugs make you feel bad
- You are on a drug holiday directed by your doctor
- You decided to go on a drug holiday on your own
- You feel healthy
- You do not like taking antiretroviral drugs
- Taking antiretroviral drugs is not a priority for you
- You have trouble remembering to take your antiretroviral drugs
- You have trouble understanding how to take your antiretroviral drugs
- Your doctor wanted to treat another medical problem first
- Your religious or cultural beliefs
- You have an abusive spouse or partner who does not want you to take antiretroviral drugs
- Other _____

c. If you NEVER took or STOPPED taking HIV antiretroviral drugs, check ALL of the reasons why:

- Your doctor told you that you did not need them yet
- Your health insurance or managed care plan did not pay for antiretroviral drugs
- You could not afford to pay for antiretroviral drugs
- You are on the ADAP wait list
- You had side effects from antiretroviral drugs
- The drugs were too complicated for you to take
- You did not want anyone to know you have HIV
- People you know told you that the drugs were no good
- You took a “drug holiday” or a break from taking drugs
- Your HIV was too far advanced to continue taking drugs
- Your doctor did not prescribe them
- Other _____

HIV MEDICAL CARE

28. Thinking back over the last 6 months, about how many visits to a doctor's office, clinic, or emergency room for HIV medical care did you have? _____

29. Is there a usual place, like a doctor's office, clinic, or emergency room where you usually go for most of your HIV medical care? Yes No Don't know

a. If you DO NOT have usual place to go for most of your HIV medical care check ALL the reasons why:

- Could not afford HIV medical care
- Did not know where to find HIV medical care
- Did not want anyone to know you have HIV
- Did not think it was necessary
- Did not know where to find a doctor who speaks same language as you
- The wait for an appointment was too long
- Could not leave work during the day for a doctor's appointment
- Could not get childcare
- Could not get transportation
- Other _____

b. If you have a usual place to go for most of your HIV medical care, what is the name of the doctor's office, clinic, hospital, or emergency room where you usually go for most of your HIV medical care?

For Reference Only
Survey is Closed

c. If you have a usual place to go for most of your HIV medical care, we would like to understand if your doctor's office, clinic, or emergency room meets your needs. Check the ONE box for each statement that best describes your experiences over the last 6 months.

	Always	Sometimes	Never	Does not apply
You can schedule an appointment soon enough if you need one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are able to schedule an appointment in the evening or weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can get a medical provider on the phone if you have a medical question or problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You think about leaving your medical provider to find better care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff lets you know about the wait time when you check in for your appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff in the waiting room is friendly during your appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are okay with how long you have to wait for your appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You get to see the same medical provider during your medical visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your medical provider explains the medical tests you should get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your medical provider explains how often you should get medical tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your medical provider helps you to understand what your lab results (such as CD4 count or viral load) mean for your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your medical provider suggests ways to remember to take HIV drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your medical provider explains your HIV drugs' side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to understand your medical provider's answers when you ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You feel comfortable talking about personal issues with your medical provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your medical provider asks you about your living situation, such as your housing & income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your medical provider asks you about how you are feeling emotionally, such as if you are sad or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your medical provider asks you if you use condoms during sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your medical provider is not judgmental about your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your medical provider asks you about your eating habits, such as if you are having problems chewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your medical provider speaks the language you feel most comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to fill HIV drug prescriptions your medical provider gives you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You want to be more involved in making decisions about medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You know the process to make a complaint about your medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You get the medical services you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. The medical clinic staff keeps your HIV status confidential: Always Sometimes Never Does not apply
- b. If you responded, "Sometimes or Never" to the question, "The medical clinic staff keeps your HIV status confidential", please provide examples of how the clinic/staff do not keep your information confidential. _____
- c. Your medical provider speaks in the language that you feel most comfortable.
 Always Sometimes Never Does not apply
- d. If your medical provider does not speak in the language that you feel most comfortable, please provide the language you prefer your provider to speak. _____

MEDICAL SPECIALISTS

30. In the last 6 months, did your medical provider refer you to a specialist such as a dermatologist, neurologist, or gynecologist? Yes No Don't know
31. In the last 6 months, did you need but DID NOT GET a referral to a medical specialist?
 Yes No Don't know

For Reference Only
 Survey is Closed

a. If YES, check ALL the reasons you DID NOT GET a referral to a medical specialist:

- Your health insurance would not pay for a specialist
- Could not afford your health insurance co-payment or deductible
- Did not want anyone to know you have HIV
- Did not think it was necessary
- Did not know where to find help from someone who speaks the same language as you
- The wait for an appointment was too long
- Could not leave work during the day for an appointment
- Could not get childcare
- Could not get transportation
- Other _____

DENTAL CARE

32. In the last 6 months, did you get services at a dentist's office or dental clinic?

- Yes No Don't know

a. If YES, what is the name of the dentist's office or dental clinic? _____

33. In the last 6 months, did you need but DID NOT GET dental care? Yes No Don't know

a. If YES, check ALL the reasons why you DID NOT GET dental care:

- Could not afford a dentist
- Did not know where to find a dentist
- Did not want anyone to know you have HIV
- Could not leave work for an appointment
- The wait time for an appointment was too long
- Could not get childcare
- Did not think it was necessary
- Could not get transportation
- You are afraid of pain
- Did not know where to find help from someone who speaks the same language as you
- Other _____

OUTPATIENT SUBSTANCE ABUSE SERVICES

34. In the last 6 months, did you get outpatient (community) substance abuse services to treat drug or alcohol addiction or abuse? Yes No Don't know

a. If YES, what is the name of the outpatient substance abuse service program? _____

35. In the last 6 months, did you need but DID NOT GET outpatient substance abuse services?

- Yes No Don't know

a. If YES, check ALL the reasons why you DID NOT GET outpatient substance abuse services:

- Could not afford help
- Did not know where to find help
- Did not want anybody to know you have HIV
- Did not think it was necessary
- The wait time for an appointment was too long
- Could not leave work for an appointment
- Could not take time to get help
- Could not get childcare
- Could not get transportation
- Did not want anyone to know you have a substance abuse problem
- Did not know where to find help from someone who speaks the same language as you
- Other _____

For Reference Only

Survey is Closed

MENTAL HEALTH SERVICES

36. In the last 6 months, did you get mental health services from a psychiatrist, psychologist, or other licensed therapist? Yes No Don't know

a. If YES, what is the name of the mental health program or provider? _____

37. In the last 6 months, did you need but DID NOT GET mental health services? Yes No Don't know

a. If YES, check ALL the reasons why you DID NOT GET mental health services:

- Could not afford help
- Did not know where to find help
- Did not want anybody to know you have HIV
- Did not think it was necessary
- The wait time for an appointment was too long
- Could not leave work for an appointment
- Could not get childcare
- Could not get transportation
- Did not want anyone to know you have a mental health problem
- Did not know where to find help from someone who speaks the same language as you
- Other _____

HOME HEALTH SERVICES

38. In the last 6 months, did you get home health services from a nurse or other licensed health worker? Yes No Don't know

a. If YES, what is the name of the home health agency? _____

39. In the last 6 months, did you need but DID NOT GET home health services? Yes No Don't know

a. If YES, check ALL the reasons why you DID NOT GET home health services:

- Could not afford help
- Did not know where to find help
- Did not want anybody to know you have HIV
- Did not think it was necessary
- The wait time for an appointment was too long
- Denied Services
- Did not know where to find help from someone who speaks the same language as you
- Other _____

MEDICAL CASE MANAGEMENT

40. In the last 6 months, did you get medical case management to help you find and coordinate HIV services? Yes No Don't know

a. If YES, what is the name of the medical case management agency? _____

41. In the last 6 months, did you need but DID NOT GET medical case management? Yes No Don't know

a. If YES, check ALL the reasons why you DID NOT GET medical case management services:

- Could not afford help
- Did not know where to find help
- Did not want anybody to know you have HIV
- Did not think it was necessary
- The wait time for an appointment was too long
- Could not leave work for an appointment
- Could not get childcare
- Could not get transportation
- Did not know where to find help from someone who speaks the same language as you
- Other _____

For Reference Only
Survey is Closed

FOOD BANK

42. In the last 6 months, did you get emergency help from a food bank? Yes No Don't know
- a. If YES, what is the name of the food bank that helped you? _____
43. In the last 6 months, did you need but DID NOT GET help from a food bank? Yes No Don't know
- a. If YES, check ALL the reasons why you DID NOT GET help from a food bank.
- Did not know where to find help
 - Did not want anybody to know you have HIV
 - Did not think it was necessary
 - Did not know where to find help from someone who speaks the same language as you
 - The wait time for an appointment was too long
 - Could not leave work for an appointment
 - Could not get childcare
 - Could not get transportation
 - Other _____

HIV LEGAL SERVICES

44. In the last 6 months, did you get HIV legal services about wills, guardianship, or denial of health insurance or disability? Yes No Don't know
- a. If YES, what is the name of the agency or lawyer that provided the HIV legal services?

45. In the last 6 months, did you need but DID NOT GET HIV legal services? Yes No Don't know
- a. If YES, check ALL the reasons why you DID NOT GET HIV legal services.
- Could not afford help
 - Did not know where to find help
 - Did not want anybody to know you have HIV
 - Did not think it was necessary
 - Did not know where to find help from someone who speaks the same language as you
 - The wait time for an appointment was too long
 - Could not leave work for an appointment
 - Could not get childcare
 - Could not get transportation
 - Other _____

TRANSPORTATION TO MEDICAL SERVICES

46. In the last 6 months, did you get transportation assistance such as bus passes or van rides to medical services?
 Yes No Don't know
- a. If YES, what is the name of the agency that provided transportation to medical services?

47. In the last 6 months, did you need but DID NOT GET transportation assistance? Yes No Don't know
- a. If YES, check ALL the reasons why you DID NOT GET transportation services.
- Could not afford help
 - Did not know where to find help
 - Did not want anybody to know you have HIV
 - Did not think it was necessary
 - Did not know where to find help from someone who speaks the same language as you
 - The wait time for an appointment was too long
 - Could not get childcare
 - Other _____

For Reference Only
Survey is Closed

HELP PAYING FOR HIV MEDICAL CARE AND DRUGS

48. Check **ALL the ways you pay for medical care:**
 Private health insurance (including managed care plans) Medicare Medicaid
 Veteran's Administration (VA) No health insurance Don't know
 Other health insurance (specify name): _____
49. Are you **CURRENTLY** enrolled in the Florida AIDS Drug Assistance Program (ADAP)?
 Yes No Don't know
50. Are you **CURRENTLY** on the wait list for the Florida AIDS Drug Assistance Program (ADAP)?
 Yes No Don't know
51. Are you **CURRENTLY** enrolled in the Florida AIDS Insurance Continuation Program (AICP)?
 Yes No Don't know
52. In the last 6 months, did you get help to pay for health insurance premiums, co-payments, or deductibles?
 Yes No Don't know
- a. If YES, what is the name of the program that helped you pay for health insurance premiums, co-payments, and deductibles? _____
53. In the last 6 months, did you need but **DID NOT GET** help paying for your health insurance premiums, co-payments, or deductibles? Yes No Don't know
- a. If YES, check **ALL the reasons why you DID NOT GET this service:**
 Did not know where to find help
 Did not want anybody to know you have HIV
 Did not know where to find help from someone who speaks the same language as you
 The wait for an appointment was too long
 Could not leave work during the day for an appointment
 Could not get childcare
 Denied services
 Could not get transportation
 Other _____
54. In the last 6 months, did you get help to pay for HIV drugs? Yes No Don't know
- a. If YES, what is the name of the agency that helped you pay for your HIV drugs? _____
55. In the last 6 months, did you need but **DID NOT GET** help paying for your HIV drugs?
 Yes No Don't know
- a. If YES, check **ALL the reasons why you DID NOT GET help paying for your HIV drugs:**
 Did not know where to find help
 Did not want anybody to know you have HIV
 The wait for an appointment was too long
 Could not take the time to get help
 Could not get childcare
 Denied services
 Could not get transportation
 Did not know where to find help from someone who speaks the same language as you
 Other _____

HOUSING NEEDS AND ASSISTANCE

56. In the last month, approximately how much did you pay for rent or mortgage? \$ _____
57. Have you been homeless in the last 6 months: Yes No Don't know
58. In the last 6 months, how many nights have you NOT had a place of your own to sleep? _____

For Reference Only
Survey is Closed

59. Check <input checked="" type="checkbox"/> the place that BEST describes where you lived:	6 Months Ago (November 2010)	Today
Apartment or house that you, your spouse or partner pay RENT	<input type="checkbox"/>	<input type="checkbox"/>
Apartment or house that you, your spouse or partner OWN	<input type="checkbox"/>	<input type="checkbox"/>
With a friend or family because you had nowhere else to live	<input type="checkbox"/>	<input type="checkbox"/>
In a room or boarding house	<input type="checkbox"/>	<input type="checkbox"/>
In a hospital or a nursing home	<input type="checkbox"/>	<input type="checkbox"/>
In a supportive living or assisted living facility	<input type="checkbox"/>	<input type="checkbox"/>
In a halfway house, transitional housing or facility that treats drug or mental health problems	<input type="checkbox"/>	<input type="checkbox"/>
In a jail or prison	<input type="checkbox"/>	<input type="checkbox"/>
In a homeless shelter	<input type="checkbox"/>	<input type="checkbox"/>
In a domestic violence shelter	<input type="checkbox"/>	<input type="checkbox"/>
In a hotel or motel paid for with an emergency shelter voucher	<input type="checkbox"/>	<input type="checkbox"/>
In housing paid for by a government program such as Section 8 voucher or Shelter+care	<input type="checkbox"/>	<input type="checkbox"/>
In a car, an abandoned building, a bus or train station, or outside	<input type="checkbox"/>	<input type="checkbox"/>

60. Have you looked for housing in the past 6 months? Yes No Don't know

a. If YES, how easy was it to find housing: Very easy Easy Hard Very hard Don't know

b. If YES, check ALL the barriers that you experienced looking for housing:

- It was hard to find housing near public transportation
- It was hard to find housing you could afford
- It was hard to find housing that is not poor quality or in need of repair
- You have bad credit history
- You had bad credit
- You had a criminal record
- You had a physical disability
- You could not find a place where your child or children can live with you
- You had drug or alcohol problems
- You did not have transportation to look for a place
- You felt discriminated against because of your race or ethnicity
- You felt discriminated against because you are HIV positive
- Other _____

61. Think about where you CURRENTLY live, and check ALL the reasons that prevent you from taking care of your HIV infection?

- You do not have a safe place to sleep
- You do not have privacy
- You do not have a place to store your HIV drugs
- You do not have a telephone
- You do not have enough food to eat
- You do not have money to pay for rent
- You do not have heat and/or air conditioning
- You are afraid of others knowing you have HIV
- You do not feel safe in the neighborhood
- You have an abusive spouse or partner
- You cannot get away from drugs and/or alcohol in the neighborhood
- Other _____
- Not applicable

62. A housing case manager helps you figure out what services you need, helps you to sign up for services, and then keeps working with you to make sure that you have the services you need. Do you CURRENTLY have a housing case manager? Yes No Don't know

63. In the last 6 months, did you get help finding a place to live? Yes No Don't know

a. If YES, what is the name of the agency that helped you find a place to live?

Survey is Closed

64. In the last 6 months, did you need but DID NOT GET help finding a place to live? Yes No Don't know

a. If YES, check ALL the reasons why you DID NOT GET help finding a place to live:

- Did not know where to find help
- Did not want anyone to know you have HIV
- The wait for an appointment was too long
- You did not have enough money for a deposit
- You were put on a waiting list
- You did not qualify for housing assistance
- You felt discriminated against
- Could not take the time to get help
- Other _____

65. In the last 6 months, did you get help paying for your rent or mortgage? Yes No Don't know

a. If YES, what is the name of the agency that helped you paying for your rent or mortgage?

66. In the last 6 months, did you need but DID NOT GET help paying your rent or mortgage?

Yes No Don't know

a. If YES, check ALL the reasons why you DID NOT GET help paying for your rent or mortgage:

- Did not know where to find help
- Did not want anyone to know you have HIV
- The wait for an appointment was too long
- You had no transportation to get help
- You did not have enough money for a deposit
- You were put on a waiting list
- You did not qualify for housing assistance
- You felt discriminated against
- Could not take the time to get help
- Other _____

67. In the last 6 months, did you get help paying for your utilities? Yes No Don't know

a. If YES, what is the name of the agency that helped you pay for your utilities?

68. In the last 6 months, did you need but DID NOT GET help paying your utilities? Yes No Don't know

a. If YES, check ALL the reasons why you DID NOT GET help paying for your utilities:

- Did not know where to find help
- Did not want anyone to know you have HIV
- The wait for an appointment was too long
- You had no transportation to get help
- You were put on a waiting list
- You did not qualify for housing assistance
- You felt discriminated against
- Could not take the time to get help
- Other _____

YOUR FEEDBACK

69. Is there anything else that would be helpful for us to know? Please write your comments or concerns below.

Thank you for taking our survey. Your response is very important to us.

For Reference Only
Survey is Closed