Florida HIV/AIDS Anonymous Needs Survey

Introduction

If you have HIV/AIDS, this is your chance to tell us what services YOU need. Your answers will help your local Planning Group decide how funding is used in your area for HIV services.

Some questions are personal. We have to ask them to know how best to serve you. No identifying information is asked and all the answers will be combined so no one will be able to identify you.

Please tell your friends about this survey. We want to hear from as many people who are living with HIV/AIDS as we can.

If you have completed this survey in the past 12 months, do not turn one in again.

Please completely fill in the circles • when answering this survey.
1. What is your gender?
   O Male
   O Female
   O Transgender (Male to Female)
   O Transgender (Female to Male)

2. How do you identify yourself?
   O Straight
   O Gay
   O Lesbian
   O Bisexual
   O MSM (Men who have Sex with Men)

3. What is your ethnicity?
   O Hispanic/Latina/o
   O Non-Hispanic/Latina/o
   O Haitian

4. What is your race?
   O White/Caucasian
   O Black or African American
   O Asian
   O American Indian or Alaskan Native
   O Native Hawaiian or Pacific Islander
   O Mixed/more than one race

5. What year were you born?

6. What best describes your work situation in the past 12 months? (Please mark only one answer)
   O Working full-time job
   O Working part-time job
   O Self employed
   O Working off and on
   O Not working

7. Why were you unable to work during the past 12 months? (Please mark only one answer)
   O This does not apply to me. I worked during the past 12 months.
   O Student
   O Looking for a job/unable to find employment
   O Attending job training
   O Retired
   O For health reasons, on disability
   O For health reasons, NOT on disability
   O Other: ___________________________

8. Where do you live? County: ________________

9. How old were you when you first tested positive for HIV? _______ years of age

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

11. Did you get HIV/AIDS medical care OR a CD4 T-Cell count OR a viral load lab test during the past 12 months?
    O Yes
    O No
    If no, please skip to question 15.

12. Where did you regularly receive your HIV/AIDS medical care during the past 12 months? (Please mark only one answer)
    O This does not apply to me. I did not receive HIV/AIDS-related medical care in the past 12 months.
    O Walk-In / Emergency Clinic
    O Doctor's Office
    O Hospital Emergency Room
    O Veteran's Administration
    O Public Clinic/Health Department
    O HIV Specialty Clinic
    O Other: ___________________________

13. In which county did you get your HIV/AIDS medical care during the past 12 months? County: ________________

14. If you get your HIV/AIDS medical care in a different county than you live, please indicate why. (Please mark only one answer)
    O Services were not available in my county
    O I did not want people to know that I have HIV
    O I got care at a clinic that is located closer to where I live or work
    O Other: ___________________________

15. If you did not get HIV/AIDS medical care during the past 12 months, please indicate the reason(s) why. (Mark all that apply)
    O This does not apply to me. I got HIV/AIDS related medical care in the past 12 months.
    O I did not know where to go
    O I could not get an appointment
    O I could not get transportation
    O I could not get childcare
    O I could not pay for services
    O I did not want people to know that I have HIV
    O I was not ready to deal with having HIV
    O I did not feel sick
    O I could not get time off work
    O I was depressed
    O I had a bad experience with the medical staff
    O Other: ___________________________

16. Have you been hospitalized for an HIV/AIDS related condition during the past 12 months?
    O Yes
    O No
The services below **MAY** or **MAY NOT** be available in your area. Please fill in the circles next to the services that you have used or needed in the past 12 months.

<table>
<thead>
<tr>
<th>Service</th>
<th>I received this service</th>
<th>I needed this service but was unable to get it</th>
<th>I needed this service but was unaware if it was offered or how to access</th>
<th>I did not need this service</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Outpatient Medical Care: Regular doctor visits to doctor's office or clinic for HIV medical care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>18. Case Management: Case managers help clients receive services and then follow-up on their care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>19. Medications: Pills for HIV and related issues</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>20. Dental/Oral Health: General teeth and mouth care, dentures, oral surgery, etc.</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>21. Health Insurance: Helps pay insurance costs or co-pays if client has private insurance</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>22. Mental Health Services: Professional counseling, therapy, or support groups</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>23. Substance Abuse Treatment: Professional counseling for drug or alcohol addiction</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>24. Nutritional Counseling: Professional counseling for healthy eating habits</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<td>25. Early Intervention Services: Assistance getting a doctor appointment, HIV counseling and testing, linkage and referral to medical care.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>26. Home Health Care: Professional healthcare services in client’s home by a licensed/certified home-health agency</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>27. Hospice Services: Nursing and counseling services for the terminally ill and their family</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>28. Food Bank or Food Vouchers: Food bags, grocery certificates, home-delivered meals, and nutritional supplements</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>29. Transportation: Help getting to the doctor’s office and other HIV related appointments</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>30. Outreach: Someone who finds people with HIV not in care and helps them to visit their doctor and get services they may need</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>31. Health Education/Risk Reduction: Someone who tells clients about HIV, how it’s spread, current medications, and how to live with HIV</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>32. Treatment Adherence: Instructions on how to take HIV medications properly</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>33. Legal Support: Help clients with HIV related legal issues (will, living will, etc.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>34. Rehabilitation: Physical therapy, occupational therapy, speech therapy, low vision training, etc.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>35. Peer Mentoring: Support and counseling from community members.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>36. Housing: Help finding and/or maintaining a place to live.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>37. Other: A service that is not listed above</td>
<td>O</td>
<td>O</td>
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</tbody>
</table>
38. What were some barriers to you getting the services you needed during the past 12 months? (Mark all that apply)
- This does not apply to me. I did get the services I needed during the past 12 months.
- I did not know where to get services
- I could not get an appointment
- I could not get transportation
- I could not get childcare
- I could not pay for services
- I did not want people to know that I have HIV
- I could not get time off work
- I was depressed
- I had a bad experience with the staff
- Services were not in my language
- I did not qualify for services
- Other: _________________________

39. Which five services do you think are most important for people living with HIV/AIDS to be able to access throughout the state? (Select ONLY 5)
- Outpatient medical care (doctor's office visits)
- Assistance receiving and accessing services
- Payment for medications
- Dental/Oral health services
- Private health insurance co-payment or premium assistance
- Mental health services
- Substance abuse treatment
- Nutritional counseling for health eating habits
- Linking newly diagnosed HIV patients to care
- Home health care
- Hospice services
- Food Bank/Food Voucher
- Transportation to/from HIV-related care services
- Outreach to HIV patients who have fallen out of care to get them back into care
- Health education about risk reduction
- Treatment adherence counseling
- Legal services
- Rehabilitation services
- Other: _________________________

40. Is there anything else you would like to tell us that was not covered in this survey?
__________________________________________________________________________________________
__________________________________________________________________________________________

41. Were you in jail and/or prison during the past 12 months?
- Yes, I was in jail
- Yes, I was in prison
- Yes, I was in jail and prison
- No

ONLY answer the next four questions if you answered yes, you were in jail and/or prison during the past 12 months.

42. Did the jail/prison medical staff know you had HIV?
- Yes
- No

43. Did you receive HIV/AIDS-related medical care while in jail/prison?
- Yes
- No

44. When you were released from jail/prison, which of the following did you receive? (Mark all that apply)
- Information about finding housing
- Referral to medical care
- Referral to case management
- A supply of HIV medication to take with you
- Other: _________________________

45. What prevented you from getting the HIV/AIDS services you needed after you were released? (Mark all that apply)
- This does not apply to me. I was able to get HIV services after my release.
- No insurance – financial reasons
- I did not know where to go
- I did not want anyone to know I have HIV
- I could not get away from drugs
- I was having trouble finding friends I could trust
- I did not want to take off from work
- I did not have transportation to get services
- I did not have ID or documentation to qualify
- Other: _________________________