

Core Questions - HIV Care Needs Survey

Hello! You are being invited to take part in this survey because the Florida Department of Health values the lived experiences and choices of all people with HIV (PWH) **over the age of 18 years**, regardless of sex, gender, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

The HIV Care Needs Survey was developed with input and feedback from PWH and stakeholders across the state. Today, we are asking for your input on the overall care received. Giving us just **ten minutes** of your time can really help. Results from this survey will guide patient care lead agencies and planning councils in meeting community unmet needs and determining where to distribute monies for services.

We understand that some questions are personal. Your responses will be kept confidential and will not be attributed to you. We kindly ask you to answer as honestly as possible because the Florida Department of Health, Ryan White Part B as well as statewide and local planning groups are dedicated to meeting the needs of people with HIV throughout the state and your local area.

Please completely fill in the circles  to mark your responses when answering this survey.

Are you completing this survey for yourself or for another person?

- I am completing this survey for myself
- I am assisting someone in completing this survey and all responses reflect that person's information and opinions

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MEDICAL CARE SERVICES

1. Please select **the top five (5) services** you think are *most important* to provide for people with HIV?
(Please select only FIVE options)

<input type="radio"/> Case Management	<input type="radio"/> Linguistic Services
<input type="radio"/> Child Care	<input type="radio"/> Prescription Medications
<input type="radio"/> Dental / Oral Health	<input type="radio"/> Mental Health Services
<input type="radio"/> Early Intervention Services	<input type="radio"/> Nutritional Counseling
<input type="radio"/> Emergency Financial Assistance	<input type="radio"/> Outpatient Medical Care
<input type="radio"/> Food Bank / Food Vouchers	<input type="radio"/> Outreach
<input type="radio"/> Health Education / Risk Reduction	<input type="radio"/> Peer Support
<input type="radio"/> Home Health Care	<input type="radio"/> Rehabilitation
<input type="radio"/> Health Insurance	<input type="radio"/> Referral for Health Care
<input type="radio"/> Hospice Services	<input type="radio"/> Substance Use / Misuse / Abuse (Outpatient Treatment)
<input type="radio"/> Housing	<input type="radio"/> Substance Use / Misuse / Abuse (Residential Treatment)
<input type="radio"/> Legal Service	<input type="radio"/> Transportation
<input type="radio"/> A service not listed above, please specify:	

2. How often did you receive HIV-related medical care during the past 12 months?

<input type="radio"/> None / Zero	Go to Question # 3
<input type="radio"/> 1 time	Go to Question # 3
<input type="radio"/> 2 times	SKIP to Question # 4
<input type="radio"/> 3 times	SKIP to Question # 4
<input type="radio"/> 4 or more times	SKIP to Question # 4

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3. Which of the following reasons have you not been in care *during the past 12 months* OR not received HIV-related medical care more than 2 times a year?

(Please select all that apply)

<input type="radio"/>	It was my doctor's / provider's decision	<input type="radio"/>	There are not enough doctors in my area
<input type="radio"/>	I did not know where to go	<input type="radio"/>	I could not get time off work
<input type="radio"/>	I could not get an appointment	<input type="radio"/>	I was depressed
<input type="radio"/>	I could not get transportation to my appointment(s)	<input type="radio"/>	I missed my appointment(s)
<input type="radio"/>	I could not get child care	<input type="radio"/>	I had a bad experience with the staff
<input type="radio"/>	I was too busy taking care of a family member/partner	<input type="radio"/>	Services we're not offered in my language
<input type="radio"/>	I could not pay for it	<input type="radio"/>	I was put on a waiting list
<input type="radio"/>	I did not want people to know my HIV status	<input type="radio"/>	I did not qualify for services
<input type="radio"/>	I was not ready to deal with having HIV	<input type="radio"/>	My viral load was suppressed
<input type="radio"/>	I did not feel sick	<input type="radio"/>	No provider was recommended to me
<input type="radio"/>	A reason that is not listed above, please specify:		

4. In which of the following locations did you receive HIV-related medical care *within the past 12 months*?

(Please select all that apply)

<input type="radio"/>	The county where I live	SKIP to Question # 6
<input type="radio"/>	In a different county	Go to Question # 5
<input type="radio"/>	In another state	Go to Question # 5
<input type="radio"/>	In another country outside of the U.S.	Go to Question # 5

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5. Why did you get your HIV-related medical care in a different county or state than where you live?
(Please select all that apply)

- | | |
|-----------------------|---|
| <input type="radio"/> | There are no providers located in the county or state where I live |
| <input type="radio"/> | Because of Confidentiality |
| <input type="radio"/> | I feel more comfortable with a provider in another county or state |
| <input type="radio"/> | Because providers in another county or state are closer to where I work |
| <input type="radio"/> | Because I moved from another county or state or country within the last 12 months |
| <input type="radio"/> | A reason that is not listed above, please specify: |

6. How often do you take your HIV medications?
(Please ONLY ONE answer)

- | | | |
|-----------------------|--|-----------------------------|
| <input type="radio"/> | I was never prescribed medication for my HIV | SKIP to Question # 8 |
| <input type="radio"/> | Always | SKIP to Question # 8 |
| <input type="radio"/> | Most of the time | Go to Question # 7 |
| <input type="radio"/> | Never | Go to Question # 7 |

7. Which of the following reasons have you missed doses of your HIV medications?
(Please select all that apply)

- | | | | |
|-----------------------|---|-----------------------|--------------------------------|
| <input type="radio"/> | I do not like the way my medications make me feel | <input type="radio"/> | I forgot |
| <input type="radio"/> | My medication pick-up location is not convenient | <input type="radio"/> | I did not have any medications |
| <input type="radio"/> | My medication pick-up location is not convenient | <input type="radio"/> | Medications are too expensive |
| <input type="radio"/> | I did not have an app or other resource to help remind me to take my medications on time or correctly | | |
| <input type="radio"/> | A reason that is not listed above, please specify: | | |

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8. Please fill in the circles next to the services that you have used or needed <i>within the past 12 months.e?</i> (Select only ONE of the 3 options for each line)	Did Not Need Service	Received Needed Service	Needed Service but Could Not Get
Regular visits to HIV doctor's office or clinic for HIV medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management help to receive services and follow-up on care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication for HIV and related issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral health (dental care, dentures, oral surgery, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help to pay private insurance costs or co-pays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional mental health counseling (therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional counseling for substance use/ misuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional nutrition counseling for healthy eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eligibility to access other needed Ryan White services (non-medical case management)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home health care services by a licensed/certified home health agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing and counseling services for the terminally ill and their family (Hospice Care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food bags, grocery certificates, home-delivered meals, or nutritional supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to the doctor's office or other HIV-related appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach to find people with HIV not in care and help them to visit their doctor and get services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health education / risk reduction services (such as education on overall wellness and HIV prevention)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral for needed health care services not related to HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8. CONTINUED from previous page Please fill in the circles next to the services that you have used or needed <i>within the past 12 months.e?</i> (Select only ONE of the 3 options for each line)	Did Not Need Service	Received Needed Service	Needed Service but Could Not Get
Limited one-time, short-term assistance with medications not covered by ADAP, utilities, housing food, and/or transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical therapy, occupational therapy, speech therapy, low vision training, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpretation and / or translation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal services to assist with HIV-related legal issues (such as a will, a living will, SSDI, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance misuse treatment <i>in a residential setting</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use or misuse treatment <i>in an outpatient setting</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support group, counseling with a individual peer or professional, bereavement and / or pastoral counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitional housing, short-term housing, or emergency housing assistance to prevent homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A service not listed, please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A service not listed, please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GENERAL INFORMATION

9. What Zip Code do you currently live in?

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10. Which ONE of the following selections *best describes your gender*?

(Please select ONLY ONE answer)

<input type="radio"/>	Woman / Female	<input type="radio"/>	Gender Non-binary
<input type="radio"/>	Man / Male	<input type="radio"/>	Gender Non-conforming or Gender fluid
<input type="radio"/>	Trans Woman or Transfeminine	<input type="radio"/>	Prefer not to answer
<input type="radio"/>	Trans Man or Transmasculine	<input type="radio"/>	Not listed, please specify:

11. Which ONE of the following selections *best describes your ethnicity*?

(Please select ONLY ONE answer)

<input type="radio"/>	Non-Hispanic	<input type="radio"/>	Haitian
<input type="radio"/>	Hispanic (or Latina / Latino / LatinX)	<input type="radio"/>	Prefer not to answer
<input type="radio"/>	Not listed, please specify:		

12. Which ONE of the following selections *best describes your race*?

(Please select ONLY ONE answer)

<input type="radio"/>	White / Caucasian	<input type="radio"/>	American Indian or Alaskan Native
<input type="radio"/>	Black or African American	<input type="radio"/>	Native Hawaiian or Pacific Islander
<input type="radio"/>	Asian	<input type="radio"/>	Mixed Race (more than 1 race)
<input type="radio"/>	Prefer not to answer	<input type="radio"/>	Not listed, please specify:

13. How old are you?

<input type="radio"/>	18-24 years	<input type="radio"/>	40-44 years	<input type="radio"/>	60-64 years
<input type="radio"/>	25-29 years	<input type="radio"/>	45-49 years	<input type="radio"/>	65-69 years
<input type="radio"/>	30-34 years	<input type="radio"/>	50-54 years	<input type="radio"/>	70-74 years
<input type="radio"/>	35-39 years	<input type="radio"/>	55-59 years	<input type="radio"/>	75+ years
<input type="radio"/>	Prefer not to answer				

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FINANCIAL INFORMATION

14. What kind of health insurance or health care coverage do you currently have?

(Please select all that apply)

- | | |
|-----------------------|---|
| <input type="radio"/> | A private health plan through an employer (or through a family member's job) |
| <input type="radio"/> | A health plan purchased through an exchange (such as the Affordable Care Act / Obamacare) |
| <input type="radio"/> | Medicaid |
| <input type="radio"/> | Medicare |
| <input type="radio"/> | Tricare (veterans) |
| <input type="radio"/> | I don't currently have any health insurance |
| <input type="radio"/> | I don't know |
| <input type="radio"/> | Not listed, please specify: |

15. What other Medical / Payer assistance programs do you currently utilize?

(Please select all that apply)

- | | |
|-----------------------|--|
| <input type="radio"/> | Ryan White Program Assistance |
| <input type="radio"/> | AIDS Drug Assistance Program (ADAP) |
| <input type="radio"/> | Local social services assistance |
| <input type="radio"/> | County health plan |
| <input type="radio"/> | Church assistance program |
| <input type="radio"/> | Pharmaceutical co-pay assistance |
| <input type="radio"/> | Housing Opportunities for People With AIDS (HOPWA) |
| <input type="radio"/> | I do not have any Medical / Payer assistance |
| <input type="radio"/> | I don't know |
| <input type="radio"/> | Not listed, please specify: |

16. What is the total number of people in your household?

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17. What was your total household income last year (before taxes)			
<input type="radio"/>	Less than \$15,000	<input type="radio"/>	\$50,001 — \$100,000
<input type="radio"/>	\$15,001 — \$30,000	<input type="radio"/>	More than \$100,000
<input type="radio"/>	\$30,001 — \$50,000		

PREVENTION EDUCATION & SERVICES

18. Are you aware of HIV prevention medications (such as PrEP) for your sexual partners, peers, and other members of your community?			
<input type="radio"/>	Yes	<input type="radio"/>	No

19. Are you aware of HIV treatments used as prevention methods, such as injectable ARVs?			
<input type="radio"/>	Yes	<input type="radio"/>	No

20. Have you had a Hepatitis-C or other STD / STI tests <i>within the last year</i> ?			
<input type="radio"/>	Yes — Go to Question # 21	<input type="radio"/>	No — SKIP TO Question # 22

21. If you tested positive for Hepatitis-C or any other STD / STI, did you receive treatment?			
<input type="radio"/>	Yes	<input type="radio"/>	No

Please reply how much you agree or disagree with the following statements:

22. I feel those around me are aware of current / modern HIV modes of exposure, available prevention methods and treatments.			
<input type="radio"/>	Strongly disagree	<input type="radio"/>	Agree
<input type="radio"/>	Disagree	<input type="radio"/>	Strongly agree

23. I feel condoms are made available to me at no cost whenever I need or want to use them.			
<input type="radio"/>	Strongly disagree	<input type="radio"/>	Agree
<input type="radio"/>	Disagree	<input type="radio"/>	Strongly agree

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HIV STIGMA AND DISCRIMINATION

25. In many areas of my life, no one knows my HIV status.

Strongly disagree

Agree

Disagree

Strongly agree

26. People's attitudes about HIV make me feel worse about myself.

Strongly disagree

Agree

Disagree

Strongly agree

27. Within the last two years, I have experienced **discrimination at my place of work** due to my HIV status.

Strongly disagree

Agree

Disagree

Strongly agree

28. Within the last two years, I have experienced **public discrimination** due to my HIV status.

Strongly disagree

Agree

Disagree

Strongly agree

29. Within the last two years, I have experienced **discrimination at my clinic / doctor's office** (or medical care provider) due to my HIV status.

Strongly disagree

Agree

Disagree

Strongly agree

30. Have you had your HIV status disclosed by someone else *without your consent*?

Yes

No

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JAIL / PRISON RELEASE SERVICES

31. Were you in jail or prison at any point *during the last twelve months*?

(Please select all that apply)

<input type="radio"/>	Yes, I was in jail	Go to Question # 32
<input type="radio"/>	Yes, I was in prison	Go to Question # 32
<input type="radio"/>	Yes, I was both in jail AND prison	Go to Question # 32
<input type="radio"/>	NO, I was not in jail OR prison	SKIP to # 38

32. Did the jail and/or prison staff know your HIV status?

<input type="radio"/>	No	<input type="radio"/>	Yes
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33. Did you receive HIV-related medical care while in jail / prison?

<input type="radio"/>	No — Go to Question # 34	<input type="radio"/>	Yes — SKIP to Question # 35
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34. Which of the following reasons did you NOT receive HIV-related medical care while in jail / prison?

(Please select all that apply)

<input type="radio"/>	HIV-related care was available but not offered	<input type="radio"/>	I did not disclose my HIV status
<input type="radio"/>	HIV-related care was not available	<input type="radio"/>	I did not have any medications
<input type="radio"/>	I asked for HIV-related medical care, but was denied		
<input type="radio"/>	A reason that is not listed above, please specify:		

35. After being released from jail / prison, which of following did you receive?

(Select all that apply)

<input type="radio"/>	Information about finding housing	<input type="radio"/>	A referral to case management
<input type="radio"/>	A supply of HIV medication(s) to take with you	<input type="radio"/>	A referral to medical care

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36. After being released from jail / prison, which of the following prevented you from getting the HIV services you needed?

(Select all that apply)

<input type="radio"/>	This does not apply to me. I was able to get HIV services after my release
<input type="radio"/>	No insurance / financial reasons
<input type="radio"/>	I did not know where to go
<input type="radio"/>	I did not want anyone to know I am living with HIV
<input type="radio"/>	I cannot get away from drugs and / or alcohol in my neighborhood
<input type="radio"/>	I was having trouble finding friends I could trust
<input type="radio"/>	I did not want to take off from any work opportunities
<input type="radio"/>	I did not have transportation to get to any services
<input type="radio"/>	Services were not provided in my preferred language
<input type="radio"/>	I did not have ID or documentation to qualify or determine eligibility
<input type="radio"/>	A service not listed above, please specify:

37. Since being released from jail / prison, which of the following prevents you from taking care of your health?

(Select all that apply)

<input type="radio"/>	This does not apply to me. Nothing about where I live now keeps me from taking care of my health
<input type="radio"/>	I do not have stable housing or money for rent
<input type="radio"/>	I do not have a bed to sleep in
<input type="radio"/>	I do not have a place to store my medications
<input type="radio"/>	I do not have a telephone so someone can call me or that I can use to reach out for help
<input type="radio"/>	I worry I do not have enough food to eat
<input type="radio"/>	I worry I do not have heat and / or air conditioning
<input type="radio"/>	I am afraid of others knowing I am living with HIV
<input type="radio"/>	I cannot get away from drugs and / or alcohol in my neighborhood
<input type="radio"/>	I have an abusive spouse or partner
<input type="radio"/>	I have family commitments
<input type="radio"/>	A service not listed above, please specify:

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38. Which of the following situations are you or someone you know with HIV experiencing?

(Select all that apply)

<input type="radio"/>	Housing insecurity
<input type="radio"/>	Food insecurity
<input type="radio"/>	A need for syringe exchange programs or SSPs
<input type="radio"/>	A need for substance use / misuse / abuse therapy, recovery, care or treatment
<input type="radio"/>	A need for aging / geriatric care
<input type="radio"/>	A need for prenatal care
<input type="radio"/>	A need for pediatric care
<input type="radio"/>	A need for hormone therapy, puberty blockers, and/or psychological support for people with trans identity
<input type="radio"/>	Barriers to care due to Florida law
<input type="radio"/>	A need not listed above, please specify:

39. Please use this space to provide any additional information you feel is important to know regarding your HIV status, combatting HIV in your area or community, and/or your HIV-related care.

That was the last question.

Thank you very much for your time and cooperation!