2025 HIV Care Needs Survey

Hello! All people with HIV (PWH) **over the age of 18**, are invited to participate in this survey by the Florida Department of Health.

This survey was developed with input and feedback from PWH and stakeholders across Florida. Today, your input is requested on the overall care you receive. Offering just **10 minutes** of your time to complete this survey can really help. Results from this survey will guide patient care services and funding to help address unmet needs in communities throughout Florida.

Recognizing that some questions in the survey are personal, be assured your responses will be kept confidential and will not be attributed to you. Please answer as honestly as possible. The Florida Department of Health and statewide and local planning groups are dedicated to meeting the needs of PWH throughout the state and in 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?

- O I am completing this survey for myself.
- O I am helping someone complete this survey. All responses reflect that person's information and opinions.

Please mail completed surveys to:

Attn: Whitney Marshall
Heart of Florida United Way
1940 Cannery Way
Orlando, FL 32804

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MEDICAL CARE SERVICES

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

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

2. How many times did you receive HIV-related medical care **in the past 12 months?**

O	0 times	**Go to Question #3**
O	1 time	**Go to Question #3**
O	2 times	**SKIP to Question #4**
O	3 times	**SKIP to Question #4**
O	4 or more times	**SKIP to Question #4**
O	Prefer not to say	**SKIP to Question #4**

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

(Please select all that apply.)

O	It was my doctor's/provider's decision	O	There are not enough doctors/providers in my area
O	I did not know where to go	O	I could not get time off work
O	I could not get an appointment	O	I was depressed
O	I could not get transportation to my appointment(s)	O	I missed my appointment(s)
O	I could not get childcare	O	I had a bad experience with medical staff
O	I was too busy taking care of a family member/partner	O	Services were not offered in my language
O	I could not pay for it	O	I was put on a waiting list
O	I did not want people to know my HIV status	O	I did not qualify for services
O	I was not ready to deal with having HIV	O	My viral load was suppressed
O	I did not feel sick	O	No provider was recommended to me
O	Reason not listed above (please specify):		

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

(Please select all that apply.)

O	The county where I live	**SKIP to Question #6**
O	In a different county	**Go to Question #5**
O	In another state	**Go to Question #5**
O	In another country	**Go to Question #5**

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

O	There are no providers in the county or state where I live
O	Confidentiality
O	I feel more comfortable with a provider in another county, state, or country
O	Providers in another county or state are closer to where I work
O	I moved from another county, state, or country in the last 12 months
O	Reason not listed above (please specify):

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

O	I was never prescribed medication for my HIV	**SKIP to Question #8**
O	Always	**SKIP to Question #8**
O	Most of the time	**Go to Question #7**
O	Never	**Go to Question #7**

7. Why have you missed doses of your HIV medications?
(Please select all that apply.)

O	I do not like the way my medications make me feel
O	My medication pick-up location is not convenient
O	Medications are too expensive
O	I do not have any medications
O	I forgot
O	I do not have an app or other resource to help remind me to take my medications on time or correctly
O	Reason not listed above (please specify):

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8. Please select the services you used or needed **in the past 12 months**.	**Select only ONE option for each line.**		
	I did not need this service	**I needed this service and I received this service**	**I needed this service but could not get this service**
Regular visits to HIV doctor's office or clinic for HIV medical care	O	O	O
Case management help to receive services and follow-up on care	O	O	O
Medication for HIV and related issues	O	O	O
Oral health (dental care, dentures, oral surgery, etc.)	O	O	O
Help to pay private insurance costs or copays	O	O	O
Professional mental health counseling (therapy)	O	O	O
Professional counseling for substance use/misuse	O	O	O
Professional nutrition counseling for healthy eating habits	O	O	O
Eligibility to access other needed Ryan White services (non-medical case management)	O	O	O
Home health care services by a licensed/certified home health agency	O	O	O
Nursing and counseling services for the terminally ill and their family (hospice care)	O	O	O
Food bags, grocery certificates, home-delivered meals, or nutritional supplements	O	O	O
Transportation to the doctor's office or other HIV-related appointments	O	O	O
Outreach to find people with HIV not in care and help them visit their doctor and get services	O	O	O
Health education/risk reduction services (education on overall wellness and HIV prevention)	O	O	O
Referral for needed health care services not related to HIV	O	O	O

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8. CONTINUED from previous page Please select the services you used or needed **in the past 12 months**.	**Select only one option for each line.**		
	I did not need this service	**I needed this service and I received this service**	**I needed this service but could not get this service**
Limited, one-time or short-term assistance with any of the following: • Medications not covered by AIDS Drug Assistance Program (ADAP) • Utilities • Housing • Food • Transportation	O	O	O
Physical therapy, occupational therapy, speech therapy, low-vision training, etc.	O	O	O
Interpretation and/or translation services	O	O	O
Legal services to assist with HIV-related legal issues (such as a will, a living will, SSDI, etc.)	O	O	O
Substance use or misuse treatment *in a residential setting*	O	O	O
Substance use or misuse treatment *in an outpatient setting*	O	O	O
Support group, counseling with an individual peer or professional, bereavement, and/or pastoral counseling	O	O	O
Transitional housing, short-term housing, or emergency housing assistance to prevent homelessness	O	O	O
Service not listed (please specify):	O	O	O

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GENERAL INFORMATION

9. In what ZIP code do you currently live?

10. Sex:
Select one.

O	Female
O	Male

11. How old are you?

O	18–24 years	O	40–44 years	O	60–64 years
O	25–29 years	O	45–49 years	O	65–69 years
O	30–34 years	O	50–54 years	O	70–74 years
O	35–39 years	O	55–59 years	O	75+ years
O	Prefer not to say				

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FINANCIAL INFORMATION

12. What kind of health insurance or health care coverage do you currently have?
(Please select all that apply.)

O	A private health plan through an employer (or through a family member's job)
O	A health plan purchased through a health insurance marketplace
O	Medicaid
O	Medicare
O	TRICARE (veterans)
O	I don't currently have any health insurance
O	I don't know
O	Not listed (please specify):

13. What other medical/payer assistance programs do you currently use?
(Please select all that apply.)

O	Ryan White Program Assistance
O	AIDS Drug Assistance Program (ADAP)
O	Local social services assistance
O	County health plan
O	Church assistance program
O	Pharmaceutical copay assistance
O	Housing Opportunities for Persons With AIDS (HOPWA)
O	I do not have any medical/payer assistance
O	I don't know
O	Not listed (please specify):

14. What is the total number of people in your household, **including yourself**?

15. What was your total household income last year (before taxes)?			
O	Less than $15,000	O	$60,001–$100,000
O	$15,001–$30,000	O	More than $100,000
O	$30,001–$60,000		

PREVENTION EDUCATION AND SERVICES

16. Are you aware of HIV prevention medications (such as PrEP) that are available for your sexual partners, peers, and other members of your community?			
O	Yes	O	No

17. Are you aware of HIV treatments used as prevention methods, such as Undetectable=Untransmissible (U=U) and injectable antiretroviral medications (ARVs)?			
O	Yes	O	No

18. Have you had a hepatitis C or other STD/STI test **within the last year**?			
O	Yes — **Go to Question #19**	O	No — **SKIP TO Question #20**

19. If you tested positive for hepatitis C or any other STD/STI, did you receive treatment?			
O	Yes	O	No

How much do you agree or disagree with each of the following statements?
(Please select only one answer.)

20. Those around me are aware of how HIV is transmitted and of available prevention methods and treatments.			
O	Strongly disagree	O	Disagree
O	Agree	O	Strongly agree

21. Prevention methods are available to me whenever I need or want to use them.			
O	Strongly disagree	O	Disagree
O	Agree	O	Strongly agree

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HIV DISCLOSURE AND HEALTH

How much do you agree or disagree with each of the following statements?
(Please select only one answer.)

22. In many areas of my life, no one knows my HIV status.			
O	Strongly disagree	O	Disagree
O	Agree	O	Strongly agree

23. People's attitudes about HIV make me feel worse about myself.			
O	Strongly disagree	O	Disagree
O	Agree	O	Strongly agree

24. Have you ever had your HIV status disclosed by someone else without your consent?			
O	Yes	O	No

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JAIL/PRISON RELEASE SERVICES

25. Were you in jail or prison at any point **during the last twelve months**?
(Please select only one answer.)

O	No	**SKIP to #32**
O	Yes, I was in jail	**Go to Question #26**
O	Yes, I was in prison	**Go to Question #26**
O	Yes, I was both in jail **and** prison	**Go to Question #26**

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

O	No	O	Yes
O	Unknown		

27. Did you receive HIV-related medical care while in jail/prison?

O	No — **Go to Question #28**	O	Yes — **SKIP to Question #29**

28. Why did you not receive HIV-related medical care while in jail/prison?
(Please select all that apply.)

O	HIV-related care was available but not offered	O	I did not disclose my HIV status
O	HIV-related care was not available	O	I did not have any medications
O	I asked for HIV-related medical care but was denied		
O	Reason not listed (please specify):		

29. After being released from jail/prison, which of following did you receive?
(Please select all that apply.)

O	Information about finding housing	O	A referral to case management
O	A supply of HIV medication(s) to take with you	O	A referral to medical care

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

(Please select all that apply.)

O	Does not apply – I was able to get HIV services after my release
O	No insurance/financial reasons
O	I did not know where to go
O	I did not want anyone to know I am living with HIV
O	I was having trouble with drugs and/or alcohol
O	I was having trouble finding doctors/providers I could trust
O	I did not want to take off from any work opportunities
O	I did not have transportation to get to any services
O	Services were not provided in my preferred language
O	Reason not listed (please specify):

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

(Please select all that apply.)

O	Does not apply – nothing is keeping me from taking care of my health
O	I do not have stable housing or money for rent and/or utilities
O	I do not have a bed to sleep in
O	I do not have a place to store my medications
O	I do not have a telephone so someone can call me or that I can use to reach out for help
O	I worry I do not have enough food to eat
O	I am afraid of others knowing I am living with HIV
O	I cannot get away from drugs and/or alcohol in my neighborhood
O	I have an abusive spouse or partner
O	I have family commitments
O	Reason not listed (please specify):

32. Which of the following situations are you or someone you know with HIV experiencing?
(Please select all that apply.)

O	Housing insecurity
O	Food insecurity
O	A need for dental care
O	A need for substance use/misuse/abuse therapy, recovery, care, or treatment
O	A need for aging/geriatric care
O	A need for prenatal care
O	A need for pediatric care
O	Need not listed (please specify):

33. What else do you want to share about your HIV status, HIV in your community, or your HIV-related care?

That was the last question.

Thank you very much for your time and cooperation!