

Comprehensive Planning Committee
2017 Consumer Survey Updates
For September 30, 2021

3. What sex were you assigned at birth, ~~on your original birth certificate?~~

- Female
- Male
- Prefer not to say

4. Intersex is a term for people born with atypical physical sex characteristics. There are many different intersex traits or variations. Do you have an intersex variation?

- Yes
- No
- Don't know

10. What kind of housing do you have now? (check one)

- Rent or own house or apartment (NO voucher or rental assistance)
- Housing for people living with HIV/AIDS (HOPWA)
- Staying with family or friends
- Transitional (i.e. Halfway houses or **substance** treatment program)
- Shelter (homeless or other)
- Public Housing or Housing Choice Voucher Program
- On the street – no shelter
- Another type of housing not listed above (please specify):

*The next 4 questions are about sexual and **substance** use behaviors (questions #16-20)*

18. In the last 12 months, have you....? (check all that apply)

- Had** oral sex without a condom, dental dam, or other barrier

- Had vaginal sex without a condom
- Had anal sex without a condom
- ~~Shared injection equipment~~
- ~~Used a street drug other than marijuana (pot)~~
- Traded sex for money, drugs, or any other item/service
- None of the above

19. Since (date in question), have you...? (check all that apply)

- Other than marijuana (pot, used substances not prescribed to you)
- Had more than 8 (for women) or 15 (for men) alcoholic beverages in the past week
- Shared injection equipment (for opioid use, methamphetamines, HRT, Botox, etc.)
- Attended an event or party centered around substance use
- Used substances (other than marijuana) during or before sexual activity
- None of the above

20. Since (date in question), if you have used a substance not prescribed to you other than marijuana, how?

- Orally
- Injection/syringe
- Inhalation/smoking
- Anally
- Not applicable
- Prefer not to say
- Another method not listed above (please specify):

Key:

yellow: new/added

red: replaced

strike: removed

grey: from Newark survey

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25. Where you receive your HIV medical care, which of the following services are available at that same place? (Check all that apply)

- Physical exams/office visit
- Labs/bloodwork
- Prescriptions/medications

26. If you don't regularly go to the same provider, what is the reason? (check all that apply)

- I do have a regular place for care
- Can't afford it
- Don't know where to find it
- Could not get regular appointments anywhere
- Difficulty with access due to COVID-19
- Don't think it is needed
- Didn't want to get care
- Don't know where to find someone who speaks my language
- Another reason not listed above (please specify):
- Does not apply

27. In the past 12 months, how many times did you see your medical provider for your HIV medical care needs? (check one)

- 1
- 2
- 3-5
- 6 or more
- Did not see an HIV provider
- Does not apply

These next 3 questions are about ~~women's health~~ and gynecological care. Skip to #57 if you do not need these services.

55. Do you get gynecological or ~~women's health~~ care (GYN) care at the same place you get your other medical care or are you referred somewhere else? (GYN care includes PAP smears and pelvic exams.) (check one)

- Yes, I get my GYN care at my medical provider
- No, I get referred somewhere else
- My medical provider does not refer me or take care of my GYN care
- Don't know
- Does not apply
- Another answer not given above: (please specify):

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POSSIBLE ADDITIONS FOR TELEHEALTH (FROM NEWARK SURVEY):

20. For 2021 and beyond, how would you like to get your medical care for HIV? **(One visit per year must be in person.)**

- In person only
- In person and telehealth
- Either is OK with me.

21. If you want **in person only and not telehealth**, what are the reasons? (Check all that apply.)

- I like face to face with my provider.
- I feel I get better treatment in person.
- I feel the quality in telehealth is not as good as in person visit.
- I feel there is more confidentiality in person.
- I do not have internet. I have internet but it keeps disconnecting.
- It is too complicated to use telehealth.
- I do not have a smart phone, tablet, or computer with video.
- I do not know how to use the telehealth "apps".
- I do not feel comfortable using the telehealth "apps".
- I have no privacy where I live to conduct a medical visit by telehealth.
- Other (list reasons)

22. If you want **telehealth in addition to annual in person visit**, what are the reasons? (Check all that apply.)

- I like convenience.
- I do not have to deal with transportation issues.
- My health is good.
- I do not need many office visits.
- I feel quality of treatment by telehealth is good.
- My provider can take time with me.
- I am comfortable with telehealth confidentiality.
- I have privacy for telehealth visit.
- I have internet.
- I have a smart phone, tablet, or computer with video.
- I feel comfortable using the telehealth "apps".
- Telehealth is safe from COVID.
- Other (list reasons)

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