

Consumer Survey Questions
Comprehensive Planning Committee
Thursday, September 16, 2021

Instructions: The purpose of this document is to review the 2016-2017 Philadelphia EMA Ryan White Consumer Survey questions. Please review the questions, which are broken up into eight sections. You are to rate each question on a scale from **1 (least effective/significant) to 5 (most effective/significant)**. You can rate each question in the other document titled *Rating the Consumer Survey*. There, you will assess how you have rated each question, suggest adding/removing questions, etc.

SECTION I: *The following questions (#1-15) represent demographic-related questions. Feel free to rate these questions—but please remain aware that demographic-related questions are important to data and results.*

1. How did you get this survey? (check one)

- In the mail
- Someone at an agency gave it to me
- In a waiting room
- At my pharmacy
- Through an email
- A link on social media
- A friend or relative gave it to me
- Another source not listed above (please specify):

2. What is your age? _____

3. What sex were you assigned at birth, on your original birth certificate? (check one)

- Female
 - Male
4. How do you identify? (check one)
- Female
 - Male
 - Transgender
 - Gender non-conforming
 - Another answer not listed above (please specify):
 - Do not want to answer

5. What is your race? (check one)

- Asian
- African American/Black

- Caucasian/ White
- Native American/Alaskan Native
- Native Hawaiian/Pacific Islander
- Biracial/Multiracial (please specify):
- Another race not listed above (please specify):

6. Are you Hispanic/Latinx? (check one)

- Hispanic/Latinx
- Non-Hispanic/Non-Latinx

7. Do you think of yourself as? (check all that apply)

- Bisexual
- Gay or lesbian
- Straight
- Another answer not listed above (please specify):

8. What is the highest degree or level of school you completed? (check one)

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college, but did not graduate
- Vocational/Technical certification
- College graduate (2 or more years' degree)
- Masters degree or doctorate
- Another answer not listed above (please specify)

9. Do you have internet access when you want it? (check one)

- Yes, I have my own computer or smart phone
- Yes, I have a place I can go to access the internet (friend's house, library, etc.)
- No, I don't have any way to access the internet
- No, it is too difficult to access the internet. I only use it when I really need to.
- Don't know
- Another answer not provided (please specify):
- Does not apply

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 drug 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)

11. What is your monthly income? (check one)

- No income
- \$1 – 1,000
- \$1,001 – 2,000
- \$2,001 – 3,000
- \$3,001 – 4,000
- \$4,001 – 5,000
- \$5,001 – 6,000
- \$6,001 or more

12. Do you support anyone else with your income? (check one)

- Yes
- No

13. Which of the following categories best describes your employment status? (check all that apply)

- Employed, working 40 or more hours per week
- Employed, working 1-39 hours per week
- Self-employed or contract worker
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work
- Another answer not provided (please specify):

14. What county do you live in now? (check one)

- Burlington County
- Camden County
- Gloucester County
- Salem County
- Bucks County
- Chester County
- Delaware County
- Montgomery County
- Philadelphia County
- Another county not listed above (please specify):

15. What is your Zip Code? _____

SECTION II: *The following questions (#16-18) are questions about sexual and drug use behaviors.*

16. In the last 12 months, have you been sexually active? (includes any kind of consensual sexual contact) (check one)

- Yes
- No

17. Your sexual partners are: (check all that apply)

- Female
- Male
- Transgender female
- Transgender male
- Gender non-conforming
- Another answer not listed above (please specify):

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

- Performed 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

SECTION III: *The following questions (#19-21) are about the last time you got a test to see if you have HIV. If you are HIV+, this would be the time you got tested and found out your diagnosis).*

19. When was your last HIV test? (check one)

- Within the last 12 months
- 1-2 years ago
- 3-5 Years ago
- Longer than 5 years ago
- I have never had an HIV test (skip to #40)
- Don't know if I have been tested (skip to #40)
- Don't remember when I was tested

20. Where did you get your most recent HIV test? (check one)

- Doctor's office
- Public/community health center
- Emergency Department
- Inpatient at a hospital

- Health fair
- Testing van
- Community organization
- Pharmacy
- Prenatal care
- At labor and delivery in the hospital
- At home
- Jail or prison
- Another place not listed (please specify):

21. Have you ever received a HIV+ test result?

- Yes – What year? _____
- No
- I don't know

SECTION IV: The following questions (#22-39) are SPECIFIC to people using HIV services. Those who do not use HIV services are asked to skip this section.

If you do not use HIV services, please skip to question #40.

The following questions are about living with HIV and HIV-related services. If you do not use HIV services, please skip to question #40

22. When you were diagnosed with HIV, were you also told that you had an AIDS diagnosis? (check one)

- Yes
- No, that was later
- No, I have not been diagnosed with AIDS
- Don't know
- Does not apply

23. Did you get HIV medical care within 30-days of your HIV diagnosis? (check one)

- Yes
- No
- Don't know
- Does not apply

24. What is your most recent viral load? (check one)

- Undetectable
- Detectable but less than 5,000 viral copies/ml
- 5,000 to 100,000 viral copies/ml
- Greater than 100,000 viral copies/ml
- Never received a viral load test
- Don't know
- Does not apply

25. Do you regularly go to the same place to get your HIV medical care (such as physical exams, labs, and medications)? (check one)

- Yes
- No
- Don't know
- Does not apply

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
- 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 HIV medical provider? (check one)

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

28. In the past 12 months, did you ever need HIV medical care but could not get it? (check one)

- Yes
- No
- Does not apply

29. Do you have an HIV case manager? (check one)

- Yes
- No
- Don't know
- Does not apply

30. Are you satisfied with your HIV case management services? (check one)

- Yes, please explain:
- No, please explain:
- Don't know
- Does not apply

31. Are you currently taking any antiretroviral medicines to treat your HIV? (check one)

- Yes
- No
- Does not apply

32. Is your sexual partner/s on PrEP (taking HIV meds to prevent HIV)? (check all that apply)

- I am not sexually active
- My partner is on PrEP
- My partner is not on PrEP
- My partner is HIV+ and on HIV meds
- My partner is HIV+ and not on HIV meds
- Don't know
- Does not apply
- Another option not listed: (please specify):

33. Over the last 12 months, has your HIV medical provider taken the time to explain your lab results, diagnoses, treatment plans and answer all your questions? (check one)

- Always
- Most of the time
- Some of the time
- Never
- Does not apply

34. In the last 12 months, have you felt comfortable talking to your HIV medical provider about personal issues, including sexual matters, family and relationship challenges, and other personal matters related to your health and well-being? (check one)

- Always
- Most of the time
- Some of the time
- Never
- Does not apply

35. In the past 12 months, if you couldn't get services you needed, what are the reasons? (please check all that apply)

- I got the services I needed
- Can't afford them
- Don't know where to go
- I don't have insurance
- I don't know where to go where they speak my language
- I have responsibilities that prevent me from going (caring for children or family members, work, etc.)
- I don't want to go
- I don't have transportation to get there
- Depression
- Denial
- Another reason/s not listed (please specify):

36. Since your HIV diagnosis, have you served a prison or jail sentence? (check one)

- Yes
- No (skip to #38)

37. During the most recent time you were in jail or prison, were you offered any assistance with planning for healthcare and other needs after your release? (check one)

- Yes
- No
- Don't know
- Does not apply
- Another answer not listed (please specify):

38. Please review the list of services below and check all the services you used in the last 12 months and the services you needed but did not get for any reason. You only need to check the services you used or needed. You can skip any services you didn't use or didn't need.

	<i>I have used this service in the last 12 months</i>	<i>I needed this services but <u>did not get it</u></i>
Emergency Medications	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care	<input type="checkbox"/>	<input type="checkbox"/>
Direct Emergency Financial Assistance (DEFA)	<input type="checkbox"/>	<input type="checkbox"/>
Food Bank/Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>
Financial Assistance for Health Insurance Premiums and Co-pays	<input type="checkbox"/>	<input type="checkbox"/>
Housing Assistance Services	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>
Medical Case Management	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Medical Care	<input type="checkbox"/>	<input type="checkbox"/>
Medical Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Therapy/ Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Adherence Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Home health care (professional nurse provides medical care in your home)	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with household tasks and self-care from professional service provider	<input type="checkbox"/>	<input type="checkbox"/>
Support groups	<input type="checkbox"/>	<input type="checkbox"/>
Hospice services	<input type="checkbox"/>	<input type="checkbox"/>
Physical rehabilitation after an accident, stroke or other health condition	<input type="checkbox"/>	<input type="checkbox"/>
Adult daycare for a relative or other person you care for	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>
Services to help you get HIV medical care or get back into care after a time away	<input type="checkbox"/>	<input type="checkbox"/>
Language translation and interpretation services	<input type="checkbox"/>	<input type="checkbox"/>

39. Did you experience problems getting the services in #38? (check one)

- Yes
- No
- Not applicable

If yes, please explain the problems you had getting services:

SECTION V: *The following questions (#40-46) are for all respondents and pertain to health insurance and health conditions.*

40. What type of health insurance do you have? (check all that apply)

- Uninsured
- Through work or union (employer-based)
- Bought directly and paid in total by yourself or your family (self-insured)
- Obamacare/Affordable Care Act (healthcare.gov)
- Medicare (for people who are 65+ years old or disabled)
- Medicaid or Medical Assistance (MA), Health Choices or Access Card
- Health Partners (Medicaid or Medicare)
- Veterans Affairs (VA) or military health care
- Another insurance type not listed above (please specify):

If you are uninsured, please describe your situation:

41. Has your insurance status changed in the last 2 years? (check one)

- Yes (please explain):
- No
- Don't know

42. How do you pay for medications? (check all that apply)

- SPBP or ADDP
- Medicare Part D supplemental
- Patient Assistance program from drug company
- Other type of insurance
- I pay for them myself
- Don't know
- Answer not provided above (please specify):

43. Do you have dental insurance? (check one)

- Yes
- No
- Don't know

44. Has a doctor ever told you that you have any of the following conditions? (check all that apply)

- High blood pressure
- Diabetes
- Cardiac problems/heart disease
- Cancer
- Nerve issues (epilepsy, neuropathy)
- High cholesterol
- Kidney problems
- Liver problems
- Lung/breathing problems
- Don't know
- None of the above

45. Has a doctor ever told you that you have any of the following? (check all that apply)

- Depression
- Anxiety
- Bipolar Disorder
- Dementia
- Schizophrenia/Schizoaffective disorder
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Eating Disorder (Anorexia, Bulimia, etc.)
- Substance Use Disorder
- Mood Disorder
- Don't know
- None of the above

46. Has a doctor ever told you that you have Hepatitis C?(check one)

- No
- Yes, and I have been treated/cured for Hepatitis C
- Yes, and I have not been treated for Hepatitis C
- Don't know
- Does not apply
- Another answer not listed above (please specify):

SECTION VI: *The following questions (#47-53) are about medical care and other services you may use and problems you might have had.*

47. Is there a place you usually go for dental care? (check one)

- Yes
- No
- Does not apply

48. In the last 12 months, did you need mental health care or counseling services? (check one)

- Yes, and I got the mental health care I needed
- Yes, and I did not get the mental health care I needed
- No, I did not need mental health care

49. In the last 12 months, did you need drug or alcohol treatment services? (check one)

- Yes, and I got the drug or alcohol treatment I needed
- Yes, and I did not get the drug or alcohol treatment services I needed
- No, I did not need drug or alcohol treatment services

50. In the last 12 months, has your medical provider offered any of the following services to you? (check all that apply)

- STD testing including Hepatitis C
- Condoms or safer sex kits
- Safer injection/bleach kits
- Information on syringe access programs
- Information on HIV counseling for pregnant women
- Partner services (assistance contacting previous sex partners after positive diagnosis)
- Information on how to tell someone about your HIV status (disclosure)
- Information about PrEP (taking HIV meds to prevent HIV) for you or your partner/s
- None of the above
- Does not apply

51. In the last 12 months, have you had problems getting medical care or other services because of the language/s you speak?(check one)

- Yes
- No
- Does not apply

52. In the last 12 months, have you not gotten medical care because you couldn't afford a co-pay or deductible? (check one)

- Yes
- No
- Does not apply

53. In the last 12 months, have you missed a medical appointment because you had problems with transportation and you could not get there on time? (check one)

- Yes
- No
- Does not apply

SECTION VII: *The following questions (#54-56) are about women’s health and gynecological care. Respondents are asked to skip to question #57 if they do not need these services.*

54. In the last 12 months, has your primary medical provider asked you about family planning, birth control, or your pregnancy plans? (check one)

- Yes
- No
- Don’t know
- Does not apply

56. When was the last time you received GYN care? (check one)

- Within the last 12 months
- Between 1 and 2 years ago
- More than 2 years ago
- Don’t know
- Does not apply

55. Do you get gynecological or women’s health care (GYN) 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):

SECTION VIII: *The last question (#57) is for all respondents and has two open-ended portions.*

57. Please share any problems you have experienced in the last 12 months that have prevented you from getting the medical and support services you need. These problems might include things like not having transportation, not having money for co-pays, not having a place to live, not knowing where to go, no health insurance, or family responsibilities. Please be as honest as you can.

Is there anything else you would like for us to know?