

**Workforce Development Initiative  
Patient Survey**

**Please complete the survey below. Thank you!**

**Date survey completed with patient:** \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (MM/DD/YYYY)

**A. DEMOGRAPHICS**

**1. What is your gender? (Choose one)**

- Male
- Female
- Transgender: Male to Female
- Transgender: Female to Male

**2. What was your sex at birth?**

- Male
- Female

**3. How old are you (in years)?**

\_\_\_\_\_

**4. Were you born in the United States of America?**

- Yes
- No
- Don't Know

**If NO,**

**5. If you were not born in the USA, in which country were you born?**

\_\_\_\_\_

**6. In which language do you prefer to speak? (Choose one)**

- English
- Spanish
- Other

If other, please specify \_\_\_\_\_

**7. In which language do you prefer to receive written information from a doctor, nurse, or other healthcare provider? (Choose one)**

- English
- Spanish
- Other
- I prefer not to receive written information from healthcare providers

If other, please specify \_\_\_\_\_

**8. What is your ethnicity? (Choose one)**

- Non-Hispanic
- Hispanic / Latino

**9. What is your race? (Check all that apply)**

- White
- Black or African American
- Asian
- Native Hawaiian / Pacific Islander
- American Indian or Alaska Native
- Other

**10. What is the highest level of education you have completed? (Choose one)**

- Less than high school
- High school diploma or GED
- Some college
- 2-year college degree (Associates Degree)
- 4-year college degree (Bachelors Degree)
- Master's degree
- Doctoral degree
- Professional degree (MD, JD)

**11. What is your sexual orientation? (Choose one)**

- Heterosexual / Straight
- Bisexual
- Homosexual/ Lesbian/ Gay
- Other

**12. How many people (including yourself) live in your home?**

— —  
*(If 1 person lives in your home, go next to 13a.; if 2 people, go to 13b.; if 3 people go to 13c; if 4 people, go to 13d; if 5 people, go to 13e; if 6 or more people, go to 13f)*

**13a. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$11,669
- Between \$11,670 and \$16,242
- Between \$16,243 and \$29,175
- Between \$29,176 and \$46,680
- More than \$46,680

**13b. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$15,729
- Between \$15,730 and \$21,982
- Between \$21,983 and \$39,325
- Between \$39,326 and \$62,920
- More than \$62,920

**13c. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$19,789
- Between \$19,790 and \$27,723
- Between \$27,724 and \$49,475
- Between \$49,476 and \$79,160
- More than \$79,160

**13d. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$23,849
- Between \$23,850 and \$33,464
- Between \$33,465 and \$59,625
- Between \$59,626 and \$95,400
- More than \$95,400

**13e. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$27,909
- Between \$27,910 and \$39,205
- Between \$39,206 and \$69,775
- Between \$69,776 and \$111,640
- More than \$111,640

**13f. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$31,969
- Between \$31,970 and \$44,496
- Between \$44,497 and \$79,925
- Between \$79,926 and \$127,880
- More than \$127,880

**14. During the past 12 months, in what ZIP Code did you mainly live?**

- — — — —
- Don't Know

**15. During the past 12 months, how often have you been homeless or temporarily or unstably housed? This can include staying with others, even for one night if you had no other place to stay.**

- Often
- Sometimes
- Rarely
- Never

**16. During the past 12 months, how often did you eat less than you felt you should because there wasn't enough money to buy food?**

- Often
- Sometimes
- Rarely
- Never

**17. During the past 12 months, have you had any kind of health insurance or health coverage? This includes Medicaid and Medicare.**

- Yes
- No
- Don't Know

**18. During the past 12 months, what were all the kinds of health insurance or health coverage you had? Please tell me about each of these kinds of insurance.**

	No <sup>(0)</sup>	Yes <sup>(1)</sup>	Refused to answer <sup>(7)</sup>	Don't know <sup>(8)</sup>
a. Private health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ryan White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ADAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tricare or CHAMPUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. City, county, state or other publicly funded insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If other type of insurance, please specify \_\_\_\_\_**

**If you selected YES to Private health insurance in question 18,**

**19. Who paid for your private health insurance?**

- Me
- My employer
- Someone else's employer
- A government agency [Affordable Care Act (ACA or Obama Care), Covered California, Medicaid/Medi-Cal, Medicare]

**20. During the past 12 months, has your health insurance coverage changed?**

- Yes
- No
- Don't Know

**If you selected YES,**

**21. Has this change resulted in a gap in your ability to receive health care or medications?**

- Yes
- No
- Don't Know

**B. HEALTH CONDITIONS**

**The next questions ask about your HIV and other health conditions.**

**22. In what month and year were you first diagnosed with HIV?**

\_\_\_ / \_\_\_ (mm / yyyy)

- Don't Know

**23. Please check the categories that best describe what may have put you at risk for getting HIV: (Check all that apply)**

- I am a man who has had sex with men
- I am an injection drug user
- I have Hemophilia/coagulation disorder
- I have had sex with someone of the opposite sex (heterosexual contact)
- I have had sex with someone who uses injection drugs
- I have received transfusions of blood, blood components, or tissue
- Other
- Don't Know

If other, please specify \_\_\_\_\_

**24. In what month and year did you first receive care from a health care provider (physician, nurse practitioner, or physician's assistant) for your HIV infection?**

\_\_\_ / \_\_\_ (mm / yyyy)

- Don't Know

**25. What is the lowest CD4 cell count you have ever had (cells/cubic mm)? (Choose one)**

- Less than 200
- 200 to 349
- 350 to 499
- 500 or higher
- Never tested
- Don't Know
- Decline to answer

**26. Have you ever had an infection or cancer that is related to HIV/AIDS, like tuberculosis or Kaposi's sarcoma?**

- No
- Yes
- Don't Know
- Decline to answer

**If you selected YES,**

**27. In what month and year were you first diagnosed with an infection or cancer that is related to HIV/AIDS, like tuberculosis or Kaposi's sarcoma?**

\_\_\_ / \_\_\_ (mm / yyyy)

- Don't Know

**28. Have you ever been diagnosed with AIDS?**

- Yes
- No
- Don't Know

**If you selected YES,**

**29. In what month and year were you first diagnosed with AIDS?**

\_\_\_ / \_\_\_ (mm / yyyy)

- Don't Know

**30. Have you ever been diagnosed with any of the following mental health conditions? (Check all that apply):**

- Depression
- Schizophrenia
- Bipolar disorder
- Panic disorder
- Autism
- Obsessive-compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Anxiety disorder
- Attention deficit hyperactivity disorder (ADHD)
- Anorexia
- Bulimia
- Other
- Never been diagnosed with a mental health condition

If other, please specify \_\_\_\_\_

**If you have been diagnosed with a mental health condition,**

**31. During the past 12 months, have you been referred to mental health services?**

- Yes
- No

**32. Did you receive these services within 60 days after you were referred to them?**

- Yes
- No

**33. Have you ever had problems related to drug and/or alcohol use?**

- Yes
- No

**34. Have you ever been diagnosed with a disorder related to drug and/or alcohol use (for example, drug addiction or alcoholism)?**

- Yes
- No

**If you selected YES,**

**35. During the past 12 months, have you been referred to services to help with your drug and/or alcohol use?**

- Yes
- No

**36. Did you receive these services within 60 days after you were referred to them?**

- Yes
- No

**C. The next questions ask about the health care you have received during the past 12 months.**

**37. During the past 12 months, have you gone to the emergency room, or ER for any reason other than accident or injury?**

- Yes
- No
- Don't Know

**If you selected YES,**

**38. During the past 12 months, how many times have you gone to the emergency room, or ER, for any reason other than an accident or injury?**

— —

**39. During the past 12 months, have you been hospitalized overnight for any reason other than accident or injury?**

- Yes
- No
- Don't Know

If you selected YES,

40. During the past 12 months, how many nights have you stayed in the hospital?

— —

41. During the past 6 months, how many times have you seen a health care provider (doctor, nurse practitioner, or physician's assistant) for your HIV?

— — —

42. Now thinking about 7 to 12 months ago, how many times did you see a health care provider (doctor, nurse practitioner, or physician's assistant) for your HIV?

— — —

43. During the past 12 months, have you gone more than 6 months without seeing a health care provider for your HIV?

- Yes
- No
- Don't Know

44. During the past 12 months, how many times was your blood taken for an HIV viral load test?

— —

If your blood was taken for an HIV viral load test at least once during the past 12 months,

45. When you had your last viral load test, what was the result?

- Detectable
- Undetectable
- Don't Know

46. During the past 12 months, how many times was your blood taken for a CD4 cell count?

— —

If your blood was taken for a CD4 cell count at least once during the past 12 months,

47. What was the result of your most recent CD4 cell test?

- Less than 200
- 200 to 349
- 350 to 499
- 500 or higher
- Don't Know



**48. Have you ever been prescribed antiretroviral medications for the treatment of your HIV infection?**

- Yes
- No
- Don't Know

**If you selected YES,**

**49. In what month and year did you first start taking antiretroviral medications for the treatment of your HIV infection?**

\_\_\_ / \_\_\_  
(mm / yyyy)

**50. During the past 12 months, have you gone 7 days or more without taking antiretroviral medications?**

- Yes
- No
- Don't Know

**51. Check one box below to tell us how often during the past week were you able to take your antiretroviral medication exactly as your health care provider told you. For example, if you took none of your medication as your doctor told you to do, then check the 0% box. If you took all of your medication as your doctors told you to do, then check the 100% box. If you took about half of the medication as your doctor told you to do, then check the 50% box.**

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

- Not applicable. I am not currently being prescribed HIV antiretroviral medications.

**The next questions ask about the care you have received at this clinic.**

**52. On average, how many minutes does it take you to get to this clinic?**

\_\_\_

**53. During the past 12 months, how often did you have access to a reliable means of transportation?**

- Always
- Usually
- Sometimes
- Rarely
- Never

**54. During the past 12 months, how often were you not able to get to your appointments (with doctors, social workers, etc.) because you did not have access to transportation (bus, car, etc.)?**

- Always
- Usually
- Sometimes
- Rarely
- Never

**The next questions ask about care you received in the last 12 months (check one answer for each of them)**

	Never	Sometimes	Usually	Always
<b>55.</b> When you needed care right away, how often did you get care in this clinic as soon as you thought you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>56.</b> Not counting the times you needed care right away, how often did you get an appointment for your health care at this clinic as soon as you thought you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions ask about the care you received in the last 12 months (check one answer for each item)**

	Never	Sometimes	Usually	Always
<b>57.</b> How often was it easy to get an appointment with someone to help coordinate your care (benefits counselor, case manager)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>58.</b> How often was it easy to get the care, tests, or treatment you thought you needed paid for through your health plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions ask about the care you received in the last 12 months (check one answer for each item)**

	Never	Sometimes	Usually	Always
<b>59.</b> How often did office staff at a doctor's office or clinic treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>60.</b> How often were office staff at a doctor's office or clinic as helpful as you thought they should be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**61. Does this clinic provide the following services?**

	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<b>a. HIV testing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Help getting people diagnosed with HIV into medical care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Medical care for people newly diagnosed with HIV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Prescription and monitoring of antiretroviral therapy (medications to reduce amount of HIV in body)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Care of people with more advanced HIV (opportunistic infections, cancer, other complications)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Benefits counseling (health insurance, payment for medications, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Adherence counseling (help taking medication correctly)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. Behavioral counseling (mental health, substance abuse counseling)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i. Social support (by peers and/or professional)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**62. How comfortable would you be using or referring a friend to each of these services?**  
*(Only respond to the items below that you selected as YES in question 61)*

	Very Uncomfortable	Uncomfortable	Somewhat Uncomfortable	Somewhat Comfortable	Comfortable	Very Comfortable
<b>a. HIV testing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Help getting people diagnosed with HIV into medical care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Medical care for people newly diagnosed with HIV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Prescription and monitoring of antiretroviral therapy (medications to reduce amount of HIV in body)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Care of people with more advanced HIV (opportunistic infections, cancer, other complications)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Benefits counseling (health insurance, payment for medications, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Adherence counseling (help taking medication correctly)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. Behavioral counseling (mental health, substance abuse counseling)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i. Social support (by peers and/or professional)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for completing this survey!**