

Thank you participating in this survey about how the COVID-19 pandemic has affected your health and well-being.

The Office of HIV Planning (part of the Philadelphia Department of Public Health) is conducting this survey. The survey will help us understand your needs for healthcare, housing and other services.

The Philadelphia HIV Integrated Planning Council and others who deliver healthcare and HIV services use this valuable information to understand the needs of people living with HIV in our region. The Planning Council is responsible for planning healthcare and other services for people living with HIV, and those at risk for HIV, throughout the Philadelphia area. For information about the Office of HIV Planning or the Council go to [hivphilly.org](https://www.hivphilly.org) or call 215-574-6760.

Your answers are secure and confidential.

This survey asks questions about your medical history, services you use, and things that may prevent you from getting the help you need. It also asks for some personal information, such as sexual orientation and income. We will not ask for your name or email address. This survey is anonymous and does not collect your IP address (or any other information about the computer or other device you used to take this survey).

It is your choice to take the survey. Your ability to get health care and other services will not be affected. There are no right or wrong answers. It is important that you answer as honestly as you can and as many questions as you can. If you do not want to answer a question, you can skip it.

It will take 5 to 15 minutes to complete the survey.

If you have any questions about this survey, please contact the Office of HIV Planning at info@hivphilly.org or 215-574-6760.

This survey is also available online at <https://www.hivphilly.org>

If you need medical care or other assistance, call the Health Information line at 215-985-2437

[También puede tomar la encuesta en español](#)

Since February 1, 2020, have you done any of the following ...

1. Had close contact with a person diagnosed with COVID-19? Close contact is defined as being within 6 feet for a period of 10 minutes or more.
 - No
 - Yes
 - Don't Know
 - Prefer not to Answer

2. Been told by a doctor, nurse, or health care worker that you had COVID-19?
 - No
 - Yes
 - Don't Know
 - Prefer not to Answer

3. Been tested for COVID-19, or the virus SARS CoV-2?
 - No
 - Yes (*Skip to question 3a.*)
 - Don't Know
 - Prefer not to Answer

- 3a. What was the result of that test?
 - Negative
 - Positive
 - Invalid
 - Did not receive the results
 - Don't Know
 - Prefer not to Answer

Since February 1, 2020, have you ...

4. Lost wages from your work for one week or more because of COVID-19?
 - No
 - Yes
 - Don't Know
 - Prefer not to answer
 - Not applicable – Not working

5. Missed any doses of your HIV medicines because of COVID-19?
 - No
 - Yes
 - Don't Know
 - Prefer not to Answer

6. Had a problem getting a prescription or a refill for your HIV medicines due to COVID-19?
 - No
 - Yes
 - Don't Know
 - Prefer not to Answer

7. Missed doses of other essential medications (not HIV) because of COVID-19?
 - No
 - Yes
 - Don't Know
 - Prefer not to Answer

8. Missed a medical appointment because of COVID-19?
 - No
 - Yes
 - Don't Know
 - Prefer not to Answer

9. Skipped or delayed routine HIV-related laboratory tests (such as CD4 and viral load tests) due to COVID-19?
 - No
 - Yes
 - Don't Know
 - Prefer not to Answer

Since February 1, 2020, have you ...

10. Used a smartphone or computer to conduct a virtual visit (sometimes called a telemedicine visit) with your doctor, nurse, pharmacist, or other health care worker?
- No
 - Yes
 - Don't Know
 - Prefer not to Answer
11. Been unable to receive other services (e.g. counseling, support group, housing assistance, food pantry) because of COVID-19?
- No
 - Yes
 - Don't Know
 - Prefer not to Answer
12. Been worried that you will have a problem paying for basic necessities such as rent, mortgage, food, or utilities etc... during the COVID-19 outbreak?
- No
 - Yes
 - Don't Know
 - Prefer not to Answer
13. Have had any problems getting transportation, medications or food?
Select all that apply.
- Transportation
 - Medications
 - Food
 - No, I have not had problems getting these things.

Please briefly explain

Since February 1, 2020, have you ...

14. If you have an HIV medical case manager, have you had any problems communicating with them and getting your needs met?

- Yes
- No
- I don't have an HIV medical case manager

Please briefly explain:

15. Thinking of the social distancing during COVID-19, did you feel lonely

- Never
- Rarely
- About half the time
- Most of the time
- Always
- Don't Know
- Prefer not to answer

16. Which of the following describes your mood or behavior during the COVID-19 outbreak?" **Select all that apply.**

- Felt nervous, anxious or on edge?
- Had trouble falling or staying asleep, or sleeping too much?
- Felt down, depressed, or hopeless?
- Felt lonely?
- Felt hopeful about the future?

17. Have you accessed online support groups since February 2020?

- Yes
- No, but I would like to.
- I don't want to attend online support groups

Please share details about your experience:

18. Is there anything you would like to share about your health, access to HIV care or other issues related to the COVID-19 pandemic?

19. Do you consider yourself to be of Hispanic, Latino/a, or Spanish origin?

- No
- Yes
- Don't Know
- Prefer not to answer

20. Which racial group or groups do you consider yourself to be in? **You may choose more than one option.**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Another not specified: _____
- Prefer not to answer

21. Do you consider yourself?

- Female
- Male
- Transgender
- Another not specified: _____
- Prefer not to answer

22. Do you think of yourself as?

- Lesbian or gay
- Straight, heterosexual
- Bisexual
- Something else
- Don't Know
- Prefer not to answer

23. What is your age?

- 17 years or younger
- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75 years or older

24. During the past 12 months, have you done any of the following:

Select all that apply.

- Lived on the street
- Lived in a shelter
- Lived in a Single Room Occupancy Hotel (SRO)
- Lived in a car
- None of the above

25. During the past 12 months, did you ever move in with other people even for a little while because of financial problems?

- No
- Yes
- Prefer not to answer

26. Is your housing situation likely to change in the next 6 months?

- Yes
- No
- Don't know
- Prefer not to answer

If yes, please explain:

27. What zip code are you living in now? _____

28. Are you currently...?

- Employed for wages
- Self-employed
- Out of work for more than 1 year
- Out of work for less than 1 year
- A homemaker
- A student
- Retired
- Unable to work
- Prefer not to answer

29. Are you responsible for the care of children, elders or others?

- Yes
- No
- Prefer not to answer

If yes, please briefly explain your caretaking responsibilities.

30. In 2019, what was your combined monthly or yearly family income from all sources before taxes? **“Combined family income” is the total amount of money from all family members living in your household.**

- \$0 to \$4,999 per year (\$0 to \$416 per month)
- \$5,000 to \$8,999 per year (\$417 to \$749 per month)
- \$9,000 to \$10,999 per year (\$750 to \$916 per month)
- \$11,000 to \$12,999 per year (\$917 to \$1083 per month)
- \$13,000 to \$14,999 per year (\$1084 to \$1249 per month)
- \$15,000 to \$16,999 per year (1250 to \$1416 per month)
- \$17,000 to \$19,999 per year (\$1417 to \$1666 per month)
- \$20,000 to \$24,999 per year (\$1667 to \$2083 per month)
- \$25,000 to \$29,999 per year (\$2084 to \$2499 per month)
- \$30,000 to \$39,999 per year (\$2500 to \$3333 per month)
- \$40,000 to \$49,999 per year (\$3334 to \$4166 per month)
- \$50,000 to \$74,999 per year (\$4167 to \$6249 per month)
- \$75,000 or more per year (\$6250 or more per month)
- Don't Know
- Prefer not to answer

31. What types of health insurance and coverage did you have during the past 12 months?

Select all that apply.

- Private health insurance through my employer or a family member's employer
- Private health insurance through Healthcare.gov or the Health Insurance Marketplace
- Medicaid
- Medicare
- Coverage through Ryan White HIV/AIDS Program or AIDS Drug Assistance Program, also called ADAP or ADDP or SPBP
- Tricare or CHAMPUS/CHAMPVA
- Veterans Administration coverage
- City, county, state or other publicly funded insurance, not including Medicaid
- Some other insurance or coverage, please specify: _____
- I don't know
- Prefer not to answer

Thank you for taking the time to share your experiences.

Please return this survey in the postage-paid envelope provided as soon as possible.

If you have any questions or concerns about this survey, please feel free to call the Office of HIV Planning at 215-574-6760 or email us at info@hivphilly.org. You can also find the Office of HIV Planning on Facebook and Twitter @HIVPhilly