

Consumer Survey Tool

A consumer survey was conducted as part of the needs assessment leading to the development of the *Oregon Balance of State HIV/AIDS Housing Plan*. Results from the survey analysis were included in the main body of the plan; the consumer survey tool is included below.

Section 1 *Personal Information*

1. Are you infected with HIV, the virus that causes AIDS?

- Yes** → If yes, which of these are true about your HIV infection. *Please check only one answer.*
- I am HIV positive with symptoms.
 - I am HIV positive with no symptoms.
 - My doctor has told me I have AIDS.
- No**, I do not have HIV infection. I am HIV negative. → **Please stop here!**

2. Has your doctor told you that you are disabled by HIV or AIDS?

- Yes**
- No**

3. Which best describes you?

- I am female.
- I am male.
- I am transgender (Male to Female).
- I am transgender (Female to Male).

4. In what year were you born? _____

5. Which best describes you? *Please check all that apply.*

- White/Caucasian
- African American/Black (including African, African Caribbean, and others)
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Hispanic, Latino, or Latina
- Multiracial: _____
- Other: _____

6. Which best describes you? Please check only one.

- I am a man who only has sex with women.
- I am a woman who only has sex with men.
- I am a man who has sex with men and women.
- I am a woman who has sex with women and men.
- I am a woman who only has sex with women.
- I am a man who only has sex with men.
- I am not described by any of the above.

7. Do you have any disabilities that make your day-to-day life difficult?

- Yes** → *Please check all the answers that are true about you.*
 - I believe I am disabled by HIV/AIDS.
 - I am physically disabled.
 - I am developmentally disabled.
 - I am blind.
 - I am deaf.
 - I am disabled by mental illness.
 - I am disabled by alcohol abuse.
 - I am disabled by drug abuse.
 - I am disabled by something else.
- No**

8. Have you ever been in jail or prison?

- Yes** → *When is the last time you were released?*
 - I was released in the past 12 months..
 - I was released more than a year ago.
- No**

9. Have you ever been convicted of a felony?

- Yes**
- No**

Section 2 Where Are You Living Now

10. Where do you live now? *This information will not be used, or presented in a way that it could be used, to identify you. It will be used to identify the regional distribution of survey respondents.*

Name of your city or town: _____

Name of your county: _____

11. Please one answer that best describes the kind of place you are living in today.

- A house, condo, or mobile home that I own
- An apartment, house, condo, or mobile home that I rent
- A room that I rent
- A hotel/motel that I rent by the week or month
- In a group home
- A house, apartment, condo or other home with services for people with disabilities
- A house, apartment, condo or other home where I get help for alcohol or drug problems
- With friends or relatives, but I can only stay for a short while
- With friends or relatives, and I can stay as long as I need to
- A shelter
- The streets, in parks, in a car, or under bridges
- In jail or prison
- Other kind of place

12. Does the place where you live have any of the following? *Please check Yes or No for each.*

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Adequate heating |
| <input type="checkbox"/> | <input type="checkbox"/> | Access to a complete kitchen (with safe, working stove/oven, refrigerator, and sink) |
| <input type="checkbox"/> | <input type="checkbox"/> | Enough living and sleeping space for everyone in your household |
| <input type="checkbox"/> | <input type="checkbox"/> | Hot and cold running water |
| <input type="checkbox"/> | <input type="checkbox"/> | Adequate insulation or weatherization |
| <input type="checkbox"/> | <input type="checkbox"/> | Indoor bathroom |
| <input type="checkbox"/> | <input type="checkbox"/> | Water leaks |
| <input type="checkbox"/> | <input type="checkbox"/> | Unsafe or inadequate wiring or electricity |
| <input type="checkbox"/> | <input type="checkbox"/> | Bugs, mice, or rats |

13. Please rate your satisfaction with your current apartment or house on a scale of 1 to 5, with 5 being very satisfied. Please circle the number that applies.

Not satisfied at all	Not satisfied	Housing is OK	Satisfied	Very satisfied
1	2	3	4	5

14. Who lives with you now? Please check all the answers that are true about you.

- No one, I live alone.
- I live with my husband, wife, or partner.
- I live with my child or children.
- I live with my mother, father, or other family members.
- I live with one or more friends or other adults.
- I live with people in a group home, shelter, or hospital.
- I live with these other people: _____

15. Do any of the adults or children who live with you also have HIV infection or AIDS?

- Yes
- No
- I am not sure.

16. Does the government or another organization provide or help pay for your housing?

- Yes** → Please check all of the answers that are true about you.
 - I have a Section 8 certificate or voucher.
 - I live in a Shelter Plus Care program.
 - I live in subsidized or public housing.
 - I live in a home for people living with HIV infection or AIDS.
 - I am getting another kind of help paying for my housing.
- No**, I don't get any help paying my housing.
- I am not sure** if I am getting help paying for my housing.

17. Are you on any waiting lists for the government or another organization to provide or help pay for your housing?

- Yes
- No
- I am not sure.

18. If your housing costs (rent and/or utilities) went up by about \$50 would you have to move?

- Yes
- No

Section 3 *Income, Benefits, and Expenses*

19. Do you get paid for doing any work?

- Yes**
- No**

20. Please check all of the answers that are true about you.

- I get General Assistance.
- I get Supplemental Security Income (SSI).
- I get Social Security Disability Insurance (SSDI).
- I get Social Security
- I get welfare (TANF, formerly AFDC).
- I get Food Stamps.
- I get Veteran's benefits.
- I get a retirement check.
- I get a different kind of benefit.
- I do not receive any benefits.

21. Please check all of the answers that are true about you.

- I have Oregon Health Plan.
- I have Medicare.
- I have medical benefits through the Veteran's Hospital.
- I have private health insurance.
- I have private disability insurance.
- I have CareAssist (the state AIDS Drug Assistance Program, ADAP).
- I have other insurance.
- I have no insurance.

22. Please answer the following questions to help us understand your financial situation. Since income and expenses can be different each month, please make the best estimate you can for an average month.

Income

What is your monthly individual income?	\$
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Living Expenses

How much do you pay in rent/mortgage every month?	\$
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How much do you pay for gas, electric, water, and phone every month?	\$
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How much do you spend on transportation in an average month (including bus pass, car repairs, car insurance, taxi fare, etc.)?	\$
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How much do you spend on food in an average month?	\$
--	----

Medical Expenses

How much do you spend on medications and other health care costs (including co-payments and insurance premiums) in an average month?	\$
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Section 4 Housing History

23. Have you ever been homeless (without a regular place to stay for the night)?

- Yes** → Continue to #23a and 23b
- No** → Skip to #24

23a. What is the longest amount of time you were homeless in the last three years?

- 1-7 days
- A week to a 4 weeks
- 5 weeks to a year
- More than a year
- I have not been homeless in the past three years

23b. Please check all of the answers that are true about the last time you were homeless.

- I became homeless because I was evicted from my home.
- I became homeless because I had did not have enough income from a job or from benefit checks.
- I became homeless because my family or partner or roommate made me move.
- I became homeless because I was living in a building or apartment that was closed by the government because it was unsafe.
- I became homeless because I moved to a new area and had no money, friends, or family.
- I became homeless after I was released from jail, county lock-up, or prison.
- I became homeless because of my use of alcohol or drugs.
- I became homeless for another reason.

24. Please check all of the answers that are true about you *since* you found out you were HIV positive.

- I have slept in a car.
- I have traded sex for a place to sleep or for money to pay rent.
- I have stayed in a shelter.
- I have slept in the street, in a park or some other outside place.
- I have not done any of these since I found out I was HIV positive.

25. Have you been discriminated against when trying to get housing?

- Yes** → *Please check all of the reasons you have been discriminated against.*
 - My race or ethnic background
 - My sexuality: gay, lesbian, bisexual, or transgender
 - The number of children or other persons in my family
 - Because I live with someone I am not married to.
 - My health: HIV infection or AIDS
 - My disability or handicap
 - My criminal history or prison record
 - Where my income comes from
 - The way that my rent would be paid (such as Section 8 certificate or voucher)
- No**, I have not been discriminated against when trying to get housing.

26. Have you had other trouble getting or keeping housing?

- Yes** → *Please check all of the reasons you had trouble getting housing.*
- I could not afford rent and utilities.
 - I have credit problems.
 - I didn't have enough money for security deposit, and first and last months rent.
 - I had no transportation to search for housing.
 - My participation in a methadone maintenance program
 - My mental illness
 - My alcohol or drug use
 - My immigration status
 - Domestic violence in my household
 - My pets were not allowed in the housing that was available.
 - Smoking was not allowed in the housing that was available.
 - I had trouble getting housing for a different reason. *Why?* _____
- No**, I have not had trouble getting housing.

Section 5 Housing Preferences

For questions 27-32 please check the answer you would most prefer given the two choices.

27. Right now, would you rather:

- Stay where you are,
OR
 Move to another place?

28. If you had to move next month, would you rather:

- Have a place of your own *even if* it means paying more rent,
OR
 Share a place with other people.

29. If you had to move next month, would you rather:

- Move in with family or friends,
OR
 Move into shared housing with other people who are living with HIV/AIDS in a building that was specially designed for people living with HIV/AIDS?

30. If you had to move next month, would you rather:

- Live in an apartment building where *only* people with HIV or AIDS live,
OR
- Live in an apartment building where different kinds of people live together, whether they have HIV or not?

31. If you had to move next month, would you rather:

- Live in a place where you won't be evicted if you use drugs or alcohol,
OR
- Live in a place where people are required not to drink or use drugs?

32. If you had to move next month, would you be willing to move to a different neighborhood/city if it would mean paying less for rent?

- Yes**
- No**

33. Would you use these housing services? Please check Yes or No for each.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Lists of affordable apartments or houses |
| <input type="checkbox"/> | <input type="checkbox"/> | A person to take you around to look at available housing |
| <input type="checkbox"/> | <input type="checkbox"/> | A person to help you fill out housing applications and other forms |
| <input type="checkbox"/> | <input type="checkbox"/> | A person to help you if you have a housing problem |
| <input type="checkbox"/> | <input type="checkbox"/> | Other kind of housing service. <i>What kind?</i> _____ |

Section 6 Support Services**34. Have you used any of these types of transportation to get to appointments or to look for housing? Please check Yes or No for each.**

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | My car |
| <input type="checkbox"/> | <input type="checkbox"/> | The car of a friend or family member |
| <input type="checkbox"/> | <input type="checkbox"/> | Bicycle |
| <input type="checkbox"/> | <input type="checkbox"/> | Walking |
| <input type="checkbox"/> | <input type="checkbox"/> | Public transit |
| <input type="checkbox"/> | <input type="checkbox"/> | Taxi |
| <input type="checkbox"/> | <input type="checkbox"/> | Van service, for example: for people with disabilities or a social service agency van |
| <input type="checkbox"/> | <input type="checkbox"/> | Other types of transportation |

35. How far do you usually have to travel to get to your HIV/AIDS medical care?

- 1 to 10 miles
- 11 to 50 miles
- 51 to 100 miles
- 101 to 200 miles
- More than 200 miles

36. How far do you usually have to travel to get to your other medical and service appointments?

- 1 to 10 miles
- 11 to 50 miles
- 51 to 100 miles
- 101 to 200 miles
- More than 200 miles

37. A professional case manager helps you figure out what services you need, helps you sign up for the services, and then keeps working with you to make sure that you have the services you need. Do you have a professional case manager?

- Yes** → Continue to # 37a
- No** → Skip to # 37b

37a. How often do usually you see your case manager?

- More than once a week
- Once a week to a few times a month
- Once a month
- Less than once a month

37b. Would you like a case manager?

- Yes**, I would like a case manager but do not have one at this time.
- No**, I prefer not to have a case manager at this time.

38. Have you had help from any mental health staff or programs in the past three months? Please check Yes or No for each.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | HIV/AIDS support group |
| <input type="checkbox"/> | <input type="checkbox"/> | Another kind of support group |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental health counselor or therapist |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychiatrist for medication to help with a mental illness |
| <input type="checkbox"/> | <input type="checkbox"/> | Group home or apartment for people with mental illness |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric hospital |
| <input type="checkbox"/> | <input type="checkbox"/> | Crisis intervention |
| <input type="checkbox"/> | <input type="checkbox"/> | Other program |

39. Have you had help from any of these kinds of alcohol or drug programs in the past three months? Please check Yes or No for each.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 12-step program (AA, NA, CA, or other) |
| <input type="checkbox"/> | <input type="checkbox"/> | Outpatient program (excluding methadone) |
| <input type="checkbox"/> | <input type="checkbox"/> | Drug court |
| <input type="checkbox"/> | <input type="checkbox"/> | Methadone maintenance program |
| <input type="checkbox"/> | <input type="checkbox"/> | Inpatient treatment or recovery program |
| <input type="checkbox"/> | <input type="checkbox"/> | Other program |

40. Please add anything you think is important for us to know.

**If you would like to know how to access services in your area,
please call the Oregon AIDS Hotline at 1-800-777-2437.**

OPTIONAL QUESTION: We would like to know what services you are getting and what services you need. For each of the services in the chart below, please tell us if you are getting enough, if you are not getting enough, if you need the service but can't get it, or if you don't need the service.

	I am getting enough of this service	I am getting this service, but I need more	I need this service, but I can't get it	I don't need this service
Assistance with daily activities: help shopping, bathing, or dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted transportation: rides with a trained helper and special car or van (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits counseling: someone to help me get and keep Medicaid, SSI, or other benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A case manager: someone who helps me figure out what services I need, helps me sign up for the services and then keeps working with me to make sure that I have the services I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day treatment: a program where I can get help during the day when the person who takes care of me is at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education: classes or tutoring to learn to read better, get a GED, or a college degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food: help paying for groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home-delivered meals: someone to bring meals to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker services: someone to help me with my chores such as house cleaning, laundry, cooking and shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter services: someone who translates from my language into spoken English, or from English into my language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life skills training: help learning how to cook, budget my money, find and keep a job and other survival skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional counseling: someone who helps me choose healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary medical care: a doctor who is in charge of my health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional home health care: a nurse or nurse's aid who comes to my home and takes care of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite care: a trained person who comes to my home and takes care of me when the person who usually takes care of me needs a break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational rehabilitation: training for a new job; help finding and keeping the new job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>