**HIV Consumer Needs Assessment (Version 6)**

We are doing this interview to help us understand and identify gaps in HIV care. The North Island Liver Services team and AIDS Vancouver Island are partnering to develop a program to improve HIV care for the North Island. Through the questions in this needs assessment, we are asking you to help determine what that program might look like. Your response will be kept confidential and we thank you for your participation!

Where is this interview being done?

Comox Valley

Campbell River

North Island

1. How long have you been living with HIV? \_\_\_\_\_

6-12 months  1-3 Years  Over 3 years

1. In general, how would you rate your physical health for the past 12 months?

Excellent  Good  Fair  Poor

1. What supports are you connected with for your physical and mental health?

(Is there anyone you see when you’re sick and feeling down?)

GP

Specialist

MHAS

AVI

Methadone Dr.

NILS

Homecare

Alternative medicine

AA/NA meetings

AA/NA sponsor

Friends and Family

Other \_\_\_\_\_\_\_\_\_\_\_\_

1. What is your biggest challenge in coordinating your health care?

Finances

Transportation

Attitude of health care providers

Scheduling

Memory difficulties

Worries about confidentiality/fear of reporting

Trust

No babysitter

Other \_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a regular Dr? (Family/General Practitioner or Nurse Practitioner)?

Yes  No

If yes, how many times have you seen him/her in the last 12 months? \_\_\_\_\_\_\_\_

If no, do you want one?  Yes  No

1. Do you have a HIV/AIDS specialist doctor involved in your care?

Yes  No

If yes, how many times have you seen him/her in the last 12 months? \_\_\_\_\_\_\_\_

If no, do you want one?  Yes  No

1. What type of supports would you access to increase your health if they were available to you?

Lab outreach/mobile lab

Specialist services locally

Dental care

Support group for HIV+ individuals

Daily medication pick-up or drop-off

Health services in your home

Daily medication pick-up or drop-off

Alcohol and drug counseling or outreach

Employment assistance

Mental health outreach

Psychiatrist services

Childcare for while you are in medical appointments

Drop in, weekend or evening services

Help with accessing food

Transportation assistance to medical appointments

Help to fill out forms (such as medical/disability/income assistance)

A system of reminders for appointments and medications

Nutritional sessions and/or cooking groups

Help with money management

Help with finding affordable and safe housing

Peer support worker

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you like more time and attention paid to any of the following (check as many as you like)

Explaining pros and cons of treatment

General health teaching

Teaching about HIV

Explaining information about HIV medications side effects of medications and management of side effects

Explaining lab results

Taking time to explain and talk

Awareness of life situations and challenges

Breaking news gently

Advocacy (someone to help you access supports)

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have your blood work done regularly?

Yes  No

If yes, how many times in the last six months have you had your blood work done? \_\_\_\_\_\_\_\_\_\_

If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would help you to get your blood work done regularly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation assistance

Reminder system (Ideas? \_\_\_\_\_\_\_\_\_\_\_)

Financial assistance

Compassionate care

Lab outreach/mobile lab

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How often are you able to attend your scheduled appointments?

Always  Most of the time  Sometimes  Rarely  Never

What are the barriers to attending appointments?

Hours/Days of the week a place is open

Location of a place

Worries about confidentiality or fear of reporting

Trust of health care provider

Ease to contact care provider with problems or questions, by phone or in person

How quick you can get an appointment

How you are treated by staff

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you taking anti-retroviral medications for your HIV?

Yes  No

If no, what prevents you from taking your anti-retroviral medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. As we want to provide services and supports that would be most helpful and useful to HIV positive individuals, what else would you like us to know about your challenges?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you know anyone who is HIV positive but not receiving medical care?

Yes  No

If yes,

1. Why do you think that is? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Would you get them in touch with us to do this survey?  Yes  No
3. Do you know anyone else who is HIV positive that may be interested in doing this survey?

Yes  No

If yes, can you please share our phone number with this individual?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_