**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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_