

**AIDS PROJECT LOS ANGELES
1999 Client Survey**



**Frequency Distributions Statistics for 1999 Client Survey
Number of Respondents=1,610
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**& Gregory Freeman
Senior Administrative Assistant**

In this section, we would like you to tell us some general information about yourself.

1. Age: _____
Average: 42

2. Gender: (**Choose only one**)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Male
89.9% | <input type="checkbox"/> Female
8.4% | <input type="checkbox"/> Transgender (M to F)
1.6% | <input type="checkbox"/> Transgender (F to M)
0.1% |
|--|---|---|---|

3. Marital Status: (**Choose only one**)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Single
62.6% | <input type="checkbox"/> Legally Married
3.9% | <input type="checkbox"/> Separated/Divorced
5.9% | <input type="checkbox"/> Widowed
2.1% |
|--|--|---|--|

- | | |
|---|--|
| <input type="checkbox"/> Significant Other/Partner/Lover
24.9% | <input type="checkbox"/> Other: _____
.5% |
|---|--|

4. Do you live alone or with others? (**Check all answers which apply**)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Alone
46.1% | <input type="checkbox"/> With parents
5.6% | <input type="checkbox"/> With other relatives
4.1% | <input type="checkbox"/> With friends
9.5% |
|---|---|---|---|

- | | | |
|--|---|--|
| <input type="checkbox"/> With child(ren)
6.0% | <input type="checkbox"/> With Partner/Lover/Significant Other/Spouse
27.1% | <input type="checkbox"/> Other (specify) _____ |
|--|---|--|

5. Dependent children are under 18 and depend on you for emotional and financial support. How many dependent children live with you? Average: 0.20%

6. What is your zip code: _____

7. What language(s) are you most comfortable speaking? (**Choose only one**)

- | | | |
|---|---|---|
| <input type="checkbox"/> English
78.9% | <input type="checkbox"/> Bilingual (Spanish/English)
11.3% | <input type="checkbox"/> Spanish only
7.8% |
|---|---|---|

- | |
|---|
| <input type="checkbox"/> Other Language (specify) _____
1.8% |
|---|

8. Which **best** describes your racial/ethnic background? (**Choose only one**)

- | | | |
|---|--|---|
| <input type="checkbox"/> White/Caucasian
50.4% | <input type="checkbox"/> African American/Black
15.2% | <input type="checkbox"/> Latino/Hispanic
26.8% |
|---|--|---|

- | | | |
|---|---|---|
| <input type="checkbox"/> Native American /Alaskan
1.0% | <input type="checkbox"/> Asian/Pacific Islander
2.3% | <input type="checkbox"/> Other specify) _____
4.3% |
|---|---|---|

9. How do you identify yourself? (Choose only one)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Gay/ Homosexual
76.8% | <input type="checkbox"/> Bisexual
7.8% | <input type="checkbox"/> Straight/ Heterosexual
14.9% | <input type="checkbox"/> Lesbian/ Homosexual
0.2% |
|---|---|--|--|

10. What is the last grade of school you completed? (Choose only one)

- | | | |
|---|--|---|
| <input type="checkbox"/> 11th grade or less
11.9% | <input type="checkbox"/> 1-3 years of college
30.6% | <input type="checkbox"/> Some Graduate school
6.7% |
| <input type="checkbox"/> High school or equivalent (GED)
15.9% | <input type="checkbox"/> College Graduate
16.2% | <input type="checkbox"/> Graduate degree
8.3% |
| <input type="checkbox"/> Some technical/vocation school
9.1% | | |

11. What is your current source of income? (Check all answers which apply)

- | | |
|---|---|
| <input type="checkbox"/> No Income
5.1% | <input type="checkbox"/> Unemployment Compensation
1.2% |
| <input type="checkbox"/> Supplemental Security Income (SSI)
26.8% | <input type="checkbox"/> Employment
25.7% |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI)
34.7% | <input type="checkbox"/> TANF (formerly AFDC)
1.3% |
| <input type="checkbox"/> State Disability Insurance (SDI)
5.1% | <input type="checkbox"/> Private Disability Insurance
6.3% |
| <input type="checkbox"/> Social Security (SSA-based on retirement)
4.5% | <input type="checkbox"/> General Relief (GR)
3.6% |
| <input type="checkbox"/> Family/Significant Other assistance
6.8% | <input type="checkbox"/> Alimony/Child Support
0.3% |
| <input type="checkbox"/> Student Financial Aid (loans, fellowships)
0.7% | <input type="checkbox"/> Other (specify) _____
10.5% |

12. What is your current annual income -- before taxes? (Choose only one)

- | | |
|---|--|
| <input type="checkbox"/> I currently have no income
8.3% | <input type="checkbox"/> \$13,881 - \$16,700
6.8% |
| <input type="checkbox"/> Under \$8,240
31.0% | <input type="checkbox"/> \$16,701 - \$20,000
6.1% |
| <input type="checkbox"/> \$8,241 - \$11,060
18.7% | <input type="checkbox"/> \$20,001 - \$30,000
7.6% |
| <input type="checkbox"/> \$11,061 - \$13,880
9.0% | <input type="checkbox"/> \$30,001 or above
12.4% |

13. What is your current employment status? (*Check all answers which apply*)

- | | | |
|--|--|--|
| <input type="checkbox"/> Unemployed
25.4% | <input type="checkbox"/> Full-time (40 hours/week or more)
15.6% | <input type="checkbox"/> Part-time (Up to 39 hours/week)
10.7% |
| <input type="checkbox"/> Self-employed
7.4% | <input type="checkbox"/> Disabled (and <u>able</u> to work)
13.8% | <input type="checkbox"/> Disabled (and <u>unable</u> to work)
34.8% |
| <input type="checkbox"/> Student
4.5% | <input type="checkbox"/> Retired
2.9% | <input type="checkbox"/> Volunteer (unpaid) work
4.4% |
| <input type="checkbox"/> Other (specify) _____
1.7% | | |

14. Did you ever stop working (paid employment) because of your HIV disease?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Yes
62.5% | <input type="checkbox"/> No (Go to #16 if you never stopped working <u>because of HIV</u>)
36.9% |
|---------------------------------------|--|

15. If you answered yes to Question #14, did you ever return to work (paid employment)?

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Yes
32.5% | <input type="checkbox"/> No
66.8% |
|---------------------------------------|--------------------------------------|

16. Are you planning to look for work now or within three months?

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Yes
30.4% | <input type="checkbox"/> No
69.3% |
|---------------------------------------|--------------------------------------|

17. Do you need help (such as job referrals or counseling) to find a job?

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Yes
30.3% | <input type="checkbox"/> No
69.5% |
|---------------------------------------|--------------------------------------|

18. What type of health care insurance do you currently have? (*Check all that apply*)

- | | | |
|--|---|--|
| <input type="checkbox"/> Private plan
15.6% | <input type="checkbox"/> Medicare
20.3% | <input type="checkbox"/> Veteran's Administration (VA)
3.1% |
| <input type="checkbox"/> Medi-Cal
30.5% | <input type="checkbox"/> Medi-Cal & Medicare
21.3% | <input type="checkbox"/> No Insurance or self-pay
12.4% |
| <input type="checkbox"/> Health Maintenance Organization (HMO) such as Kaiser, CIGNA | | |
| 16.9% | <input type="checkbox"/> Other _____ | 8.4% |

19. What is your current HIV status? (*Choose only one*)

- | |
|---|
| <input type="checkbox"/> HIV Positive, No Symptoms(Never Received an AIDS Diagnosis)
20.2% |
| <input type="checkbox"/> HIV Positive, With Symptoms or Infections(Never Received an AIDS Diagnosis)
22.6% |
| <input type="checkbox"/> Confirmed AIDS diagnosis with <u>or</u> without Symptoms or Infections sometime in your life.
57.1% |

20. When did you find out you were HIV positive?

- | | | |
|---|---|--|
| <input type="checkbox"/> Less Than 6 Months ago
1.2% | <input type="checkbox"/> 1 to 3 Years ago
15.8% | <input type="checkbox"/> More Than 10 Years ago
35.8% |
| <input type="checkbox"/> 6 Months to 1 Year ago
2.2% | <input type="checkbox"/> 3 to 10 Years ago
44.6% | <input type="checkbox"/> Do Not Know
0.5% |

21. Your last T-Cell or CD4 Count was (fill in blank with number): average=372

your last T-Cell or CD4 Count was taken:

- | | | |
|--|--|---|
| <input type="checkbox"/> Less Than 3 Months ago
75.9% | <input type="checkbox"/> 3 Months to 6 Months ago
18.9% | <input type="checkbox"/> More Than 6 Months ago
5.1% |
|--|--|---|

**22. Your last Viral Load Count was (fill in blank with number or undetectable): 49% undetectable
your last Viral Load Count was taken: (<400 copies/ml)**

- | | | |
|--|--|---|
| <input type="checkbox"/> Less Than 3 Months ago
76.3% | <input type="checkbox"/> 3 Months to 6 Months ago
18.9% | <input type="checkbox"/> More Than 6 Months ago
4.4% |
|--|--|---|

23. How many times have you been hospitalized (stayed in the hospital over night) for an AIDS-related illness in the past year? 0.62 Times

In the next section, we ask you to tell us about your health and quality of life.

24. In general, would you say your health is:

- | | | | | |
|--|---|--|--|---------------------------------------|
| <input type="checkbox"/> Excellent
8% | <input type="checkbox"/> Very good
18.4% | <input type="checkbox"/> Good
34.3% | <input type="checkbox"/> Fair
32.4% | <input type="checkbox"/> Poor
6.8% |
|--|---|--|--|---------------------------------------|

25. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

- | | Yes,
Limited A Lot | Yes,
Limited A Little | No, Not
Limited At All |
|---|-----------------------------------|-----------------------------------|-----------------------------------|
| a. <i>Moderate Activities</i> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. | <input type="checkbox"/>
17.3% | <input type="checkbox"/>
40.7% | <input type="checkbox"/>
41.9% |
| b. Climbing <i>several</i> flights of stairs. | <input type="checkbox"/>
23.6% | <input type="checkbox"/>
40.8% | <input type="checkbox"/>
35.4% |

26. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- | | Yes | No |
|---|-----------------------------------|-----------------------------------|
| a. Accomplished less than you would like. | <input type="checkbox"/>
64% | <input type="checkbox"/>
35.8% |
| b. Were limited in the kind of work or other activities. | <input type="checkbox"/>
59.4% | <input type="checkbox"/>
40.4% |

27. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- | | Yes | No |
|--|-----------------------------------|-----------------------------------|
| a. Accomplished less than you would like. | <input type="checkbox"/>
63.5% | <input type="checkbox"/>
36.4% |
| b. Did not do work or other activities as carefully as usual. | <input type="checkbox"/>
55.6% | <input type="checkbox"/>
44.3% |

28. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Not at all
26.5% | <input type="checkbox"/> A little bit
24.2% | <input type="checkbox"/> Moderately
23.7% | <input type="checkbox"/> Quite a bit
19.75% | <input type="checkbox"/> Extremely
5.8% |
|--|--|--|--|--|

29. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
a. Have you felt calm and peaceful? <input type="checkbox"/>	<input type="checkbox"/> 5.8%	<input type="checkbox"/> 19.1%	<input type="checkbox"/> 18.9%	<input type="checkbox"/> 29.2%	<input type="checkbox"/> 21.8%	<input type="checkbox"/> 5.1%
b. Did you have a lot of energy? <input type="checkbox"/>	<input type="checkbox"/> 3.5%	<input type="checkbox"/> 13.7%	<input type="checkbox"/> 18%	<input type="checkbox"/> 29.5%	<input type="checkbox"/> 25.5%	<input type="checkbox"/> 9.7%
c. Have you felt downhearted and blue? <input type="checkbox"/>	<input type="checkbox"/> 5.1%	<input type="checkbox"/> 14.4%	<input type="checkbox"/> 16.7%	<input type="checkbox"/> 28.3%	<input type="checkbox"/> 24.4%	<input type="checkbox"/> 11.1%

30. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

<input type="checkbox"/> All of the time 9%	<input type="checkbox"/> Most of the time 21.1%	<input type="checkbox"/> Some of the time 31.7%	<input type="checkbox"/> A little of the time 18.2%	<input type="checkbox"/> None of the time 20%
--	--	--	--	--

31. Compared to one year ago, how would you rate your health in general now?

<input type="checkbox"/> Much better than 1 year ago 18.5%	<input type="checkbox"/> About the same as 1 year ago 37.7%	<input type="checkbox"/> Much worse than 1 year ago 8.6%
<input type="checkbox"/> Somewhat better than 1 year ago 16.1%	<input type="checkbox"/> Somewhat worse than 1 year ago 19.1%	

The next few questions ask for your perception of AIDS Project Los Angeles.

		Doesn't Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
32. AIDS Project Los Angeles staff are extremely knowledgeable about your needs.	0	1	2	3	4	5		
Average: 4		6.4%	4.6%	7.2%	21.1%	38.8%	21.9%	
33. AIDS Project Los Angeles staff treat you with respect.	0	1	2	3	4	5		
Average: 4		3.0%	2.7%	3.1%	12.8%	41.3%	37.1%	
34. AIDS Project Los Angeles staff are friendly and courteous.	0	1	2	3	4	5		
Average: 4		2.7%	2.7%	4.1%	13%	40%	37.5%	
35. The amount of time it takes for someone at AIDS Project Los Angeles to return your calls is satisfactory.	0	1	2	3	4	5		
Average: 3		7.5%	7.8%	9.6%	20.6%	34.7%	19.7%	
36. How long have you been a registered client of AIDS Project Los Angeles?								
<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> 1 to 2 years	<input type="checkbox"/> More than 3 years						
6.3%	18.4%	50.6						
<input type="checkbox"/> 6 months to 12 months	<input type="checkbox"/> 2 years to 3 years							
9.5%	15.2%							
37. <u>Overall</u>, how would you rate AIDS Project Los Angeles's services and programs in <u>the past year</u>?								
Average: 2.3								
<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor				
25.3%	34.8%	28.5%	7.1%	3.8%				

38. Please rate each of the following AIDS Project Los Angeles services that you have used in the past year (Please respond in all spaces). Please mark '0' if you did not use this service in the past year.

**0 = Did not use in the past year
1 = Excellent**

**2 = Above Average
3 = Average**

**4 = Below Average
5 = Poor**

**Average Score
(Percentage of Clients using Program)**

2.0	Dental Services (55.5%)	2.4	Mental Health (one-on-one counseling) (16.5%)
2.3	NOLP/Food Bank (33%)	2.4	Addictive Behaviors (4.7%)
1.6	Benefits/Insurance (29.3%)	2.2	Home Health (8.3%)
2.1	Client Line (49.5%)	2.1	Community Education Forums (11.3%)
1.9	Transportation (22.9%)	2.2	Work Services (7.6%)
1.9	Case Management (36.9%)	1.8	HIV Resource Center (23%)
2.2	Support Groups (15.4%)	1.9	Child Care (3.0%)
1.7	Publications (<i>Positive Living/Noticias APLA</i>) (66.8%)	1.7	Nutritionist (20.9%)
1.9	Residential (<i>Section 8/HOPWA Programs</i>) (37%)	2.3	Homeless Case Management (4.8%)
1.8	Treatment Advocacy (14.7%)	1.9	Women's Services (3.0%)
2.1	HALSA (<i>Legal Department</i>) (32.9%)	2.1	LAFAN (<i>Child Counseling</i>) (2.6%)
2.4	Buddy Programs (7.4%)	2.2	Other (<i>specify</i>) _____

39. Do you need APLA to provide child care in order to access services at APLA?

Yes No
3.2% 96.4%

The following questions ask about your access to medical services and your HIV medications.

	Doesn't Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
40. I am able to see a doctor when I need to. Average: 4%	0 5.7%	1 2.4%	2 4.1%	3 6.4%	4 34.4%	5 47%
41. I am confident with my doctor's knowledge of new HIV treatment options. Average: 4%	0 4.9%	1 2.3%	2 2.2%	3 7.2%	4 30.9%	5 52.5%
42. I am able to get prescriptions when I need them. Average: 4%	0 5.1%	1 1.7%	2 3.3%	3 6.1%	4 31.8%	5 52.1%
43. I have been <u>referred</u> to a dietitian or nutritionist in the past year by a medical care provider/doctor. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know 27% 65.8% 6.6%						

44. My doctor is prescribing the following HIV medications for me to take currently:

(Check all medications that you are currently prescribed to take)

My doctor is not currently prescribing any HIV medications for me to take (Go to Question #49)
9%

Nucleoside Reverse Transcriptase Inhibitors

zidovudine (Retrovir®, AZT, ZDV)
12.1%

didanosine (Videx®, ddl)
16.2%

zalcitabine (Hivid®, ddC)
2.7%

stavudine (Zerit®, d4T)
46.2%

lamivudine (Epivir®, 3TC)
43.4%

zidovudine/lamivudine (Combivir®)
24.8%

abacavir (Ziagen®, 1592)
20.4%

Non-Nucleoside Reverse Transcriptase Inhibitors

efavirenz (Sustiva®)
16.4%

nevirapine (Viramune®)
23.7%

delavirdine (Rescriptor®)
2.9%

Nucleotide Analog

adefovir dipivoxil
0.9%

Protease Inhibitors

saquinavir (Invirase® or Fortovase®)
22.5%

amprenavir (Agenerase®)
9.8%

Other:

hydroxyurea (Hydrea®)
9%

nelfinavir (Viracept®)
24.7%

ritonavir (Norvir®)
20.2%

indinavir (Crixivan®)
20.4%

Other (specify) _____
18.3%

The next question asks about your HIV medications over the past 7 days. We need to know what is really happening, and not what you think we “want to hear” about your medications. Your name can not be attached to your responses, but your responses will allow us to help you better.

45. Over the past week (7 days), how many days did you miss taking any of your HIV medications?

0 days 1 2 3 4 5 6 7 days
57.4% 19.1% 10.4% 4.6% 2.3% 0.8% 0.6% 4.5%

46. Over the past week (7 days), how many days did you take your HIV medications exactly as your doctor prescribed you to take them?

0 days 1 2 3 4 5 6 7 days
9.6% 1.8% 1.8% 2.5% 4.7% 9.3% 18.4% 52%

47. If you missed taking any of your HIV medications in the past 7 days, please check all the reasons why you have missed taking your HIV medications.

I had too many pills to take
9.2%

I did not want other people to notice
6.9%

I felt like the drug was harmful
6.5%

I felt depressed
20.1%

I felt sick
16.6%

I was drinking alcohol
7.3%

I was unable to eat at the necessary time
17.3%

I was taking care of children/other family members
1.6%

I decided to take a drug holiday
6.0%

I forgot
32.8%

I wanted to avoid side effects
16.9%

I had a change in my daily routine
17.8%

I slept through the dose time
19.1%

I had problems taking the pill at the prescribed time
9.9%

I ran out of pills
6.7%

I was using non-prescribed drugs such as cocaine
3.0%

I was too busy
11.7%

I felt too good
2.7%

Provider did not educate me well on taking them
0.7%

Other:
9.6%

48. I currently receive my HIV medications through the AIDS Drug Assistance Program (ADAP).

Yes 40% No 52.3% Do Not Know 7.6%

49. In the past 6 months, have side effects caused by your HIV medications bothered you?

Does Not Apply 8.2% No side effects 13.9% Yes, A Little Bit 38.3% Yes, A lot 25.5% Yes, Terribly 14%

The following questions ask about some drug using behaviors. Please remember that this is an anonymous survey (your name can not be attached to your responses). Please tell us what you have done rather than what you think we might want to hear. Your responses will help us improve services.

**50. About how many times did you use each of the following substances in the past six months:
(Please Check one box for each substance which best fits your behaviors)**

	Never used ↓	Once A Month	2 or 3 Times A Month	1 or 2 times A Week	Nearly Every Day	At Least Daily
Medical Marijuana (THC pills/Marinol).....	<input type="checkbox"/> 82.6%	<input type="checkbox"/> 4.4%	<input type="checkbox"/> 2.7%	<input type="checkbox"/> 3.3%	<input type="checkbox"/> 2.7%	<input type="checkbox"/> 4.1%
Crack (rock).....	<input type="checkbox"/> 95.1%	<input type="checkbox"/> 2.7%	<input type="checkbox"/> 0.6%	<input type="checkbox"/> 0.8%	<input type="checkbox"/> 0.4%	<input type="checkbox"/> 0.3%
Cocaine (coke, blow, flake, or powder).....	<input type="checkbox"/> 93.7%	<input type="checkbox"/> 4.2%	<input type="checkbox"/> 1.1%	<input type="checkbox"/> 0.5%	<input type="checkbox"/> 0.3%	<input type="checkbox"/> 0.1%
Crystal (glass or ice), Speed or Uppers.....	<input type="checkbox"/> 88.7%	<input type="checkbox"/> 5.5%	<input type="checkbox"/> 3.5%	<input type="checkbox"/> 1.3%	<input type="checkbox"/> 0.8%	<input type="checkbox"/> 0.2%
Hallucinogens (LSD/acid, peyote, mescaline, psilocybin/mushrooms,PCP/angel dust, MDMA/Ecstasy, or Ketamine/Special K).....	<input type="checkbox"/> 95.8%	<input type="checkbox"/> 3.0%	<input type="checkbox"/> 0.9%	<input type="checkbox"/> 0.2%	<input type="checkbox"/> 0.0%	<input type="checkbox"/> 0.0%
Inhalants such as amyl or butyl nitrate (poppers)..	<input type="checkbox"/> 84.1%	<input type="checkbox"/> 7.6%	<input type="checkbox"/> 4.8%	<input type="checkbox"/> 3.0%	<input type="checkbox"/> 0.4%	<input type="checkbox"/> 0.1%
Anabolic Steroids.....	<input type="checkbox"/> 88.9%	<input type="checkbox"/> 1.9%	<input type="checkbox"/> 4.6%	<input type="checkbox"/> 3.4%	<input type="checkbox"/> 0.6%	<input type="checkbox"/> 0.6%
Marijuana (non-medical/pot, grass, weed).....	<input type="checkbox"/> 65.9%	<input type="checkbox"/> 8.4%	<input type="checkbox"/> 6.1%	<input type="checkbox"/> 6.5%	<input type="checkbox"/> 5.8%	<input type="checkbox"/> 7.1%
Heroin (smack, horse, junk).....	<input type="checkbox"/> 97.5%	<input type="checkbox"/> 1.8%	<input type="checkbox"/> 0.3%	<input type="checkbox"/> 0.1%	<input type="checkbox"/> 0.2%	<input type="checkbox"/> 0.1%
Others [sedatives, tranquilizers (Valium or Rufies) or pain killers (codeine, Darvon, Percodan methadone.)] (Specify_____.).....	<input type="checkbox"/> 66.7%	<input type="checkbox"/> 6.9%	<input type="checkbox"/> 6.1%	<input type="checkbox"/> 6.3%	<input type="checkbox"/> 5.8%	<input type="checkbox"/> 8.0%

51. During the past six months, have you injected any non-prescription drugs such as crystal, speed, heroin, cocaine, or other non-prescription, injectable drugs?

Yes 3.4% No (If no, go to Question #54) 95.5%

52. Did you ever share needles while injecting drugs with any other people in the past six months?

- Yes 2.6% No (If no, go to Question #54) 96.4%

53. How often did you clean your “works” (the needle and syringe) with bleach when sharing needles with someone else in the past six months? Would you say...

- Never Cleaned works 12.5% More Than Half of the Time 2.5% Never shared works 75.6%
- Less Than Half of the Time 1.3% All of the Time 5.0%

54. About how often in the last 6 months did you drink alcoholic beverages including beer, wine, liquor (such as whiskey, gin, or scotch) or mixed drinks (like gin and tonic)?

- 5 or more days a week 4.9% 1 or 2 days a week 14.8% Once a month or less 28.8%
- 3 or 4 days a week 5.1% 2 or 3 times a month 15.0% Never 31.1%

55. How many days did you have 5 or more drinks on one occasion during the past 6 months?

3.23 (Number of Days during which I had 5 or more drinks)

56. About how many cigarettes did you smoke per day, on the average during the past 6 months?

- No Cigarettes 59.6% About a pack a day (16-25 cigarettes) 10.5%
- Less than one cigarette a day 5.0% About 1 1/2 packs a day (26-35 cigarettes) 3.9%
- One to 5 cigarettes a day 7.9% About 2 packs or more a day (over 35 cigarettes) 2.8%
- About 1/2 pack a day (6-15 cigarettes) 9.9%

The following questions ask about your sexual behaviors in the past 6 months.

57. In the past 6 months, about how many sexual partners have you had: 5.28 (if none, Go to # 62)
how many of them were:

Males: 7.38 Females: 0.42 Transgender: 0.11

Your answers will help us decide how to provide better programs for you. Please tell us what behaviors happened and not just what you think we want to hear in the questions below. Your answers are anonymous (your name can not be attached to them).

PLEASE REFER TO THE FOLLOWING DEFINITIONS for Questions #58 and #59:

INSERTIVE ANAL SEX is defined as: You put your penis in a sexual partner's anus.
RECEPTIVE ANAL SEX is defined as: Your sexual partner put his penis in your anus.
INSERTIVE VAGINAL SEX is defined as: You put your penis in a sexual partner's vagina.
RECEPTIVE VAGINAL SEX is defined as: Your partner put his penis in your vagina.
SHARED SEX TOYS is defined as: You shared a sex toy (dildos, etc.) by putting it in your vagina or anus and your partner's vagina or anus.

58. In the past six months, did you do the following behaviors without protection (a condom) with any of your sexual partners?

MALES reply to 'males only' and 'males and females', **FEMALES** reply to 'females only' and 'males and females', reply to all that apply if you are **TRANSGENDER**.

MALES ONLY

	Yes	No
a. Insertive anal sex with sexual partner <u>you knew was HIV+</u> without a condom:	<input type="checkbox"/> 29.4%	<input type="checkbox"/> 70.3%
b. Insertive anal sex with sexual partner <u>you knew was HIV-</u> without a condom:	<input type="checkbox"/> 11.1%	<input type="checkbox"/> 88.6%
c. Insertive anal sex (<u>your sexual partner did not tell you HIV status</u>) without condom:	<input type="checkbox"/> 17.9%	<input type="checkbox"/> 82.0%
d. Insertive vaginal sex with sexual partner <u>you knew was HIV+</u> without a condom:	<input type="checkbox"/> 3.4%	<input type="checkbox"/> 95.9%
e. Insertive vaginal sex with sexual partner <u>you knew was HIV-</u> without a condom:	<input type="checkbox"/> 1.6%	<input type="checkbox"/> 97.5%
f. Insertive vaginal sex (<u>your sexual partner did not tell you HIV status</u>) without condom:	<input type="checkbox"/> 2.55	<input type="checkbox"/> 97.0%

FEMALES ONLY

	Yes	No
a. Receptive vaginal sex with sexual partner <u>you knew was HIV+</u> without a condom:	<input type="checkbox"/> 11.4%	<input type="checkbox"/> 86.4%
b. Receptive vaginal sex with sexual partner <u>you knew was HIV-</u> without a condom:	<input type="checkbox"/> 7.9%	<input type="checkbox"/> 89.8%
c. Receptive vaginal sex (<u>sexual partner did not tell you HIV status</u>) without a condom:	<input type="checkbox"/> 3.9%	<input type="checkbox"/> 93.0%

MALES AND FEMALES

	Yes	No
a. Receptive anal sex with sexual partner <u>you knew was HIV+</u> without a condom:	<input type="checkbox"/> 24.6%	<input type="checkbox"/> 75.2%
b. Receptive anal sex with sexual partner <u>you knew was HIV-</u> without a condom:	<input type="checkbox"/> 13.9%	<input type="checkbox"/> 85.9%
c. Receptive anal sex (<u>your sexual partner did not tell you HIV status</u>) without a condom:	<input type="checkbox"/> 17.2%	<input type="checkbox"/> 82.6%

59. In the past six months, did you a share sex toy with a sexual partner without washing the toy with hot water and soap between partners?

	Yes	No
a. Shared sex toy with sexual partner <u>you knew was HIV+</u> without washing toy:	<input type="checkbox"/> 2.6%	<input type="checkbox"/> 97.4%
b. Shared sex toy with sexual partner <u>you knew was HIV-</u> without washing toy:	<input type="checkbox"/> 1.1%	<input type="checkbox"/> 98.8%
c. Shared sex toy (<u>your sexual partner did not tell you HIV status</u>) without washing toy:	<input type="checkbox"/> 1.9%	<input type="checkbox"/> 97.8%

60. In the past six months, how often did you feel the effects of drinking alcohol or using drugs before having sex? Would you say...

<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> About half the time	<input type="checkbox"/> Almost all the time	<input type="checkbox"/> Every time
54.1%	25.6%	8.25	7.9%	3.8%

61. In the past six months, how often did you disclose your HIV status to your sexual partners?

<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> About half the time	<input type="checkbox"/> Almost all the time	<input type="checkbox"/> Every time
21.5%	13.4%	4.0%	14.1%	44.0%

The following questions are about your housing situation.

62. I have experienced the following with respect to my housing needs since my diagnosis with HIV. (Check all responses which apply)

No housing problems at all.
46.9%

Problems finding housing that I can afford.
24.1%

Problems paying my rent/mortgage.
38.5%

I relocated because I could not afford my prior home/apartment.
14.6%

I moved because my family/friends/roommate did not want to live with a person with HIV.
3.5%

63. I have been homeless within the last six months (i.e., living on the streets, in a car or abandoned building, or in a homeless shelter)?

Yes
3.3%

No
96.6%

64. Do you think you are at risk of becoming homeless in the next three months?

Yes
10.5%

No
89.5%

65. Please provide us with any additional comments about AIDS Project Los Angeles below. For instance: Is there another service you think AIDS Project Los Angeles could provide?

HAD COMMENTS: 45.6%

DID NOT HAVE COMMENTS: 54.4%

***THANK YOU** for taking the time to complete this survey. The survey is for information purposes only. Your answers are anonymous and will in no way effect the services you receive from AIDS Project Los Angeles. If you have any questions, please contact Matt G. Mutchler, Ph.D. at AIDS Project Los Angeles at (323) 993-1522.*

Please return the completed survey as soon as possible and by December 31, 1999.

Don't forget to put one of the raffle tickets in the return envelope with your completed survey and to retain one ticket for your records to be entered in the drawing to win:

\$100!!!

The Winning Number will be published in Positive Living.