

**AIDS PROJECT LOS ANGELES
2001 Client Survey**



**Frequency Distribution Statistics
Clients living in West Hollywood (ZIP codes 90069 and 90046)
compared to other APLA Clients**

**Prepared for:
West Hollywood Consortium
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**Prepared by:
Matt G. Mutchler, Ph.D.
Manager of Research and Evaluation
mmutchler@apla.org
213.201.1522**

**M. Summra Shariff
Research Assistant
sshariff@apla.org
213.201.1653
and
John Slovick**

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

1. Age: _____
Average: 43.5
Average: 43.5

Notes:
bold text indicates West Hollywood clients
gray text indicates all other clients
♣ = P<.05 (not all tested)

2. Gender: (Choose only one)

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender (M to F)	<input type="checkbox"/> Transgender (F to M)
100.0% ♣	0.0%	0.0%	0.0%
88.8%	9.1%	2.0%	0.0%

3. Marital Status: (Choose only one)

<input type="checkbox"/> Single	<input type="checkbox"/> Legally Married	<input type="checkbox"/> Separated/Divorced	<input type="checkbox"/> Widowed
68.6% ♣	0.6%	4.1%	2.4%
64.3%	4.6%	7.8%	1.7%
<input type="checkbox"/> Significant Other/Partner/Lover	<input type="checkbox"/> Other: _____		
23.7%	0.6%		
21.1%	0.4%		

4. How many dependent children (under 18 and depend on you) are currently living with you?

0 children	1 or more child
99.4% ♣	0.6%
89.7%	10.3%

5. Do you need APLA to provide childcare in order to access services at APLA?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.8%	98.2%
4.0%	96.0%

6. What is your zip code: _____

7. What language(s) are you most comfortable speaking? (Choose all that apply)

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Other Language (specify) _____
97.0% ♣	10.7% ♣	0.0% ♣	3.0%
83.4%	31.3%	2.0%	3.7%

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

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/African American
77.5% ♣	3.6%	1.2% ♣
41.3%	2.0%	16.4%
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other specify) _____
14.2% ♣	0.0%	3.6%
34.4%	1.2%	4.7%

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

<input type="checkbox"/> Gay/ Homosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Straight/ Heterosexual	<input type="checkbox"/> Lesbian/ Homosexual
94%♣	6.0%	0.0%	0.0%
75.3%	8.5%	16.0%	0.2%

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

<input type="checkbox"/> 11th grade or less	<input type="checkbox"/> 1-3 years of college	<input type="checkbox"/> Some Graduate school
3.6%♣	34.1%	8.4%
11.7%	33.9%	4.9%
<input type="checkbox"/> High school or equivalent (GED)	<input type="checkbox"/> College Graduate	<input type="checkbox"/> Graduate degree
10.8%♣	30.5%♣	12.6%♣
25.3%	17.5%	6.8%

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

<input type="checkbox"/> No Income	<input type="checkbox"/> Unemployment Compensation
6.5%	1.8%
7.0%	2.6%
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Employment
19.5%	32.0%
27.6%	25.2%
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	<input type="checkbox"/> TANF (formerly AFDC)
43.2%	0.0%
37.5%	1.4%
<input type="checkbox"/> State Disability Insurance (SDI)	<input type="checkbox"/> Private Disability Insurance
6.5%	10.7%
5.2%	4.6%
<input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> General Relief (GR)
4.7%	1.8%
2.9%	3.8%
<input type="checkbox"/> Family/Significant Other assistance	<input type="checkbox"/> Alimony/Child Support
5.9%	0.0%
3.8%	0.4%
<input type="checkbox"/> Veteran's Administration (VA)	<input type="checkbox"/> Food Stamps
0.6%	1.2%
1.0%	3.2%
<input type="checkbox"/> Student Financial Aid (loans, fellowships)	<input type="checkbox"/> Other (specify) _____
1.8%	5.9%
0.3%	6.2%

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

- | | |
|---|---|
| <input type="checkbox"/> I currently have no income
4.8% ♣
8.6% | <input type="checkbox"/> \$17,001 – 25,000
11.4%
9.1% |
| <input type="checkbox"/> Under \$8,500
21.7% ♣
33.9% | <input type="checkbox"/> \$25,501 – 34,000
13.3% ♣
5.5% |
| <input type="checkbox"/> \$8,501 – 17,000
35.5%
35.4% | <input type="checkbox"/> Over \$34,000
13.3% ♣
7.7% |

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Disabled (and <u>unable</u> to work)
46.4%
46.2% | <input type="checkbox"/> Full-time (40 hours/week or more)
16.1%
13.3% | <input type="checkbox"/> Self-employed
11.9%
7.7% |
| <input type="checkbox"/> Disabled (and <u>able</u> to work)
13.1%
14.0% | <input type="checkbox"/> Part-time (Up to 39 hours/week)
10.1%
10.1% | <input type="checkbox"/> Unemployed
7.1%
11.6% |
| <input type="checkbox"/> Student
3.6%
6.0% | <input type="checkbox"/> Retired
1.8%
3.8% | <input type="checkbox"/> Other (specify) _____
1.8%
1.5% |

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

- | | |
|---|---|
| <input type="checkbox"/> Private plan (self pay)
17.9% ♣
7.8% | <input type="checkbox"/> Medicare
37.5%
38.1% |
| <input type="checkbox"/> Private plan (employer-pay)
11.3%
8.0% | <input type="checkbox"/> Medi-Cal
36.3%
44.7% |
| <input type="checkbox"/> No Insurance
18.5%
19.9% | <input type="checkbox"/> HMO
8.3%
11.6% |
| <input type="checkbox"/> Veteran's Administration
2.4%
2.9% | <input type="checkbox"/> Other
8.3%
8.1% |

15. Do you need help with benefits counseling (SSI, SSDI, Medi-Cal, Medicare)?

- | | |
|--|---|
| <input type="checkbox"/> Yes
38.2%
35.3% | <input type="checkbox"/> No
61.8%
64.7% |
|--|---|

16. How many times have you been hospitalized (stayed in the hospital over-night) for an AIDS related illness in the past year? Avg: 0.52 times?

0.57

17. I am able to see a doctor when I need to.

<input type="checkbox"/> True	<input type="checkbox"/> False
94.7%	5.3%
92.3%	7.7%

18. I am confident of my doctor's knowledge of new HIV treatment options.

<input type="checkbox"/> True	<input type="checkbox"/> False
95.3%	4.7%
94.3%	5.7%

19. My doctor is an HIV specialist.

<input type="checkbox"/> I don't Know	<input type="checkbox"/> True	<input type="checkbox"/> False
6.5%	91.1%	2.4%
11.5%	85.3%	3.2%

20. I have been referred to a dietitian/nutritionist in the past year by a medical care provider.

<input type="checkbox"/> True	<input type="checkbox"/> False
30.8%	69.2%
38.2%	61.8%

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

21. 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. Please mark 1-5 (according to the scale below) to rate services that you used in the past year.

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

**2 = Fair
3 = Good**

**4 = Very Good
5 = Excellent**

a.	Dental Services Avg: 3.8 43.2% Avg: 3.7 44.8%	b.	Mental Health (one-on-one counseling) Avg: 4.4 20.5% Avg: 3.7 17.6%
c.	NOLP/Food Bank Avg: 3.0 15.7% Avg: 3.1 33.5%	d.	Addictive Behaviors Avg: 3.8 5.3% Avg: 3.1 5.9%
e.	Benefits Avg: 3.7 36.1% Avg: 3.6 30.4%	f.	Home Health Avg: 3.8 12.6% Avg: 3.6 10.9%
g.	Work Services Avg: 3.4 11.9% Avg: 3.3 14.7%	h.	Community Education Forums Avg: 4.0 9.3% Avg: 3.5 12.4%
i.	Transportation Avg: 3.7 19.2% Avg: 3.7 31.1%	j.	Client Line Avg: 3.0 35.5% Avg: 3.2 59.7%
k.	Case Management Avg: 3.4 42.8% Avg: 3.6 46.6%	l.	Client Relations Avg: 3.1 22.7% Avg: 3.2 26.4%
m.	Support Groups Avg: 3.7 11.9% Avg: 3.4 15.8%	*n	Child Care Avg: n/a Avg: 3.3 4.2%
o.	Publications (Positive Living/Impacto) Avg: 3.6 64.1% Avg: 3.7 60.7%	p.	Nutritionist Avg: 3.9 13.9% Avg: 3.7 20.3%
q.	Residential (Section 8/HOPWA Prgrms) Avg: 3.0 31.6% Avg: 3.4 40.2%	*r	Homeless Case Management Avg: n/a Avg: 3.1 7.6%
s.	Treatment Advocacy Avg: 3.4 11.3% Avg: 3.2 13.4%	*t.	Women's Services Avg: n/a Avg: 3.5 4.3%
u.	HALSA (Legal Department) Avg: 3.6 31.0% Avg: 3.3 32.5%	*v	LAFAN (Child Counseling) Avg: n/a Avg: 3.1 3.0%
w.	Buddy Programs Avg: 3.5 7.2% Avg: 3.2 3.0%	x.	POWER (Positive Wellness & Renewal) Avg: 2.8 3.4% Avg: 3.3 6.1%
*y.	Government Affairs (Grassroots Network) Avg: n/a Avg: 3.1 6.0%	z.	Other (specify) _____ Avg: 4.0 5.7% Avg: 3.7 4.8%

***N < 5; sample size too small to analyze
these items not tested for significance here**

22. Please provide additional comments about specific programs here. For instance, what services would you like APLA to provide?

Comments: 30.8% No comments: 69.2%
 Comments: 26.0% No comments: 74.0%

How strongly do you agree or disagree with the following statements?

	Doesn't Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
23. AIDS Project Los Angeles staff are extremely knowledgeable about your needs.	0	1	2	3	4	5
Average: 3.5	6.5%	10.1%	5.9%	23.7%	35.5%	18.3%
Average: 3.6	7.0%	6.7%	6.5%	23.0%	36.2%	20.6%

24. AIDS Project Los Angeles staff are friendly and courteous.	0	1	2	3	4	5
Average: 3.9	4.1%	4.7%	3.6%	14.8%	42.6%	30.2%
Average: 4.0	3.0%	3.6%	4.4%	17.5%	36.4%	35.0%

25. I know how to file a grievance at AIDS Project Los Angeles.

Yes No
 24.4% 75.6%
 24.7% 75.3%

26. Overall, how would you rate AIDS Project Los Angeles's services and programs in the past year?

Excellent Very good Good Fair Poor
 23.7% 25.0% 23.7% 17.9% 9.6%
 21.7% 29.9% 26.1% 14.0% 8.3%

27. How long have you been a registered client of AIDS Project Los Angeles?

Less than 6 months 6 months to 1 year 1 to 3 years More than 3 years
 7.7% 10.7% 26.0% 55.6%
 5.7% 7.7% 25.9% 60.6%

Sexual Health and Risk Knowledge

28. How would you rate your knowledge of HIV/AIDS, overall?

Excellent Very good Good Fair Poor
 31.4% 40.8% 21.3% 6.5% 0.0%
 28.4% 37.9% 23.5% 8.7% 1.5%

29. How would you rate your overall knowledge of sexually transmitted disease (STDs)?

Excellent Very good Good Fair Poor
 34.3% 37.9% 20.1% 6.5% 1.2%
 35.4% 36.0% 21.5% 5.8% 1.3%

30. Are you aware of the recent syphilis outbreak in Los Angeles?

Yes No
 92.8% ♣ 7.2%
 80.1% 19.9%

The following questions ask what you think about sex and HIV.

How strongly do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
31. I can become infected with drug resistant strains of HIV Average: 4.2 Average: 4.1	1 4.8% 6.5%	2 4.2% 3.3%	3 12.6% 11.5%	4 27.5% 33.8%	5 50.9% 44.8%
32 I can get other sexually transmitted diseases Average: 4.7 Average: 4.5	1 2.4% 3.5%	2 0.0% 1.1%	3 1.2% 3.2%	4 19.5% 26.1%	5 76.9% 66.1%
33 If I plan to have sex with someone, I have a responsibility to let them know I'm HIV positive. Average: 4.3 Average: 4.4	1 2.4% 2.8%	2 4.8% 2.2%	3 10.1% 12.1%	4 20.2% 21.2%	5 62.5% 61.6%
34. Someone who doesn't ask me about HIV before sex is probably already positive. Average: 2.9 Average: 2.9	1 21.9% 21.1%	2 15.4% 19.6%	3 27.2% 26.7%	4 21.9% 19.1%	5 13.6% 13.6%
35. By taking combination drug treatments, an HIV+ person decreases the chance that he/she will infect a partner with HIV. Average: 2.0 Average: 2.1	1 50.6% 47.0%	2 23.8% 22.9%	3 8.9% 12.9%	4 8.9% 9.7%	5 7.7% 7.6%
36. An HIV+ person whose level of virus in the blood is undetectable can still transmit HIV to a sex partner. Average: 4.6 Average: 4.5	1 1.8% 3.0%	2 0.0% 1.5%	3 4.7% 5.4%	4 28.4% 28.9%	5 65.1% 61.2%
37. I am concerned about being infected with Hepatitis C. Average: 3.7 Average: 3.4	1 8.3% 13.6%	2 6.5% 11.2%	3 24.4% 23.2%	4 31.5% 23.3%	5 29.2% 28.7%
38. In the past six months, how often did you feel the effects of alcohol or drugs before having sex? <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	49.4% ♣ 64.5%	30.7% 22.3%	9.6% 5.6%	8.4% 4.4%	1.8% 3.2%
39. In the past six months, have you had sex in a sex club or bathhouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	35.9% ♣ 19.2%	64.1% 80.8%			
40. In the past six months, have you had sex with one or more sexual partners met over the Internet? <input type="checkbox"/> Yes <input type="checkbox"/> No	23.7% ♣ 11.7%	76.3% 88.3%			

41. In the past six months, have you exchanged money, drugs or something else for sex?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.7%	92.3%
5.2%	94.8%

The following sections ask about your sexual behaviors **in the past 6 months**. **Unprotected intercourse** is defined as anal or vaginal penetration without a barrier, i.e., a condom. Remember your answers are **anonymous** (your name will not be attached to them). Your responses will help us plan better programs!

42. In the past 6 months, have you had a primary sexual partner (a partner you would call your boyfriend, girlfriend, spouse, significant other, life partner, etc.)?

<input type="checkbox"/> Yes [please respond to appropriate column(s) for #43-45 below]	<input type="checkbox"/> No (if no, go to question #46)
44.4%	55.6%
43.6%	56.4%

COLUMN A

***COLUMN B**

0A. If you have a MALE primary partner, answer questions in this column.	B. If you have a FEMALE primary partner, answer questions in this column.
<p>43 A. In the last six months, have you had <u>unprotected</u> anal or vaginal intercourse with your male primary partner?</p> <p style="text-align: center;">♣48.8% <input type="checkbox"/> Yes 51.2% <input type="checkbox"/> No 36.8% 63.2%</p>	<p>43 B. In the last six months, have you had <u>unprotected</u> anal or vaginal intercourse with your female primary partner?</p> <p style="text-align: center;">n/a <input type="checkbox"/> Yes n/a <input type="checkbox"/> No 21.0% 79.0%</p>
<p>44 A. What is your male primary partner's HIV status?</p> <p>♣55.6% <input type="checkbox"/> HIV + 37.0% <input type="checkbox"/> HIV – 42.1% 39.3% 7.4% <input type="checkbox"/> Don't Know 18.6%</p>	<p>44 B. What is your female primary partner's HIV status?</p> <p>n/a <input type="checkbox"/> HIV + n/a <input type="checkbox"/> HIV – 20.2% 41.5% n/a <input type="checkbox"/> Don't Know 38.3%</p>
<p>45 A. Have you disclosed your HIV status to your primary male partner?</p> <p>92.4% <input type="checkbox"/> Yes 7.6% <input type="checkbox"/> No 89.1% 10.9%</p>	<p>45 B. Have you disclosed your HIV status to your primary female partner?</p> <p>n/a <input type="checkbox"/> Yes n/a <input type="checkbox"/> No 74.5% 25.5%</p>

52. In general, would you say your health is

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
13.8%	27.5%	31.7%	21.0%	6.0%
10.0%	26.3%	33.7%	23.2%	6.8%

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

<input type="checkbox"/> Better than 1 year ago	<input type="checkbox"/> About the same as 1 year ago	<input type="checkbox"/> Worse than 1 year ago
28.0%	49.4%	22.6%
30.0%	53.1%	16.9%

54. In the past 4 weeks, have you felt calm and peaceful?

<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> A little of the time	<input type="checkbox"/> None of the time
3.6%	31.4%	30.8%	25.4%	8.9%
5.6%	32.5%	33.3%	22.5%	6.1%

55. In the past 4 weeks, have you felt nervous and restless?

<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> A little of the time	<input type="checkbox"/> None of the time
5.4%	19.0%	42.9%	27.4%	5.4%
5.6%	19.8%	41.1%	24.8%	8.7%

56. What is your current HIV status?

32.7% <input type="checkbox"/> HIV Positive, Asymptomatic (No symptoms)	26.7% <input type="checkbox"/> HIV Positive, Symptomatic
34.6%	30.2%
40.6% <input type="checkbox"/> Confirmed AIDS diagnosis sometime in your life	
35.2%	

57. When did you get your diagnosis of HIV infection? Median: 1991

1992

(Please enter month/year)

58. Your last T-Cell/CD4 Count was (fill in blank with number): Median =390

375

your last T-Cell or CD4 Count was taken:

79.4% <input type="checkbox"/> Less Than 3 Months ago	18.2% <input type="checkbox"/> 3 Months to 6 Months ago	2.4% <input type="checkbox"/> More Than 6 Months ago
76.8%	18.2%	5.0%

59. Your last Viral Load Count was taken:

82.6% <input type="checkbox"/> Less Than 3 Months ago	15.6% <input type="checkbox"/> 3 Months to 6 Months ago	1.8% <input type="checkbox"/> More Than 6 Months ago
77.0%	18.3%	4.7%

60. Your last Viral Load Count was: **54.9% undetectable**

57.5%

61. Is your doctor currently prescribing any HIV medications for you to take?

13.1% No (if no, go to question #66)
14.2%

86.9% Yes (if yes, please check all medications that you are currently prescribed to take)
85.5

Nucleoside Reverse Transcriptase Inhibitors

a. 4.1% zidovudine (Retrovir®, AZT, ZDV)
8.7%

b. 13.0% didanosine (Videx®, ddl)
16.2%

c. 0.6% zalcitabine (Hivid®, ddC)
1.4%

d. 34.9% stavudine (Zerit®, d4T)
36.1%

e. 40.8% lamivudine (EpiVir®, 3TC)
37.0%

f. 21.9% zidovudine/lamivudine (Combivir®)
18.7%

g. 23.1% abacavir (Ziagen®, 1592)
24.3%

Non-Nucleotide Reverse Transcriptase Inhibitors

h. 17.8% efavirenz (Sustiva®)
16.6%

i. 23.1% nevirapine (Viramune®)
21.8%

j. 2.4% delavirdine (Rescriptor®)
2.0%

Nucleotide Analog

k. 7.1% tenofovir (Viread®)
5.3%

Protease Inhibitors

l. 15.4% saquinavir (Invirase® or Fortovase®)
8.8%

m. 14.8% ritonavir (Norvir®)
13.7%

n. 5.9% amprenavir (Agenerase®)
8.8%

o. 8.9% indinavir (Crixivan®)
8.5%

p. 18.3% lopinavir (Kaletra®)
15.9%

q. 13.0% nelfinavir (Viracept®)
14.6%

Other:

r. 16.6% Other (specify) _____
20.2%

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

<input type="checkbox"/> 0 days	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7 days
60.3%	18.5%	8.9%	5.5%	0.7%	0.0%	0.0%	6.2%
61.9%	19.0%	8.4%	3.6%	1.7%	0.6%	0.3%	4.4%

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

<input type="checkbox"/> 0 days	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7 days
9.0%	1.4%	2.1%	0.7%	2.8%	10.4%	18.1%	55.6%
8.2%	2.2%	1.0%	1.7%	3.4%	7.9%	18.4%	57.2%

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
48.3%	46.3%	5.4%
48.9%	42.4%	8.8%

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

<input type="checkbox"/> Does Not Apply	<input type="checkbox"/> No side effects	<input type="checkbox"/> Yes, A Little Bit	<input type="checkbox"/> Yes, A lot	<input type="checkbox"/> Yes, Terribly
2.8%	21.5%	50.7%	16.7%	8.3%
7.4%	24.4%	39.5%	20.7%	8.1%

The next few questions ask about HIV treatment interruptions.

66. Have you ever heard of structured treatment interruptions (regimen is established by a doctor)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, go to question #68)
65.2% ♣	34.8%
46.9%	53.1%

67. If yes, have you ever done an HIV structured treatment interruption?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
26.1%	73.9%
29.9%	70.1%

68. Have you ever decided to stop taking HIV medications completely on your own (without a doctor's supervision)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.0%	70.0%
28.4%	71.6%

The next few questions are about HIV treatment resistance and other treatment issues.

69. Have you ever had an HIV resistance test (to test if your virus is resistant to HIV medications)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, go to question #73).
39.0%	61.0%
30.4%	69.5%

70. If yes, which HIV resistance test did you take (check all that apply)?

<input type="checkbox"/> Phenotype	<input type="checkbox"/> Genotype	<input type="checkbox"/> Other: _____
43.1%	86.2%	5.2%
40.3%	78.4%	10.3%

71. According to the HIV resistance test, is your HIV resistant to any of the HIV medications?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.8% ♣	30.2%
54.3%	45.8%

If yes, to which HIV medication is there resistance? _____

72. Has your treatment changed as a result of the HIV medication resistance test?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
48.5%	51.5%
47.7%	52.3%

73. Have you ever experienced lipodystrophy (e.g., unusual fat deposits, high cholesterol, etc.)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
47.9%	40.5%	11.7%
41.7%	41.8%	16.4%

74. Have you ever experienced lipoatrophy (loss of fat in the face, arms, or legs)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
44.1%	44.7%	11.2%
43.3%	42.7%	14.0%

75. Have you ever used any alternative therapies (any treatment to improve your health condition that is not listed as a prescribed medication above) in the past 6 months?

<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please list) _____
68.1%	31.9%
78.0%	22.0%

76. Would you recommend HIV vaccine clinical trials to your friends or family members who are currently HIV-negative? (check one only)

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, with Reservations	<input type="checkbox"/> Probably Not	<input type="checkbox"/> Definitely Not
17.4%	34.8%	40.4%	7.5%
29.7%	26.7%	34.5%	9.1%

77. Are you aware that there are vaccines (therapeutic vaccines) that may help people with HIV?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.9%	69.1%
33.6%	66.4%

78. Are you willing to participate in HIV clinical trials?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.8%	31.1%
68.3%	31.7%

The following questions ask about some drug using behaviors. This is an **anonymous** survey (your name will not be attached to your responses). Your responses are **confidential**.

79. 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
a. Medical Marijuana (THC pills/Marinol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	80.8%	4.5%	2.6%	3.8%	3.8%	4.5%
	83.3%	4.0%	3.3%	2.6%	3.4%	3.4%
b. Marijuana (pot, grass, weed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	62.8%	13.4%	7.9%	5.5%	7.3%	3.0%
	61.7%	10.5%	6.2%	6.7%	8.7%	6.3%
c. Crack (rock).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	96.2%	2.6%	1.3%	0.0%	0.0%	0.0%
	93.6%	2.5%	1.9%	1.2%	0.4%	0.4%
d. Cocaine (coke, blow, flake, or powder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	93.6%	5.1%	0.6%	0.6%	0.0%	0.0%
	93.7%	3.9%	1.6%	0.5%	0.2%	0.1%
e. ♣Crystal (glass or ice), Speed or Uppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	78.0%	8.2%	8.2%	3.8%	1.9%	0.0%
	88.1%	6.4%	2.6%	2.0%	0.7%	0.1%
f. Hallucinogens (LSD/acid, peyote, mescaline, psilocybin/mushrooms,PCP/angel dust, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	96.8%	2.5%	0.6%	0.0%	0.0%	0.0%
	98.7%	0.9%	0.1%	0.2%	0.0%	0.1%
g. Ecstasy/MDMA, X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	92.4%	6.3%	1.3%	0.0%	0.0%	0.0%
	97.4%	2.0%	0.5%	0.1%	0.0%	0.0%
h. Special K/Ketamine, K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	94.3%	5.7%	0.0%	0.0%	0.0%	0.0%
	98.1%	1.5%	0.3%	0.1%	0.0%	0.0%
i. ♣Poppers/inhalants: amyl or butyl nitrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	71.3%	15.0%	8.8%	4.4%	0.6%	0.0%
	83.4%	9.6%	3.6%	3.1%	0.2%	0.1%
j. ♣Anabolic Steroids (not corticosteroids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	82.7%	2.6%	3.8%	7.1%	2.6%	1.3%
	94.1%	0.8%	1.7%	1.9%	0.5%	1.0%
k. Heroin (smack, horse, junk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	99.4%	0.6%	0.0%	0.0%	0.0%	0.0%
	99.2%	0.6%	0.2%	0.1%	0.0%	0.0%

l.	♣GHB (Liquid X)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		91.1%	6.4%	1.3%	0.0%	1.3%	0.0%
		98.1%	1.7%	0.2%	0.1%	0.0%	0.0%
m.	Vicodin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		79.2%	7.5%	3.1%	3.1%	3.1%	3.8%
		85.6%	5.4%	2.8%	2.5%	2.2%	1.6%
n.	♣Viagra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		65.8%	16.8%	14.3%	3.1%	0.0%	0.0%
		84.0%	8.5%	5.1%	2.0%	0.2%	0.2%
o.	Others [sedatives, tranquilizers (Valium or Rufies) or pain killers (codeine, Darvon, Percodan methadone.)] Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		61.1%	4.4%	9.7%	7.1%	7.1%	5.3%
		67.1%	5.5%	5.6%	4.1%	3.9%	6.0% *

* percent is less than 100 due to non-specific drug use reported by client.

80. During the past six months, have you injected any non-prescription drugs such as crystal, speed, heroin, cocaine, etc.?

<input type="checkbox"/> Yes	<input type="checkbox"/> No (If no, go to Question #54)
6.0%	94.0%
4.9%	95.1%

81. In the past six months, have you shared your works without cleaning the needle and syringe?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.5%	98.5%
1.4%	98.6%

82. About how often in the last 6 months did you drink alcoholic beverages such as beer, wine, or hard liquor? (*Please check one box.*)

<input type="checkbox"/> 5 or more days a week	<input type="checkbox"/> 1 or 2 days a week	<input type="checkbox"/> Once a month or less
5.4%	15.7%	27.1%
4.8%	12.6%	27.8%
<input type="checkbox"/> 3 or 4 days a week	<input type="checkbox"/> 2 or 3 times a month	<input type="checkbox"/> Never
8.4%	20.5%	22.9%
5.1%	17.3%	32.4%

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

Avg: 2.59 (Number of Days during which I had 5 or more drinks)
3.38

84. About how many cigarettes did you smoke per day during the past 6 months? (*Please check one*)

<input type="checkbox"/> No Cigarettes	<input type="checkbox"/> About a pack a day (16-25 cigarettes)
64.2%	10.3%
64.0%	9.6%
<input type="checkbox"/> One to 5 cigarettes a day	<input type="checkbox"/> About 1 1/2 packs a day (26-35 cigarettes)
7.9%	5.5%
11.3%	3.1%
<input type="checkbox"/> About 1/2 pack a day (6-15 cigarettes)	<input type="checkbox"/> About 2 packs or more a day (over 35 cigarettes)
10.9%	1.2%
10.1%	1.9%

The following are general questions that will help us plan services for APLA clients. As always, your answers are confidential.

85. Have you ever been homeless within the last six months (i.e., living on the streets, in a car, abandoned building, or in a homeless shelter)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.6%	96.4%
5.9%	94.1%

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.8%	88.6%
13.4%	86.6%

87. Do you currently have access to a personal computer?

- | | | |
|---|---|--|
| <input type="checkbox"/> Yes, regularly | <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> No, not at all (if no, go to question #89). |
| 69.9% ♣ | 16.3% | 13.9% |
| 46.4% | 14.2% | 39.4% |

88. How often do you use the Internet (choose one)?

- | | | | |
|------------------------------------|---|---|--------------------------------|
| <input type="checkbox"/> Every Day | <input type="checkbox"/> At least once a week | <input type="checkbox"/> Once a month or less | <input type="checkbox"/> Never |
| 47.1% ♣ | 29.0% | 9.0% | 14.8% |
| 35.5% | 22.4% | 10.5% | 31.5% |

89. Have you ever been in the correctional system (probation, parole, secured detention, juvenile corrections, jail, prison, etc.)?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14.4% ♣ | 85.6% |
| 26.3% | 73.7% |

90. Please provide us with any additional comments about AIDS Project Los Angeles below. For instance, how has the recent move from Vine St. affected you?

Comments: 56.8%
 57.7%
 No comments: 43.2%
 42.3%

/// Thank you for taking the time to complete this survey! ///

*Your answers are **anonymous** and will be kept **confidential**. Your input will help improve services to APLA clients. If you have any questions, please contact Matt G. Mutchler, Ph.D. at AIDS Project Los Angeles at (213) 201-1522.*

Please return the completed survey by: December 31, 2001.

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 & other great gifts!!!** Please see your cover letter for additional details.