

**AIDS PROJECT LOS ANGELES
2001 Client Survey**



**Frequency Distribution Statistics for 2001 Client Survey:
Female Clients Only
Number of Respondents=107**

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Female Clients Only

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

1. Age: _____

Average: 41.8

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

Male 0% Female 100% Transgender (M to F) 0% Transgender (F to M) 0%

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

Single 43% Legally Married 14% Separated/Divorced 21.5% Widowed 4.7%

Significant Other/Partner/Lover 15.9% Other: _____ 0.9%

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

| | | | | | |
|------------|---------|------------|------------|------------|------------|
| 0 children | 1 child | 2 children | 3 children | 4 children | 5 children |
| 51.5% | 26.7% | 12.9% | 7.9% | 0% | 1% |

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

Yes 19.8% No 80.2%

6. What is your zip code: _____

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

English 80.4% Spanish 30.8% Sign Language 0.9% Other Language (specify) _____ 0.9%

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

White/Caucasian 29% Asian/Pacific Islander 1.9% Black/African American 27.1%

Hispanic or Latino 33.6% American Indian 2.8% Other (specify) _____ 5.6%

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

Gay/ Homosexual 0% Bisexual 7.8% Straight/ Heterosexual 90.2% Lesbian/ Homosexual 2%

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

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- | | | |
|---|--|---|
| <input type="checkbox"/> 11th grade or less 25.5% | <input type="checkbox"/> 1-3 years of college 26.4% | <input type="checkbox"/> Some Graduate school 7.5% |
| <input type="checkbox"/> High school or equivalent (GED) 29.2% | <input type="checkbox"/> College Graduate 9.4% | <input type="checkbox"/> Graduate degree 1.9% |

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

- | | |
|---|---|
| <input type="checkbox"/> No Income 6.6% | <input type="checkbox"/> Unemployment Compensation 0.9% |
| <input type="checkbox"/> Supplemental Security Income (SSI) 38.7% | <input type="checkbox"/> Employment 16% |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) 28.3% | <input type="checkbox"/> TANF (formerly AFDC) 13.2% |
| <input type="checkbox"/> State Disability Insurance (SDI) 5.7% | <input type="checkbox"/> Private Disability Insurance 0.9% |
| <input type="checkbox"/> Retirement/Pension 3.8% | <input type="checkbox"/> General Relief (GR) 7.5% |
| <input type="checkbox"/> Family/Significant Other assistance 3.8% | <input type="checkbox"/> Alimony/Child Support 3.8% |
| <input type="checkbox"/> Veteran's Administration (VA) 0% | <input type="checkbox"/> Food Stamps 17.9% |
| <input type="checkbox"/> Student Financial Aid (loans, fellowships) 0% | <input type="checkbox"/> Other (specify) _____ 4.7% |

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

- | | |
|---|--|
| <input type="checkbox"/> I currently have no income 9.7% | <input type="checkbox"/> \$17,001 – 25,000 7.8% |
| <input type="checkbox"/> Under \$8,500 45.6% | <input type="checkbox"/> \$25,501 – 34,000 0% |
| <input type="checkbox"/> \$8,501 – 17,000 34% | <input type="checkbox"/> Over \$34,000 2.9% |

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

- Disabled (and unable to work) Full-time (40 hours/week or more) Self-employed

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48.1%

5.7%

4.7%

Disabled (and able to work)
13.2%

Part-time (Up to 39 hours/week)
8.5%

Unemployed
15.1%

Student
9.4%

Retired
2.8%

Other (specify) _____
0%

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

Private plan (self pay)
4.8%

Medicare
36.5%

Private plan (employer-pay)
3.8%

Medi-Cal
64.4%

No Insurance
13.5%

HMO
3.8%

Veteran's Administration
0%

Other
11.5%

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

Yes
37.4%

No
62.6%

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

Please respond True or False to the following statements about your access to medical services.

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

True
94.3%

False
5.7%

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

True
95.1%

False
4.9%

19. My doctor is an HIV specialist.

I don't Know
9.5%

True
82.9%

False
7.6%

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

True
49%

False
51%

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

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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 40.4% | b. | _____ | Mental Health (one-on-one counseling) Avg: 3.7 28.3% |
| c. | _____ | NOLP/Food Bank Avg: 3.3 38.9% | d. | _____ | Addictive Behaviors Avg: 3.0 10.1% |
| e. | _____ | Benefits Avg: 3.8 31.1% | f. | _____ | Home Health Avg: 3.9 23.3% |
| g. | _____ | Work Services Avg: 3.4 12.5% | h. | _____ | Community Education Forums Avg: 3.8 11.9% |
| i. | _____ | Transportation Avg: 3.7 35.6% | j. | _____ | Client Line Avg: 3.8 31.9% |
| k. | _____ | Case Management Avg: 4.2 53.3% | l. | _____ | Client Relations Avg: 3.8 23.6% |
| m. | _____ | Support Groups Avg: 4 31.1% | n. | _____ | Child Care Avg: 3.8 20.5% |
| o. | _____ | Publications (<i>Positive Living/Impacto</i>) Avg: 4 50% | p. | _____ | Nutritionist Avg: 3.7 30% |
| q. | _____ | Residential (Section 8/HOPWA Programs) Avg: 3.9 41.1% | r. | _____ | Homeless Case Management Avg: 4.2 12.5% |
| s. | _____ | Treatment Advocacy Avg: 18.4 3.5% | t. | _____ | Women's Services Avg: 3.8 29.9% |
| u. | _____ | HALSA (Legal Department) Avg: 3.9 43.1% | v. | _____ | LAFAN (Child Counseling) Avg: 3.6 11.4% |
| w. | _____ | Buddy Programs Avg: 3.1 9.1% | x. | _____ | POWER (Positive Wellness & Renewal) Avg: 3.4 11.4% |
| y. | _____ | Government Affairs (Grassroots Network) Avg: 4 7% | z. | _____ | Other (specify) _____ Avg: 3.3 5.5% |

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

Comments: 35.2%

No comments: 64.8%

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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: 4 | 7.5% | 5.7% | 2.8% | 13.2% | 39.6% | 31.1% |
| 24. AIDS Project Los Angeles staff are friendly and courteous. | 0 | 1 | 2 | 3 | 4 | 5 |
| Average: 4 | 3.8% | 0% | 3.8% | 16% | 29.2% | 47.2% |
| 25. I know how to file a grievance at AIDS Project Los Angeles. | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | |
| 40.8% | 59.2% | | | | | |
| 26. Overall, how would you rate AIDS Project Los Angeles's services and programs in the past year? | | | | | | |
| Average: 2.1 | | | | | | |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | | |
| 36.4% | 29.3% | 21.2% | 10.1% | 3% | | |
| 27. How long have you been a registered client of AIDS Project Los Angeles? | | | | | | |
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 6 months to 1 year | <input type="checkbox"/> 1 to 3 years | <input type="checkbox"/> More than 3 years | | | |
| 9.8% | 8.8% | 27.5% | 53.9% | | | |

Sexual Health and Risk Knowledge

| | | | | | |
|--|------------------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| 28. How would you rate your knowledge of HIV/AIDS, overall? | | | | | |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | |
| 36.4% | 24.3% | 23.4% | 12.1% | 3.7% | |
| 29. How would you rate your overall knowledge of sexually transmitted disease (STDs)? | | | | | |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | |
| 33.7% | 36.5% | 21.2% | 6.7% | 1.9% | |
| 30. Are you aware of the recent syphilis outbreak in Los Angeles? | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| 63.8% | 36.2% | | | | |

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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: 3.8 | 1 9.3% | 2 6.2% | 3 15.5% | 4 28.9% | 5 40.2% |
| 32. I can get other sexually transmitted diseases Average: 4.4 | 1 4.9% | 2 1.0% | 3 6.9% | 4 25.5% | 5 61.8% |
| 33. If I plan to have sex with someone, I have a responsibility to let them know I'm HIV positive. Average: 4.5 | 1 3.8% | 2 1% | 3 8.6% | 4 14.3% | 5 72.4% |
| 34. Someone who doesn't ask me about HIV before sex is probably already positive. Average: 2.2 | 1 39.4% | 2 26% | 3 20.2% | 4 6.7% | 5 7.7% |
| 35. By taking combination drug treatments, an HIV+ person decreases the chance that he/she will infect a partner with HIV. Average: 2.3 | 1 41.2% | 2 22.5% | 3 15.7% | 4 8.8% | 5 11.8% |
| 36. An HIV+ person whose level of virus in the blood is undetectable can still transmit HIV to a sex partner. Average: 4.4 | 1 2.9% | 2 1% | 3 7.8% | 4 28.2% | 5 60.2% |
| 37. I am concerned about being infected with Hepatitis C. Average: 3.1 | 1 20.8% | 2 16.8% | 3 20.8% | 4 15.8% | 5 25.7% |
| 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 | 87% | 10% | 0% | 1% | 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 | 0% | 100% | | | |
| 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 | 1.9% | 98.1% | | | |
| 41. In the past six months, have you exchanged money, drugs or something else for sex? <input type="checkbox"/> Yes <input type="checkbox"/> No | 0% | 100% | | | |

Female Clients Only

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.)?

Yes [please respond to appropriate column(s) for #43-45 below] 51.7 No (if no, go to #46)48.3%

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. |
|---|---|
| 43 A. In the last six months , have you had <u>unprotected</u> anal or vaginal intercourse with your male primary partner? 37.3% <input type="checkbox"/> Yes 62.7% <input type="checkbox"/> No | 43 B. In the last six months , have you had <u>unprotected</u> anal or vaginal intercourse with your female primary partner? 25% <input type="checkbox"/> Yes 75% <input type="checkbox"/> No |
| 44 A. What is your male primary partner's HIV status? 36.4% <input type="checkbox"/> HIV + 43.6% <input type="checkbox"/> HIV – 20% <input type="checkbox"/> Don't Know | 44 B. What is your female primary partner's HIV status? 36.4% <input type="checkbox"/> HIV + 27.3% <input type="checkbox"/> HIV – 36.4% <input type="checkbox"/> Don't Know |
| 45 A. Have you disclosed your HIV status to your primary male partner? 89.3% <input type="checkbox"/> Yes 10.7% <input type="checkbox"/> No | 45 B. Have you disclosed your HIV status to your primary female partner? 40% <input type="checkbox"/> Yes 60% <input type="checkbox"/> No |

46. In the past six months, have you had sex with one or more casual sexual partners (such as one-night stands, anonymous sexual partners, and sexual partners whom you do not consider a primary sexual partner in questions #42-45 above)?

Yes [please respond to appropriate column(s) for #47-51 below] 3.7% No, (if no, go to #52). 96.3%

| <i>Please answer if you had <u>Male Casual Partners in the past 6 months.</u></i> | <i>Please answer if you had <u>Female Casual Partners in the past 6 months.</u></i> |
|---|--|
| 47 A. How many male casual sexual partners have you had in the <u>past 6 months</u> ? <u>1</u> | 47 B. How many female casual sexual partners have you had in the <u>past 6 months</u> ? <u>0.25</u> |
| 48 A. How often do you disclose your HIV status to your male casual sexual partners? 52.6% <input type="checkbox"/> Never 15.8% <input type="checkbox"/> Sometimes 31.6% <input type="checkbox"/> Always | 48 B. How often do you disclose your HIV status to your female casual sexual partners? 50% <input type="checkbox"/> Never 25% <input type="checkbox"/> Sometimes 25% <input type="checkbox"/> Always |
| 49 A. How often do you ask your male casual sexual partners about their HIV status? 38.9% <input type="checkbox"/> Never 22.2% <input type="checkbox"/> Sometimes 38.9% <input type="checkbox"/> Always | 49 B. How often do you ask your female casual sexual partners about their HIV status? 25% <input type="checkbox"/> Never 25% <input type="checkbox"/> Sometimes 50% <input type="checkbox"/> Always |
| 50 A. Have you had <u>unprotected</u> anal or vaginal intercourse with one or more male casual sexual partners in the past 6 months? 10% <input type="checkbox"/> Yes 90% <input type="checkbox"/> No | 50 B. Have you had <u>unprotected</u> anal or vaginal intercourse with one or more female casual sexual partners in the past 6 months? 0% <input type="checkbox"/> Yes 100% <input type="checkbox"/> No |
| 51 A. Have you had <u>unprotected</u> anal or vaginal intercourse with one or more male casual sexual partners who was: a. HIV+ = 46.2% b. HIV– = 30.8% c. HIV ? = 38.5% | 51 B. Have you had <u>unprotected</u> anal or vaginal intercourse with one or more female casual sexual partners who was: a. HIV+ = 0% b. HIV– = 50% c. HIV? = 50% |

In the next sections, we ask you to tell us about your health and HIV medications.

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52. In general, would you say your health is

- Excellent 10.4% Very good 21.7% Good 27.4% Fair 34% Poor 6.6%

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

- Better than 1 year ago 32.4% About the same as 1 year ago 53.3% Worse than 1 year ago 14.3%

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

- All of the time 2.8% Most of the time 32.4% Some of the time 32.9% A little of the time 22.9% None of the time 6.4%

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

- All of the time 7.6% Most of the time 22.9% Some of the time 40% A little of the time 21.9% None of the time 7.6%

56. What is your current HIV status?

- 31% HIV Positive, Asymptomatic (No symptoms) 31% HIV Positive, Symptomatic
38% Confirmed AIDS diagnosis sometime in your life

57. When did you get your diagnosis of HIV infection? Median: 1992

(Please enter month/year)

58. Your last T-Cell/CD4 Count was (fill in blank with number): Median=400

your last T-Cell or CD4 Count was taken:

- 64.6% Less Than 3 Months ago 28.3% 3 Months to 6 Months ago 7.1% More Than 6 Months ago

59. Your last Viral Load Count was taken:

- 68% Less Than 3 Months ago 26% 3 Months to 6 Months ago 6% More Than 6 Months ago

60. Your last Viral Load Count was: 67% undetectable

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

21.6% No (if no, go to question #66)

76.5% Yes (if yes, please check all medications that you are currently prescribed to take)

Nucleoside Reverse Transcriptase Inhibitors

a. 9.3% zidovudine (Retrovir®, AZT, ZDV)

c. 0.9% zalcitabine (Hivid®, ddC)

e. 35.2% lamivudine (Epivir®, 3TC)

g. 22.2% abacavir (Ziagen®, 1592)

b. 14.8% didanosine (Videx®, ddl)

d. 38% stavudine (Zerit®, d4T)

f. 13% zidovudine/lamivudine (Combivir®)

Non-Nucleotide Reverse Transcriptase Inhibitors

h. 13.9% efavirenz (Sustiva®)

j. 1.9% delavirdine (Rescriptor®)

i. 23.1% nevirapine (Viramune®)

Nucleotide Analog

k. 5.6% tenofovir (Viread®)

Protease Inhibitors

l. 6.5% saquinavir (Invirase® or Fortovase®)

n. 6.5% amprenavir (Agenerase®)

p. 16.7% lopinavir (Kaletra®)

m. 9.3% ritonavir (Norvir®)

o. 5.6% indinavir (Crixivan®)

q. 12% nelfinavir (Viracept®)

Other:

r. 16.7% Other (specify) _____

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

0 days 67.4% 1 10.1% 2 6.7% 3 5.6% 4 2.2% 5 0% 6 0% 7 days 7.9%

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?

0 days 17% 1 2.3% 2 2.3% 3 2.3% 4 3.4% 5 5.7% 6 9.1% 7 days 60.2%

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

Yes 36.4% No 52.3% Do Not Know 11.4%

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

Does Not Apply 17.2% No side effects 18.4% Yes, A Little Bit 40.2% Yes, A lot 16.1% Yes, Terribly 8.0%

The next few questions ask about HIV treatment interruptions.

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

Yes 37.5% No 62.5% (if no, go to question #68)

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

Yes 30.9% No 69.1%

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

Yes 34.3% No 65.7%

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

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

- Yes 27% No (if no, go to question #73). 73%

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

- Phenotype 44% Genotype 76% Other: _____ 16%

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

- Yes 32.4% No 67.6%

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

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

- Yes 30% No 70%

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

- Yes 40.2% No 40.2% Don't know 19.6%

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

- Yes 38.6% No 50.5% Don't know 10.9%

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?

- No 79.6% Yes (Please list) _____ 20.4%

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

- Yes 35.5% Yes, with Reservations 15.1% Probably Not 35.5% Definitely Not 14%

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

- Yes 30.3% No 69.7%

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

- Yes 67.4% No 32.6%

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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"/> |
| | 88% | 1% | 4% | 1% | 2% | 4% |
| b. Marijuana (pot, grass, weed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 75.5% | 5.1% | 1%7.1% | 4.1% | 7.1% | |
| c. Crack (rock). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 94.1% | 3% | 2% | 0% | 1% | 0% |
| 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"/> |
| | 98% | 2% | 0% | 0% | 0% | 0% |
| 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"/> |
| | 98% | 1% | 0%0% | 1% | 0% | |
| 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"/> |
| | 99% | 1% | 0% | 0% | 0% | 0% |
| g. Ecstasy/MDMA, X | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 100% | 0% | 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"/> |
| | 100% | 0% | 0% | 0% | 0% | 0% |
| i. Poppers/inhalants such as amyl or butyl nitrate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 100% | 0% | 0% | 0% | 0% | 0% |
| j. Anabolic Steroids (not corticosteroids) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 100% | 0% | 0% | 0% | 0% | 0% |
| k. Heroin (smack, horse, junk) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 100% | 0% | 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"/> |
| | 100% | 0% | 0% | 0% | 0% | 0% |
| m. Vicodin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 85.3% | 4.9% | 0% | 4.9% | 3.9% | 1% |
| n. Viagra | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 100% | 0% | 0% | 0% | 0% | 0% |
| 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"/> |
| | 67.1% | 5.7% | 5.7% | 2.9% | 2.9% | 5.7% |

Female Clients Only

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

- Yes 0% No (If no, go to Question #54) 100%

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

- Yes 0% No 100%

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 3% | <input type="checkbox"/> 1 or 2 days a week 6.9% | <input type="checkbox"/> Once a month or less 17.8% |
| <input type="checkbox"/> 3 or 4 days a week 5% | <input type="checkbox"/> 2 or 3 times a month 12.9% | <input type="checkbox"/> Never 54.5% |

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

 Avg: 0.9 (Number of Days during which I had 5 or more drinks)

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

- | | |
|--|---|
| <input type="checkbox"/> No Cigarettes 68.9% | <input type="checkbox"/> About a pack a day (16-25 cigarettes) 8.7% |
| <input type="checkbox"/> One to 5 cigarettes a day 5.8% | <input type="checkbox"/> About 1 1/2 packs a day (26-35 cigarettes) 1.9% |
| <input type="checkbox"/> About 1/2 pack a day (6-15 cigarettes) 11.7% | <input type="checkbox"/> About 2 packs or more a day (over 35 cigarettes) 2.9% |

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)?

- Yes 11.2% No 88.8%

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

- Yes 8.5% No 91.5%

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

- Yes, regularly 32.4% Yes, sometimes 15.2% No, not at all (if no, go to question #89). 52.4%

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

