

**AIDS PROJECT LOS ANGELES
2001 Client Survey**



**Frequency Distribution Statistics for 2001 Client Survey
Number of Respondents=1,365**

**Prepared by M. Summra Shariff.
Research Assistant
sshariff@apla.org
213.201.1653
& Matt G. Mutchler, Ph.D.
Manager of Research and Evaluation
213.201.1522
mmutchler@apla.org**

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

1. Age: _____
Average: 43.5

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

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Male
90.2% | <input type="checkbox"/> Female
8.0% | <input type="checkbox"/> Transgender (M to F)
1.8% | <input type="checkbox"/> Transgender (F to M)
0.0% |
|--|---|---|---|

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

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Single
64.9% | <input type="checkbox"/> Legally Married
4.1% | <input type="checkbox"/> Separated/Divorced
7.4% | <input type="checkbox"/> Widowed
1.8% |
|--|--|---|--|

- | | |
|---|---|
| <input type="checkbox"/> Significant Other/Partner/Lover
21.4% | <input type="checkbox"/> Other: _____
0.4% |
|---|---|

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

- | | | | | | |
|---------------------|-----------------|--------------------|--------------------|--------------------|--------------------|
| 0 children
91.0% | 1 child
5.5% | 2 children
2.2% | 3 children
0.8% | 4 children
0.2% | 5 children
0.2% |
|---------------------|-----------------|--------------------|--------------------|--------------------|--------------------|

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

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Yes
3.6% | <input type="checkbox"/> No
96.4% |
|--------------------------------------|--------------------------------------|

6. What is your zip code: _____

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

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> English
84.6% | <input type="checkbox"/> Spanish
28.6% | <input type="checkbox"/> Sign Language
1.8% | <input type="checkbox"/> Other Language (specify) _____
3.6% |
|---|---|--|---|

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

- | | | |
|--|---|--|
| <input type="checkbox"/> White/Caucasian
45.7% | <input type="checkbox"/> Asian N.H./Pacific Islander
2.1% | <input type="checkbox"/> Black/African American
14.7% |
| <input type="checkbox"/> Hispanic or Latino
31.8% | <input type="checkbox"/> American Indian /Alaska Native
1.1% | <input type="checkbox"/> Other specify)
4.6% |

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

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Gay/ Homosexual
77.6% | <input type="checkbox"/> Bisexual
8.2% | <input type="checkbox"/> Straight/ Heterosexual
14.1% | <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
10.8% | <input type="checkbox"/> 1-3 years of college
33.8% | <input type="checkbox"/> Some Graduate school
5.3% |
| <input type="checkbox"/> High school or equivalent (GED)
23.3% | <input type="checkbox"/> College Graduate
19.1% | <input type="checkbox"/> Graduate degree
7.7% |

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

- | | |
|---|---|
| <input type="checkbox"/> No Income
6.9% | <input type="checkbox"/> Unemployment Compensation
2.5% |
| <input type="checkbox"/> Supplemental Security Income (SSI)
26.6% | <input type="checkbox"/> Employment
26.0% |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI)
38.2% | <input type="checkbox"/> TANF (formerly AFDC)
1.2% |
| <input type="checkbox"/> State Disability Insurance (SDI)
5.4% | <input type="checkbox"/> Private Disability Insurance
5.3% |
| <input type="checkbox"/> Retirement/Pension
3.2% | <input type="checkbox"/> General Relief (GR)
3.6% |
| <input type="checkbox"/> Family/Significant Other assistance
4.0% | <input type="checkbox"/> Alimony/Child Support
0.4% |
| <input type="checkbox"/> Veteran's Administration (VA)
1.0% | <input type="checkbox"/> Food Stamps
3.0% |
| <input type="checkbox"/> Student Financial Aid (loans, fellowships)
0.4% | <input type="checkbox"/> Other (specify) _____
6.1% |

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

- | | |
|---|--|
| <input type="checkbox"/> I currently have no income
8.1% | <input type="checkbox"/> \$17,001 – 25,000
9.3% |
| <input type="checkbox"/> Under \$8,500
32.7% | <input type="checkbox"/> \$25,501 – 34,000
6.5% |
| <input type="checkbox"/> \$8,501 – 17,000
35.3% | <input type="checkbox"/> Over \$34,000
8.3% |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Disabled (and <u>unable</u> to work)
46.3% | <input type="checkbox"/> Full-time (40 hours/week or more)
13.5% | <input type="checkbox"/> Self-employed
8.2% |
| <input type="checkbox"/> Disabled (and <u>able</u> to work)
14.0% | <input type="checkbox"/> Part-time (Up to 39 hours/week)
10.1% | <input type="checkbox"/> Unemployed
11.1% |
| <input type="checkbox"/> Student
5.6% | <input type="checkbox"/> Retired
3.5% | <input type="checkbox"/> Other (specify) _____
1.6% |

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

- | | |
|--|--|
| <input type="checkbox"/> Private plan (self pay)
9.0% | <input type="checkbox"/> Medicare
38.1% |
| <input type="checkbox"/> Private plan (employer-pay)
8.4% | <input type="checkbox"/> Medi-Cal
43.8% |
| <input type="checkbox"/> No Insurance
19.6% | <input type="checkbox"/> HMO
11.1% |
| <input type="checkbox"/> Veteran's Administration
2.8% | <input type="checkbox"/> Other
8.3% |

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

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Yes
35.7% | <input type="checkbox"/> No
64.3% |
|---------------------------------------|--------------------------------------|

16. How many times have you been hospitalized (stayed in the hospital over-night) for an AIDS related illness in the past year? Avg: 0.57 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.

- | | |
|--|--|
| <input type="checkbox"/> True
92.7% | <input type="checkbox"/> False
7.3% |
|--|--|

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

- | | |
|--|--|
| <input type="checkbox"/> True
94.5% | <input type="checkbox"/> False
5.5% |
|--|--|

19. My doctor is an HIV specialist.

- | | | |
|--|--|---|
| <input type="checkbox"/> I don't Know
10.8% | <input type="checkbox"/> True
86.2% | <input type="checkbox"/> False
3.1%% |
|--|--|---|

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

- | | |
|--|---|
| <input type="checkbox"/> True
37.3% | <input type="checkbox"/> False
62.7% |
|--|---|

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: 3.7 44.8% | b. | _____ | Mental Health (one-on-one counseling)
Avg: 3.7 17.9% |
| c. | _____ | NOLP/Food Bank
Avg: 3.1 31% | d. | _____ | Addictive Behaviors
Avg: 3.1 5.8% |
| e. | _____ | Benefits
Avg: 3.6 31.1% | f. | _____ | Home Health
Avg: 3.6 11.1% |
| g. | _____ | Work Services
Avg: 3.3 14.3% | h. | _____ | Community Education Forums
Avg: 3.5 11.9% |
| i. | _____ | Transportation
Avg: 3.7 29.4% | j. | _____ | Client Line
Avg: 3.2 39.7% |
| k. | _____ | Case Management
Avg: 3.6 45.9% | l. | _____ | Client Relations
Avg: 3.2 25.8% |
| m. | _____ | Support Groups
Avg: 3.4 15.3% | n. | _____ | Child Care
Avg: 3.3 3.9% |
| o. | _____ | Publications (<i>Positive Living/Impacto</i>)
Avg: 3.7 61% | p. | _____ | Nutritionist
Avg: 3.7 19.3% |
| q. | _____ | Residential (Section 8/HOPWA Programs)
Avg: 3.4 39% | r. | _____ | Homeless Case Management
Avg: 3.1 6.7% |
| s. | _____ | Treatment Advocacy
Avg: 3.2 13% | t. | _____ | Women's Services
Avg: 3.5 3.9% |
| u. | _____ | HALSA (Legal Department)
Avg: 3.3 32.4% | v. | _____ | LAFAN (Child Counseling)
Avg: 3.1 2.7% |
| w. | _____ | Buddy Programs
Avg: 3.2 7% | x. | _____ | POWER (Positive Wellness & Renewal)
Avg: 3.3 5.7% |
| y. | _____ | Government Affairs (Grassroots Network)
Avg: 3.1 5.5% | z. | _____ | Other (specify) _____
Avg: 3.7 5% |

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

Comments: 26.5%

No comments: 73.4%

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	6.8%	7.1%	6.4%	22.9%	36.4%	20.4%
24. AIDS Project Los Angeles staff are friendly and courteous.	0	1	2	3	4	5
Average: 4.5	3.1%	3.9%	4.3%	17.0%	37.1%	34.5%
25. I know how to file a grievance at AIDS Project Los Angeles.						
<input type="checkbox"/> Yes	<input type="checkbox"/> No					
24.5%	75.5%					
26. Overall, how would you rate AIDS Project Los Angeles's services and programs in the past year?						
Average: 2.5						
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		
22.2%	29.2%	25.7%	14.5%	8.4%		
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			
6.0%	8.1%	25.9%	60.0%			

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	
28.8%	38.4%	23.1%	8.4%	1.3%	
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	
35.3%	36.1%	21.2%	6.0%	1.3%	
30. Are you aware of the recent syphilis outbreak in Los Angeles?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
81.7%	18.3%				

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	1 6.3%	2 3.5%	3 11.5%	4 33.3%	5 45.4%
32. I can get other sexually transmitted diseases Average: 4.5	1 3.4%	2 1.0%	3 2.9%	4 25.2%	5 67.5%
33. If I plan to have sex with someone, I have a responsibility to let them know I'm HIV positive. Average: 4.4	1 2.8%	2 2.6%	3 11.8%	4 20.9%	5 61.9%
34. Someone who doesn't ask me about HIV before sex is probably already positive. Average: 2.9	1 21.2%	2 18.9%	3 26.6%	4 19.6%	5 13.7%
35. By taking combination drug treatments, an HIV+ person decreases the chance that he/she will infect a partner with HIV. Average: 2.1	1 47.3%	2 23.1%	3 12.3%	4 9.7%	5 7.7%
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 3.0%	2 1.3%	3 5.4%	4 28.7%	5 61.5%
37. I am concerned about being infected with Hepatitis C. Average: 3.5	1 13.1%	2 10.5%	3 23.3%	4 24.5%	5 28.5%
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	62.7%	23.4%	6.1%	4.9%	3.0%
39. In the past six months, have you had sex in a sex club or bathhouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	21.1%	78.9%			
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	13.2%	86.8%			
41. In the past six months, have you exchanged money, drugs or something else for sex? <input type="checkbox"/> Yes <input type="checkbox"/> No	5.6%	94.4%			

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] 43.5% No (if no, go to question #46) 56.5%

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? 38.1% <input type="checkbox"/> Yes 61.9% <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? 20.9% <input type="checkbox"/> Yes 79.1% <input type="checkbox"/> No
44 A. What is your male primary partner's HIV status? 44.0% <input type="checkbox"/> HIV + 38.9% <input type="checkbox"/> HIV – 17.1% <input type="checkbox"/> Don't Know	44 B. What is your female primary partner's HIV status? 20.4% <input type="checkbox"/> HIV + 40.8% <input type="checkbox"/> HIV – 38.8% <input type="checkbox"/> Don't Know
45 A. Have you disclosed your HIV status to your primary male partner? 89.4% <input type="checkbox"/> Yes 10.6% <input type="checkbox"/> No	45 B. Have you disclosed your HIV status to your primary female partner? 74.5% <input type="checkbox"/> Yes 25.5% <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] 42.9% No, (if no, go to question #52). 57.1%

<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>3.5</u> (please write number in boxes)	47 B. How many female casual sexual partners have you had in the <u>past 6 months</u> ? <u>0.82</u> (please write number in boxes)
48 A. How often do you disclose your HIV status to your male casual sexual partners? 20.7% <input type="checkbox"/> Never 41.4% <input type="checkbox"/> Sometimes 37.8% <input type="checkbox"/> Always	48 B. How often do you disclose your HIV status to your female casual sexual partners? 41.0% <input type="checkbox"/> Never 16.7% <input type="checkbox"/> Sometimes 41.0% <input type="checkbox"/> Always
49 A. How often do you ask your male casual sexual partners about their HIV status? 34.5% <input type="checkbox"/> Never 39.9% <input type="checkbox"/> Sometimes 25.4% <input type="checkbox"/> Always	49 B. How often do you ask your female casual sexual partners about their HIV status? 45.9% <input type="checkbox"/> Never 16.2% <input type="checkbox"/> Sometimes 36.5% <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? 41.6% <input type="checkbox"/> Yes 58.2% <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? 15.5% <input type="checkbox"/> Yes 83.3% <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: (please check all that apply) a. HIV+: <input type="checkbox"/> 47.8% b. HIV–: <input type="checkbox"/> 24.9% c. HIV status unknown: <input type="checkbox"/> 68.9%	51 B. Have you had <u>unprotected</u> anal or vaginal intercourse with one or more female casual sexual partners who was: (please check all that apply) a. HIV+: <input type="checkbox"/> 24.4% b. HIV–: <input type="checkbox"/> 35.0% c. HIV status unknown: <input type="checkbox"/> 55.0%

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

52. In general, would you say your health is

Excellent 10.5% Very good 26.6% Good 33.6% Fair 22.7% Poor 6.7%

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

Better than 1 year ago 29.7% About the same as 1 year ago 52.7% Worse than 1 year ago 17.6%

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

All of the time 5.4% 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 5.6% Most of the time 19.6% Some of the time 41.2% A little of the time 25.1% None of the time 8.5%

56. What is your current HIV status?

34.4% HIV Positive, Asymptomatic (No symptoms) 29.7% HIV Positive, Symptomatic
36.8% 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=378
your last T-Cell or CD4 Count was taken:

77.0% Less Than 3 Months ago 18.3% 3 Months to 6 Months ago 4.7% More Than 6 Months ago

59. Your last Viral Load Count was taken:

77.7% Less Than 3 Months ago 18.0% 3 Months to 6 Months ago 4.3% More Than 6 Months ago

60. Your last Viral Load Count was: _____ 58.1% undetectable

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

13.9% No (if no, go to question #66)

85.8% Yes (if yes, please check all medications that you are currently prescribed to take)

Nucleoside Reverse Transcriptase Inhibitors

a. 8.2% zidovudine (Retrovir®, AZT, ZDV)

c. 1.3% zalcitabine (Hivid®, ddC)

e. 37.5% lamivudine (Epivir®, 3TC)

g. 24.2% abacavir (Ziagen®, 1592)

b. 15.7% didanosine (Videx®, ddl)

d. 36.1% stavudine (Zerit®, d4T)

f. 19.2% zidovudine/lamivudine (Combivir®)

Non-Nucleotide Reverse Transcriptase Inhibitors

h. 16.7% efavirenz (Sustiva®)

j. 2.1% delavirdine (Rescriptor®)

i. 22.0% nevirapine (Viramune®)

Nucleotide Analog

k. 5.4% tenofovir (Viread®)

Protease Inhibitors

l. 9.8% saquinavir (Invirase® or Fortovase®)

n. 8.4% amprenavir (Agenerase®)

p. 16.1% lopinavir (Kaletra®)

m. 14.0% ritonavir (Norvir®)

o. 8.5% indinavir (Crixivan®)

q. 14.5% nelfinavir (Viracept®)

Other:

r. 19.6% Other (specify) _____

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
62%	18.7%	8.4%	3.8%	1.6%	0.5%	0.3%	4.7%

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
8.3%	2.1%	1.2%	1.5%	3.3%	8.1%	18.3%	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
48.7%	43.0%	8.3%

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
6.9%	24.1%	40.7%	20.2%	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)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, go to question #68)
49.0%	51.0%

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.1%	70.9%

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
28.6%	71.4%

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)?**
 Yes 31.4% No (if no, go to question #73). 68.5%
70. **If yes, which HIV resistance test did you take (check all that apply)?**
 Phenotype 40.5% Genotype 79.3% Other: _____ 9.7%
71. **According to the HIV resistance test, is your HIV resistant to any of the HIV medications?**
 Yes 56.1% No 43.7%
If yes, to which HIV medication is there resistance? _____
72. **Has your treatment changed as a result of the HIV medication resistance test?**
 Yes 47.8% No 52.2%
73. **Have you ever experienced lipodystrophy (e.g., unusual fat deposits, high cholesterol, etc.)?**
 Yes 42.6% No 41.6% Don't know 15.8%
74. **Have you ever experienced lipoatrophy (loss of fat in the face, arms, or legs)?**
 Yes 43.5% No 42.8% Don't know 13.7%
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 76.8% Yes (Please list) _____ 23.2%
76. **Would you recommend HIV vaccine clinical trials to your friends or family members who are currently HIV-negative? (check one only)**
 Yes 28.3% Yes, with Reservations 27.5% Probably Not 35.1% Definitely Not 9.1%
77. **Are you aware that there are vaccines (therapeutic vaccines) that may help people with HIV?**
 Yes 33.2% No 66.8%
78. **Are you willing to participate in HIV clinical trials?**
 Yes 68.4% No 31.6%

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"/>
	83%	4.1%	3.2%	2.8%	3.4%	3.5%
b. Marijuana (pot, grass, weed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	62%	10.8%	6.4%	6.6%	8.4%	5.8%
c. Crack (rock).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	93.9%	2.6%	1.8%	1%	0.3%	0.3%
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"/>
	93.7%	4.0%	1.4%	0.6%	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"/>
	86.9%	6.5%	3.4%	2.2%	0.9%	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"/>
	98.5%	1.1%	0.2%	0.2%	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"/>
	96.8%	2.5%	0.6%	0.1%	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"/>
	97.7%	2%	0.2%	0.1%	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"/>
	81.9%	10.3%	4.2%	3.3%	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"/>
	92.8%	1%	1.9%	2.5%	0.7%	1%
k. Heroin (smack, horse, junk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	99.2%	0.6%	0.2%	0%	0%	0.1%
l. GHB (Liquid X)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	97.2%	2.2%	0.3%	0.1%	0.2%	0%
m. Vicodin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	84.9%	5.6%	2.8%	2.5%	2.3%	1.8%
n. Viagra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	81.7%	9.6%	6.4%	2.1%	0.2%	0.2%
o. Others [sedatives, tranquilizers (Valium or Rofies) 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"/>
	66.6%	5.3%	6.1%	4.4%	4.3%	5.9%

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

- Yes 5.0% No (If no, go to Question #54) 95.0%

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

- Yes 1.4% No 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.*)

- 5 or more days a week 4.9% 1 or 2 days a week 12.9% Once a month or less 27.8%
- 3 or 4 days a week 5.4% 2 or 3 times a month 17.5% Never 31.4%

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

 Avg: 3.3 (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*)

- No Cigarettes 64% About a pack a day (16-25 cigarettes) 9.8%
- One to 5 cigarettes a day 10.9% About 1 1/2 packs a day (26-35 cigarettes) 3.4%
- About 1/2 pack a day (6-15 cigarettes) 10.2% About 2 packs or more a day (over 35 cigarettes) 1.8%

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 5.6% No 94.4%

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

- Yes 12.9% No 87%

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

- Yes, regularly 49.3% Yes, sometimes 14.4% No, not at all (if no, go to question #89). 36.4%

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

- Every Day 37% At least once a week 23.1% Once a month or less 10.5% Never 29.4%

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

