ACCESS TO HEALTH CARE SURVEY

This survey is completely confidential and is intended to help us understand the health care needs in the County of Santa Clara.

DEMOGRAPHIC INFORMATION

1. **How did you learn about this survey?** *Please select only one.*
   - ☐ Someone I don't know gave me a copy
   - ☐ Community Health Partnership
   - ☐ TransPowerment Program
   - ☐ Danielle
   - ☐ Claudia
   - ☐ Jennifer
   - ☐ Nori
   - ☐ A friend/colleague
   - ☐ Email
   - ☐ Other, please specify: _____

2. **How do you identify your gender?** *Please select only one.*
   - ☐ Female
   - ☐ MTF (male-to-female)
   - ☐ Transgender
   - ☐ FTM (female-to-male)
   - ☐ Intersex
   - ☐ Decline to answer
   - ☐ Male
   - ☐ Gender variant
   - ☐ Gender queer
   - ☐ Questioning
   - ☐ Other, please specify: _____

3. **How do you identify your sexual orientation?** *Please select all that apply.*
   - ☐ Queer
   - ☐ Bisexual
   - ☐ Gay
   - ☐ Heterosexual
   - ☐ Questioning
   - ☐ Decline to answer
   - ☐ Lesbian
   - ☐Other, please specify: _____

4. **How do you identify your ethnicity or race?** *Please select all that apply.*
   - ☐ Asian or Asian American
   - ☐ Latina(o)/Hispanic
   - ☐ Multiracial
   - ☐ Pacific Islander
   - ☐ White/Caucasian
   - ☐ Native American
   - ☐ Middle Eastern
   - ☐ Black or African American
   - ☐ Decline to answer
   - ☐ Other, please specify: _____

5. **What language do you speak most frequently at home?** *Please select all that apply.*
   - ☐ English ☐ Spanish ☐ Vietnamese ☐ Tagalog ☐ Other (specify): _____

6. **Are you Bilingual?** ☐ Yes ☐ No

7. **What is your age?**
   - ☐ Under 12 years old
   - ☐ 13 to 17 years old
   - ☐ 18 to 24 years old
   - ☐ 25 to 29 years old
   - ☐ 30 to 39 years old
   - ☐ 40 to 49 years old
   - ☐ Over 50 years old
   - ☐ Decline to answer

8. Which county do you live in?

☐ Santa Clara County ☐ Napa County ☐ Alameda County
☐ San Francisco County ☐ Solano County ☐ Santa Cruz County
☐ San Mateo County ☐ Marin County ☐ Monterey County
☐ Sonoma County ☐ Contra Costa County ☐ Other (specify): _____

EMPLOYMENT AND INSURANCE

9. What best describes your current job (work) situation? *Please select one.*

☐ Employed full-time (33-40 hours/week)
☐ Employed part-time (Less than 33 hours/week)
☐ Working part-time and on disability
☐ On disability – looking for work
☐ Not working – on full disability
☐ Not working – applied for disability
☐ Not working – looking for work
☐ Not working – student/homemaker/volunteer/other
☐ Retired
☐ Other, please specify: _____

10. Have you exchanged any form of sex for money in the last 6 months? ☐ Yes ☐ No
☐ Not sure, please specify:_____

11. Do you have health insurance? ☐ Yes ☐ No *(skip to question #12)*

12. If YES, what kind of health insurance do you have? *Please answer "yes" or "no" to each item below.*

	Yes	No
1. Insurance through work	☐	☐
2. COBRA or OBRA (insurance through my last employer)	☐	☐
3. Private insurance/HMO, not through work	☐	☐
4. Medicare	☐	☐
5. Medi-Cal/Medicaid	☐	☐
6. Veteran's Affairs (VA)	☐	☐
7. County-funded program	☐	☐
8. Private pay/out-of-pocket/fee-for-service	☐	☐
9. Other (specify)		

HEALTH CARE SERVICES

13. When was your last visit with a doctor, nurse, or other health care provider?

- ☐ Less than 6 months ago
- ☐ Six to 12 months ago
- ☐ More than a year ago
- ☐ Never

14. Where did you receive your medical care (doctor's name or place)? _____

15. Were you satisfied with the services you received?

☐ Yes ☐ No

☐ If NO, please explain:_____

ACCESS TO HEALTH SERVICES

16. How much do you think each of the following factors could prevent you from seeing a doctor, nurse or other health care provider?

Please check the box beside the statement that most describes your experience.

1. Location of services/ transportation	☐	☐	☐	☐	☐	☐
2. Days and hours of operation	☐	☐	☐	☐	☐	☐
3. Having to disclose your gender identity	☐	☐	☐	☐	☐	☐
4. Concerns about confidentiality	☐	☐	☐	☐	☐	☐
5. Lack of health insurance/what services might cost	☐	☐	☐	☐	☐	☐
6. Feeling comfortable talking about health and sexuality	☐	☐	☐	☐	☐	☐
7. Fear of being reported to immigration or other authorities	☐	☐	☐	☐	☐	☐
8. Length of waiting time to get an appointment or see someone	☐	☐	☐	☐	☐	☐
9. Not able to communicate or interact with the service provider in my preferred language.	☐	☐	☐	☐	☐	☐
10. Sensitivity of the person or organization providing services	☐	☐	☐	☐	☐	☐
11. Feeling discriminated against by the service provider or the organization providing services	☐	☐	☐	☐	☐	☐
12. Not getting along with the people providing services	☐	☐	☐	☐	☐	☐
13. Experience or expertise of the person providing services	☐	☐	☐	☐	☐	☐
14. Lack of professional support to help navigate the health care systems	☐	☐	☐	☐	☐	☐

17. Have you had any personal experiences with these or other barriers that you would like to share?

_____

_____

_____

THOUGHTS ON HIV/AIDS

18. For each item below, please say if you believe there is a high, medium, low or no likelihood of occurring.

	Highly Likely	Moderately Likely	Less Likely	Not Likely
1. Using condoms will effectively reduce the likelihood of infecting someone with HIV.	☐	☐	☐	☐
2. A receptive partner in unprotected anal or vaginal sex can infect someone else with HIV.	☐	☐	☐	☐
3. An insertive partner in unprotected anal or vaginal sex can infect someone else with HIV.	☐	☐	☐	☐
4. One HIV+ person can re-infect another HIV+ person.	☐	☐	☐	☐
5. A person's viral load can affect the transmission of HIV.	☐	☐	☐	☐
6. A person can be infected with HIV by having oral sex of any kind with someone else who has the virus.	☐	☐	☐	☐
7. A person can be at risk for HIV when combining recreational drugs with sex (i.e., party 'n play, tweak 'n freak).	☐	☐	☐	☐

19. Please mark whether or not each of the following statements is true for you.

	Yes	No
1. Are you or anyone you know infected or affected by HIV/AIDS?	☐	☐
2. Do you know where you can get tested for HIV in Santa Clara County?	☐	☐
3., Do you know where you can get health care services specializing in HIV in Santa Clara County?	☐	☐
4. Do you know where you can get health care in Santa Clara County that is accepting of your sexual orientation and/or gender identity?	☐	☐
5. Do you know where you can get health care without having medical insurance?	☐	☐
6. Would you feel comfortable disclosing your sexual orientation or gender identity to your health care provider?	☐	☐
7. Have you been sexually active in the last six months?	☐	☐

20. Do you have any other comments or stories about your access to health care services? *You may use the back of this form if you need more room.*

_____

_____

21. If you are interested in receiving information about related support services, as well as a special thank you gift for completing this survey, please provide your contact information here and/or visit www.chpscc.org/hiv.

Name: _____

Email: _____

Address: _____

City, State, Zip: _____

THANK YOU VERY MUCH FOR YOUR TIME.