Public Health England

UCL
Imperial College London

Positive Voices

the national survey of people living with HIV

Complete online
www.ucl.ac.uk/voices

Your personal access code is:

OR fill in this booklet and return in clinic or using the pre-paid envelope supplied

If you have lost your envelope, please return to:
FREEPOST RRKC-LEGR-JSGG, HARS, Public Health England, 61 Colindale Avenue, London NW9 5EQ

We want to hear from you!

Positive Voices is a survey of people living with HIV that is conducted across the United Kingdom every 3 years. You have been invited to take part in the survey to help us understand the issues affecting the health and well-being of people with HIV.

Your answers are strictly confidential.
Your participation is voluntary, so take time to decide whether or not you wish to take part.

If you do decide to take part, please complete your questionnaire as soon as possible, or by **30 September 2017.** Maximum participation is important to produce useful data from the survey to help shape services to better serve you and others in the future. Thank you for your consideration.

Dr. Valerie Delpech
Head of National HIV Reporting

Meaghan Kall
Positive Voices Survey Coordinator

Thank you for agreeing to complete this questionnaire.

Remember: your answers are strictly confidential. All information collected is stored securely and your personal details will not be used in any reports.

The survey will take about 20 minutes to complete.

The survey asks some personal questions and will reference HIV throughout. We advise that you complete the survey in private somewhere where you will not be disturbed.

A £5 gift voucher is enclosed as a thank you for your kind consideration.

INSTRUCTIONS

This questionnaire should be completed by the person it was given to. A staff member, friend, or family member can help you complete the survey, but the answers should be yours. You can skip any questions you do not want to answer, and you are free to quit the survey at any time.

There are several sections to the questionnaire. Please read the instructions carefully before completing each section.

You should:

- Use **blue** or **black** ink to answer
- Tick your answers within the box like this: ✓ or this: ✗
- Print your answers within the box like this: Answer
- Follow the → PLEASE GO TO QUESTION Z instructions and leave any questions or pages you don't need to answer blank
- Correct any mistakes by filling in the box like this: ☑ and ticking the correct answer: ✓

SECTION A: About you

To start, please tell us a little bit about yourself.

A1 How old are you?

A2 How do you identify your gender?

- ☐ Woman (including transwoman)
- ☐ Man (including transman)
- ☐ Non-binary
- ☐ In another way
- ☐ Prefer not to say

A3 Is this the same gender you were assigned at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

A4 In what country were you born?

A5 To which of these groups do you consider you belong?

A. White

- ☐ British
- ☐ Irish
- ☐ Any other White background

B. Black or Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black background

C. Mixed/multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed background

D Asian/Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

E. Other ethnic groups

- ☐ Arab
- ☐ Hispanic/Latino
- ☐ Any other ethnic group

SECTION B:
HIV Diagnosis and Treatment

This section asks questions about your experiences with your HIV diagnosis and treatment.

B1 **In which YEAR were you diagnosed with HIV?**

B2 **In what COUNTRY were you first diagnosed?**

B3 **Apart from health care staff, who have you told that you have HIV?**

Tick all that apply

- ☐ Friend(s)
- ☐ Family
- ☐ Sexual partner(s)
- ☐ Other people (e.g. neighbours, co-workers, etc.)
- ☐ Nobody

B4 **When you first tested HIV-positive, where did you have the test?**

- ☐ Sexual health (GUM) clinic
- ☐ General Practice (GP)
- ☐ Antenatal clinic
- ☐ Accident and Emergency (A&E)
- ☐ Hospital, as an inpatient (during a stay for one night or longer)
- ☐ Hospital, as an outpatient (please specify which department)
- ☐ Community/mobile testing site
- ☐ Home sampling kit (You collected a blood sample at home and sent it away for testing. You were notified of your result)
- ☐ Home testing kit (You collected a blood sample at home and received your result immediately)
- ☐ Other location (please specify)

B5 Are you currently taking medication to treat your HIV infection (also known as antiretroviral drugs)?

- ☐ Yes
- ☐ No → PLEASE GO TO QUESTION C1

B6 In which **YEAR** did you **first take** HIV medication?

B7 How many **HIV tablets (pills)** do you take each day?

Count each tablet separately even if you take it more than once a day. Do not count tablets you take for other conditions.

B8 When was the **last time** you missed taking **ANY** of your HIV tablets?

"Missed" means not taking a tablet at all or taking a tablet the day after you were supposed to take it.

- ☐ In the 2 last weeks → **how many** have you missed?
- ☐ Between 2 and 4 weeks ago
- ☐ Between 1 and 12 months ago
- ☐ More than 1 year ago
- ☐ Never missed taking my HIV tablets

B9 **In the last 4 WEEKS**, have you experienced any side effects from your HIV treatment?

- ☐ Yes
- ☐ No → PLEASE GO TO QUESTION C1

B10 **In the last 4 WEEKS**, on a scale from 0 to 10, how bothered were you by side effects from your HIV treatment?

Where 0 is not bothered at all and 10 is extremely bothered

0	1	2	3	4	5	6	7	8	9	10

SECTION C:
Medical Conditions and Treatment

This section is about medical conditions you have been diagnosed with, and medication you take for these conditions.

"Diagnosed" means the condition was confirmed by a medical professional. Do not include conditions under investigation.

C1 CARDIOVASCULAR CONDITIONS

				If you were diagnosed with any cardiovascular conditions...			
Have you ever been diagnosed with any of the following cardiovascular conditions?				**AGE or YEAR** when first diagnosed with this condition	Have you taken prescribed medication for this condition **in the last 4 WEEKS**?		
	Yes	No	Don't know	*Write your answer below*	Yes	No	Don't know
Diabetes (blood sugar)	☐	☐	☐		☐	☐	☐
High cholesterol	☐	☐	☐		☐	☐	☐
High blood pressure (hypertension)	☐	☐	☐		☐	☐	☐
Heart attack	☐	☐	☐		☐	☐	☐
Stroke or mini stroke	☐	☐	☐		☐	☐	☐
Any other cardiovascular condition (please specify)	☐	☐					

C2 JOINT AND BONE CONDITIONS

				If you were diagnosed with any joint and bone conditions...			
Have you ever been diagnosed with any of the following joint and bone conditions?				**AGE or YEAR** when first diagnosed with this condition	Have you taken prescribed medication for this condition **in the last 4 WEEKS**?		
	Yes	No	Don't know	*Write your answer below*	Yes	No	Don't know
Rheumatoid arthritis	☐	☐	☐		☐	☐	☐
Osteopenia/ Osteoporosis	☐	☐	☐		☐	☐	☐
Arthritis	☐	☐	☐		☐	☐	☐
Any other joint or bone condition (please specify)	☐	☐					

C3 CANCER

Have you ever been diagnosed with cancer?

Do not include abnormal (pre-cancerous) lesions or cells, e.g. an abnormal smear.

☐ Yes ☐ No ☐ Don't know

If **yes**, what type of cancer(s) have you had?

What was your **AGE** or the **YEAR** when you were first diagnosed with cancer?

C4 MENTAL HEALTH CONDITIONS

				If you were diagnosed with any mental health conditions...			
Have you ever been diagnosed with any of the following mental health conditions?				**AGE or YEAR** when first diagnosed with this condition	Have you taken prescribed medication for this condition **in the last 4 WEEKS**?		
	Yes	No	Don't know	*Write your answer below*	Yes	No	Don't know
Anxiety	☐	☐	☐		☐	☐	☐
Depression (including post-natal depression)	☐	☐	☐		☐	☐	☐
Personality disorder	☐	☐	☐		☐	☐	☐
Bipolar disorder	☐	☐	☐		☐	☐	☐
Eating disorder	☐	☐	☐		☐	☐	☐
Sleep disorder / insomnia	☐	☐	☐		☐	☐	☐
Post-traumatic stress disorder (PTSD)	☐	☐	☐		☐	☐	☐
Psychosis or schizophrenia	☐	☐	☐		☐	☐	☐
Any other mental health conditions (please specify)	☐	☐					

C5 Have you had any professional therapy (e.g. counselling, psychotherapy, CBT) in the last 4 WEEKS?

☐ Yes ➔ Please specify what type

☐ No

C6 OTHER LONG-TERM MEDICAL CONDITIONS

				If you were diagnosed with any other long-term conditions...			
Have you ever been diagnosed with any of the following long-term medical conditions?				**AGE or YEAR** when first diagnosed with this condition	Have you taken prescribed medication for this condition **in the last 4 WEEKS**?		
	Yes	No	Don't know	*Write your answer below*	Yes	No	Don't know
Asthma	☐	☐	☐		☐	☐	☐
Chronic obstructive pulmonary disease (COPD) (e.g. emphysema and chronic bronchitis)	☐	☐	☐		☐	☐	☐
Erectile dysfunction	☐	☐	☐		☐	☐	☐
Kidney (renal) disease	☐	☐	☐		☐	☐	☐
Neuropathy/ Peripheral neuropathy	☐	☐	☐		☐	☐	☐
Dementia	☐	☐	☐		☐	☐	☐
Epilepsy (seizures)	☐	☐	☐		☐	☐	☐
Shingles	☐	☐	☐		☐	☐	☐
Any other long-term medical conditions (please specify)	☐	☐					

C7 VIRAL INFECTIONS

				If you were diagnosed with any viral conditions...			
Have you ever been diagnosed with any of the following viral conditions?				**AGE or YEAR** when first diagnosed with this condition	Have you taken prescribed medication for this condition **in the last 4 WEEKS**?		
	Yes	No	Don't know	*Write your answer below*	Yes	No	Don't know
Hepatitis B	☐	☐	☐		☐	☐	☐
Hepatitis C	☐	☐	☐		☐	☐	☐
Genital herpes (including vaginal and anal)	☐	☐	☐		☐	☐	☐
Genital warts (HPV)	☐	☐	☐		☐	☐	☐

C8 SEXUALLY TRANSMITTED INFECTIONS (STIs)

In the last 3 months have you been diagnosed with any of the following sexual transmitted infections?

	Yes	No
Chlamydia	☐	☐
Gonorrhoea	☐	☐
Syphilis	☐	☐
Non-specific urethritis (NSU)	☐	☐
LGV (lymphogranuloma venereum)	☐	☐
Shigella dysentery	☐	☐
Bacterial vaginosis (BV) (women only)	☐	☐
Candida/thrush/yeast infection (women only)	☐	☐
Any other STIs: (please specify)	☐	☐

WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH

For **WOMEN** to complete. **Men** go to Section D. ➔

C9 **When did you last have a period?**

A period is a woman's monthly bleeding, also known as menstruation.

- ☐ In the last month
- ☐ 1–3 months ago
- ☐ 4–6 months ago
- ☐ 7–12 months ago
- ☐ More than 1 year ago

➔ PLEASE GO TO QUESTION **C11**

C10 **In the last 6 MONTHS, have you gone two months in a row without having a period?**

☐ Yes ☐ No ☐ Don't know

C11 **Have you had a baby or been pregnant in the last YEAR?**

☐ Yes ☐ No

C12 **What method of contraception (birth control), if any, have you used in the last 4 WEEKS?** ***(Tick all that apply)***

- ☐ None, no method used
- ☐ My male partner or I have been sterilised (vasectomy, tubes tied)
- ☐ The combined pill or skin patch
- ☐ Progesterone only pill (POP, mini pill)
- ☐ Vaginal contraception ring (Nuvaring)
- ☐ Contraceptive implant (Nexplanon)
- ☐ Contraceptive injection (Depo-Provera)
- ☐ Hormonal coil (Mirena IUD)
- ☐ Non-hormonal coil (copper coil IUD)
- ☐ Condoms
- ☐ Cap/Diaphragm
- ☐ Natural family planning/rhythm method
- ☐ Not using contraception as trying to conceive (trying for a baby)
- ☐ Not using contraception as not having sex
- ☐ Other (please specify)

SECTION D:
Health Service Use and Satisfaction

This section asks questions about your experiences in healthcare settings.

YOUR GENERAL PRACTICE (GP)

D1 **Are you registered with a GP?**

- ☐ Yes
- ☐ No → PLEASE GO TO QUESTION D7

D2 **Overall, on a scale from 0 to 10, how would you rate your GP?**

Where 0 is the worst and 10 is the best.

0	1	2	3	4	5	6	7	8	9	10

- ☐ Not applicable

D3 **In the last 2 YEARS, has your satisfaction with your GP changed?**

If you have not attended or changed your GP in the last two years, tick 'Not applicable'

- ☐ Increased
- ☐ About the same
- ☐ Decreased
- ☐ Not applicable

D4 **In the last 3 MONTHS, how many times have you visited your GP?**

Do not include visits for a friend, family member or child.

- ☐ None
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-10 times
- ☐ More than 10 times

D5 **Does your GP know your HIV status?**

- ☐ Yes
- ☐ No → PLEASE GO TO QUESTION D7

D6 **Here are some statements about your experience with your GP. Please tick the box that is closest to your viewpoint.**

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know or Not applicable
In my opinion, my GP knows enough about my HIV condition and treatment	☐	☐	☐	☐	☐
I am comfortable asking my GP questions about my HIV	☐	☐	☐	☐	☐
My GP is as involved as I want them to be with my HIV care	☐	☐	☐	☐	☐
As far as I am aware, my HIV specialist and my GP communicate well regarding my health	☐	☐	☐	☐	☐

D7 **Of the following, what do you value most in the HIV services you receive?**

*Please tick the **TWO** items that you value the most.*

- ☐ I can attend the HIV clinic of my choice (e.g. "open access" HIV care)
- ☐ My GP can refer me to a range of health and support services when I need them
- ☐ My HIV services can refer me to range of health and support services when I need them
- ☐ I can access peer support from people like me, to help manage my own health and wellbeing

YOUR HIV CLINIC

D8 **Overall, on a scale from 0 to 10, how would you rate your HIV clinic (HIV specialist service)?**

Where 0 is the worst and 10 is the best.

0	1	2	3	4	5	6	7	8	9	10

☐ Not applicable

D9 **In the last 2 YEARS, has your satisfaction with your HIV clinic changed?**

☐ Increased

☐ Decreased

☐ About the same

D10 **Here are some statements about your experience with your HIV clinic. Please tick the box that is closest to your viewpoint.**

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know or Not applicable
The clinic provides enough information about my HIV	☐	☐	☐	☐	☐
I feel supported to self-manage my HIV	☐	☐	☐	☐	☐
I am involved in decisions about my HIV treatment and care	☐	☐	☐	☐	☐
At appointments, I feel I have enough time to cover everything I want to discuss	☐	☐	☐	☐	☐
The staff listen carefully to what I have to say	☐	☐	☐	☐	☐

NHS AND SOCIAL CARE SERVICES

D11 **Which of the following services have you used in the last YEAR?**

Tick all that apply

- ☐ Sexual health (GUM) clinic
- ☐ Accident and Emergency (A&E)
- ☐ Hospital inpatient ward (an overnight stay for one night or longer)
- ☐ Dentist
- ☐ Social services
- ☐ Occupational therapy

D12 **Because of your HIV status, have you experienced any of the following in a healthcare setting?**

	Yes, in the past year	Yes, more than a year ago	No
Been worried that you would be treated differently to other patients?	☐	☐	☐
Avoided seeking healthcare when you needed it?	☐	☐	☐
Been treated differently to other patients?	☐	☐	☐
Felt that you were refused healthcare or delayed a treatment or medical procedure?	☐	☐	☐

D13 **If you wish, please use the space below to tell us about when you have experienced discrimination because of your HIV status.**

HIV SUPPORT SERVICES

D14 **Many HIV support services are provided by charities or voluntary organisations. Have you had contact with an HIV charity or voluntary organisation, for any reason?**

- ☐ Yes, in the past year
- ☐ Yes, more than a year ago
- ☐ No → PLEASE GO TO QUESTION **E1**

D15 **Overall, how important would you say HIV support services have been for your health and wellbeing?**

- ☐ Not at all important
- ☐ Slightly important
- ☐ Moderately important
- ☐ Very important

D16 **Over the past 2 YEARS, has it become more difficult to access the HIV support services that you need?**

☐ Yes ☐ No ☐ Not applicable

D17 **Please describe what impact, if any, HIV support services have had on you personally.**

SECTION E:
What do you need?

This section asks about your met and unmet needs.

E1 HIV RELATED SERVICES

Below a list of services or help that you may have needed and/or received, **in the last YEAR**. For each of these, please tick the box that is closest to your experience.

In the **last YEAR**...	**I have received** this.	I needed this, but **could not get it**.	I needed this, but **did not try to get it.**	I **did not need** this.
Information about living with HIV (including websites)	☐	☐	☐	☐
HIV treatment advice	☐	☐	☐	☐
Professional help to take your HIV tablets on time or correctly	☐	☐	☐	☐
Peer support/social contact with other people with HIV	☐	☐	☐	☐
Help disclosing your HIV status	☐	☐	☐	☐
Long term condition management support	☐	☐	☐	☐

If you were not able to get the help you needed, please tell us the reason(s) why:

E2 HEALTH SERVICES

Below a list of services or help that you may have needed and/or received, **in the last YEAR**. For each of these, please tick the box that is closest to your experience.

In the **last YEAR**...	**I have received** this.	I needed this, but **could not get it**.	I needed this, but **did not try to get it.**	I **did not need** this.
Psychologist or counsellor	☐	☐	☐	☐
Help to manage stress	☐	☐	☐	☐
Help to manage weight	☐	☐	☐	☐
Help or advice regarding your sex life	☐	☐	☐	☐
Help to stop smoking	☐	☐	☐	☐
Alcohol counselling or treatment	☐	☐	☐	☐
Drug counselling	☐	☐	☐	☐
Chemsex support	☐	☐	☐	☐
Drug detox or maintenance treatment	☐	☐	☐	☐
Family planning or advice on getting pregnant	☐	☐	☐	☐
Home health services	☐	☐	☐	☐

If you were not able to get the help you needed, please tell us the reason(s) why:

E3 SOCIAL AND WELFARE SERVICES

Below a list of services or help that you may have needed and/or received, **in the last YEAR**. For each of these, please tick the box that is closest to your experience.

In the **last YEAR**...	**I have received** this.	I needed this, but **could not get it**.	I needed this, but **did not try to get it.**	I **did not need** this.
Housing support	☐	☐	☐	☐
Meal or food services	☐	☐	☐	☐
Childcare services	☐	☐	☐	☐
Relationship advice	☐	☐	☐	☐
Help dealing with loneliness or isolation	☐	☐	☐	☐
Employment advice	☐	☐	☐	☐
Career skills and training	☐	☐	☐	☐
Help claiming benefits	☐	☐	☐	☐
Financial advice	☐	☐	☐	☐
Legal advice	☐	☐	☐	☐
Immigration support	☐	☐	☐	☐
Domestic violence services	☐	☐	☐	☐

If you were not able to get the help you needed, please tell us the reason(s) why:

SECTION F: Health and Well-being

This section will ask questions about your general health and well-being.

F1 **Overall, how satisfied are you with your life nowadays?**

Where 0 is not at all and 10 is completely.

0	1	2	3	4	5	6	7	8	9	10

F2 **In general, how would you rate your health TODAY?**

- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Bad
- ☐ Very Bad

Below are some statements about your daily life and activities. Please tick the box that best describes how you feel TODAY.

F3 **Mobility (walking):**

- ☐ I have no problems in walking about
- ☐ I have slight problems in walking about
- ☐ I have some problems in walking about
- ☐ I have severe problems in walking about
- ☐ I am confined to a wheelchair

F4 **Self-care (washing and dressing):**

- ☐ I have no problems with self-care
- ☐ I have slight problems washing or dressing myself
- ☐ I have some problems washing or dressing myself
- ☐ I have severe problems washing or dressing myself
- ☐ I am unable to wash or dress myself

F5 Usual Activities (e.g. work, study, housework, family or leisure activities)

- ☐ I have no problems doing my usual activities
- ☐ I have slight problems doing my usual activities
- ☐ I have some problems doing my usual activities
- ☐ I have severe problems doing my usual activities
- ☐ I am unable to do my usual activities

F6 Pain and Discomfort

- ☐ I have no pain or discomfort
- ☐ I have slight pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have severe pain or discomfort
- ☐ I have extreme pain or discomfort

F7 Anxiety and Depression

- ☐ I am not anxious or depressed
- ☐ I am slightly anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am severely anxious or depressed
- ☐ I am extremely anxious or depressed

Below are some questions about your recent mental state

Please **tick** the box which describes how you feel over the LAST FEW WEEKS.

HAVE YOU RECENTLY: *Tick one box per question*

F8 Been able to concentrate on whatever you're doing?

Better than usual	Same as usual	Less than usual	Much less than usual
☐	☐	☐	☐

F9 Lost much sleep over worry?

Not at all	No more than usual	Rather more than usual	Much more than usual
☐	☐	☐	☐

F10 Felt you were playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
F11 Felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
F12 Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
F13 Felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
F14 Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
F15 Been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able
F16 Been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
F17 Been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
F18 Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
F19 Been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

SECTION G:
Sex and Relationships

This section asks about your current relationship status and recent sexual history.

G1 **Do you currently have a main partner?**

Main partner refers to the person you feel committed to above anyone else.
This is a person you would call your partner, spouse, girlfriend/boyfriend or husband/wife.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

→ PLEASE GO TO QUESTION G6

G2 **Is your main partner:**

- ☐ Woman (including transwoman)
- ☐ Man (including transman)
- ☐ Other
- ☐ Prefer not to say

G3 **How close is your relationship with this partner?**

- ☐ Very close
- ☐ Quite close
- ☐ Not very close
- ☐ Not at all close

G4 **What is this partner's HIV status?**

- ☐ HIV positive
- ☐ HIV negative
- ☐ Don't know
- ☐ Prefer not to say

G5 **In the last 3 MONTHS, how often did you use condoms when you had penetrative (vaginal or anal) sex with this partner?**

- ☐ All the time
- ☐ Most of the time
- ☐ Sometimes
- ☐ Never
- ☐ I have not had penetrative sex with this partner in the last 3 months
- ☐ Prefer not to say

The following questions are about sexual partners you have had in the last 3 MONTHS, apart from a main partner, if you have one.

G6 **How many men and women have you had sex with (excluding a main partner) in the last 3 MONTHS?**

Please write the number in each box below. If none, write 0 (zero)

☐ Men ☐ Women

G7 **Have you had penetrative (vaginal or anal) sex without a condom with any of these sexual partners in the last 3 MONTHS?**

- ☐ Yes, with men only
- ☐ Yes, with women only
- ☐ Yes, with both men and women
- ☐ No
- ☐ Prefer not to say

➔ PLEASE GO TO QUESTION H1

G8 **If yes, what was the HIV status of these sexual partners?**

Tick all that apply

- ☐ HIV positive
- ☐ HIV negative
- ☐ Don't know
- ☐ Prefer not to say

SECTION H: Lifestyle

This section asks some questions about your health and lifestyle.

H1 **What is your weight?**

Stones _____ (st) Pounds _____ (lbs) **OR** Kilograms _____ (kg)

H2 **What is your height?**

Feet _____ (ft) Inches _____ (ins) **OR** Centimeters _____ (cm)

H3 **How often do you drink alcohol?**

- ☐ Never → PLEASE GO TO QUESTION H5
- ☐ Monthly or less
- ☐ 2–4 times a month
- ☐ 2–3 times a week
- ☐ 4 or more times a week

H4 **How often have you had 6 or more drinks if female, or 8 or more drinks if male, on a single occasion in the last 3 MONTHS?**

1 drink/unit = 1/2 pint of beer or 1 glass of wine or 1 single spirits


Half pint of regular beer, larger or cider


1 small glass of wine


1 single measure of spirits


1 small glass of sherry


1 single measure of aperitifs

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily
- ☐ Prefer not to say

H5 **What is your smoking status?**

- ☐ Current smoker
- ☐ Previous smoker
- ☐ Never smoked
- ☐ Prefer not to say

H6 **Which drugs have you used in the last 3 MONTHS?**

Tick all that apply

- ☐ NONE, I have not used drugs → PLEASE GO TO QUESTION H9
- ☐ Cannabis/marijuana (grass, hash, skunk, superskunk, weed, spliff)
- ☐ Ecstasy (E, MDMA, molly, mandy)
- ☐ Crystal Meth (Tina, ice, glass)
- ☐ GHB/GBL (G, Liquid X, Fantasy)
- ☐ Amphetamine (speed, billy whizz, uppers, billy)
- ☐ Amyl Nitrates (poppers, liquid gold, rush)
- ☐ Cocaine (coke, charlie, sniff)
- ☐ Ketamine (K, Special K)
- ☐ Mephedrone (M, Drone, MCAT, meow meow)
- ☐ Acid or LSD (tabs, trips)
- ☐ Crack (rock, stones, white)
- ☐ Heroin (smack, skag, H, brown, gear, horse)
- ☐ Viagra/Kamagra/Cialis
- ☐ Anabolic steroids (testosterone, HGH)
- ☐ Other (please specify)

H7 **Have you used any of the following drugs before or during sex, in the last 3 MONTHS?**

Tick all that apply

- ☐ NONE of these
- ☐ Ecstasy (E, MDMA, molly)
- ☐ Crystal Meth (Tina, ice, glass)
- ☐ GHB/GBL (G, Liquid X, Fantasy)
- ☐ Cocaine (coke, charlie, sniff)
- ☐ Ketamine (K, Special K)
- ☐ Mephedrone (Drone, MCAT, meow meow)
- ☐ Other (please specify)

H8 **Have you injected or been injected with (slammed), any of the following drugs before or during sex, in the last 3 MONTHS?**

Tick all that apply

- ☐ NONE of these
- ☐ Crystal Meth (Tina, ice, glass)
- ☐ Ketamine (K, Special K)
- ☐ Mephedrone (Drone, MCAT, meow meow)
- ☐ Other (please specify)

H9 **Have you ever injected any non-prescribed drugs or other substances?**

☐ Yes ☐ No ☐ Prefer not to say

H10 **When was the last time you injected drugs?**

- ☐ In the last month
- ☐ In the last year
- ☐ More than one year ago
- ☐ Never injected drugs

SECTION I:
Social and Demographic Information

The last section asks for some general information about you.

I1 **Which of the following best describes how you think of yourself?**

- ☐ Straight/Heterosexual
- ☐ Gay or Lesbian/Homosexual
- ☐ Bisexual
- ☐ Asexual
- ☐ Other
- ☐ Prefer not to say

I2 **What is your religion?**

- ☐ None/Atheist/Agnostic
- ☐ Spiritual, but not religious
- ☐ Christian
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other
- ☐ Prefer not to say

I3 **How important are religious beliefs to you?**

- ☐ Very important
- ☐ Fairly important
- ☐ Not very important
- ☐ Not important at all
- ☐ Not applicable

I4 **What is the highest level of education that you have completed?**

- ☐ Primary School (or less)
- ☐ Qualifications at age 16 (GSCE, NVQ, O-Levels)
- ☐ Qualifications at age 18 (A-levels, AS-levels, high school diploma)
- ☐ University/First/Undergraduate degree
- ☐ Postgraduate degree
- ☐ City and Guilds/Equivalent
- ☐ Other (please specify)

I5 **What is your current work situation?**

Tick all that apply

- ☐ Employed or self-employed FULL-TIME (at least 30 hours per week)
- ☐ Employed or self-employed PART-TIME (less than 30 hours per week)
- ☐ Full time student/ education/training
- ☐ Unemployed
- ☐ Long-term sick/disabled (for 3 months or more)
- ☐ Temporarily sick/disabled (for less than 3 months)
- ☐ Carer
- ☐ Retired
- ☐ Other (please specify)

I6 **Where do you currently live?**

- ☐ Own or purchasing house or flat
- ☐ Renting (privately owned)
- ☐ Renting (council or housing association owned)
- ☐ Rent-free (provided by friends, family, etc)
- ☐ Other (please specify)
- ☐ Sheltered accommodation/ retirement housing
- ☐ Residential care home
- ☐ Temporary accommodation (hostel, shelter, bed & breakfast)
- ☐ Homeless

I7 **In the last YEAR, indicate all of your sources of income.**

Tick all that apply

- [ ] Earnings from employment (e.g. salary or wages)
- [ ] Supplementary income from ad hoc, casual, or consulting work
- [ ] State pension
- [ ] Private/Employer pension
- [ ] Disability Living Allowance (DLA) or Personal Independence Payment (PIP)
- [ ] Carer's allowance
- [ ] Universal Credit
- [ ] Employment and Support Allowance [ESA] or Incapacity benefit
- [ ] Jobseeker's allowance [JSA]
- [ ] Income Support
- [ ] Pension Credit
- [ ] Tax Credits (Working tax credits and Child tax credits)
- [ ] Child Benefit
- [ ] Housing Benefit
- [ ] Other state benefit
- [ ] National Asylum Support Service (NASS)
- [ ] Interest from savings and investments (e.g. stocks & shares)
- [ ] Other kinds of regular allowance from outside your household (e.g. maintenance, student grants, rental income)
- [ ] Family/friends support me
- [ ] Prefer not to say

I8 **In the last 12 MONTHS, how has your household been keeping up with bills and credit commitments?**

- [ ] Up to date with bills
- [ ] Behind with some bills
- [ ] Behind with all bills
- [ ] Prefer not to say

I9 **Do you have enough money to meet your basic needs (food, rent, gas, electricity, water, etc.)?**

- ☐ Yes, always
- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ No

I10 **In the last YEAR, what was your TOTAL household income before tax?**

Household income is the combined income of everyone in the household, from all sources, before tax. This includes earnings from employment or self-employment, benefits, pensions, other sources such as interest from savings.

	Annual	Weekly	Monthly
☐	Under £5,000	Under £100	Under £400
☐	£5,000 – £9,999	£100 – £199	£400 – £829
☐	£10,000 – £19,999	£200 – £389	£830 – £1,649
☐	£20,000 – £29,999	£390 – £579	£1,650 – £2,499
☐	£30,000 – £39,999	£580 – £769	£2,500 – £3,349
☐	£40,000 – £49,999	£770 – £969	£3,350 – £4,149
☐	£50,000 – £59,999	£970 – £1,149	£4,150 – £4,999
☐	£60,000 – £69,999	£1,150 – 1,349	£5,000 – £5,799
☐	£70,000 – £89,999	£1,350 – 1,749	£5,800 – £7,499
☐	£90,000 – £109,999	£1750 – £2,099	£7,500 – £9,199
☐	£110,000 – £129,999	£2,100 – £2,499	£9,200 – £10,799
☐	£130,000 – £149,999	£2,500 – £2,899	£10,800 – £12,499
☐	£150,000 or more	£2,900 or more	£12,500 or more

☐ Don't know ☐ Prefer not to say

Thank you for completing the survey!

Finally, a few questions about future work with our surveys

We want to learn more about the non-HIV medication people with HIV are taking. After the survey, we would like to request information from your HIV clinic on the medication you are taking.

If you agree, your response will remain confidential, and we will use only your HIV clinic number to link this data. If you do not agree, your survey remains valid and useful.

Do you agree to the study team requesting this information from your HIV clinic?

☐ Yes ☐ No

From time to time, the study team do more in-depth research on particular groups. If you would like to be contacted to take part in future research, please write your contact details below.

This is completely optional. If provided, your contact details will be unlinked from your answers and stored in a separate, password protected database.

Email address or phone number

Do you have any general comments or suggestions? Your feedback is important to help us improve the survey.

Please place your completed questionnaire inside the enclosed envelope and seal it securely. Questionnaires completed in clinic can be returned in the clinic. Alternatively, you can return the questionnaire via FREEPOST.

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