**What is the study about?** The purpose of this research study is to learn more about the education, training, employment and health needs of people living with HIV. The results will be used to improve access to opportunities for people with HIV.

**What will I be asked to do?** You will be asked to complete a paper and pencil survey.

**Are there any risks to me?** There are no known risks in taking this survey. You may skip any questions that you prefer not to answer.

**What are the benefits?** You can share your ideas on the challenges of employment and what is needed to improve opportunities for people with HIV. Your input will help others with HIV. You will also get information on employment resources.

**How much time will it take?** The time to complete the survey can vary and takes about 15 to 30 minutes to complete.

**Who do I ask if I have questions about the study?** Please contact Dr. Liza Conyers, Ph.D. at 302 CEDAR, Penn State University, University Park, PA, 16801, (814) 863-6115 or lmc11@psu.edu with questions, complaints or concerns about the research. You may also call this number if you feel you have been harmed by this study. If you have questions regarding your rights as a research participant, please contact the Office for Research Protections at (814) 865-1775.

**Will my information be kept private and confidential?** Yes. The survey will not collect any information that can identify you. Your responses will be stored in a secure encrypted database. Only researchers approved for this project will have access to the data. Penn State’s Office for Research Protections, the Social Science Institutional Review Board and the Office for Human Research Protections in the Department of Health and Human Services may review records related to this research study. In the event of a publication or presentation resulting from the research, no personally identifiable information will be available. If you take this survey with others or in a group format, others in the group may know your HIV status. However, your identity will not be shared with the researchers or connected to the survey in any way.

**Can I change my mind if I decide that I no longer want to participate?** Taking the survey is voluntary. You can stop at any time. Refusal to take part in or withdrawing from this study will not affect your access to services.

**Is there anything else I should know?** You must be 18 years of age or older and have HIV or AIDS to participate in this study. By completing the survey, you are providing your consent to participate. You may write in the margins if you need more space to convey your thoughts. Please keep this form for your records.

This informed consent form (IRB# 24814, Doc. #3) was reviewed and approved by The Pennsylvania State University Social Science Institutional Review Board (IRB) on 1/29/2009. It will expire on 1/20/2010. (JKG)
1. Are you working?
   - Yes
   - No: Ask for "Not Working" survey

2. Have you completed this 2008 Vocational Training and Employment Survey before?
   - Yes: Please stop and return survey
   - No

3. What is your current HIV status?
   - HIV Positive
   - I do not have HIV or AIDS: Return survey
   - AIDS

4. At what age did you find out you were HIV positive? ________

5. How severe were your symptoms when you first found out your HIV status? (Check all that apply)
   - No symptoms
   - Mild
   - Moderate
   - Severe
   - AIDS

6. Were you employed at the time you first found out your HIV status?
   - Yes
   - No
   - Don't know

7. Do you receive any services from HIV programs/organizations?
   - Yes:___________________________________________________
   - No

8. What is your gender?
   - Male
   - Male to female transgender
   - Female
   - Female to male transgender

9. What is your age? _______________

10. Are you Latino, Hispanic, or Spanish? If yes, please specify:
    - No, not Latino/Hispanic/Spanish
    - Mexican, Mexican American, Chicano
    - Cuban, Cuban American
    - Other Latino/Hispanic/Spanish: __________
    - Puerto Rican

11. What is your race? (chose only one category)
    - Black, Latino/Hispanic
    - Black, African American
    - Black, West Indian/Carribean
    - Black, African
    - White, European American, not Latino/Hispanic
    - White, Latino/Hispanic
    - American Indian or Alaska Native
    - Native Hawaiian or Other Pacific Islander
    - Asian: ________________________________
    - Multiracial: __________________________
    - Other: _______________________________
12. What is your sexual orientation?
   ○ Heterosexual/Straight   ○ Gay/Lesbian   ○ Bisexual   ○ Other: __________

13. What was the highest level of education you have completed?
   ○ Less than high school   ○ Trade school   ○ Four-year college degree
   ○ Some high school   ○ Some college   ○ Post-graduate
   ○ High school graduate/GED   ○ Two-year college degree

14. How many children do you have? __________

15. Are you a United States...
   ○ Citizen   ○ Permanent resident   ○ Other

16. What is your approximate yearly household (shared) income?
   ○ 0-10,000   ○ 30,001-35,000   ○ 55,001-65,000
   ○ 10,001-15,000   ○ 35,001-40,000   ○ 65,001-75,000
   ○ 15,001-20,000   ○ 40,001-45,000   ○ 75,001-99,999
   ○ 20,001-25,000   ○ 45,001-50,000   ○ 100,000-200,000
   ○ 25,001-30,000   ○ 50,001-55,000   ○ Over 200,000

17. How many people live in your (shared-income) household? __________

18. On a scale of 1 (Cannot Pay) to 7 (No Problem Paying), how able are you to pay your monthly bills?
   ○ 1   ○ 2   ○ 3   ○ 4   ○ 5   ○ 6   ○ 7

19. In general, would you say your health is:
   ○ Excellent   ○ Very Good   ○ Good   ○ Fair   ○ Poor

20. Which health insurance do you currently have? (check all that apply)
   ○ No insurance   ○ Medicaid   ○ AIDS Drug Assistance Program (ADAP)
   ○ Private plan   ○ Veterans Administration (VA)
   ○ Medicare   ○ Other: _______________________

21. How many medications are you currently taking for HIV or related symptoms?
   ○ None Go to #23   ○ 1-2   ○ 3-4   ○ 5-6   ○ 7 or more

22. On a scale ranging from 0 (None or 0%) to 100 (All or 100%), how much of your HIV medication dosages have you been able to take on time, as prescribed?

   None: 0%---------->................->.............->................->.............100%: All

   Enter a number from 0%-100%: __________
23. How has the quality of your life been during the past 4 weeks? That is, how have things been going for you? (Select Only One Answer)

- Very well; could hardly be better
- Pretty good
- Good and bad parts about equal
- Pretty bad
- Very bad; could hardly be worse

24. Which of the following do you know about? (check all that apply)

- State Vocational Rehabilitation
- Americans with Disabilities Act (ADA)
- Family and Medical Leave Act (FMLA)
- Workforce Investment Act (WIA)
- One Stop Career/workforce Centers
- Tribal Vocational Rehabilitation
- Extended Medicare
- Trial Work Period
- Ticket to Work
- Reasonable Accommodations
- Health Insurance Portability & Accountability Act-HIPAA
- None of these

25. In what state do you live: ________________________________

26. Since being diagnosed with HIV/AIDS, what services have you received in the past, are currently receiving, or have never received? (check all that apply)

<table>
<thead>
<tr>
<th>Service</th>
<th>Received in Past</th>
<th>Currently Receiving</th>
<th>Never Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing medical care?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security benefits counseling?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case management services?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services to help keep a job?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling for personal concerns or mental health issues?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment for drug or alcohol abuse?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Stop Career/Workforce Center Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State vocational rehabilitation services (such as OVR, VESID, Department of Vocational Rehabilitation, etc.)?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. What is/are the reason(s) that you have NOT used state vocational rehabilitation services? (check all that apply)

- N/A -I have used vocational rehabilitation
- I applied but I was not eligible
- I do not want to work at this time
- I do not think I qualify
- I do not know what services they provide
- They are not available in my area
- I can find training and jobs without help
- I prefer to get services from AIDS organizations
- I heard negative stories about vocational rehab
- I do not want to disclose my HIV status to a stranger
- Concern about experiencing discrimination
- Other: ________________________________________
28. On a scale of 1 Not Satisfied to 6 Extremely Satisfied, how satisfied are/were you with state vocational rehabilitation services? If you did not apply for Vocational Rehabilitation services, skip to next item.

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6

Please comment on your experience:

____________________________________________________________________________________
____________________________________________________________________________________

29. If you were to see a vocational counselor, it is important that the counselor (Check all that apply)

- [ ] Is the same race/ethnicity
- [ ] Is gay or lesbian
- [ ] Speaks my preferred language
- [ ] Is the same gender
- [ ] Is knowledgeable about HIV
- [ ] No specific preference
- [ ] Is HIV positive
- [ ] Does not disclose HIV status
- [ ] Other:_____________________________

30. Vocational counselors can help me to find jobs that will not cause me to lose all of my disability benefits.

- [ ] True
- [ ] False
- [ ] Don’t know

31. Which income benefits have you received in the past, are currently receiving, or have never received? (Check all that apply)

<table>
<thead>
<tr>
<th>Income Benefits</th>
<th>Received in Past</th>
<th>Currently Receiving</th>
<th>Never Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Social Security Disability Insurance (SSDI)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>State disability</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Private long-term disability</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Housing subsidy</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>TANF/medical assistance</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other:_____________________________</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

32. How many employment services that serve people with HIV have you heard of in your area?

- [ ] None
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5 or more

33. How many jobs do you currently hold? ___________

34. What is your employment status?

- [ ] Full-time
- [ ] Part-time
- [ ] Other:_____________________________

35. On average, how many hours do you work per week? ___________

36. What is your current employment status?

- [ ] Paid by the hour (hourly)
- [ ] Salary
- [ ] Stipend
- [ ] Self-employed
37. What type of company/agency do you work for?

- Arts, Entertainment, Sports & Media
- Education, Training, and Library
- Management Occupations
- Building/Grounds Maintenance
- Farming, Fishing, and Forestry
- Military Specific
- Business and Financial
- Food Preparation and Serving
- Office/Administrative
- Community and Social Services
- Healthcare
- Personal Care and Service
- Computer and Mathematical
- Installation & Maintenance
- Sales and Related Occupations
- Construction and Extraction
- Legal Occupations
- Transportation and Moving

38. What is your main job title?: ____________________________________________

39. At this job, are you employed by...

- The federal government
- A private company
- A family business/farm
- The state
- A non-profit organization
- Other: ________________________________

40. Enter your pay before taxes? (Please complete only one line)

- per hour: ______________________
- per week: _____________________
- per month: __________________
- per year: ____________________

41. Please check “Yes,” “No,” or “N/A – Not Applicable”

- Is your work related to the field of HIV/AIDS? Yes No N/A
- Do you know where to find resources to help you with a job change or career advancement? Yes No N/A
- Do you know of any policies regarding HIV/AIDS at your job? Yes No N/A
- Do you have health insurance/medical benefits through your job? Yes No N/A

42. Does your employer know your sexual orientation (e.g., gay, heterosexual, bisexual)?

- Yes
- No

43. Does your employer know your HIV/AIDS status?

- Yes
- No: Skip to #46
- Don’t know: Skip to #46

44. Did you tell your employer your HIV status?

- Yes: Skip to #46
- No

45. How did your employer find out your HIV status? ________________________________

46. What do/did you think would happen if your employer knew your HIV status? (Check all that apply)

- No change in job
- I would be fired
- Others would also find out
- Negative response
- Supportive response
- Other: __________________________
47. Below is a list of possible changes in your job (reasonable accommodations) that an employer may make to help you at work. Check any changes that your employer has made for you because of your HIV status. (check all that apply)

- Change in job duties
- Change in work schedule (change hours, etc.)
- Reassignment to another position
- Time/resources to take my medicines
- To be close to a bathroom
- None, I have not needed any changes
- None, I have not requested any changes
- Other: _____________________

48. On a scale of 1 (No Stress) to 7 (Extremely Stressful),

How stressful is your job?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

49. Please check the best response to the below statements

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being employed has improved my outlook on the future.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My health has interfered with my ability to work.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>HIV has limited my ability to change jobs.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Working has negatively affected my health.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Work has interfered with my ability to take my medications correctly.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>HIV has limited my opportunities for career advancement.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Being employed has improved my health.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am satisfied with my job.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I will be working a year from now.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

50. Before your current job, were you? (Check all that apply)

- At a different job/position
- Out on disability leave
- Unemployed/not working
- Retired
- A student
- Other: _____________________

51. Since my current job... (complete below phrases)

<table>
<thead>
<tr>
<th>Increased</th>
<th>Decreased</th>
<th>No change</th>
</tr>
</thead>
<tbody>
<tr>
<td>my use of alcohol has</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>my drug use has</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>my amount of unprotected sex has</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>my number of sex partners has</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>my quality of self-care has</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>my T-cell count has</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>my viral load count has</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>taking my HIV medications as prescribed</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

52. How long have you been employed? _____________________
53. Is your main job temporary or permanent?
- Temporary  - Permanent

54. What concerns, if any, do you have about maintaining your job? (check all that apply)
- Need more flexible schedule
- Job not valued and maybe cut
- Declining health/endurance
- Worried about visual signs of Illness
- Bad economy - being laid off
- Other: ____________________

55. How did you find your job?
- Friend
- Internet
- Vocational Rehabilitation
- Newspaper Ad
- HIV/AIDS agency
- Other: ____________________

56. Have you experienced employment discrimination based on any of the following? (check all that apply)
- HIV status
- Being male
- Incarceration or convictions
- Race
- Being transgender
- Disability (other than HIV)
- Age
- Ethnicity
- Immigration status
- Sexual orientation
- Religion
- None - **skip next item**
- Being female
- English 2nd language or accent
- Other: ____________________

57. Have you ever reported your experiences with employment discrimination to... (check all that apply)
- N/A - No discrimination
- Your employer
- Friends/Family
- Legal Aid Service
- Equal Employment Opportunity Commission (EEOC)
- Other: _________________

58. Please check the best response to the below statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident that I can cope with discrimination and not let others discourage me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am comfortable asking for help when needed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I want others to know that I am HIV positive.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I prefer to be around others who are HIV positive.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I prefer to be around others who belong to my racial/ethnic group.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I sometimes feel worthless because I am HIV positive.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I sometimes feel worthless because of my sexual orientation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None of my family members know my HIV status.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am satisfied with the overall support I get from my friends and family.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others would think less of me if they knew I was HIV positive.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
59. Please check the best response to the below statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others would think less of me if they knew my sexual orientation.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am concerned about my use of alcohol or drugs.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>It is very difficult for a person with HIV to become employed.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I would seek out professional help when needed.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

60. How many HIV positive people...

<table>
<thead>
<tr>
<th>None</th>
<th>1-2</th>
<th>3-4</th>
<th>5-6</th>
<th>7+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you know?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Do you know who are working?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

61. Have any of the following personal characteristics limited your use of employment services?

- Race
- Ethnicity
- Gender
- Sexual Orientation
- No

62. Please check “Yes,” “No,” or “N/A – Not Applicable”

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has HIV/AIDS ever caused you to lose a job or decide not to work?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Are you comfortable speaking and reading English?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Do you want others to know that you are gay/lesbian?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

63. On a scale of 1 (No Confidence) to 7 (Extremely Confident) rate the following:

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>How confident are you in your job-seeking skills?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>How confident are you that you could ask for job accommodations (breaks, etc.)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>How confident are you that you could hold onto a job once you had it?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

64. It is possible to work and continue to receive Social Security benefits.

- True
- False
- Don’t know

65. Check the best response to the below statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have had positive experiences with Social Security.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I trust Social Security to provide me benefits if needed.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Pain interferes with my normal work/activities.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have enough energy to do the things I need to do.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Others can tell I have HIV by the way I look.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Getting what you want in life is mostly a matter of chance.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

66. Do you take care of a child/children?

- Yes (How many hours per week? _____)
- No
67. Do you take care of a person who is in poor health?  
   ☐ Yes (How many hours per week:_________)  ☐ No

68. On a scale of 1 (Never) to 7 (Daily)  
   | 1-Never | 2 | 3 | 4 | 5 | 6 | 7-Daily |
---|--------|---|---|---|---|---|--------|
How often do you use email?  
How often do you use the Internet?  
How often do you use a computer and office programs?

69. On a scale of 1 (Low) through 7 (High), how would you rate your level of self-esteem?  
   ☐ 1 (Low)  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7 (High)

70. On a scale of 1 (Very Unstable) to 7 (Very Stable),  
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
---|---|---|---|---|---|---|---|
During the past 12 months, my health status has been?  
Over the next 5 years, I expect my health will be?

71. Please check Yes or No
   | Yes | No |
---|-----|----|
Do you have a regular doctor who you are able to see, as needed?  
Have you discussed employment with your health care provider?  
Is working/returning to work part of your recovery process from drug and alcohol abuse?

72. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check only one)
   | Yes, limited a lot | Yes, limited a little | No, not limited |
---|--------------------|----------------------|----------------|
The kinds or amounts of vigorous activities you can do, like lifting heavy objects, running or participating in strenuous sports.
The kinds or amounts of moderate activities you can do, like moving a table, carrying groceries or bowling.
Walking uphill or climbing (a few flights of stairs).
Bending, lifting or stooping.
Walking one block.
Eating, dressing, bathing or using the toilet.

73. Does your health keep you from working at a job, doing work around the house or going to school?  
   ☐ Yes  ☐ No

74. Have you been unable to do certain kinds or amounts of work, housework, or schoolwork because of your health?  
   ☐ Yes  ☐ No
For each of the following questions, please check the one answer that comes closest to the way you have been feeling DURING THE PAST 4 WEEKS.

### 75. How much of the time during the past 4 weeks:

<table>
<thead>
<tr>
<th>Question</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of A little of None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been a <strong>very nervous person</strong>?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt <strong>calm and peaceful</strong>?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt <strong>downhearted and blue</strong>?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been a <strong>happy person</strong>?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt so down in the <em>dumps</em> that nothing could cheer you up?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 76. How often during the past 4 weeks:

<table>
<thead>
<tr>
<th>Question</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of A little of None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel weighed down by your health problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you discouraged by your health problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you feel despair over your health problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you afraid because of your health?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 77. How much of the time, during the past 4 weeks:

<table>
<thead>
<tr>
<th>Question</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of A little of None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have difficulty reasoning and solving problems, for example, making plans, making decisions, learning new things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you forget things that happened recently, for example, where you put things and when you had appointments?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have trouble keeping your attention on any activity for long?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have difficulty doing activities involving concentration and thinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 78. Please check the one answer that best describes whether each of the following statements is true or false for you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely true</th>
<th>Mostly true</th>
<th>Not sure</th>
<th>Mostly false</th>
<th>Definitely false</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am somewhat ill.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am as healthy as anybody I know.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>My health is excellent.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have been feeling bad lately.</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### 79. As best as you can remember...

What was your most recent T-cell count?________  
What is your most recent viral load count? ________
80. **What type(s) of other health concerns or disabilities do you have in addition to HIV? (Check all that apply)**

- [ ] None
- [ ] Mental health/psychiatric
- [ ] Neuropathy (numbness/tingling)
- [ ] Hepatitis C
- [ ] Deaf or hearing loss
- [ ] Bowel or bladder problems
- [ ] High blood pressure
- [ ] Cancer
- [ ] Night sweats or insomnia
- [ ] Diabetes
- [ ] Liver problems
- [ ] Cough/Cold or temp over 101
- [ ] Alcohol or drug use problems
- [ ] Asthma
- [ ] Fat/muscle gain/loss
- [ ] Sexually transmitted diseases
- [ ] Fatigue
- [ ] Other: ______________________________

81. **Have you ever experienced:** (Check all that apply)

- [ ] Homelessness
- [ ] Incarceration
- [ ] Domestic violence
- [ ] Problems with mental health
- [ ] Problems with substance use
- [ ] Sexual abuse

82. **Which best describes your current sexual partner(s)?**

- [ ] Same sex
- [ ] Opposite sex
- [ ] Same & opposite sex
- [ ] None

83. **How concerned are you about the following issues related to work?**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Extremely Concerned</th>
<th>Very Concerned</th>
<th>Moderately Concerned</th>
<th>Somewhat Concerned</th>
<th>Not Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long work hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited paid sick leave</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with people</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Exposure to health risks</td>
<td></td>
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</tr>
<tr>
<td>New hire probationary periods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keeping medical appointments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balancing work and other life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical duties (standing, lifting)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited break time</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

84. **In which do you live?**

- [ ] Large city
- [ ] Small city
- [ ] Suburb
- [ ] Small town
- [ ] Rural area

85. **What is your zip code?** __________________________

86. **Since being diagnosed with HIV/AIDS, have you had any help considering work options or finding work?**

- [ ] Yes
- [ ] No

**If Yes,** please describe the help you received: __________________________

______________________________

______________________________

______________________________
87. In what ways does working and/or not working impact your overall health?

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

88. What recommendations do you have for government programs (SS, SVR, HOPWA, etc.) and AIDS service organizations to reduce barriers to employment for people with HIV?

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

89. What else would you like us to know about your vocational training, services or employment needs?

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

90. Do you need more information about employment resources and services?

☐ Yes  ☐ No

If you would like employment resources, please see the employment resources sheet in your packet.

Thank you for completing this survey. We really appreciate your time and effort and wish you the very best! In order to best advocate for your needs and those of others living with HIV, we need to have as many responses to this survey as possible. Please take an additional copy or two of the survey and give it to others with HIV to complete. All responses are confidential. You can return the completed survey to:

Liza Conyers
302 CEDAR Building
Penn State University
University Park, PA, 16802
**National Working Positive Coalition (NWPC) www.workingpositive.net**
The National Working Positive Coalition employment resources page provides information and advice regarding employment issues (such as, disclosing HIV status or not; requesting reasonable accommodations, mapping a future) as well as a resource list of employment services in different states. http://www.workingpositive.net/resources.htm Contact: Liza Conyers, Ph.D. (814) 863-6115; lmc11@psu.edu

**Ask the Experts About Workplace & Insurance Issues The Body Complete HIV-AIDS Resource**

**State Vocational Rehabilitation Services** By contacting your local vocational rehabilitation office, you will tap into a wealth of resources related to employment options for people with disabilities. Vocational Rehabilitation (VR) assists individuals with disabilities to gain access to vocational training and employment opportunities. Locate your state (and local) vocational rehabilitation agency online: www.jan.wvu.edu/SBSES/VOCREHAB.HTM

**SSA’s Work Incentives Planning and Assistance (WIPA) Program** If you receive disability benefits from the Social Security Administration, and are interested in working or learning more about how working would affect your benefits, you can get help from a community organization known as a Work Incentive Planning and Assistance (WIPA) project. Locate your local WIPA program online: http://www.socialsecurity.gov/work/ServiceProviders/WIPADirectory.html#service or call: 866-426-1132 9 a.m. to 7 p.m. Eastern Standard Time.

**Job Accommodation Network (JAN)** JAN is a free consulting service designed to increase the employability of people with disabilities by: 1) providing individualized worksite accommodations solutions, 2) providing technical assistance regarding the ADA and other disability related legislation, and 3) educating callers about self-employment options. If you have a question: http://www.jan.wvu.edu/JANonDemand.htm or call: 800-526-7234 (V) 877-781-9403 (TTY)

**Disability Program Navigator Initiative** This Initiative promotes comprehensive services and work incentive information for SSA beneficiaries and other people with disabilities, through the One Stop system. Employment and Training Resources http://www.doleta.gov/disability/etr.cfm Locate your local Disability Program Navigator Initiative http://www.doleta.gov/disability/new_dpn_grants.cfm

**Deciding Whether or Not to Disclose HIV Status at Work** http://www.workingpositive.net/article1.htm

**GMHC Treatment Issues: Work and HIV** This special issue of the Gay Men’s Health Crisis is devoted to work and HIV. Topics include: Learning to Really Live with HIV; Looking for Support; KEEPing it Real; Mapping a Future; Work FAQ; Fear of Failing and Why Work? For more information: http://www.gmhc.org/health/treatment/ti/ti1803.html

**Where to Go for Help with Employment Discrimination** This website lists agencies in California and nationwide that provide assistance with employment discrimination. http://www.bkohlenberg.com/where_to_go.htm

**Please copy the below link to the on-line version of the survey and email it to as many people with HIV as you can:** https://www.surveymk.com/NWPC