

*****Client Follow-Up Survey*****

Intervention	Points where the follow-up survey will be administered to clients enrolled in this intervention			
	3 months post enrollment	6 months post enrollment	12 months post enrollment	18 months post enrollment
Integrating Buprenorphine Treatment into HIV primary care		X	X	X

Participant ID:

Staff ID:

Site ID:

Form Date:

Interviewer Script: *Thank you for continuing to participate in this study. Today we are going to cover many topics, including your health, your needs, and your experiences with HIV health care. Some of these questions may be about things you’ve already discussed with other people at [NAME OF ORGANIZATION]. We are asking you again because this interview is part of a national study that includes people living with HIV from different parts of the country. The data we collect in this survey will not be shared with anyone providing services.*

Everything I ask you in this interview is confidential. We would like you to feel comfortable, and be as honest and open as possible. None of your answers will be linked to your name, so please be candid. We hope this study will help us to improve care for people living with HIV.

If a question makes you feel uncomfortable, or brings up feelings or situations you want to talk about, we can refer you to someone you can speak with. Also, if there are any questions you don’t feel comfortable answering, you don’t have to answer them.

This interview will take less than 1 hour. If at any time you would like to take a break, please let me know. After each question I will read you response options to choose from. As I go through the questions, let me know if there is anything that is unclear. Are you ready to begin?

Interviewer note: *DO NOT READ the response option “Refused” to the participant. Only mark this response if a person chooses to skip a question.*

SECTION I: DEMOGRAPHICS & BACKGROUND CHARACTERISTICS

1. Including yourself, how many people live in your household? [One response only]

- One
- Two
- Three
- Four
- Five or more
- Homeless or living in a shelter
- Refused

2. How many children under the age of 18 live in your house? [One response only]

- None
- One
- Two
- Three
- Four
- Five or more
- Refused*

3. During the past 6 months, how many times did you run out of money for basic necessities like housing or food? [One response only]

- Never
- Daily
- Weekly
- Monthly
- Other (specify): _____
- Refused*

4. How many times have you been incarcerated in a correctional facility (jail or prison) in the past 6 months for even just one night? _____# times

5. What kind(s) of health insurance do you have? [Check all that apply]

- Medicaid
- Medicare
- A health plan through my state marketplace
- Private insurance through my employer or a family member's employer
- Other private insurance
- Tricare
- Veterans Administration
- Other (specify): _____
- Don't know
- Refused*
- None

SECTION II: HOUSING**6. Where do you live now? [One response only]**

- My own home/apartment (that I own or rent)
- Someone else's home/apartment (that someone else owns or rents)
- Residential or transitional housing
- Treatment program
- Shelter
- The streets/in a car/in a park/on the beach
- Jail
- Other (specify): _____
- Refused

7. In the past 6 months, was there ever a time in which you had no place to stay, even if it was for just one night? (Interviewer: After reading "In the past 3/6 months", include a time reference such as "since last spring...")

- Yes
- No
- Refused

SECTION III: HIV ADHERENCE**8. Are you currently taking any HIV medication? [Show the HIV medication chart]**

- Yes
- No
- Don't know
- Refused

SECTION IV: CASE MANAGEMENT & COMPETING SERVICE NEEDS**9. Do you have an HIV case manager at this clinic? By case manager, we mean an individual who helps you get medical care and/or social services at this clinic.**

Interviewer: The interventionist is NOT considered a case manager.

- Yes
- No
- Don't know
- Refused

Interviewer Script: Now we are going to ask you about services you may have needed in the last 6 months. First we will ask if you needed the service and then if you got that service. **[Interviewer Instructions:** for each service (a, b, c....below) ask question #10 first; Check one response only.]

	10. Did you need this service at any time over the last 6 months?			11. Were you able to get this service in the last 6 months?		
	Yes	No	Refused	Yes	No	Refused
a) Housing assistance (e.g. permanent, temporary, emergency shelter, residential treatment facilities)						
b) Transportation assistance						
c) Assistance in applying for benefits (SSI, SSD, insurance, etc.)						
d) Assistance getting substance use treatment and/or mental health treatment/counseling						
e) Medication assistance (paying for medication, help with prescriptions)						
f) Assistance getting medical care						
g) Did you need any other assistance with services over the past 6 months? Please specify_____						

SECTION V: SUBSTANCE USE & MENTAL HEALTH

12. In the past 6 months, how often have you used any tobacco product?

- Daily or almost daily
- Weekly
- Monthly
- Less than Monthly
- Never-> Skip to Q13
- Refused

- a. In the past 3 months, did you smoke a cigarette containing tobacco?
 - Yes
 - No
 - Refused*

- b. In the past 3 months, did you usually smoke more than 10 cigarettes each day?
 - Yes
 - No
 - Refused*

- c. In the past 3 months did you usually smoke within 30 minutes after waking?
 - Yes
 - No
 - Refused*

- 13. In the past 6 months, how often have you had 5 or more drinks (men)/4 or more drinks (women) containing alcohol in one day?
 - Daily or almost daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never-> Skip to Q14
 - Refused*

- a. In the past 3 months, did you have a drink containing alcohol?
 - Yes
 - No
 - Refused*

- b. In the past 3 months, did you have 5 or more drinks containing alcohol in a day?
 - Yes
 - No
 - Refused*

- c. In the past 3 months have you tried and failed to control, cut down, or stop drinking?
 - Yes
 - No
 - Refused*

- d. In the past 3 months, has anyone expressed concern about your drinking?
 - Yes
 - No
 - Refused*

14. In the past 6 months, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?
- Daily or almost daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never-> Skip to Q15
 - Refused*
- a. In the past 3 months, did you use marijuana (hash, weed)?
- Yes
 - No
 - Refused*
- b. In the past 3 months, have you had a strong desire or urge to use marijuana at least once a week or more often?
- Yes
 - No
 - Refused*
- c. In the past 3 months, has anyone expressed concern about your use of marijuana?
- Yes
 - No
 - Refused*
- d. In the past 3 months, did you use cocaine, crack, or methamphetamine (crystal meth)?
- Yes
 - No
 - Refused*
- e. In the past 3 months, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often?
- Yes
 - No
 - Refused*
- f. In the past 3 months, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)?
- Yes
 - No
 - Refused*

- g. In the past 3 months, did you use heroin?
- Yes
 - No
 - Refused*
- h. In the past 3 months, have you tried and failed to control, cut down, or stop using heroin?
- Yes
 - No
 - Refused*
- i. In the past 3 months, has anyone expressed concern about your use of heroin?
- Yes
 - No
 - Refused*
15. In the past 6 months, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you?
- Daily or almost daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never -> Skip to Q16
 - Refused*
- a. In the past 3 months, did you use a prescription opiate pain reliever (for example, Percocet, Vicodin), not as prescribed or that was not prescribed for you?
- Yes
 - No
 - Refused*
- b. In the past 3 months, have you tried and failed to control, cut down, or stop using an opiate pain reliever?
- Yes
 - No
 - Refused*
- c. In the past 3 months, has anyone expressed concern about your use of an opiate pain reliever?
- Yes
 - No
 - Refused*

- d. In the past 3 months, did you use a medication for anxiety or sleep (for example Xanax, Ativan, or Klonopin) not as prescribed or that was not prescribed to you?
- Yes
 - No
 - Refused*
- e. In the past 3 months, have you had a strong desire or urge to use medications for anxiety or sleep at least once a week or more often?
- Yes
 - No
 - Refused*
- f. In the past 3 months, has anyone expressed concern about your use of medication for anxiety or sleep?
- Yes
 - No
 - Refused*
- g. In the past 3 months, did you use a medication for ADHD (for example, Adderall, Ritalin) not as prescribed or that was not prescribed for you?
- Yes
 - No
 - Refused*
- h. In the past 3 months, did you use a medication for ADHD (for example, Adderall, Ritalin) at least once a week or more often?
- Yes
 - No
 - Refused*
- i. In the past 3 months has anyone expressed concern about your use of medication for ADHD (for example, Adderall or Ritalin)?
- Yes
 - No
 - Refused*
- j. In the past 3 months, did you use any other illegal or recreational drug (for example, ecstasy, molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('spice'), whip its, etc.)?
- Yes
 - No
 - Refused*

k. In the past 3 months, what were the other drugs you used? (fill in response)

16. An (opioid/heroin) overdose is when someone turns blue, has little or no breathing, or passes out and can't be woken up without help, after using opioids. Have you had an opioid overdose in the past 6 months?

- Yes
- No
- Refused*

17. In the past 6 months, have you received Narcan to have on hand to use if needed?

- Yes
- No
- Refused*

SECTION VI: HEALTH-RELATED QUALITY OF LIFE¹

18. Overall, how would you rate your health during the past 4 weeks?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor
- Refused*

19. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

- Not at all
- Very little
- Somewhat
- Quite a lot
- Could not do physical activities
- Refused*

¹ SF-8™ Health Survey © 1999, 2001 by QualityMetric Incorporated. All Rights Reserved.

20. During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

- None at all
- A little bit
- Some
- Quite a lot
- Could not do daily work
- Refused*

21. How much bodily pain have you had during the past 4 weeks?

- None
- Very mild
- Mild
- Moderate
- Severe
- Very Severe
- Refused*

22. During the past 4 weeks, how much energy did you have?

- Very much
- Quite a lot
- Some
- A little
- None
- Refused*

23. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities with family or friends?

- Not at all
- Very little
- Somewhat
- Quite a lot
- Could not do social activities
- Refused*

24. During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

- Not at all
- Slightly
- Moderately
- Quite a lot
- Extremely
- Refused*

25. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school, or other daily activities?

- Not at all
- Very little
- Somewhat
- Quite a lot
- Could not do daily activities
- Refused*

SECTION VII: PATIENT FEEDBACK

Interviewer script: Please rate your experience with the clinic/health care provider that you interacted with most frequently in the past 6 months.

26. At this clinic, who is the person you have interacted with most frequently in the past 6 months?
 _____ (name of interventionist)

How good was that person at:	Poor	Fair	Good	Very Good	Excellent	N/A
27. Making you feel at ease (introducing him/herself, explaining his/her position, being friendly and warm towards you, treating you with respect, not being cold and abrupt)						
28. Letting you tell your “story” (giving you time to fully describe your condition in your own words, not interrupting, rushing, or diverting you)						
29. Really listening (paying close attention to what you were saying, not looking at the notes or computer as you were talking)						
30. Being interested in you as a whole person (asking/knowing relevant details about your life and your situation, not treating you as “just a number”)						
31. Fully understanding your concerns (communicating that he/she had accurately understood your concerns, not overlooking or dismissing anything)						
32. Showing care and compassion (seeming genuinely concerned, connecting with you on a human level, not being indifferent or “detached”)						
33. Being optimistic (having a positive approach and a positive attitude, being honest but not negative about your problems)						
34. Explaining things clearly (fully answering your questions, explaining clearly, giving you adequate information, not being vague)						

How good was that person at:	Poor	Fair	Good	Very Good	Excellent	N/A
35. Helping you to take control (exploring with you what you can do to improve yourself, encouraging rather than “lecturing” you)						
36. Making a plan of action with you (discussing the options, involving you in the decisions as much as you want to be involved, not ignoring your views)						

37. When I think about my care at this clinic, these words come to mind (check all that apply):

Interviewer: read the words below and check those that the participant agrees with. Then ask the participant if there are any additional words s/he would like to add.

Excellent	Rushed
Adequate	Impersonal
Terrible	Cold
OK	Warm
Poor	Dignified
Busy	Respectful
Personal	Humiliating
Caring	Scary
Friendly	Understanding
Safe	Other (write in)
N/A	Other 2 (write in)

38. In the past 6 months, were you treated with courtesy and respect at this clinic?

- Never
- Rarely
- Sometimes
- Usually
- Always

(If answer is “never” or “rarely”, continue to question 40. If answer is “sometimes”, “usually”, or “always”, skip to 41)

39. If you answered “never” or “rarely”, please help us understand why by checking any off the reasons why you feel you may not have been treated with respect and courtesy.

	Yes	No	N/A
My race			
My age			
My gender/sex			
My sexual orientation			
My drug use			
My immigration status			
My difficulty speaking English			
Other:			

For each of the following statements, please rate your level of agreement or disagreement with your experiences at this clinic:

	Completely Agree	Somewhat Agree	Not sure	Somewhat Disagree	Completely Disagree	N/A
40. Appointments for HIV care fit with your schedule						
41. Waiting time at the clinic is not too long						
42. You have enough time with your HIV doctor						
43. You have enough time with your nurse						
44. You have enough time with other clinic staff						
45. The quality of HIV care is good						
46. Support services offered or provided meet your needs						
47. The clinic is helping you with your mental health needs						
48. The clinic is helping you with your substance use issues						

49. I would recommend this clinic to other HIV-positive patients with similar needs:

- Yes
- Maybe/Not sure
- No

SECTION VIII: Current Drug Use

In the past 6 months, how have the following reduced or stopped your drug use?

	Not at all	Very little	Somewhat	Quite a lot	Completely	N/A	Refused
50. Taking buprenorphine							
51. Visits with the nurse							
52. Visits with the doctor							
53. Visits with the coordinator							
54. Visits with a substance use counselor							
55. Group counseling and/or support groups							
56. Support services offered or provided							

57. Do you think your dose of buprenorphine is:

- Too much
- Just right
- Too little
- I'm not taking buprenorphine right now
- Refused*

58. How do you feel about the number of take home doses you get?

- I don't have take home doses
- Too few
- Just right
- Too many
- I'm not taking buprenorphine right now
- Refused*

Section IX: Additional Feedback

59. What else you would like to share with us about you or your experiences living with HIV in the past few months? Open ended response option. *[Interviewer: please record response verbatim.]*