

**National Working Positive Coalition (NWPC) 2008 Vocational Training and Employment Survey  
Informed Consent Form - Penn State University**

**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)

# NWPC 2008 Vocational Training and Employment Survey: Working

**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  American Indian or Alaska Native  
 Black, African American  Native Hawaiian or Other Pacific Islander  
 Black, West Indian/Carribbean  Asian: \_\_\_\_\_  
 Black, African  Multiracial: \_\_\_\_\_  
 White, European American, not Latino/Hispanic  Other: \_\_\_\_\_  
 White, Latino/Hispanic

**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 bad  
 Pretty good
  Very bad; could hardly be worse  
 Good and bad parts about equal

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

- State Vocational Rehabilitation
  Extended Medicare  
 Americans with Disabilities Act (ADA)
  Trial Work Period  
 Family and Medical Leave Act (FMLA)
  Ticket to Work  
 Workforce Investment Act (WIA)
  Reasonable Accommodations  
 One Stop Career/workforce Centers
  Health Insurance Portability & Accountability Act- HIPAA  
 Tribal Vocational Rehabilitation
  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)**

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

**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 can find training and jobs without help  
 I applied but I was not eligible
  I prefer to get services from AIDS organizations  
 I do not want to work at this time
  I heard negative stories about vocational rehab  
 I do not think I qualify
  I do not want to disclose my HIV status to a stranger  
 I do not know what services they provide
  Concern about experiencing discrimination  
 They are not available in my area
  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)**

	Received in Past	Currently Receiving	Never Received
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private long-term disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF/medical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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, Entertain, 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 month: \_\_\_\_\_
- per week: \_\_\_\_\_
- per year: \_\_\_\_\_

**41. Please check "Yes," "No," or "N/A – Not Applicable"**

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

**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)**

- |   |   |
|---|---|
| <input type="checkbox"/> Change in job duties                         | <input type="checkbox"/> To be close to a bathroom              |
| <input type="checkbox"/> Change in work schedule (change hours, etc.) | <input type="checkbox"/> None, I have not needed any changes    |
| <input type="checkbox"/> Reassignment to another position             | <input type="checkbox"/> None, I have not requested any changes |
| <input type="checkbox"/> Time/resources to take my medicines          | <input type="checkbox"/> Other: _____                           |

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

	1	2	3	4	5	6	7
How stressful is your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**49. Please check the best response to the below statements**

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

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

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> At a different job/position | <input type="checkbox"/> Out on disability leave | <input type="checkbox"/> A student    |
| <input type="checkbox"/> Unemployed/not working      | <input type="checkbox"/> Retired                 | <input type="checkbox"/> Other: _____ |

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

	Increased	Decreased	No change
my use of alcohol has	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my drug use has	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my amount of unprotected sex has	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my number of sex partners has	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my quality of self-care has	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my T-cell count has	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my viral load count has	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
taking my HIV medications as prescribed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am confident that I can cope with discrimination and not let others discourage me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable asking for help when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want others to know that I am HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to be around others who are HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to be around others who belong to my racial/ethnic group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes feel worthless because I am HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes feel worthless because of my sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None of my family members know my HIV status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the overall support I get from my friends and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others would think less of me if they knew I was HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**59. Please check the best response to the below statements.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Others would think less of me if they knew my sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about my use of alcohol or drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is very difficult for a person with HIV to become employed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would seek out professional help when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**60. How many HIV positive people...**

	None	1-2	3-4	5-6	7+
Do you know?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you know who are working?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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"**

	Yes	No	N/A
Has HIV/AIDS ever caused you to lose a job or decide not to work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you comfortable speaking and reading English?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you want others to know that you are gay/lesbian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	1	2	3	4	5	6	7
How confident are you in your job-seeking skills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you that you could ask for job accommodations (breaks, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you that you could hold onto a job once you had it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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:**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I have had positive experiences with Social Security.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust Social Security to provide me benefits if needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain interferes with my normal work/activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough energy to do the things I need to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others can tell I have HIV by the way I look.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting what you want in life is mostly a matter of chance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you use the Internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you use a computer and office programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over the next 5 years, I expect my health will be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**71. Please check Yes or No**

	Yes	No
Do you have a regular doctor who you are able to see, as needed?	<input type="radio"/>	<input type="radio"/>
Have you discussed employment with your health care provider?	<input type="radio"/>	<input type="radio"/>
Is working/returning to work part of your recovery process from drug and alcohol abuse?	<input type="radio"/>	<input type="radio"/>

**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 <b>vigorous</b> activities you can do, like lifting heavy objects, running or participating in strenuous sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The kinds or amounts of <b>moderate</b> activities you can do, like moving a table, carrying groceries or bowling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking uphill or climbing (a few flights of stairs).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bending, lifting or stooping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking one block.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating, dressing, bathing or using the toilet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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:**

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Have you been a <b>very nervous person</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt <b>calm and peaceful</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt <b>downhearted and blue</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been a <b>happy person</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt so down in the <b>dumps that nothing could cheer you up</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel weighed down by your health problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you discouraged by your health problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel despair over your health problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you afraid because of your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
I am somewhat ill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am as healthy as anybody I know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health is excellent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been feeling bad lately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> None                          | <input type="checkbox"/> Mental health/psychiatric | <input type="checkbox"/> Neuropathy (numbness/tingling) |
| <input type="checkbox"/> Hepatitis C                   | <input type="checkbox"/> Deaf or hearing loss      | <input type="checkbox"/> Bowel or bladder problems      |
| <input type="checkbox"/> High blood pressure           | <input type="checkbox"/> Cancer                    | <input type="checkbox"/> Night sweats or insomnia       |
| <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Liver problems            | <input type="checkbox"/> Cough/Cold or temp over 101    |
| <input type="checkbox"/> Alcohol or drug use problems  | <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Fat/muscle gain/loss           |
| <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Fatigue                   | <input type="checkbox"/> Other: _____                   |

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Homelessness                | <input type="checkbox"/> Incarceration               | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Problems with mental health | <input type="checkbox"/> Problems with substance use | <input type="checkbox"/> 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?**

	Extremely Concerned	Very Concerned	Moderately Concerned	Somewhat Concerned	Not Concerned
Long work hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited paid sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to health risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New hire probationary periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping medical appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balancing work and other life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical duties (standing, lifting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited break time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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**

## Employment Resources

### Employment Resources

**National Working Positive Coalition (NWPC) [www.workingpositive.net](http://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](mailto:lmc11@psu.edu)

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

<http://www.thebody.com/Forums/AIDS/Workplace/index.html>

**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](http://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](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](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>**