Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

**Cooperative Re-Engagement Controlled Trial (CoRECT)**

**Attachment #6**

**Connecticut Barriers to Care Survey**

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

**Attachment 6. Connecticut Barriers to Care Survey**

**Project CoRECT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Barriers to Care**

Interview Script: People can have many different types of problems getting their HIV medical care. Think of reasons why you have not received the medical care you needed or care that was recommend to you. Please indicate “AGREE” or “DISAGREE” for all of the following reaons for why you may not have gotten the needed medical care in the past month. In the past month”

\***Interviewer note: DO NOT READ the response option REFUSED to the participant. Only mark this response if a person chooses to skip a questions.**

**Attitudes/Perceptions about HIV and Health**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. You didn’t really care about your health | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| 2. You didn’t feel sick | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| 3. You were too sick | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| 4. You didn’t want to go | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |

**Challenges with the Medical Facility**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5. The clinic’s hours of operation didn’t match your hours | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| 6. You were treated poorly at a clinic in the past | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |

**Challenges with the Medical Provider**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 7. You couldn’t find a provider that could speak with you in your native language | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| 8. You don’t trust doctors | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |

**Time Management and Organization**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 9. You couldn’t take time off of work or school | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| 10. You forgot | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| 11. You do not like to make appointments too far in advance | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |

**Health Insurance and Access to Medical Care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 12. You didn’t have health insurance | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| 13. You weren’t sure where to go to get medical care | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |

**Social and Supportive Services**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHILDCARE**  14. You didn’t have child care | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| **TRANSPORTATION**  15. You didn’t have transportation to medical care | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| **FINANCIAL CHALLENGES**  16. You couldn’t pay for medical care | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| **STIGMA**  17. You didn’t want to be seen at a clinic | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| **MEDICATION ADHERENCE**  18. You didn’t want your health care provider to be mad at you for not taking your meds | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| **MENTAL HEALTH**  19. You were too depressed | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| **SUBSTANCE USE**  20. You were too drunk or high | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |
| **OTHER REASON**  21. Any other reasons you have not received HIV medical care?  Specify: | Agree(1) | Disagree(2) | Don’t Know(7) | Decline(8) | Missing(9) |

Notes