

Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

Cooperative Re-Engagement Controlled Trial (CoRECT)

Attachment #7

Philadelphia 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 7. Philadelphia Barriers to Care Survey

Barrier Domain	Sample patient statements in Barrier Domain
Attitudes/ Perceptions about HIV and Health	<ul style="list-style-type: none"> ● I felt good ● My CD4 count and viral load are good ● Did not think I am HIV positive ● I didn't want to think about being HIV positive I felt sick ● There is no cure for HIV so I don't need to go to the dr.
Challenges with the Medical Facility	<ul style="list-style-type: none"> ● I didn't like the way that I was treated at the clinic in the past ● The clinic facility (hours, location, or wait-time) is inconvenient ● I had problems getting through to someone in the office to make an appointment ● I couldn't get an appointment with the provider ● Like It took too long to get an appointment
Challenges with the Medical Provider	<ul style="list-style-type: none"> ● I did not know when to follow-up with my healthcare provider ● I do not trust doctors ● I had problems finding a provider who speaks my language
Time Management and Organization	<ul style="list-style-type: none"> ● I forgot about my appointment ● I couldn't get the time off work or school ● I had other responsibilities
Health Insurance and Access to Medical Care	<ul style="list-style-type: none"> ● I didn't have health insurance ● I did not have enough money to pay my co-pay ● I was afraid it might cost too much ● I did not know where to go for medical care
Social and Supportive Services	
Child Care	<ul style="list-style-type: none"> ● I had problems getting child care

Housing	<ul style="list-style-type: none"> ● I had trouble finding a place to live
Transportation	<ul style="list-style-type: none"> ● I had problems getting transportation to my appointment
Financial Challenges	<ul style="list-style-type: none"> ● I can't pay my bills
Food insecurity	<ul style="list-style-type: none"> ● I do not have any food
Barrier Domain	Sample patient statements in Barrier Domain
Unemployment	<ul style="list-style-type: none"> ● I do not have a job
Incarceration	<ul style="list-style-type: none"> ● I just got out of jail
Religious Objection	<ul style="list-style-type: none"> ● I don't need to go to the doctor because God will cure me
Disclosure/ Privacy	<ul style="list-style-type: none"> ● I didn't want to go to the doctor until I told my friends/family
Stigma	<ul style="list-style-type: none"> ● I did not want to be seen at the HIV clinic
Medication Adherence	<ul style="list-style-type: none"> ● My medication makes me sick
Mental Health	<ul style="list-style-type: none"> ● I felt depressed
Substance Use	<ul style="list-style-type: none"> ● I was too drunk or high