Appendix II consists of the English Housing Needs Assessment Survey tool (the Spanish-language survey is not included).

This is a housing survey for people who have HIV/AIDS. The survey has questions about the kind of help people with HIV or AIDS need to have comfortable and affordable places to live. Your answers to our survey questions will help us plan housing programs for people who have HIV or AIDS. **We will not show anyone your answers. The answers you give to these questions are private.** If you would like help with reading the questions and answers, please ask the person who gave you the survey. Thank you for your help. **Please return the survey to the person who gave it to you or mail to:** Survey, AIDS Foundation of Chicago, 411 S. Wells, Suite 300, Chicago, IL 60607

Si prefiere contestar estas preguntas en español, favor de hablar con la persona que le dio la encuesta.

### Start Here

- If you have already answered these questions, please do not answer them again.

- If you are helping someone answer these questions, thank you! Please be sure to answer the questions in the exact way the person you are helping tells you to answer them. If the person you are helping is not able to answer some or all of the questions, please give the answers you think that person would give.

### Section 1  Personal Information

1. **Are you infected with HIV, the virus that causes AIDS?**
   - □ Yes
   - □ No, I do not have HIV infection, I am HIV negative. ➔ Please stop here and do not finish this survey!
   - □ I am not sure if I am infected ➔ Please stop here and do not finish this survey!
   - □ I have not been tested for HIV infection ➔ Please stop here and do not finish this survey!

2. **Has your doctor told you that you are disabled by HIV or AIDS?**
   - □ Yes
   - □ No

3. **Which best describes you?**
   - □ I am female
   - □ I am male
   - □ I am transgender
   - □ Male □ Female
   - □ Other ___________________________

4. **In what year were you born?** 19________

5. **In what country were you born?**

6. **Which best describes you? ** Please choose only one.
   - □ White
   - □ Black (includes African, African American, African Caribbean, and others)
   - □ Asian or Pacific Islander
   - □ Native American, American Indian, or Alaskan Native
   - □ Hispanic, Latino, or Latina
   - □ Multiracial _______________________
   - □ Other ___________________________
Appendix II – 5-Year Chicago Area HIV/AIDS Housing Plan

7. Do you speak English most of the time?
☐ Yes
☐ No ➔ What language do you speak most of the time? __________________________

Section 2 Where You Are Living Now

8. Who lives with you in your apartment or home? Please check the answers that are true about you.
☐ No one, I live alone ➔ Skip to #11
☐ I live with my husband, wife, or partner
☐ I live with my child or children
☐ I live with my mother, father, or other family members
☐ I live with one or more friends or other adults
☐ I live with other people in a group home, shelter, or hospital
☐ I live with these people __________________________

9. How many people live with you in your apartment or home?
Number of people age 18 and older ______
Number of children age 17 or younger ______

10. Do any of the adults or children who live with you also have HIV infection or AIDS?
☐ Yes ➔ What is your relationship to each person with HIV infection or AIDS? ______
☐ No

11. Where do you live?
Name of your city or town __________________________
Name of your county __________________________

12. Please pick the one kind of place that best describes where you are living today.
☐ A house, condo, or mobile home that I own
☐ An apartment, house, condo, or mobile home that I rent
☐ A room that I rent
☐ A hotel/motel that I rent by the week or month
☐ A house, apartment, condo or other home where I get help for my HIV infection or AIDS
☐ A house, apartment, condo or other home where I get help for alcohol or drug problems
☐ With friends or relatives, but I can only stay for a short while
☐ With friends or family who are taking care of me, and I can stay as long as I need to
☐ A shelter
☐ The streets, in parks, or in a car
☐ In jail or prison
☐ Other __________________________

13. Does the government or another organization pay or help pay for your housing?
☐ Yes ➔ Check all that are true about you.
☐ I have a Section 8 certificate
☐ I live in a Shelter Plus Care program
☐ I get help to pay my rent from HOPWA (Housing Opportunities for Persons with AIDS)
☐ I live in a home for people living with HIV infection or AIDS
☐ Other __________________________
☐ No, I don’t get any help with my housing
☐ I am not sure if I am getting help with my housing
14. Are you on any waiting lists for
government or other help to pay or help
pay for your housing?
☐ Yes ➔ Check all that are true about
you.
☐ I am waiting for a Section 8
certificate. I have been waiting ___
months.
☐ I am waiting for Shelter Plus
Care. I have been waiting ___
months.
☐ I am waiting to get help to pay my
rent from HOPWA (Housing
Opportunities for Persons with
AIDS). I have been waiting for ___
months.
☐ I have been waiting for other help:
_________ and I have been waiting
for ___ months.
☐ No, I am not on any waiting lists for help
with housing.
☐ I am not sure if I am on any waiting lists
for help with housing.

Section 3 Income, Benefits, and Expenses

15. Please check the boxes next to the
sentences that are true about you or
family members who live with you.
☐ I get Medicaid
☐ One or more of my family members get
Medicaid
☐ I get Medicare
☐ One or more of my family members get
Medicare
☐ I have private health insurance
☐ One or more of my family members has
private health insurance
☐ I have private disability insurance
☐ One or more of my family members has
private disability insurance
☐ I am part of the state AIDS Drug
Assistance Program (ADAP)
☐ One or more of my family members is
part of the state AIDS Drug Assistance
Program (ADAP)
☐ I have other insurance. What type? ___
☐ One or more of my family members has
other insurance. What type? _________
☐ I have no insurance
☐ One or more of my family members has
no insurance

16. Do you get paid for doing any work?
☐ Yes ➔ If you work, how many hours do
you usually work per week? ___
hours
☐ No

17. Please help us understand your financial
situation.
Your monthly income $ ____________
Amount you pay in rent and
utilities every month $ ____________
Amount you spend on health
care and medications every
month $ ____________
18. If your rent or mortgage payment went up by about $50 per month or if your income went down by $50 per month, would you have to move?
   □ Yes
   □ No

Section 4 Housing History

19. Have you moved in the last three years?
   □ Yes ➔ How many times? ____________
   □ No ➔ Skip to #20

19a. Please check all the boxes next to the sentences that are true about why you have moved in the last three years.
   □ I was asked to move because I am HIV-positive
   □ I was evicted
   □ I didn’t have enough money for rent
   □ I moved to live with or near family
   □ I moved to be in a safer neighborhood
   □ I moved so that I could stay clean and sober
   □ I moved so that I could get better services and treatment for my HIV infection or AIDS
   □ I moved so that I could get help from a better doctor
   □ I moved because I needed more privacy about my HIV infection or AIDS
   □ I moved because of my drug or alcohol abuse
   □ I moved because of relationship or family problems
   □ I moved because the housing help I was getting from the government or other organization ended
   □ I moved to be closer to transportation
   □ I moved because I got healthier
   □ I moved because I got sicker
   □ I moved because of this other reason: ____________

20. Have you ever been homeless (without a place to stay for the night)?
   □ Yes ➔ Continue
   □ No ➔ Skip to #21

20a. How many times have you been homeless in the last three years? ____________

20b. What is the longest amount of time you were homeless during the last three years?
   □ 1-7 days
   □ A week to a month
   □ Two months to a year
   □ More than a year
   □ I have not been homeless in the past three years

20c. Please check all the boxes next to the sentences that are true about the last time you were homeless.
   □ I became homeless because I was evicted from my home
   □ I became homeless because I had no income from a job or from benefit checks
   □ I became homeless because my family or partner or roommate made me move
   □ I became homeless because I was living in a building or apartment that was closed by the government because it was unsafe
   □ I became homeless because I moved to a new area and had no money, friends, or family
   □ I became homeless after I was released from jail, county lock-up, or prison
   □ I became homeless because of my use of alcohol or drugs
   □ I became homeless for another reason: ____________

21. Have you ever spent the night in a shelter?
   □ Yes ➔ If so, how many times? ____________
   □ No
22. Have you had trouble getting housing?

☐ No

☐ Yes ➔ Please check the boxes next to the reasons you had trouble getting housing.

☐ My race or ethnic background

☐ My health: HIV infection or AIDS

☐ My sexuality: gay, lesbian, bisexual, or transgender

☐ The number of children or other persons in my family

☐ My criminal history or prison record

☐ My current alcohol or drug use

☐ My past alcohol or drug use

☐ My participation in a methadone maintenance program

☐ My mental illness, for which I am not getting help

☐ My mental illness, for which I am getting help

☐ My bad credit

☐ Where my income comes from

☐ The way that my rent would be paid (such as by the government)

☐ My disability or handicap

☐ I had no transportation to search for housing

☐ Other reason: ________________

Section 5 Housing Preferences

23. If the amount of money you get each month did not change, which of these would you choose? Please pick only one.

☐ Pay more rent to have my own apartment or house,

OR

☐ Share a cheaper apartment or house with other people.

24. If the amount of money you get each month did not change, which of these would you choose? Please pick only one.

☐ Move to another city or neighborhood and get a cheaper place of my own,

OR

☐ Live close to my current neighborhood in shared housing.

25. If the amount of money you get each month did not change, which of these would you choose? Please pick only one.

☐ Live in an apartment building where only other people with HIV or AIDS are living,

OR

☐ Live in an apartment building where people with HIV or AIDS live along with other people.

26. Would you like to live in an apartment building where services, such as mental health and substance abuse counseling, are available to you?

☐ Yes

☐ No
In questions 27-29, we will ask you about the kind of housing you need or would like to have. Please tell us how much you would like or dislike each housing choice by circling a number from 1 to 5. The charts below tell you what each number means.

### 27. Keeping in mind your health right now, read each of these housing choices and tell us what you think about them.

<table>
<thead>
<tr>
<th>Housing Choice</th>
<th>Like very much</th>
<th>Like</th>
<th>Neutral—Don’t like or dislike</th>
<th>Dislike</th>
<th>Dislike very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay where I live now</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Live alone</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Live with only my partner or my children, or both</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Live with parents or other family or close friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Live in a shared house or apartment with no one coming to my home to help me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Live in a program with help at the home (staff make meals, help with my care, give me rides, and more)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Live where nurses and other staff are available all the time to take care of me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### 28. If you get sicker from HIV or AIDS, tell us what you think about these housing choices.

<table>
<thead>
<tr>
<th>Housing Choice</th>
<th>Like very much</th>
<th>Like</th>
<th>Neutral—Don’t like or dislike</th>
<th>Dislike</th>
<th>Dislike very much</th>
</tr>
</thead>
<tbody>
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<td>Stay where I live now</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
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<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Live where nurses and other staff are available all the time to take care of me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### 29. If you had to move, what would be important to you?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Very important</th>
<th>Important</th>
<th>Don’t care</th>
<th>Not important</th>
<th>Not important at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in a safe or drug-free building</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Living with other people who are clean and sober</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Living in a place where I can use drugs and alcohol</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Living near my doctor, clinic, or hospital</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Living near public transportation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Living near other support services, such as counseling</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
30. Please add anything you think is important for us to know.

31. Please tell us who gave you the survey.
   Person: __________________________
   Agency: __________________________

THANK YOU VERY MUCH!

Please return the survey to the person who gave it to you or mail to:

Survey
AIDS Foundation of Chicago
411 S. Wells, Suite 300
Chicago, IL 60607