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HIV-related stigma and discrimination in the New Zealand healthcare setting: a mixedmethods study

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Appendix 1: Questionnaire

Experiences of HIV Stigma and Discrimination in the Healthcare Setting

Background information:

(Please put a tick ($\sqrt{}$) next to the right answer)

1. Did you use an interpreter to complete this questionnaire? Yes

Yes 🗌 No 🗍

2. What is your gender?

Male	
Female	
Transgender	

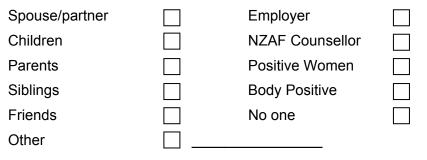
3. What is your age?

16-25	46-5	5]
26-35	56-6	5	
36-45	Over	65]

4. Where were	you born?			
New Zealand	(go to question 6)	Africa	Cou	untry:
Australia		Asia	Coi	untry:
Pacific	Country:	Other	Cou	untry:
UK/Europe	Country:			
-	ave you lived in New Zealand town/region do you live in N			
7. What is you	r ethnicity?			
NZ European	Africar	1		
Māori	South	East Asian		
Pacific Islander	Chines	e		
Indian	☐ Other			
8. What is you Work full-time Work part-time Self-employed Unemployment Sickness Benef Other		of income? (1 Invalid's be Domestic P Student Parent/Care Retired	nefit urposes Be	
9. How do vou	describe your sexual orienta	ation?		
Heterosexual	□			
Homosexual				
Bisexual				
HIV infection				
(Please put a t	ick (\checkmark) next to the right ans	wer)		
10. How long ha	ave you been living with HIV	?		
Less than 2 yea	nrs 🗌 11 to 1	5 years		
2 to 5 years	16 to 2	0 years		
6 to 10 years	More t	han 20 years		

11. How did you get H	IIV?		
Born with HIV		Blood transfusion	
Sex with a man		Don't know	
Sex with a woman		Other	
IV drug use			

12. Who else apart from your HIV Specialist team (Doctor, Nurse Specialist, Social Worker) know about your HIV diagnosis? *(Please tick (√) one or more)*



13. Please put a tick ($\sqrt{}$) next to each statement that best describes how you feel on most days.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I worry that people from my community know that I have HIV				
I worry that people will reject me if they find out I have HIV				
HIV is similar to other chronic illnesses				
I feel ashamed that I have HIV				
I am afraid of my current employer finding out that I have HIV				
I don't care if people know that I have HIV				
I isolate myself so that people don't find out I have HIV				
People would not want to be my friend if they found out I have HIV				
I feel comfortable telling my current employer about having HIV				
People can tell by looking at me that I have HIV				
If people knew I had HIV, they would think it's my fault				
I get depressed because I have HIV				
The people that I've told that I have HIV support me				

HIV Care and Treatment:

This section will look at your experiences with your HIV clinic and treatment

14. Please respond to the following statements about the care you receive at your HIV outpatient clinic. Please put a tick ($\sqrt{}$) next to each statement that best describes your view.

	Never	Rarely	Sometimes	Often	Always	Not Applicable
I receive high quality medical care at my HIV clinic						
I feel listened to by my HIV Specialist						
I prefer to use my HIV Specialist for all my health care problems						
I feel supported by the Community HIV Team (Auckland City Hospital)						
I feel supported by the HIV Nurse Specialist (other regions)						
I worry about seeing people I know at my HIV clinic appointments						
I miss HIV clinic appointments because I'm worried about seeing someone I know						
The HIV outpatient clinic reception staff respect my confidentiality						
I worry that my HIV clinic appointment reminder letters will be opened by someone else						

15. Do you attend HIV	/ outpat	tient clinic at Au	uckland City Hospita	al?	
Yes					
No					
16. Are you currently	taking H	HIV medication	?		
Yes		(go to next q	uestion)		
No		(go to questi	on 19)		
17. How long have yo	u been	taking HIV me	dication?		
Less than 2 years		11 to 1	5 years		
2 to 5 years		16 to 2	0 years		
6 to 10 years		More t	han 20 years		
18. Do you take your	HIV me	dication as pre	scribed?		
l never miss a dose			l miss a dose	every few months	
I miss one dose a we	ek		l miss a dose	every 6 months	
I miss a dose every m	nonth		I miss one or	two doses a year	
Other					
(go to question 21)					
19. Have you taken H	IIV med	lication in the p	ast?		
Yes		(go to next q	uestion)		
No		(go to next q	uestion)		
20. Why are you not o	currently	y taking HIV me	edication?		
Not needed yet			Tired of taking med	lication	
Side effects			Problems remember	ering	
I choose not to			Other		
(go to question 21)					

Other healthcare settings:

This section will look at the care you receive at various healthcare settings.

21. Please respond to the following statements about the care you receive at various healthcare settings. Please put one or more ticks ($\sqrt{}$) for each healthcare provider if you agree with the statements. Leave blank if you disagree or if not applicable.

	GP	HIV Outpatient Clinic	Infectious Diseases Ward	Other Hospital Wards	Hospital Emergency Department	Other Outpatient Clinics	Hospital Blood Lab	Dentist	Community Blood Lab
I feel comfortable that they know about my HIV diagnosis									
I trust them to give me high quality care									
They have appeared nervous because of my HIV diagnosis									
I trust that they have knowledge about HIV									
I have changed health care providers because they were uncomfortabl e with my HIV diagnosis									
They have used gloves to take my blood pressure									

	Strongly disagree	Disagree	Agree	Strongly Agree	Not Applicable
I worry that my HIV diagnosis will be disclosed by a healthcare worker					
I have felt judged by a healthcare worker for having HIV					
I am treated no differently by healthcare workers because I have HIV					
A healthcare worker has been afraid to touch me because I have HIV					
I have been treated as inferior by a healthcare worker because I have HIV					
I'm treated the same as other patients when I'm in a hospital ward					
Healthcare workers in general respect my confidentiality					
I prefer to be treated in the infectious diseases ward when in hospital					
The nurses in the Infectious Diseases ward are comfortable treating someone with HIV					
The doctors in the Infectious Diseases ward are careful not to mention HIV in a shared room					

HIV Stigma and Discrimination:

This section will look at your experiences of discrimination with healthcare providers

23. Have you ever experienced less favourable or poor treatment from healthcare providers compared to other people as a result of having HIV/AIDS?

Yes, less than 2 years ago	
Yes, 2 to 5 years ago	
Yes, 5 to 10 years ago	
Yes, more than 10 years ago	
No	

24. What form did this less favourable or poor treatment take? (tick all that apply)

Rudeness	
Avoidance	
Being rushed through	
Being treated last	
Refusal of treatment	
Additional infection control measures	
Confidentiality problems	
Harassment/Abuse	
Other	

25. At which healthcare providers did you experience this less favourable or poor treatment? (Please put one or more ticks ($\sqrt{}$) beside all that apply. Leave blank if not applicable)

	GP	HIV Outpatient Clinic	Infectious Diseases Ward	Other Hospital Wards	Hospital Emergency Department	Other Outpatient Clinics	Hospital Blood Lab	Dentist	Community Blood Lab
Rudeness									
Avoidance									
Being rushed through									
Being treated last									
Refusal of treatment									
Additional infection control measures									
Confidentialit y problems									
Harassment/ Abuse									
Other:									

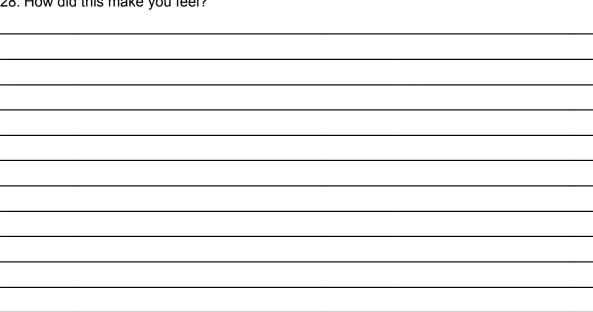
26. Have you experienced less favourable or poor treatment for any of these other reasons?

	GP	HIV Outpatient Clinic	Infectious Diseases Ward	Other Hospital Wards	Hospital Emergency Department	Other Outpatient Clinics	Hospital Blood Lab	Dentist	Community Blood Lab
Gay									
Transgender									
Gender									
Race									
Ethnicity									
Refugee									
Non-English speaker									
IV drug user									
Sex worker									
Other:									

(Please put one or more ticks ($\sqrt{}$) beside all that apply. Leave blank if not applicable)

27. Please give me an example(s) of your experience with HIV discrimination in the healthcare setting (write on a separate page if necessary)

28. How did this make you feel?



29.	Did you healthca	do anyt ire prov	thing abo ider, cor	out the HIV discri nplained, etc.)?	mination you	ı experienc	ed (e.g. ch	anged
Yes		No		Please give de	etails:			
					<u>.</u>			
30. /	Are there healthca	e any o ire prov	ther con	ments you would New Zealand?	d like to make	e about yo	ur experier	nces with
30. /	Are there healthca	e any o Ire prov	ther con iders in	ments you would New Zealand?	d like to make	e about yo	ur experier	nces with
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30. /	Are there healthca	e any o ire prov	ther con	ments you would New Zealand?	d like to make	e about yo	ur experier	ices with
30. /	Are there healthca	e any o ire prov	ther con iders in	ments you would New Zealand?	d like to make	e about yo	ur experier	ices with
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30. /	Are there healthca	e any o ire prov	ther com	ments you would New Zealand?	d like to make	e about yo	ur experier	ices with

Thank you for your time and participation in this study.