

# Living Conditions and Quality of life among People Living with HIV in Norway

Questionnaire

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## **Questionnaire regarding living conditions and quality of life among persons with HIV and AIDS in Norway**

The Fafo Institute for Applied Social Science and Opinion AS are now carrying out a survey of the living conditions among persons with HIV and AIDS in Norway. The survey is carried out on behalf of Pluss – LMA - the Norwegian Association Against AIDS and the Ministry of Health and Social Affairs. The purpose of the survey is to obtain more knowledge about the lives of people living with HIV in Norway.

### **The questionnaire should only be answered if you are HIV positive.**

The survey is completely anonymous, i.e. nobody can find out who has answered. With the questionnaire you will find a stamped addressed envelope. After you have completed the questionnaire, please return it by post in the enclosed envelope. **Do not** write your name on either the questionnaire or the envelope.

This questionnaire will be distributed via several channels. You could therefore receive the questionnaire several times. **If you have already completed a questionnaire and returned it in the enclosed envelope, you should not fill in the questionnaire again.**

Taking part in the survey is voluntary. **However, to ensure good results it is important that as many as possible fill in the questionnaire.**

The purpose of the survey is to map different aspects of being HIV positive. As HIV positive people are not a homogenous group, some of the questions might seem less relevant to you in particular. Nevertheless, we ask you to answer the questions as well as possible and to the best of your understanding.

*Thank you in advance for your help!*

If you need help, or a questionnaire for somebody other than yourself, please contact:

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## Questionnaire regarding living conditions and quality of life among persons with HIV and AIDS in Norway

How to fill in the questionnaire	AE
Tick boxes like this:	<input checked="" type="checkbox"/>
Not like this:	<input type="checkbox"/>
If you need to cross out a tickbox, please fill it completely:	<input checked="" type="checkbox"/>

If nothing else is indicated, you should tick one box only for each question.

First we ask you to make your own personal code. This code cannot be used to identify you later. The code will only be used to ensure that the same person does not submit several questionnaires.

Do as follows: Write your *date of birth*, and thereafter the two first letters of your *mother's first name*. Example: If your birthday is on the 14<sup>th</sup> and your mother's name is Lillian, your code will be 14LI. If your birthday is on the 3<sup>rd</sup> and your mother's name is Sabata, your code will be 03SA. Follow these instructions and fill in your code here:

|\_|\_|\_|\_|\_|\_|\_|

### 1. Background information

1. Sex
1 <input type="checkbox"/> Male
2 <input type="checkbox"/> Female

2. In what year were you born?
_1_ _ _9_ _ _ _

3. Where were you born?
1 <input type="checkbox"/> In Norway GO TO QUESTION 5
2 <input type="checkbox"/> In another European country
3 <input type="checkbox"/> In Africa
4 <input type="checkbox"/> In America
5 <input type="checkbox"/> In Asia
6 <input type="checkbox"/> In Australia/Oceania

Question 4 should only be answered if you were not born in Norway

4. How long have you been living in Norway?
Number of years  _ _ _ _

5. Where were your parents born?	In Norway	In another European country	In Africa	In America	In Asia	In Australia/Oceania
5.1 Mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5.2 Father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

6. What is your highest completed education?	Include any education taken abroad
1 <input type="checkbox"/>	Primary and lower secondary school (grunnskole)
2 <input type="checkbox"/>	Upper secondary school, 1-2 years (videregående skole, 1-2 år)
3 <input type="checkbox"/>	Upper secondary school, 3 years (videregående skole, 3 år)
4 <input type="checkbox"/>	University or College of Higher Education, 1-4 years
5 <input type="checkbox"/>	University or College of Higher Education, more than 4 years
6 <input type="checkbox"/>	Have not completed primary and lower secondary school

7. What was your gross income in 2000?	By gross income we mean income before taxation and deductions. Pension, national insurance or social benefits count as income.
1 <input type="checkbox"/>	1- 49 999 NOK
2 <input type="checkbox"/>	50- 99 999 NOK
3 <input type="checkbox"/>	100 – 199 999 NOK
4 <input type="checkbox"/>	200 – 299 999 NOK
5 <input type="checkbox"/>	300 – 499 999 NOK
6 <input type="checkbox"/>	500 000 NOK or more
7 <input type="checkbox"/>	Not sure

## 2. Health

<b>8.</b>	<b>When were you diagnosed as HIV positive?</b>
	Year (4 digits)  _ _ _ _

<b>9.</b>	<b>How did you become HIV infected?</b> <i>Tick more boxes if necessary</i>
9.1	<input type="checkbox"/> Via heterosexual contact
9.2	<input type="checkbox"/> Via homosexual contact
9.3	<input type="checkbox"/> Via injection of narcotics
9.4	<input type="checkbox"/> Via buying or selling sexual services
9.5	<input type="checkbox"/> Via blood transfusion/blood products
9.6	<input type="checkbox"/> From mother to child
9.7	<input type="checkbox"/> Other
9.8	<input type="checkbox"/> Not sure

<b>10.</b>	<b>How do you evaluate your own health in general?</b>
1	<input type="checkbox"/> Very good
2	<input type="checkbox"/> Good
3	<input type="checkbox"/> Neither good nor bad
4	<input type="checkbox"/> Bad
5	<input type="checkbox"/> Very bad

<b>11.</b>	<b>Have you, as a result of being HIV positive, in the course of the last 14 days been...</b> <i>Fill in number of days for each line where you answer yes</i>																														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">Not sure</th> <th style="width: 55%;">If yes, how many days?</th> </tr> </thead> <tbody> <tr> <td>11.1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4 _ _ _ </td> </tr> <tr> <td>11.2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4 _ _ _ </td> </tr> <tr> <td>11.3</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4 _ _ _ </td> </tr> <tr> <td>11.4</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4 _ _ _ </td> </tr> <tr> <td>11.5</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4 _ _ _ </td> </tr> </tbody> </table>		Yes	No	Not sure	If yes, how many days?	11.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 _ _ _	11.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 _ _ _	11.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 _ _ _	11.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 _ _ _	11.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 _ _ _
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11.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 _ _ _																											

<b>12.</b>	<b>Have you developed (somatic) symptoms as a consequence of being HIV positive?</b>
1	<input type="checkbox"/> Yes
2	<input type="checkbox"/> No
3	<input type="checkbox"/> Not sure

<b>13.</b>	<b>Are you receiving specific antiviral treatment for your HIV infection?</b>
1	<input type="checkbox"/> Yes
2	<input type="checkbox"/> No GO TO QUESTION 17
3	<input type="checkbox"/> Not sure GO TO QUESTION 17

**Question 14 should only be answered if you replied yes to question 13**

<b>14.</b>	<b>How often do you take this medicine each day?</b>
1	<input type="checkbox"/> 1 time
2	<input type="checkbox"/> 2-3 times
3	<input type="checkbox"/> 4 or more times

**Question 15 should only be answered if you replied yes to question 13**

<b>15.</b>	<b>How many tablets are you taking in total each day?</b>
	Approximate number  _ _ _  each day

**Question 16 should only be answered if you replied yes to question 13**

<b>16.</b>	<b>Do you agree or disagree with the following assertions about how this medical treatment affects you and your everyday life?</b> <i>Please tick one box in each row</i>																																																						
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**17. Do you, as a result of being HIV positive, have health problems that have led you to reduce or stop working?**

1  Yes

2  No

3  Not sure

**18. We would like to know how you have been recently. How much time during the last 14 days have you experienced any of the following:**

	All the time	Most of the time	Some of the time	Not at any time
18.1 Felt in good form and had energy to spare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18.2 Been happy and content	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18.3 Been troubled by nervousness and inner anxiety	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18.4 Been troubled by fear or worry	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18.5 Experienced feelings of helplessness regarding the future	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18.6 Been depressed and melancholy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18.7 Been worried and restless	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**19. During the last 12 months, have you used sedatives, sleeping pills, antidepressants or other means to lessen mental or physical health problems?**

1  Yes

2  No

**20. Do you, as a result of health problems, have difficulties with any of the following:**  
*Please tick one box in each row*

	Yes	No
20.1 Taking part in community work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
20.2 Visiting relatives and friends?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
20.3 Managing shopping for everyday commodities?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
20.4 Managing your personal hygiene?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
20.5 Participating in leisure activities?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
20.6 Carrying out light physical activity?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
20.7 Using public transportation?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
20.8 Getting in contact with or talking to other people?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
20.9 Finding a job?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**21. Do you need more information about any of the following, or do you feel that the information is satisfactory? Please tick one box in each row**

		Need more information	Satisfied
21.1 Infectious behaviour		1 <input type="checkbox"/>	2 <input type="checkbox"/>
21.2 A safe sex life		1 <input type="checkbox"/>	2 <input type="checkbox"/>
21.3 Use of medication and side effects		1 <input type="checkbox"/>	2 <input type="checkbox"/>
21.4 Diet		1 <input type="checkbox"/>	2 <input type="checkbox"/>
21.5 Alternative medicine		1 <input type="checkbox"/>	2 <input type="checkbox"/>

**22. Do you do any of the following to improve your general health and fitness?**  
*Feel free to tick several boxes*

22.1  Try to eat extra healthily

22.2  Exercise a lot

22.3  Try to smoke less

22.4  Have stopped smoking

22.5  Try to reduce my alcohol intake

22.6  Have stopped using alcohol

22.7  Try to reduce my use of narcotics

22.8  Have stopped using narcotics

22.9  Take diet or vitamin supplements

22.10  Do nothing special

**23. To what extent have you, as a result of being HIV positive, experienced any of the following:**  
*Please tick one box in each row*

	To a large extent	To some extent	To a little extent	Not at all	Not sure
23.1 Felt lonely	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
23.2 Had less contact with family and friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
23.3 Received less physical closeness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
23.4 Others are scared of you and keep a physical distance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
23.5 You feel "contagious" and keep physical distance from others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
23.6 Your sex life has become severely limited	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
23.7 You no longer dare to have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

### 3. Contact with the welfare state services

	<b>24.</b>	Have you, in the course of the last 12 months, been in contact with the National Insurance Service/National Insurance Office?
1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No GO TO QUESTION 27

**Question 25 should only be answered if you replied yes to question 24**

	<b>25.</b>	What kind of help did you get from the National Insurance Office? <i>Feel free to tick several boxes</i>
25.1	<input type="checkbox"/>	Information about rights
25.2	<input type="checkbox"/>	Help to fill in forms
25.3	<input type="checkbox"/>	Conversation with caseworker
25.4	<input type="checkbox"/>	Medical assessment
25.5	<input type="checkbox"/>	Other

**Question 26 should only be answered if you replied yes to question 24**

	<b>26.</b>	How would you describe the help you got at the National Insurance Office?
1	<input type="checkbox"/>	Very good
2	<input type="checkbox"/>	Good
3	<input type="checkbox"/>	Neither good nor bad
4	<input type="checkbox"/>	Bad
5	<input type="checkbox"/>	Very bad

	<b>27.</b>	Have you, in the course of the last 12 months, been in contact with the Social Security Office?
1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No GO TO QUESTION 30

**Question 28 should only be answered if you replied yes to question 27**

	<b>28.</b>	What kind of help did you get at the Social Security Office? <i>Feel free to tick several boxes</i>
28.1	<input type="checkbox"/>	Information about rights
28.2	<input type="checkbox"/>	Financial help
28.3	<input type="checkbox"/>	Help to fill in forms
28.4	<input type="checkbox"/>	Conversation with caseworker
28.5	<input type="checkbox"/>	Conversation with intoxication/psychiatric consultant
28.6	<input type="checkbox"/>	Conversation with legal consultant
28.7	<input type="checkbox"/>	Other

**Question 29 should only be answered if you replied yes to question 27**

	<b>29.</b>	How would you describe the help you got from the Social Security Office?
1	<input type="checkbox"/>	Very good
2	<input type="checkbox"/>	Good
3	<input type="checkbox"/>	Neither good nor bad
4	<input type="checkbox"/>	Bad
5	<input type="checkbox"/>	Very bad

**Question 30 should only be answered if you replied yes to question 24 or question 27**

	<b>30.</b>	If any of the employees at the National Insurance Office or Social Security Office know that you are HIV positive, do you fear breach of professional secrecy?
1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No
3	<input type="checkbox"/>	They do not know that I am HIV positive

	<b>31.</b>	Have you received help or assistance from others than the public offices mentioned above (voluntary organisations, patient or support groups etc.)? <i>Feel free to tick several boxes</i>
31.1	<input type="checkbox"/>	Yes, voluntary organisations
31.2	<input type="checkbox"/>	Yes, patient/support groups
31.3	<input type="checkbox"/>	Yes, other organisations
31.4	<input type="checkbox"/>	No

	<b>32.</b>	Do you have a regular doctor or medical centre that you normally use when needing the help of a doctor? <i>Feel free to tick several boxes</i>
32.1	<input type="checkbox"/>	Yes, a regular doctor
32.2	<input type="checkbox"/>	Yes, a regular medical centre
32.3	<input type="checkbox"/>	Yes, a medical service at my place of work
32.4	<input type="checkbox"/>	No GO TO QUESTION 34

**Question 33 should only be answered if you replied yes to question 32**

	<b>33.</b>	When you want to reach your regular doctor or medical centre, can you normally get contact via telephone the same day?
1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No

	<b>34.</b>	Does your doctor know that you are HIV positive?
1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No
3	<input type="checkbox"/>	Not sure

**35. Have you contacted a general practitioner, a medical centre, a student's health centre, a work place medical service or medical emergency service during the last 14 days?**

1  Yes

2  No

**36. How many times have you been in contact with the following health services during the last 12 months? Please tick one box in each row**

	0 times	1-2 times	3-5 times	6 times or more
36.1 A general practitioner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
36.2 A private specialist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
36.3 A psychologist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
36.4 A hospital or policlinic (without being admitted)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
36.5 Admitted to hospital or ward	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**37. All in all, do you feel that knowledge of your HIV infection has altered the treatment you receive at the above mentioned (doctors, specialist, psychologist, hospital or ward)?**  
*Feel free to tick several boxes*

37.1  Yes, I am taken more seriously

37.2  Yes, I feel better taken care of

37.3  Yes, I feel that they treat me as very "contagious"

37.4  No, I feel that they treat me more or less as before

37.5  No, none of these health services know that I am HIV positive

37.6  Other

**38. Have you ever been staying in a recreational centre, rehabilitation centre or treatment centre as a result of being HIV positive?**

1  Yes GO TO QUESTION 40

2  No

**Question 39 should only be answered if you replied no to question 38**

**39. Why have you not been for such stays? Is it because...**  
*Feel free to tick several boxes*

39.1  You do not know that such services exist

39.2  You have not felt the need for such services

39.3  You find the waiting time to be too long

39.4  You do not believe that such stays will be of use to you

39.5  You think the proportion of the cost you have to pay yourself is too high

39.6  You are afraid that others will get to know that you are HIV infected

39.7  You have not applied because you do not think that you would get a yes

37.8  You have applied but been rejected

37.9  Other

**Question 40 should only be answered if you replied yes to question 38**

**40. How did you find your stay? Did you find it to be....**

1  Very good

2  Good

3  Neither good nor bad

4  Bad

5  Very bad

#### 4. Family and friends

**41. At present, are you...**

1  Married (to a person of the opposite sex)

2  Partner (to a person of the same sex)

3  Cohabitant (with a person of the same sex)

4  Cohabitant (with a person of the opposite sex)

5  Divorced/separated

6  Unmarried/not cohabiting, but with girlfriend/boyfriend

7  Unmarried/not cohabiting, but without girlfriend/boyfriend

**42. What sexual preference do you have? Are you...**

1  Heterosexual

2  Homosexual

3  Bisexual

**43. Do you have children of your own?**

1  Yes

2  No GO TO QUESTION 47

**Question 44 should only be answered if you replied yes to question 43**

<b>44.</b>	<b>Are any of these children under 18 years of age?</b>
1	<input type="checkbox"/> Yes
2	<input type="checkbox"/> No

**Question 45 should only be answered if you replied yes to question 44**

<b>45.</b>	<b>Do you have total or part-time custody of any of these children?</b>
1	<input type="checkbox"/> Yes
2	<input type="checkbox"/> No

**Question 46 should only be answered if you replied yes to question 43**

<b>46.</b>	<b>Has your relationship with your child/children changed as a result of you being HIV positive?</b>
1	<input type="checkbox"/> The relationship between us is strengthened
2	<input type="checkbox"/> The relationship between us has become worse
3	<input type="checkbox"/> The relationship is as before

<b>47.</b>	<b>If either of your parents are alive, how would you describe your relationship with them?</b>
1	<input type="checkbox"/> Very good
2	<input type="checkbox"/> Good
3	<input type="checkbox"/> Neither good nor bad
4	<input type="checkbox"/> Bad
5	<input type="checkbox"/> Very bad
6	<input type="checkbox"/> Neither of my parents are alive

<b>48.</b>	<b>If you have siblings, how would you describe your relationship with them?</b>
1	<input type="checkbox"/> Very good
2	<input type="checkbox"/> Good
3	<input type="checkbox"/> Neither good nor bad
4	<input type="checkbox"/> Bad
5	<input type="checkbox"/> Very bad
6	<input type="checkbox"/> Have no (living) siblings

<b>49.</b>	<b>Have you got any good friends?</b>
1	<input type="checkbox"/> Yes
2	<input type="checkbox"/> No

<b>50.</b>	<b>Have you got anybody who is close to you, with whom you can talk in confidence?</b>
1	<input type="checkbox"/> Yes
2	<input type="checkbox"/> No

<b>51.</b>	<b>Is it easy or difficult for you to get help from family, relatives or friends if you should need support in a mentally difficult situation?</b>
1	<input type="checkbox"/> Difficult
2	<input type="checkbox"/> A bit of both
3	<input type="checkbox"/> Easy
4	<input type="checkbox"/> Not sure

<b>52.</b>	<b>Have you told any of the following that you are HIV positive? Please tick one box in each row</b>		
		Yes	No
52.1	Parents	1 <input type="checkbox"/>	2 <input type="checkbox"/>
52.2	Siblings	1 <input type="checkbox"/>	2 <input type="checkbox"/>
52.3	Own children	1 <input type="checkbox"/>	2 <input type="checkbox"/>
52.4	Friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>
52.5	Others	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**Question 53 should only be answered if you in question 52 replied no to one or more of the following: Parents, siblings, children or friends**

<b>53.</b>	<b>Why have you not told your parents, siblings, children or friends that you are HIV positive? Feel free to tick several boxes</b>
53.1	<input type="checkbox"/> I am afraid they will reject me
53.2	<input type="checkbox"/> I know that they will not accept it
53.3	<input type="checkbox"/> They would be afraid for me
53.4	<input type="checkbox"/> I am too ashamed
53.5	<input type="checkbox"/> I am scared
53.6	<input type="checkbox"/> It just has not happened
53.7	<input type="checkbox"/> Other

## 5. Work life

<b>54.</b>	<b>What is your main source of income? Please tick one box only</b>
1	<input type="checkbox"/> Waged work
2	<input type="checkbox"/> Combination of social insurance and work
3	<input type="checkbox"/> Unemployment benefit/course benefit etc.
4	<input type="checkbox"/> Social benefits
5	<input type="checkbox"/> Old age pension
6	<input type="checkbox"/> Disability pension/vocational rehabilitation allowance etc.
7	<input type="checkbox"/> Student loan
8	<input type="checkbox"/> Other

**55. Are you...** *Feel free to tick several boxes*

55.1	<input type="checkbox"/>	Employed full-time (80-100 percent position)
55.2	<input type="checkbox"/>	Employed part-time (less than 80 percent position)
55.3	<input type="checkbox"/>	Unemployed/in a work scheme/seeking employment
55.4	<input type="checkbox"/>	Student /pupil
55.5	<input type="checkbox"/>	Home maker (housewife/-husband)
55.6	<input type="checkbox"/>	Old age pensioner
55.7	<input type="checkbox"/>	Disability pensioner
55.8	<input type="checkbox"/>	In rehabilitation/transitional benefit
55.9	<input type="checkbox"/>	Long-term sick-leave
55.10	<input type="checkbox"/>	Other

**Questions 56 should only be answered if you have replied that you are working full-time or part-time**

**56. What form of employment do you have?**

1	<input type="checkbox"/>	Permanent employment
2	<input type="checkbox"/>	Temporary employment
3	<input type="checkbox"/>	Short-term or extra help
4	<input type="checkbox"/>	Other

**57. Have you told any of your present or former colleagues that you are HIV positive?**

1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No <b>GO TO QUESTION 60</b>
3	<input type="checkbox"/>	Have not been working <b>GO TO QUESTION 61</b>

**Question 58 should only be answered if you replied yes to question 57**

**58. Do you find that your colleagues treat/treated you differently after you told them you are HIV positive?**

1	<input type="checkbox"/>	To a large extent
2	<input type="checkbox"/>	To some extent
3	<input type="checkbox"/>	To a little or no extent
4	<input type="checkbox"/>	Not sure

**Question 59 should only be answered if you replied yes to question 57**

**59. Have you experienced any of the following after you told your colleagues that you are HIV positive?** *Please tick one box in each row*

		To a large degree	To some degree	To a little degree	Not at all	Not sure
59.1	Your colleagues have distanced themselves, become more reserved or careful in relation to you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
59.2	It has been easier for you to relate to your colleagues after telling them that you are HIV positive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
59.3	It has reduced your future salary potential	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
59.4	This knowledge has led to greater closeness and understanding among your colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
59.5	This has reduced your professional development potential	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
59.6	This has affected your area of authority and responsibility in a negative way	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
59.7	You have had positive reactions from your colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Question 60 should only be answered if you replied no to question 57**

**60. Why have you not told your present or previous colleagues that you are HIV positive?** *Feel free to tick several boxes*

1	<input type="checkbox"/>	Afraid that it will reduce my carrier opportunities
2	<input type="checkbox"/>	Afraid of being socially excluded
3	<input type="checkbox"/>	Afraid of loosing my job
4	<input type="checkbox"/>	View it as a personal matter
5	<input type="checkbox"/>	Wish to spare the family
6	<input type="checkbox"/>	Do not wish to be given special consideration
7	<input type="checkbox"/>	Other

## 6. Accommodation, finances etc.

61. Where in Norway do you live now?				
1	<input type="checkbox"/>	Østfold	11 <input type="checkbox"/>	Rogaland
2	<input type="checkbox"/>	Akershus	12 <input type="checkbox"/>	Hordaland
3	<input type="checkbox"/>	Oslo	13 <input type="checkbox"/>	Sogn og Fjordane
4	<input type="checkbox"/>	Hedmark	14 <input type="checkbox"/>	Møre og Romsdal
5	<input type="checkbox"/>	Oppland	15 <input type="checkbox"/>	Sør-Trøndelag
6	<input type="checkbox"/>	Buskerud	16 <input type="checkbox"/>	Nord-Trøndelag
7	<input type="checkbox"/>	Vestfold	17 <input type="checkbox"/>	Nordland
8	<input type="checkbox"/>	Telemark	18 <input type="checkbox"/>	Troms
9	<input type="checkbox"/>	Aust-Agder	19 <input type="checkbox"/>	Finnmark
10	<input type="checkbox"/>	Vest-Agder		

62. Where in Norway are you registered as living?				
1	<input type="checkbox"/>	Østfold	11 <input type="checkbox"/>	Rogaland
2	<input type="checkbox"/>	Akershus	12 <input type="checkbox"/>	Hordaland
3	<input type="checkbox"/>	Oslo	13 <input type="checkbox"/>	Sogn og Fjordane
4	<input type="checkbox"/>	Hedmark	14 <input type="checkbox"/>	Møre og Romsdal
5	<input type="checkbox"/>	Oppland	15 <input type="checkbox"/>	Sør-Trøndelag
6	<input type="checkbox"/>	Buskerud	16 <input type="checkbox"/>	Nord-Trøndelag
7	<input type="checkbox"/>	Vestfold	17 <input type="checkbox"/>	Nordland
8	<input type="checkbox"/>	Telemark	18 <input type="checkbox"/>	Troms
9	<input type="checkbox"/>	Aust-Agder	19 <input type="checkbox"/>	Finnmark
10	<input type="checkbox"/>	Vest-Agder		

63. Do you have a permanent residence address today?	
1	<input type="checkbox"/> Yes GO TO QUESTION 65
2	<input type="checkbox"/> No

Question 64 should only be answered if you replied no to question 63

64. Where do you live?	
1	<input type="checkbox"/> With friends
2	<input type="checkbox"/> In a borrowed house/flat
3	<input type="checkbox"/> In a hotel/apartment hotel
4	<input type="checkbox"/> At a hospice
5	<input type="checkbox"/> Other

65. Does the accommodation have... Please tick one box in each row			
		Yes	No
65.1	WC?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
65.2	Bathtub or shower?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
65.3	Kitchen larger than 6 square meters?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
65.4	More than one room in addition to kitchen?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
65.5	Warm water installed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
65.6	Central heating or fixed electric ovens as important source of heating?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
65.7	Terrace or other outside area?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

66. Is the accommodation suited to your practical needs, as your health is today?	
1	<input type="checkbox"/> Yes
2	<input type="checkbox"/> No

67. Are you part of any organisation or network for people with HIV? Feel free to tick several boxes	
67.1	<input type="checkbox"/> Yes, network
67.2	<input type="checkbox"/> Yes, organisation
67.3	<input type="checkbox"/> No, neither of the two

68. During the last year, has it happened that your household has had difficulties managing running expenses for food, transportation, living etc.?	
1	<input type="checkbox"/> Yes, often
2	<input type="checkbox"/> Yes, once in a while
3	<input type="checkbox"/> Yes, occasionally
4	<input type="checkbox"/> No, never

69. Were your finances such that you/the household, for the greater part of the year, could have managed an unforeseen bill for NOK 3000 for, for instance, dentist or repairs?	
1	<input type="checkbox"/> Yes
2	<input type="checkbox"/> No

Thank you for taking the time to fill in this questionnaire!