



North Carolina Department of Health and Human Services
 Division of Public Health • Epidemiology Section
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 State Health Director

NC ADAP SURVEY

Please answer these questions to the best of your ability and send it back in the enclosed envelope. There are no right or wrong answers. Do not put your name on this survey. If you have any questions about this survey please call Sally Kohls toll free at 877-466-2232. (Note: the word doctor refers to a medical doctor, nurse practitioner, physician's assistant)

What county do you live in? _____

How old are you?

- Under 21
- 21-30
- 31-40
- 41-50
- 51-60
- Over 60

What is your race/ethnicity (**check all that apply**)?

- African-American
- Hispanic/Latino(a)
- Asian or Pacific Islander
- Native American
- White or Caucasian
- Other (please specify) _____

What is your gender?

- Male
- Female
- Transgender

How often do you need to have your ADAP paperwork renewed?

- Once every 6 months
- Once every year
- Once every two years
- It does not need to be renewed
- I am no longer on the ADAP Program *(if you are not on the ADAP Program skip to page 6)*

Location: 225 N. McDowell Street • Raleigh, N.C. 27603



Who does your ADAP paperwork?

- Case manager or social worker
- Nurse at doctor's office
- Other (please specify _____)
- Don't Know/Unsure

Does the person or agency that does your ADAP paperwork call you or send you a reminder in the mail to set up an appointment to complete the paperwork?

- Yes
- No
- Don't Know/Unsure

Does the ADAP Program send you a letter when you have been approved for the ADAP Program?

- Yes
- No
- Don't Know/Unsure

Do you know the phone number to call if you want to talk to someone at the ADAP Program?

- Yes
- No
- Don't Know/Unsure

What is the name of the pharmacy that delivers or has delivered your medicines for the ADAP Program?

Please write the name here _____

- Don't Know/Unsure
- You have never received medicines from the ADAP pharmacy (*please skip to page 6 if you have never received medicines from the ADAP pharmacy*)

Do you know how to call the ADAP pharmacy?

- Yes
- No

If you need to talk to someone about your medicines on the weekend who would you call?

- Your doctor or doctor's office
- The ADAP Program
- A friend who also is taking medicines to treat HIV
- A relative
- The ADAP Pharmacy
- Another pharmacy close to where you live
- You would have to wait until Monday to call about your medicines

If you lose your medicines or if they are stolen, how would you get medicines to replace them?

- Call your doctor or doctor's office
- Call your case manager or social worker
- Call the ADAP Program
- Call the ADAP Pharmacy
- You would wait until the next refill is due
- Don't Know/Unsure

Does the ADAP pharmacy call you each month to refill your medications?

- Yes No My medicines are sent to my doctor or case manager.

If you did not get a call from the ADAP pharmacy and your medicines were almost gone what would you do?

- Call your doctor
 Call your case manager or social worker
 Call the ADAP Program
 Call the ADAP Pharmacy
 Wait until the ADAP Pharmacy calls
 Don't know/unsure

If you will be away when your next medicine delivery is due what could you do to be sure you still get your medicines?

- Call your doctor
 Call your case manager or social worker
 Call the ADAP Program
 Call the ADAP Pharmacy
 Don't Know/Unsure

When was the last time you missed a dose of one of your medicines?

- During this week
 Last week
 Last month
 Not during the last six months
 I am not taking my medicines right now

Did you miss a dose of medicine because (**check all that apply**):

- It did not come from the ADAP pharmacy
 You were sick
 You could not find it
 You did not have any food to take with it
 Your schedule is too busy
 You were away from home
 You didn't understand how to take it
 You forgot to take it
 You didn't feel like taking it
 You were in jail
 It is OK to miss doses sometimes
 You fell asleep
 It is hard to take (pills too big, medicine tastes bad)
 You did not want someone to see you taking medicine
 You are feeling better and don't need it everyday
 Another reason, please specify _____
 I did not miss a dose of my medicine

If you miss taking your medicines for one day or more do you:

- Take them the next day
- Call your doctor or nurse
- Call your case manager or social worker
- Call the ADAP pharmacy
- Call the ADAP program
- Call a friend or relative for advice

Do you keep a list of your medicines?

- Yes
- No

What do you do to remember to take your medicines (**check all that apply**)?

- Pour out your pills for the day
- Have pictures of your pills
- Use a pill timer or alarm
- Have someone call you to remind you
- Write out a schedule of pills and times to take them
- Take them at the same time each day
- Other, please specify _____

Has the ADAP pharmacy ever told you that they couldn't send your medicines?

- Yes
- No

***If yes**, what was the reason:

- Needed new prescriptions
 - You no longer were on the ADAP program
 - Other (please tell us reason)
-

Have your medicines ever come damaged (torn, smashed, wet)?

- Yes
- No

***If yes**, what was the damage

- Torn
- Smashed
- Wet
- Other (please specify) _____

Does the ADAP pharmacy ask you what medicines you are on when they call to refill?

- Yes
- No
- Don't know/unsure

Does the ADAP pharmacy ask you if you have had problems with your medicines when they call to refill (they made you sick, gave you a rash, etc.)?

- Yes
- No
- Don't know/unsure

Does the ADAP pharmacy go over how you are taking your current medicines (for example how many times a day, with food, with fluids, etc.)?

- Yes
- No
- Don't know/unsure

If you are starting a new medicine does the ADAP pharmacy tell you (**check all that apply**):

- How to take the medicine
- What side effects the medicine might have
- What foods not to eat
- If you should drink more water or fluids
- If you should take the medicine on an empty stomach
- You have not started on any new medicines

When the customer service person from the ADAP pharmacy calls you monthly do you find them (**check all that apply**):

- Helpful
- Friendly
- Rude
- Does not apply (the ADAP Pharmacy calls someone else for me)

If you have a question do you think that the ADAP pharmacy customer service person (**check all that apply**):

- Answers it clearly
- Takes time to answer it completely
- Asks if you understand

Do you have written instructions about your medicine in the shipment that comes from the ADAP pharmacy?

- Yes
- No
- Don't know/unsure

***If yes, are they (check all that apply):**

- Easy for you to read
- Hard for you to read
- Easy to understand
- Hard to understand
- You have not read them

Does the customer service person from the ADAP pharmacy tell you his/her name when they call for your refill?

- Yes
- No
- Don't know/unsure

Do you have a computer or access to one that can connect to the internet?

- Yes
- No

Would you like to see information about the ADAP Program on a website?

- Yes
- No
- Not important to me

Do you take medicines not covered by ADAP?

- Yes
- No

***If yes, what do you take those medicines for? (check all that apply)**

- High blood pressure or heart problems
- Mental health (depression, hearing voices, anxiety etc.)
- Hepatitis
- Anemia (low blood)
- High cholesterol
- Other health problems (please specify)

***If yes, where do you get those from (check all that apply):**

- Your doctor's office?
- Your case manager or social worker?
- The drug company?
- Other (please specify where) _____

Do you have any trouble getting the medicines that are not covered or provided by the ADAP Program?

- Yes
- No

If yes, please list the medicines you cannot get. _____

What suggestions or comments do you have for the ADAP Program? (Use another piece of paper if necessary, please print or write clearly)
