

Date & Time	Study Code

“DisHIV”
IRAS no: 236835

Age (years)		
Gender Identity (please tick)	Woman/Girl Man/Boy Transwoman/Transgirl Transman/Transboy Non-binary/Genderqueer/Agender/Gender fluid Don't know Prefer not to say Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sexual Orientation (please tick)	Bisexual Gay/Lesbian heterosexual/Straight Don't know Prefer not to say Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ethnicity (see ethnicity codes page 4)		
Year of Diagnosis (eg: 19XX format)		Diagnosed late? <input type="checkbox"/> Please tick
Antiretroviral Therapy (please circle)	YES / NO	
Undetectable Viral Load (please circle)	YES / NO	
Employment (please tick)	Self employed Full time employed Part time employed On a government training scheme Not working; available to start work in 2 weeks Not working; looked for work in past 4 weeks Waiting to start a new job Unemployed Retired Maternity leave Looking after family or home Full time student/at school Long term sick or disabled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Housing <i>(please tick)</i>	Owner occupied <input type="checkbox"/>
	Privately rented accommodation <input type="checkbox"/>
	Social rented housing <input type="checkbox"/>
	No fixed abode <input type="checkbox"/>
	Other <input type="checkbox"/>
	Lives alone <input type="checkbox"/>
	Lives with friends <input type="checkbox"/>
	Lives with family <input type="checkbox"/>
	Lives with children <input type="checkbox"/>
	Other <input type="checkbox"/>
Do you have adaptations at home to help with performing day-to-day activities?	
YES/NO	
Please Describe:	
Education <i>(answer all 3 questions with circle or tick)</i>	Do you have any educational qualifications providing a certificate?
	YES/NO
	Do you have professional/vocational or other work related qualifications providing a certificate?
	YES/NO
	Was your highest qualification?
	Degree level of above <input type="checkbox"/>
	Any other kind of qualification <input type="checkbox"/>
Transport <i>(please tick all that apply)</i>	How did you travel to your appointment today?
	Car <input type="checkbox"/>
	Bus <input type="checkbox"/>
	Train <input type="checkbox"/>
	Tube <input type="checkbox"/>
	Bike <input type="checkbox"/>
	Walk <input type="checkbox"/>
Other <input type="checkbox"/>	

Date:

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Health <i>(please tick)</i>	How would you rate your health today?	
	Poor	<input type="checkbox"/>
	Fair	<input type="checkbox"/>
	Good	<input type="checkbox"/>
	Very Good	<input type="checkbox"/>
	Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?	
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Do any of your conditions or illnesses reduce your ability to carryout day-to-day activities	
	Yes, a lot	<input type="checkbox"/>
	Yes, a little	<input type="checkbox"/>
	Not at all	<input type="checkbox"/>
	What is the total number of health conditions or illnesses you live with? <i>(place number in box)</i>	

<p>Care and Support <i>(please tick)</i></p>	<p>I receive care from social services I receive informal/unpaid care I provide care for others (eg: family or friend) I do not receive or provide care</p> <p>Looking at page 5, are you at present receiving any of these state benefits in your own right, that is where you are the named recipient;</p> <p>Working Age Benefits Disability Benefits Pensioner Benefits Child Benefits Social Fund Other Benefits One or more of these but I don't know which Awaiting the outcome of a claim None of these</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Rehabilitation Services <i>(please read)</i></p> <p>“Rehabilitation services include any services or providers that address impairments (problems with body function or structure), activity limitations (problems carrying out a task), and social participation restrictions (problems interacting in a life situation)”</p>	<p>Have you received care from the following rehabilitation professionals in the last year?</p> <p>Physiotherapy Occupational Therapy Speech and language therapy Complimentary and alternative services (eg: acupuncture, Reiki)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>End of questions</p>		

What is your ethnic group?

Choose one option that best describes your ethnic group or background

White

1. English / Welsh / Scottish / Northern Irish / British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe

Mixed / Multiple ethnic groups

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed / Multiple ethnic background, please describe

Asian / Asian British

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background, please describe

Black / African / Caribbean / Black British

14. African
15. Caribbean
16. Any other Black / African / Caribbean background, please describe

Other ethnic group

17. Arab
18. Any other ethnic group, please describe

Are you at present receiving any of these state benefits in your own right: that is, where you are the named recipient?

Working Age Benefits

Universal Credit
Housing Benefit
Working Tax Credit
Child Tax Credit
Income Support
Jobseekers Allowance
Employment and Support Allowance
Carer's Allowance

Disability Benefits

Personal independence Payment (including car allowance known as Motability)
Disability Living Allowance
Attendance Allowance
Severe Disablement Allowance
Incapacity Benefit
Industrial Injuries Disablement Benefit

Pensioner Benefits

Pension Credit
State Retirement Pension
Widow's Pension, Bereavement Allowance or Widowed Parent's Allowance
Armed Forces Compensation Scheme
War Widow's/Widower's Pension

Child Benefits

Child Benefit
Guardian's Allowance
Maternity Allowance

Social Fund

A grant from the social fund for funeral expenses
A grant from the social fund for maternity expenses/Sure Start Maternity Grant
A budgeting loan or advance from DWP
A loan or grant from your local authority

Other Benefits

"Extended Payment" of Housing Benefit / rent rebate (4 week payment only)
Bereavement payment
Any National Insurance or State Benefit not mentioned earlier

**This Section is for research use only
Participants should not complete**

WHODAS 2.0

Simple Score			Complex Score	
S1		S7		/100
S2		S8		
S3		S9		
S4		S10		
S5		S11		
S6		S12		

HDQ

Physical		Uncertainty	
Presence	/100	Presence	/100
Severity	/100	Severity	/100
Episodic	/100	Episodic	/100
Cognitive		Day-to-Day Activities	
Presence	/100	Presence	/100
Severity	/100	Severity	/100
Episodic	/100	Episodic	/100
Mental & Emotional		Social Inclusion	
Presence	/100	Presence	/100
Severity	/100	Severity	/100
Episodic	/100	Episodic	/100
Disability Presence Score		/100	
Disability Severity Score		/100	
Disability Episodic Score		/100	
Total HDQ Score		/100	