



2013 Needs Assessment Survey

Introduction

The Austin Area HIV Planning Council is conducting a survey of people living with HIV/AIDS in order to better understand the need for services within the community. The Planning Council will use this information in planning resource allocation for the Ryan White Program.

There is no right or wrong answers. Please take as much time as you need to answer each question based upon **your** experiences.

Your responses are anonymous. Your answers will not be linked to you. Thank you for completing this survey. Your assistance is vital to enable the Planning Council to make informed decisions regarding allocation of Ryan White Program funds.

Section 1: Demographic

General Information

1. What is your zip code? _____

2. What is your race/ethnicity? (Select all that apply)

- Latino/Hispanic
- African American/Black
- Caucasian/White
- Asian/Pacific Islander
- Native American
- Multi-Racial
- Other

3. What is your current relationship status?

- Single
- Partner/significant other
- Married
- Divorced/separated
- Widowed

4. What language do you feel most comfortable speaking?

- English
- Spanish
- Other (specify) _____

5. Are you a United States Citizen?

- Yes
- No

If **no**, are you a documented immigrant?

- Yes
- No
- Prefer not to answer

6. What is your age? _____

7. Do you have? (Check all you have)

- Phone
- Text messaging
- Internet access

8. Do you use tobacco? Yes No

9. What is the highest level of education you completed?

- 8th grade or less
- High school or GED
- Vocational training
- Some college
- College degree

10. Has a doctor ever diagnosed you with AIDS (a T-cell count less than 200)?

- Yes
- No
- Don't know

11. What year did you find out you were HIV infected? _____

12 What is your gender?

- Male
- Female
- Transgender

13 What is your sexual orientation?

- Heterosexual
- Gay/Lesbian
- Bisexual
- Other/Unsure/Prefer Not to Say

Employment and Income

14. What best describes your work situation in the last 6 months?

- Working full time
- Working part-time
- Self-employed
- Working off and on
- Not Working

If you are **not** working, why not?

- Student
- Looking for work
- Disabled
- Retired

15. What was your total income last month?

- Less than \$500
- \$501 - \$1,000
- \$1,001 - \$1,500
- \$1,501- \$2,000
- More than \$2,000

16. How many people in your household are only supported by your income? (Including yourself)

How many household members are under 18? _____

17. Did you receive any of the following in the last month? (Answer for yourself and not the household)

- SSI (Supplemental Security Income)
- Disability (SSDI)
- Unemployment
- Food Stamps (SNAP)
- Other benefits (Specify): _____

Insurance

18. What kind of health insurance do you have? (This could be your insurance or someone else's if you are on their plan) (Select all that apply)

- No insurance
- MAP
- Insurance through my employer
- COBRA (continuation from last employer)
- Private insurance
- Medicare
- Medicaid
- State High Risk insurance pool
- VA (Veterans Administration)
- Other insurance (Specify) _____

19. Does your health insurance cover your HIV care?

- Yes No
- Some I don't know

Incarceration History

20. Were you in jail or prison in the last year?

- Yes No

21. If yes, did the jail/prison medical staff know you were HIV positive?

- Yes No

22. Did you receive HIV medications while in jail/prison?

- Yes No
- N/A: I wasn't prescribed medication at that time

23. As part of your release from jail/prison, which of the following did you receive? (Select all that apply)

- | | From jail Staff | Other Org. |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Information about finding housing | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Referral to medical care | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Referral to case management | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> HIV medication to take with you | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other (specify) _____ | | |
| <input type="checkbox"/> None of the above | | |

Housing

24. In the past 6 months did you have trouble getting housing?

- Yes No

25. If you answered yes above, what kept you from getting housing? (Select all that apply)

- I didn't have money for the deposit
- I could not find affordable housing
- I had no transportation to search for housing
- I have bad credit
- I have a criminal record
- I was put on a waiting list
- I did not qualify for housing assistance
- I have a physical/mental disability
- I have substance abuse issues
- Other (specify) _____

26. Mark the columns that tell us where you live NOW and where you lived 6 months ago

	NOW	6 mos. ago
Apartment/house that I rent	<input type="checkbox"/>	<input type="checkbox"/>
Apartment/house that I own	<input type="checkbox"/>	<input type="checkbox"/>
Parent's/relatives apartment/house	<input type="checkbox"/>	<input type="checkbox"/>
Someone else's apartment/house	<input type="checkbox"/>	<input type="checkbox"/>
Boarding house/group home	<input type="checkbox"/>	<input type="checkbox"/>
Supportive/assisted living facility	<input type="checkbox"/>	<input type="checkbox"/>
Half-way house	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric facility	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment facility	<input type="checkbox"/>	<input type="checkbox"/>
Nursing home/ physical rehab	<input type="checkbox"/>	<input type="checkbox"/>
Homeless (on street)	<input type="checkbox"/>	<input type="checkbox"/>
Homeless shelter	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence shelter	<input type="checkbox"/>	<input type="checkbox"/>
Public housing (including Section 8)	<input type="checkbox"/>	<input type="checkbox"/>
Hospice	<input type="checkbox"/>	<input type="checkbox"/>
Jail/prison	<input type="checkbox"/>	<input type="checkbox"/>
Hotel/motel	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____		

27. Think about your living situation now: Do any of the following stop you from taking care of your HIV/AIDS? (Select all that apply)

- I don't have a safe and private room
- I don't have a place to store my medications
- I don't have a telephone where I can be called
- I don't have enough food to eat
- I don't have money to pay rent
- I don't have heating/air conditioning
- I don't want anyone to know I am HIV+
- I don't feel safe
- Other (specify) _____
- None of the above

Mental Health

28. During the last 6 months, have you received counseling or treatment for mental health or emotional issues?

- Yes No

29. During the last 6 months, have you been prescribed medicine for your mental health?

- Yes No

If **yes**, did you receive your medication?

- Yes No

If **no**, why not?

- I couldn't afford the medicine
 I did not know where to get them
 I couldn't get transportation
 Other _____

Substance Abuse

30. During the last 6 months have alcohol or drugs affected you in any of the following ways? (*Select all that apply*)

- I feel guilty about my drug/alcohol use
 I have abused drugs or alcohol in the past year
 I had trouble keeping medical appointments
 I had trouble following my doctor's instructions
 I had trouble taking medications as prescribed
 I have tried to stop taking drugs or using alcohol

Access & Barriers to HIV Medical Care

31. In general, how would you describe your overall health?

- Poor
 Fair
 Good
 Very good

32. Did you receive HIV medical care during the last 6 months?

- Yes, I received all the medical care I needed
 I needed more medical care than I received
 I did not receive medical care

33. If you did **not** seek or receive HIV medical care in the last 6 months, why not?

- I did not know where to go
 I could not get an appointment
 I could not find transportation
 I could not afford it
 I could not get child care
 I had other things on my mind/other priorities
 I did not want anyone to know I was HIV+
 I did not feel sick
 Other (specify) _____

34. Where do you regularly receive HIV medical care? (*Select all that apply*)

- HIV clinic for HIV+ clients (*e.g. David Powell*)
 Emergency room/hospital
 Community clinic
 Private doctor
 Private clinic (*e.g., Blackstock, Red River, AIDC*)
 VA clinic/hospital
 N/A; I do not receive HIV related medical care

35. Are you taking HIV medications prescribed by your doctor?

- Yes No

36. How many doses of medication have you missed in the last 3 days?

- None
 1
 2
 3
 More than 3

37. If you are not currently taking prescribed HIV medications, why not?

- I am not currently prescribed HIV medication
 I don't know where to get the prescription filled
 I had difficulty getting a refill
 I can't afford them
 I can't afford the co-pay
 I feel healthy
 They make me feel sick
 I'm on a "drug holiday" directed by myself
 I'm on a "drug holiday" directed by my doctor
 I am worried someone will find out I have HIV
 I have trouble remembering to take them

Dental Care

38. Did you receive HIV dental care in the last year?

- Yes, I received all the dental care I needed
 I needed more dental care than I received
 I did not receive dental care

39. If you did **not** seek or receive HIV dental care in the last 12 months, why not?

- I did not know where to go
 I could not get an appointment
 I could not find transportation
 I could not afford it
 I could not get child care
 I had other things on my mind/other priorities
 I did not want anyone to know I was HIV+
 I did not feel sick
 I did not need dental care

<i>Section 2: Assessment of Need</i>	<i>Did you know about this?</i>		<i>Did you need this service in the last year?</i>		<i>On a scale of 1 to 5 how important is this service to you? (5 is most important)</i>	<i>Did you ask for this service?</i>		<i>Did you receive this service?</i>	
Medical Care									
<i>a. HIV medical care</i>	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
<i>b. Free or reduced cost drug assistance</i>	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
<i>c. Dental care</i>	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
<i>d. Assistance with health insurance premium and co-pay</i>	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
<i>e. Mental Health Care</i>	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
<i>f. End of life (hospice) services</i>	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
<i>g. Nutritionist</i>	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N

39. Do you have other chronic medical conditions in addition to HIV (e.g., diabetes, cancer)

- Yes
 No

If yes, are you receiving medical care for these conditions?

- Yes
 No

Case Management	<i>Did you know about this service?</i>		<i>Did you need this service?</i>		<i>On a scale of 1 to 5 how important is this service? (5 is most important)</i>	<i>Did you ask for this service?</i>		<i>Did you receive this service?</i>	
<i>a. Medical case management – (help with medical appointments, scheduling transportation, applying for financial assistance etc.)</i>	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
<i>b. Other case management – (assistance not involving coordination or follow up for medical care)</i>	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N

40. If you did not get case management services you needed, why not? (Mark all that apply)

- I did not know where to get services
 I could not get there when the agency was open
 I did not want anyone to know I was HIV+
 I did not qualify
 I was put on a waiting list
 Services were not in my language
 Other (Specify): _____

Substance Abuse Counseling/Treatment	Did you know about this service?		Did you need this service?		On a scale of 1 to 5 how important is this service? (5 is most important)	Did you ask for this service?		Did you receive this service?	
	Y	N	Y	N		Y	N	Y	N
a. Outpatient substance abuse counseling	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
b. Residential substance abuse treatment	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
Supportive Services									
a. Medical transportation (bus, taxi)	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
b. Child care	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
c. Food bank	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
d. Legal services	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
e. Translation service	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
f. Person who takes care of you at home	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N
g. Housing services	Y	N	Y	N	1 2 3 4 5	Y	N	Y	N

41. How do you usually get to the HIV services you need?

- Walk or ride my bike
- Bus
- My own car
- My friend or relative gives me a ride
- Taxi
- Van service (STS or CARTS)
- Case manager takes me
- Other (Specify): _____

42. Who pays for your transportation for medical care?

- I pay (include buying gas)
- Friend or family member
- HIV agency
- Non-HIV agency
- Other (Specify): _____