

2010 Austin Transitional Grant Area
Comprehensive Needs Assessment

Submitted by

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EXECUTIVE SUMMARY

The Austin Transitional Grant Area (TGA) includes the Travis, Williamson, Hays, Caldwell, and Bastrop counties. Current epidemiological data suggest that the Austin TGA is home to over 4000 people living with HIV or AIDS (Texas Department of State Health Services, 2008). To determine the needs of this broad and diverse population, the needs assessment engaged the participation of persons living with HIV/AIDS and professionals working with people living HIV/AIDS. Understanding the overall rank of reported needs requires some interpretation. First, the top five ranked needs reflect the changes in the overall economy and the problems that many people (with or without HIV) are contending with in the current economy. Second, many participants indicated that they did not know if HIV-specific oral health services were available and, when prompted further did not know of Jack Sansing Dental clinic. Next, respondents' requests for mental health services focused on the need for psychosocial group-level support provided by a mental health practitioner. Moreover, some respondents indicated a low need for outpatient ambulatory medical care, AIDS Pharmaceutical Assistance, Home and community health services, and Non-HIV medical care. In the focus groups, this ranking was clarified in that many respondents discussed the availability of these services in the community and therefore not of primary concern. Based on data from the needs assessment,

- Programs and policies aimed at the basic needs of the HIV positive community can assist in supporting and sustaining people in HIV-related medical care.
- A dual-track, medical and case management program can meet the needs of many HIV positive individuals
- Programs are needed to target the racial disparities in HIV among the African American Community.

Top three ranked needs for the priority populations

African Americans	All	Mental Health services, Transportation
		Utility Assistance
		Oral Health services
	Men	Transportation
		Utility Assistance
		Mental Health services, Housing
	Women	Oral health care, Mental health services, Transportation, Utility assistance
		AIDS drug assistance, Housing, Meals
		Childcare, Legal assistance, Outpatient ambulatory Medical Care
Latino/as	All	Utility assistance
		Oral health care, Legal assistance
		Housing
	Men	Utility assistance
		Oral health services, Legal assistance, Housing
		Oral health services
	Women	Mental health services, Transportation
		Meals, Utility assistance, Housing, AIDS Drug assistance
		Psychosocial Case management
Injection Drug Users		AIDS Drug assistance
		Transportation
		Psychosocial Case management
Out-of-care population		Oral health Services
		Outpatient Ambulatory Medical Care
		Psychosocial Case management
Non-injection Drug users		AIDS Drug assistance
		Outpatient Ambulatory Medical Care
		Psychosocial Case management
White men who have sex with men		Oral Health services
		Medical Case management
		Outpatient Ambulatory Medical Care
Men of Color who have sex with men		Psychosocial Case management
		AIDS Drug assistance
		Outpatient Ambulatory Medical Care
Youth		Psychosocial case management
		Oral Health Services
		Outpatient Ambulatory Medical Care
Recently Released offenders		Transportation, Utility assistance
		Housing
		Transportation
Rural Populations		Utility assistance, Housing, Legal assistance, Oral health care

INTRODUCTION

The Austin Transitional Grant Area (TGA) includes the Travis, Williamson, Hays, Caldwell, and Bastrop counties. Current epidemiological data suggest that the Austin TGA is home to over 4000 people living with HIV or AIDS (Texas Department of State Health Services, 2008). Conversely, the HIV service providers, funded by Ryan White, service a little more than 2000 people living with HIV or AIDS (Mark Pepler, personal communication, 2009). Although some people not receiving public HIV services may access healthcare through their private health insurance, the Texas Department of State Health Services estimates that approximately 994 will not access public or private HIV healthcare services (Katharine Carvelli, personal communication, 2009). A comprehensive assessment of the medical and social service needs of people living with HIV can assist in understanding and planning for the future service needs of HIV positive people accessing HIV services through Ryan White funded providers. Thus, the significance of a needs assessment is twofold: (1) to capture the HIV service needs of people living with HIV and not currently receive medical services and their barriers to healthcare; (2) to determine the changing needs of people living with HIV and currently receive healthcare services.

Austin TGA Comprehensive HIV Planning Council

Any geographic area receiving Ryan White funding is required to also support an HIV Planning Council (HPC). In Fiscal year 1995, the Austin HPC was established and received funds through the Ryan White Act. The Austin HPC is a planning body responsible for the assessment, allocation, and monitoring of funds throughout a five-county area (i.e., Williamson, Travis, Caldwell, Hays, & Bastrop counties). The HIV Planning Council's bylaws indicate that its primary duties include:

1. Develop a comprehensive plan for the development, organization, and delivery of HIV services, education, and prevention for individuals with HIV/AIDS, those at risk of becoming infected, and those affected by the disease, which plan shall be compatible with existing state and local plans regarding the provision of services to individuals with HIV/AIDS.
2. Assess the efficiency of the administrative mechanism of the Planning Council in rapidly disbursing funds to the areas of greatest need within the eligible area and as may be determined to be necessary, assess the effectiveness of the services offered in meeting the identified needs;
3. Ensure broad community involvement in all phases of its operations, especially in establishing target community needs and priorities.

As part of meeting the outlined goals, the Austin HPC must gain an accurate assessment of the needs of the over 4,000 HIV-positive consumers. Additionally, the Austin HPC must incorporate the findings of this assessment in the planning and distribution of funds throughout the five-county region.

Assessing needs for the Austin TGA

To determine the needs of this broad and diverse population, the needs assessment engaged the participation of persons living with HIV/AIDS and professionals working with people living HIV/AIDS. The objectives of the needs assessment address:

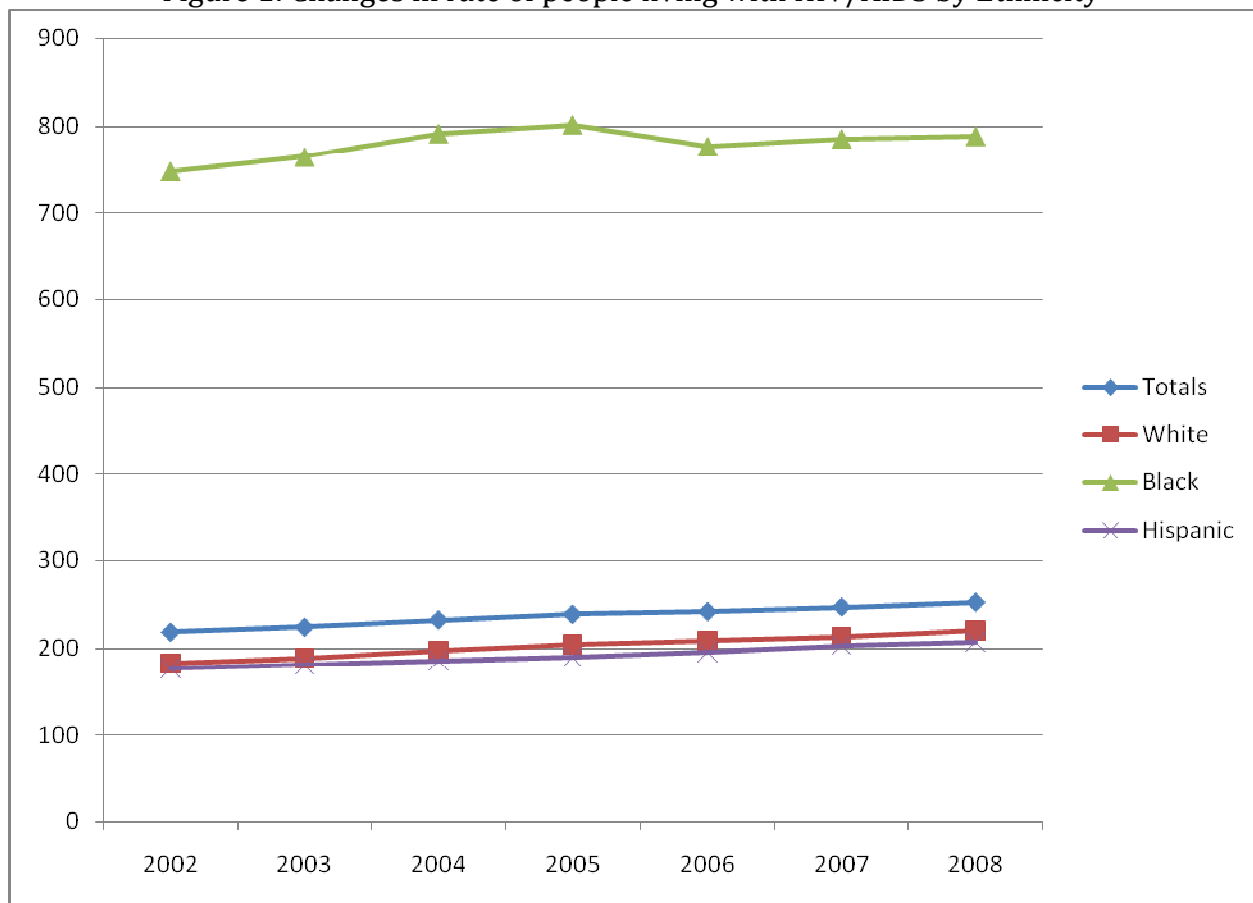
1. The demographics of the community, including the size, scope, and unique cultural differences of people living with HIV;
2. The biopsychosocial needs of the HIV/AIDS community, including:

- a. Individuals with HIV who are currently not engaged in services (out of care);
and,
 - b. Disparities among various historically underserved subpopulations.
- 3. The adequacy, appropriateness and satisfaction of current services from each of the populations described above; and,
- 4. The barriers to care – both actual and perceived – which hinder a consumer from reaching services.

EPIDEMIOLOGICAL ASSESSMENT

In 2008, the Texas Department of State Health Services indicated that 4,293 people were living with HIV/ AIDS in the Austin Transitional Grant Area (TGA). Over the last 6 years, the rate of people living with HIV/AIDS has increased from 218.3 per 100,000 to 252.6 per 100,000. The rate of Caucasians living with HIV/AIDS increased from 182.2 per 100,000 in 2002 to 220 per 100,000 in 2008. Moreover, men represent the majority (84%) of the HIV positive population in the Austin TGA.

Figure 1: Changes in rate of people living with HIV/AIDS by Ethnicity



The rate for African Americans increased with a rate of 747.7 in 2002 to 788.6 in 2008. For Latinos, in 2002 the rate was 176.7 per 100,000 and in 2008 the rate was 207.6. Thus, increases in the number of people living with HIV are evident across ethnicity. What these numbers do not show is the disparities in the number of HIV positive African

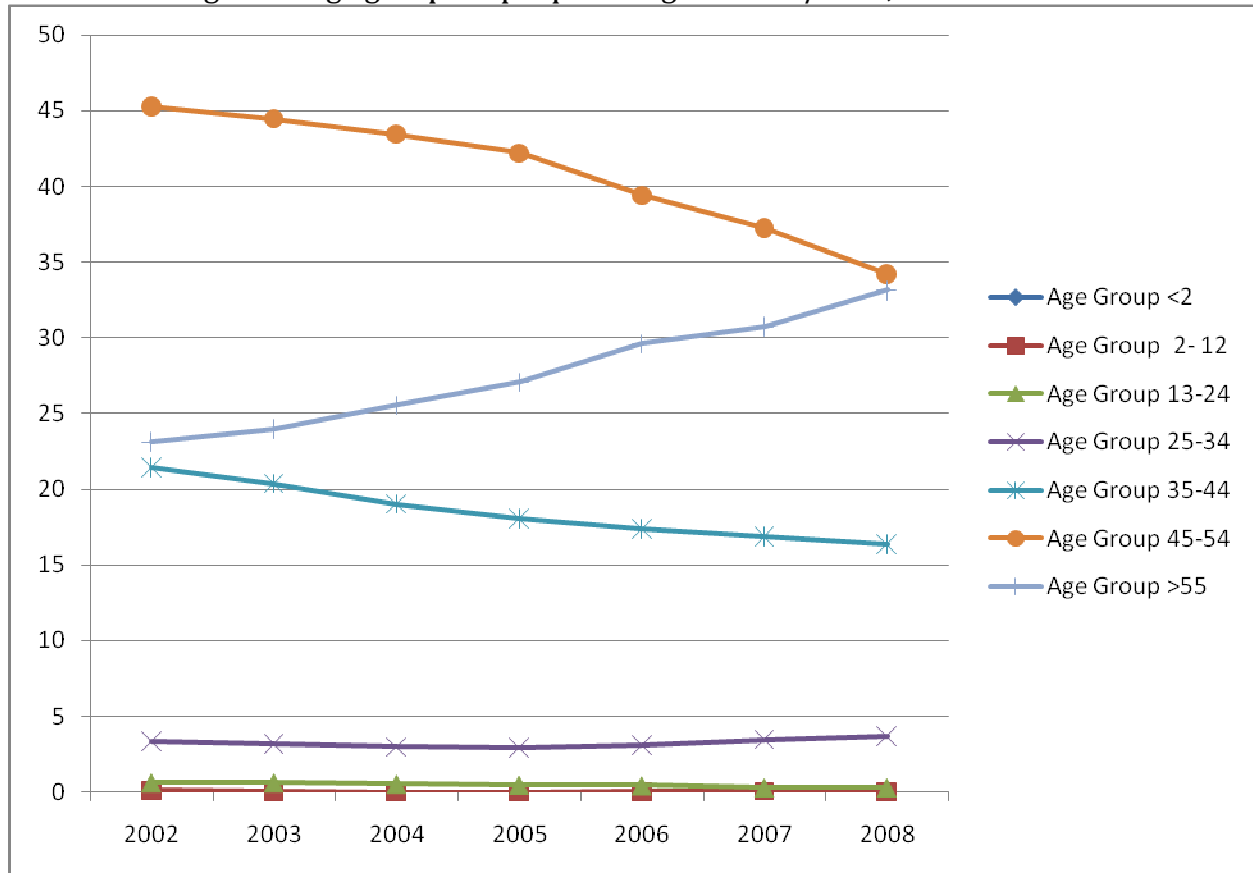
Americans in the Austin TGA. As Figure 1 indicates, the percent of HIV positive African Americans in the Austin TGA is more than twice the percent of African Americans living in the Austin TGA.

Table 1: Percentage of African Americans in Austin TGA and HIV population

Ethnicity	Percent of Population in Austin TGA	Percent of HIV population
White	65.4	49.8
Black	10.0	23.7
Latino	30.9	25.2

Figure 2 suggests that Austin has a “graying” of the population of people living with HIV. Research suggests that as the number of people living with HIV age, they are confronted with diseases and conditions that affect non-HIV positive individuals as they age.

Figure 2: Age groups of people living with HIV/AIDS, 2002 to 2008



Further, understanding the barriers and needs to HIV services can help programs prepare for the changes that this population will contend with over time. Men who have sex with men represent that greatest number of people living with HIV/AIDS. The greater number of HIV positive MSM is not surprising considering that, in general, the number of HIV positive men is higher than the number of women. Similar to the racial disparities in the overall number of African Americans living with HIV/AIDS, the rate of African Americans with new diagnoses is well beyond the rate of new diagnoses for other ethnic groups. Figure 3 graphs the changes in rate of new diagnoses from 2002 to 2008.

Figure 3: New diagnoses by ethnicity, 2002 to 2008

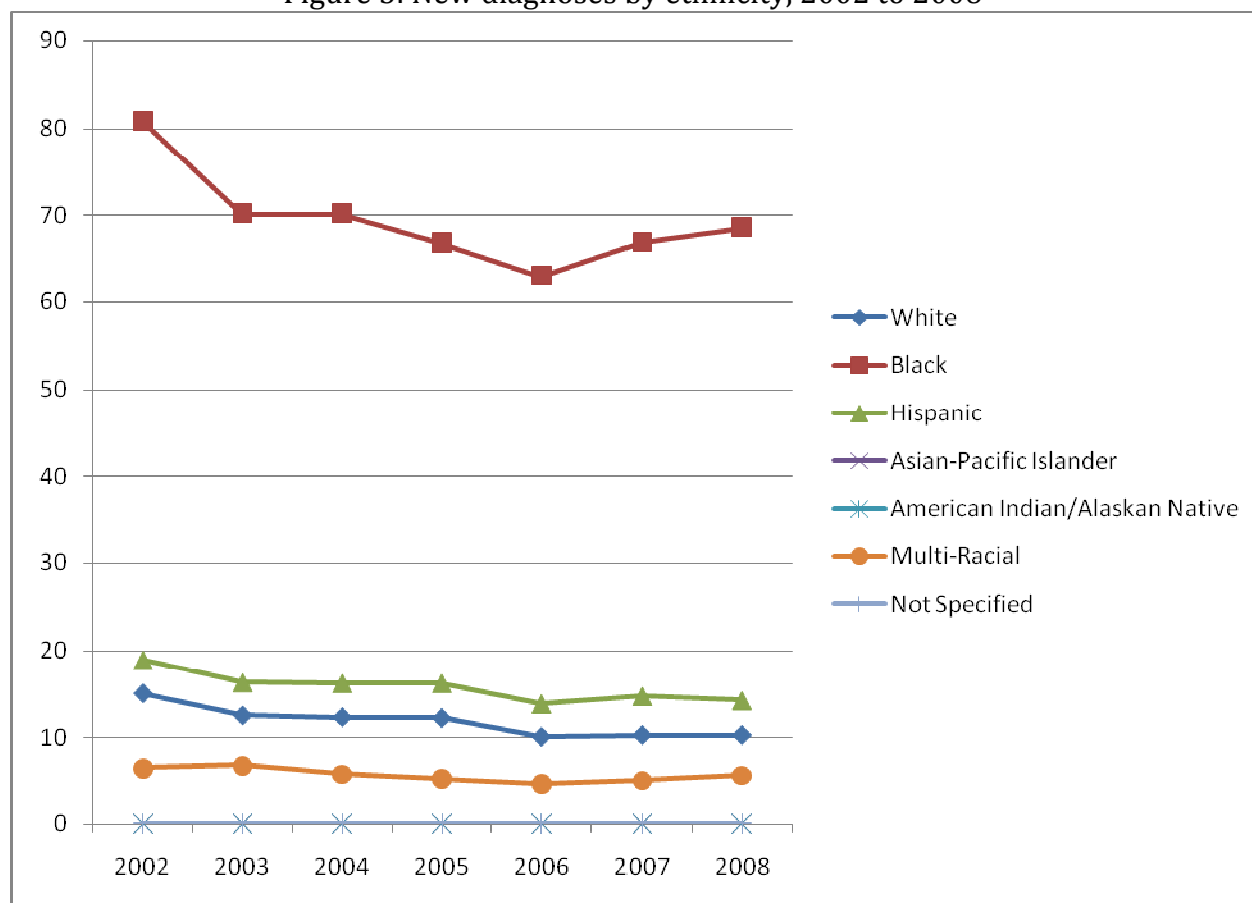


Table 2: Select characteristics of people living with HIV/AIDS, 2002-2008

2002			2003			2004			2005			2006			2007			2008		
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate		
Totals	3,131	218.3	3,308	224.0	3,515	232.3	3,739	238.8	3,940	241.9	4,147	247.2	4,361	252.6						
Status																				
HIV	837	58.4	937	63.4	1069	70.7	1,203	76.8	1,356	84.3	1,530	91.2	1,716	99.4						
AIDS	2,294	159.9	2371	160.5	2446	161.7	2537	162	2,584	158.6	2,616	155.9	2,644	153.1						
Sex																				
Male	2,606	357.6	2767	368.3	2944	381.9	3,139	393	3,313	398.2	3,492	406.8	3,670	414.5						
Female	525	74.4	541	74.6	571	76.9	600	78.2	600	78.7	654	79.8	689	81.9						
Race/Ethnicity																				
White	1614	182.2	1697	188.1	1800	197	1,911	204.3	1,996	208.3	2,081	213.1	2,172	220						
Black	818	747.7	855	764.5	901	791.4	936	801.5	969	776.9	1,000	785.5	1,035	788.6						
Hispanic	673	176.7	726	180.6	781	185.2	849	190.2	929	195.7	1,017	203.6	1,099	207.6						
Other	26	44.7	30	49.2	33	51.8	42	62.6	46	64.8	48	64.4	53	67.4						
Age Group																				
<2	3	6.6	1	2.2	0	0.0	0	0.0	1	2.0	2	4.0	1	2						
2- 12	19	8.7	20	8.9	18	7.9	17	7.2	16	6.6	11	4.4	12	4.8						
13-24	105	38.3	105	37.7	104	37.2	108	38.1	121	41.8	143	48.6	161	54.5						
25-34	672	268.8	674	261.9	669	254.1	676	249.6	685	243.3	700	242.6	713	243						
35-44	1418	598.4	1471	607.4	1527	617.4	1,578	616.7	1,553	583.7	1,545	567.7	1,491	517.9						
45-54	724	384.2	794	404.1	898	439.7	1,013	472.5	1,167	517.9	1,275	544.4	1,446	578.7						
>55	190	85.8	243	104.2	299	122.6	346	133.9	397	144.9	470	162.4	536	177.5						
Mode of exposure																				
MSM	1804	57.6	1941	58.7	2092	59.5	2,263	60.6	2,419	61.4	2,584	62.3	2,748	63						
IDU	518	16.5	518	15.7	534	15.2	541	14.5	537	13.6	536	12.9	548	12.6						
MSM/IDU	347	11.1	356	10.8	362	10.3	366	9.8	368	9.3	368	8.9	371	8.5						
Hetero	423	13.5	453	13.7	487	13.9	525	14.1	574	14.6	613	14.8	646	14.8						
Perinatal	27	0.9	27	0.8	28	0.8	28	0.7	29	0.7	30	0.7	30	0.7						
Other	11	0.4	11	0.3	12	0.3	12	0.3	14	0.4	14	0.3	16	0.4						

RESULTS

The needs assessment results are complicated by the interconnectedness of the service categories; therefore, the results require significant explanation. To facilitate presentation of the results, this section includes an initial overview of the results for the entire sample. The presentation of the results includes a discussion of the qualitative and quantitative data.

Table 3: Demographics - Total Sample

Gender	Frequency	Percent
Male	324	62.0
Female	175	33.0
Transgender (F to M)	4	0.7
Transgender (M to F)	23	4.3
Mode of exposure		
MSM	175	33.3
Heterosexual contact	37	7.0
Injection drug use	33	6.3
Blood transfusion	18	3.4
Unsure	15	2.9
Pre-natal exposure	6	1.1
Refused to/did not answer	284	54.0
Ethnicity*		
Latino or Hispanic	166	30.3
African American	208	38.0
Asian	9	1.6
Native American	15	2.7
Caucasian	150	27.4
Hawaiian/Pacific Islander	0	0.0

In comparison to the population of people living with HIV/AIDS in the Austin TGA, the sample we selected for the survey (n=526) accurately reflects the population and represents at least a 10% sampling of the population. Moreover, the ethnic breakdown of the sample reflects the population of people living with HIV in the Austin TGA as well as the ethnic disparities evident in the Austin TGA population. In this table and others that follow,

Careful interpretation of the ethnicity is required because respondents were permitted to select more than one ethnicity that represented their cultural background.

Table 4: Ranking of reported needs - Total Sample

Category	Ranking
Emergency financial assistance	1
Transportation	2
Housing services	3
Legal assistance	4
Food bank and home delivered meals	5
Oral health care	6
Mental health services	7
Home and community-based health services	8
Non-HIV medical care	9
Child care services, Substance Abuse Services Outpatient	10
Outpatient Ambulatory Medical Care, AIDS Pharmaceutical Assistance	11

Understanding the overall rank of reported needs requires some interpretation. The top five ranked needs reflect the changes in the overall economy and the problems that many people (with or without HIV) are contending with in the current economy. In Travis County in 2007, for example, the median rent was \$697 per month while a majority (53%) of the population sampled indicated an income in the range of \$5,001 - \$10,000. While the ongoing costs of renting an apartment is a considerable barrier, those participants that attempt to move to lower cost apartments (also known as chasing rents) face security deposits, criminal records, and poor credit histories as barriers to lower cost apartments (See top reported barriers table). Focus group participants reported that many times they had to choose between cheaper apartments in less safe neighborhoods or dedicating money from their ongoing medical care towards meeting their basic living needs. In one focus group, the participants indicated that accessing emergency financial assistance to pay for utilities, security deposits, or car repairs, or food results is not as simple as they

previously thought. According to this participant, once a person accesses emergency financial assistance, they are disqualified from using it in future emergencies.

Unfortunately, we didn't include measures of barriers to transportation or utility assistance and therefore our understanding of these barriers are limited. But some participants in the focus groups suggested that the qualifications for emergency assistance and the scope of case management responsibilities are a barrier to accessing these services.

Table 5: Top reported barriers to housing

Security deposit	1
Criminal Record	2
Credit history	3

Many (over 80%) participants indicated the need for oral health care. This need was clarified during the focus groups in which participants reported that they did not know where to go for oral health care. When asked almost all of the focus group participants indicated that they did not know if HIV-specific oral health services were available and, when prompted further did not know of Jack Sansing Dental clinic.

Focus group respondents' requests for mental health services focused on the need for psychosocial group-level support provided by a mental health practitioner. In many of the focus groups, participants indicated the difficulties that they have in obtaining mental health care. The most reported barriers include the cost of co-pays and transportation. Some respondents (13%) indicated a low need for outpatient ambulatory medical care, AIDS Pharmaceutical Assistance, Home and community health services (15%), and Non-HIV medical care (15%). In the focus groups, this ranking was clarified in that many respondents discussed the availability of these services in the community and therefore not of primary concern.

Substance abuse

Although a number of survey respondents did not indicate that they are substance abusers, almost half scored in the range that qualifies for substance abuse and a quarter scored in the substance dependent range.

Table 6: Substance Abuse ratings

Categories	Percent	Cumulative Percent
Normal	38.8	56.7
Drug problem	18.7	84.0
Severe Problem	11.0	100.0

Social support

Lower scores on the multidimensional scale of perceived social support indicates that many respondents indicated low levels of social support.

Table 7: Levels of Social Support

	Mean	Standard deviation
Social Support General	41.19	15.9
Significant Other Support	19.37	7.7
Family Support	4.26	1.9
Friend Support	17.23	7.9

Insurance coverage

Table 8 shows that over 29% of the survey respondents indicated that they use Medicaid to cover their medical care costs. These respondents are followed by Medicare Part B (21%), Medicare Part D (15%), and then a variety of other payment methods.

Table 8: Insurance and payment methods

Provider	Frequency	Percentage
Medicaid	107	29.1
SPAP	11	3.0
Medicare Part B	77	21.0
Medicare Part D	56	15.2
Private Health Insurance	25	6.8
Tri-Care	1	0.3
Emergency funds	14	3.8
County medical services	36	9.8
Private Pay	5	1.4
Indian health service	2	0.5
Unable to pay	34	9.2
Totals	368	
PCT of insured	75.27	

In the sections that follow, each priority population and their needs are discussed in a similar manner as the entire sample population. Thus, the survey data is combined with analysis of the focus groups and the service systems analysis to draw a broad picture of HIV/AIDS services in the Austin TGA for a particular population.

Table 9: Out of care - Demographics

	Frequency	Percent of OOC
Gender		
Male	63	60.0
Female	38	36.2
Transgender	1	1.0
Did not answer	1	1.0
Ethnicity		
African American	41	39.0
Caucasian	38	36.2
Latino	19	18.1
Native American	5	4.8
Asian	2	1.9
HIV Status		
HIV+ asymptomatic	38	36.2
HIV+ symptomatic	31	29.5
Living with AIDS	29	27.6
Unsure	6	5.7
Exposure Category		
MSM	73	69.5
IDU	13	12.4
Sex with IDU	12	11.4
Blood Transfusion	9	8.6
Heterosexual contact	8	7.6
Prenatal	5	4.8

Table 10: Reported needs - Out-of-care population

Category	Ranking
Psychosocial case management	1
Primary medical care	2
Oral Health care	3
HIV medication assistance	4
Mental health services	5
Transportation, Housing/shelter	6
Non-HIV medical care	7
Utility assistance	8
Substance abuse treatment, Legal assistance	9
Home delivered meals	10
Childcare, Home and community health services	11

The out-of-care population consists of individuals that have not attended HIV medical services in the last 6-12 months. Many (38%) of these individuals have used an HIV-related service in the past but are currently outside the service system. Many (59%) of these reported needing psychosocial case management both to enter into the HIV service system and stabilizing segments of their life that interfere with the complying with HIV services. That being said, case management can assist out-of-care individuals entered into the next three services that are identified needs - primary medical care, dental care, and HIV medication assistance.

Table 11: African Americans - Demographics

	Frequency	Percent
Gender		
Male	70	47.9
Female	64	43.8
Transgender	13	7.5
HIV Status		
HIV+ asymptomatic	36	24.7
HIV+ symptomatic	70	47.9
Living with AIDS	36	24.7
Unsure	4	2.7
Income		
Less than \$5000	65	44.5
\$5001 - \$10,000	30	20.5
\$10,0001 - \$20,000	13	8.9
\$20,001 - \$30,000	9	6.2
Greater than \$30,000	4	2.8
Did not answer	25	16.4

Table 12: Reported needs - African Americans

	Ranking
Mental health services, Transportation	1
Utility assistance	2
Oral health services	3
Housing	4
Legal assistance	5
AIDS Drug assistance program	6
Home and community health services, Psychosocial case management	7
Meals	8
Primary HIV medical care	9
Non-HIV medical care, Childcare	10
Substance abuse treatment	11

African Americans in general reported mental health services, transportation, and utility assistance among the top three needs. Similar to the needs of African Americans in general, African American men identified transportation, utility assistance, housing services, mental health services, oral health care services, and legal assistance among the most needed HIV related services. In the focus groups, many African American men described needing general psychosocial support to assist them in stabilizing their lives so that they are then able to participate actively in HIV-related medical care. They suggested that the on-going instability in their lives sometimes prevented them from being able to actively participate in their own medical care.

Table 13: Reported needs - African American Men

	Ranking
Transportation	1
Utility assistance	2
Mental health services, Housing	3
Oral health services	4
Legal assistance	5
AIDS Drug assistance program	6
Home and community health services, Psychosocial case management	7
Meals, Psychiatric Care	8
Primary HIV medical care	9
Non-HIV medical care, Childcare	10
Substance abuse treatment	11

Table 14: Reported needs - African American women

	Ranking
Oral health care, Mental health services, Transportation, Utility assistance	1
AIDS drug assistance, Housing, Meals	2
Childcare, Legal assistance, Outpatient ambulatory Medical Care	3
Home healthcare, Case management, Drug treatment, Non-HIV medical care	4

Similar to focus groups with African American men, African American women were very vocal about their needs. When presented with the initial results of the survey, African American women indicated that they were not aware of the availability of oral health care services in the Austin TGA. This finding is not surprising given that many participants in focus groups indicated that they are unaware of the availability of oral health care. African American women also suggested the need for support groups facilitated by a mental health professional. They explained that a mental health professional can help maintain the mutual support feature of the group and support a therapeutic atmosphere without necessarily having the focal point of the group becoming therapy.

Regarding transportation and utility assistance, African American women discussed the complicated situation of the cost of living with HIV in Austin in that most of the women used their own vehicles to attend appointments, work, transport their children, and participate in many activities related to their HIV-status. Although their vehicles are important of their lives and support their on-going medical participation, the costs associated with upkeep and ongoing maintenance. At times, some women were able to tap into emergency funds to pay for a repair; however, this precluded them from being able to access these funds at a later time. This posed the most difficulty for the women when faced with competing demands such as utility assistance, transportation, and co-pays for medical services.

Table 15: Latino/a - Demographics

	Frequency	Percent
Gender		
Male	77	65.3
Female	34	28.8
Transgender	7	4.2
HIV Status		
HIV+ asymptomatic	32	27.1
HIV+ symptomatic	64	54.2
Living with AIDS	21	17.8
Unsure	1	.8
Income		
Less than \$5000	37	31.4
\$5001 - \$10,000	20	16.9
\$10,0001 - \$20,000	16	13.6
\$20,001 - \$30,000	8	6.8
Greater than \$30,000	5	4.2
Did not answer	32	26.3

Table 16: Reported needs Latinos

	Ranking
Utility assistance	1
Oral health care, Legal assistance	2
Housing	3
Meals	4
Transportation	5
AIDS Drug Assistance	6
Mental health care	7
Psychosocial Case management	8
Childcare, Non-HIV medical care	9
Home and community health services	10
Substance abuse treatment, Outpatient Ambulatory medical care	11

The needs of Latino/a people living with HIV/AIDS reflect those endorsed by the African American sample of respondents. For example, utility assistance, oral healthcare, legal assistance, housing, meals, and transportation were service categories highly ranked by Latino respondents. As with many groups, medical care and access to medicine is currently a met need. Gender differences, however, change the ranking of needs and the next two tables detail what men versus women rank as higher priority need.

Table 17: Reported needs - Latino men

	Ranking
Utility assistance	1
Oral health services, Legal assistance,	2
Housing	3
Meals	4
AIDS Drug assistance program, Transportation	5
Non-HIV medical care, Home and community health services,	6
Primary HIV medical care, Mental health services, Psychosocial case management	7
Substance abuse treatment, Childcare, Psychiatric Care	8

Utility assistance was highly ranked need for Latino men. When the research team discussed this at the Latino men focus groups, many indicated that they are grateful for whatever service they are receiving and would accept whatever is offered. Hence, any

interpretation of the needs of Latinos should be conducted with caution because it is unclear whether the men and women in the focus groups and surveys indicated needs in terms of services required to maintain them in medical care or services they felt worthy of receiving.

Table 18: Reported needs - Latina women

	Ranking
Oral health services	1
Mental health services, Transportation	2
Meals, Utility assistance, Housing, AIDS Drug assistance program	3
Legal assistance	4
Psychosocial case management	5
Substance abuse treatment	6
Home and community health services, Non-HIV medical care, Primary HIV medical care, Childcare	7

Similar to many of the population groups surveyed, Latina women were unaware of the availability of oral health services. Moreover, similar to the needs of African American women, Latinas suggested that a mutual support group facilitated by a mental health professional can assist them in adjusting to the pressures and needs that they deal with on a daily basis. From focus groups, Latinas indicated that transportation was very difficult for many of them in that they depend on the public transit system to attend doctor's appointments, meet with other providers, and access resources to meet their daily living needs.

Table 19: Non-injection drug users - Demographics

	Frequency	Percent
Gender		
Male	73	65.8
Female	34	30.6
Transgender	4	3.6
HIV Status		
HIV+ asymptomatic	30	27.0
HIV+ symptomatic	52	46.8
Living with AIDS	29	26.1
Income		
Less than \$5000	43	40.5
\$5001 - \$10,000	24	21.6
\$10,0001 - \$20,000	9	8.1
\$20,001 - \$30,000	5	4.5
Greater than \$30,000	2	1.8
Did not answer	26	23.4
Ethnicity		
Latino	22	19.8
African American	52	46.8
Asian/Pacific Islander	2	1.8
Native American	2	1.8
Caucasian	36	32.4
Did not answer	3	2.7

The focus group discussions aided in clarifying the results of the injection drug use and non-injection drug users needs; thus, they will be discussed together. For both groups, psychosocial case management was a highly endorsed need because, as focus group participants indicated, people that identified as either injection drug use or non-injection drug users needed assistance in stabilizing themselves before they can become active participants in their own medical care. Thus, psychosocial case management was the top need. The next three needs reflect the emphasis on stabilization in that respondents can then begin to access other services including AIDS drug assistance, Outpatient Ambulatory Medical Care, or Oral health services. Following stabilization, it seems as though substance

users can then focus on other barriers to stabilization including substance abuse, mental health services, and non-HIV related medical care.

Table 20: Reported needs - Non-injection drug use

	Ranking
Psychosocial case management	1
AIDS drug assistance	2
Outpatient Ambulatory medical care	3
Oral Health Services	4
Mental Health Services	5
Transportation	6
Housing	7
Utility assistance	8
Non-HIV medical care	9
Drug treatment	10
Legal assistance	11
Meals	12
Home healthcare	13
Childcare	14

Table 21: Injection drug users - Demographics

	Frequency	Percent
Gender		
Male	108	61.7
Female	58	22.1
Transgender	9	5.2
HIV Status		
HIV+ asymptomatic	50	28.6
HIV+ symptomatic	76	43.4
Living with AIDS	44	25.1
Unsure	5	2.9
Income		
Less than \$5000	63	36.0
\$5001 - \$10,000	36	20.6
\$10,0001 - \$20,000	27	15.4
\$20,001 - \$30,000	10	5.7
Greater than \$30,000	7	4.0
Did not answer	32	18.3

Table 22: Reported needs - Injection drug users

Category	Ranking
Psychosocial case management	1
AIDS drug assistance	2
Transportation	3
Oral health Services	4
Outpatient Ambulatory medical care, Housing/shelter	5
Substance abuse treatment, Mental health services	6
Non-HIV medical care	7
Utility assistance	8
Legal assistance	9
Home delivered meals	10
Childcare, Home healthcare	11

Table 23: Reported needs - White Men who have Sex Men

	Ranking
Oral health services	1
Medical case management	2
Outpatient Ambulatory Medical Care	3
AIDS Drug assistance programming	4
Mental Health Services	5
Non-HIV medical care	6
Housing	7
Transportation, Utility assistance	8
Legal assistance	9
Substance Abuse Treatment	10
Meals	11
Home and community health services	12
Childcare	13

Similar to many other groups, oral health services were a need but awareness of services may address the issue for many men. White men who have sex with men (WMSM) are the only priority population that identified medical case management as a need. For many of the men in this population, they identified needing assistance organizing many of the medical services they are currently undergoing. Thus, unlike other priority populations that sought out case management to assist in accessing social and medical services to stabilize themselves and their lives, white men who have sex with men are seeking medical

case management as a means to assist in organizing the medical services they have already accessed. The next sets of services are related to the top need of medical case management in that WMSM need assistance with organizing appointments and services for AIDS-related pharmaceuticals, outpatient ambulatory medical care, and mental health services.

Table 24: Men of color who have sex with men - Demographics

	Frequency	Percent
HIV Status		
HIV+ asymptomatic	22	36.1
HIV+ symptomatic	29	47.5
Living with AIDS	10	16.4
Income		
Less than \$5000	15	24.6
\$5001 - \$10,000	11	18.0
\$10,0001 - \$20,000	10	16.4
\$20,001 - \$30,000	3	4.9
Greater than \$30,000	4	6.6
Did not answer	12	19.7

Table 25: Reported needs - Men of color that have sex with men

	Ranking
Psychosocial case management	1
AIDS Drug assistance	2
Outpatient Ambulatory Medical Care	3
Oral Health Care	4
Housing	5
Mental health services, Transportation	6
Utility assistance	7
Legal assistance, Non-HIV medical care	8
Substance Abuse Treatment	9
Meals	10
Childcare	11
Home and community health services	11

Men of color who have sex with men (MCSM) reported needs to access and maintain themselves within the current HIV service system. Focus groups and survey results indicate that unlike their White counterparts, MCSM require greater assistance in address

the racial and HIV-related stigmas they encounter inside and outside the HIV care system. Some participants in the MCSM focus groups reported feeling and witnessing differential treatment by providers when accessing HIV-related care in the Austin TGA. Thus, MCSM reported top needs that indicate a basic marginalization from the current HIV care system. The top needs include: Psychosocial case management, AIDS drug assistance, Outpatient Ambulatory Medical Care, Oral Health care. Unlike other populations, MCSM did not feel that their medical care is currently being met and hence not a met need.

Table 26: Youth - Demographics

	Frequency	Percent
Gender		
Male	6	40.0
Female	9	60.0
Transgender	0	0.0
HIV Status		
HIV+ asymptomatic	1	6.7
HIV+ symptomatic	11	73.3
Living with AIDS	2	13.3
Unsure	1	6.7
Income		
Less than \$5000	8	53.3
\$5001 - \$10,000	0	0.0
\$10,0001 - \$20,000	2	13.3
\$20,001 - \$30,000	1	6.7
Did not answer	4	26.7
Ethnicity		
Latino	7	46.7
African American	5	33.3
Asian/Pacific Islander	0	0.0
Native American	0	0.0
Caucasian	4	26.7

Table 27: Reported needs - Youth

Category	Ranking
Psychosocial case management	1
Oral health services	2
Outpatient Ambulatory Medical Care	3

AIDS Drug assistance programming, Transportation	4
Mental health services	5
Housing/shelter	6
Utility assistance	7
Non-HIV medical care	8
Substance Abuse treatment	9
Legal assistance	10
Home delivered meals, Home and community health services, Childcare	11

Youth reported needing psychosocial case management services that can assist with them with navigating the barriers specific to being a youth living with HIV. From an analysis of the youth focus group and survey responses, youth indicated that psychosocial case managers can be useful in helping youth both access HIV related medical services but more importantly navigate the transition from young adulthood to adulthood. Youth indicated that the transition includes psychosocial problems specific to HIV-positive and those general to transitioning youth (e.g., obtaining an apartment, building a social support network, or negotiating problems with family). Many youth were not familiar with the current services available in the Austin area and were not able to access easily the available services. Incidentally, many youth in the focus groups identified needing assistance discussing HIV-related information with their families, friends, and other people. Lesser needed services reflects the difference from other populations in that the youth that completed the survey and participated in focus groups identified as asymptomatic and living with HIV.

Table 28: Recently released Offenders - Demographics

	Frequency	Percent
Gender		
Male	80	71.4
Female	27	24.1
Transgender	5	0.9
HIV Status		
HIV+ asymptomatic	30	26.8
HIV+ symptomatic	43	38.4
Living with AIDS	38	33.9
Unsure	1	0.9
Income		
Less than \$5000	63	56.3
\$5001 - \$10,000	27	24.1
\$10,0001 - \$20,000	14	12.5
Did not answer	8	3.6
Ethnicity		
Latino	22	19.7
African American	53	47.3
Asian/Pacific Islander	2	17.9
Native American	4	3.6
Caucasian	37	32.1

Table 29: Recently Released Offenders - Reported needs

	Ranking
Transportation	1
Utility assistance	2
Housing/Shelter	3
Oral health services	4
Legal assistance	5
Counseling	6
Home delivery/Food bank	7
Home and community health services, AIDS drug assistance, Psychosocial Case management	8
Mental health services	9
Non-HIV medical care, Substance Abuse treatment, Outpatient ambulatory Medical care, Childcare	10

Recently released offenders identified services that are reflective of their recently released status more so than their HIV-positive status in that many offenders (87%)

indicated needing services to stabilize their lives while facing barriers endorsed by the entire population of people living with HIV. Transportation, utility assistance, and housing were basic needs in that the entire survey sample encountered as significant problems in their lives. Similar to many survey respondents, many recently released offenders (93%) were unaware of the availability of oral health services. Following oral health services, many recently released offenders reported needing legal services. Focus group participants indicated that legal services are needed to help participants navigate housing barriers and contending with criminal justice obstacles. Incidentally, many recently released offenders (89%) were not provided with transitional services to assist them in accessing HIV-medical and social services, obtain prescriptions, and enter into case management.

Table 30: Rural Populations - Demographics

	Frequency	Percent
Gender		
Male	27	64.3
Female	14	33.3
Transgender	1	2.4
HIV Status		
HIV+ asymptomatic	13	31.0
HIV+ symptomatic	17	40.5
Living with AIDS	11	26.2
Unsure	1	2.4
Income		
Less than \$5000	16	38.1
\$5001 - \$10,000	10	23.8
\$10,0001 - \$20,000	4	9.5
\$20,001 - \$30,000	4	9.5
Greater than \$30,000	2	4.8
Did not answer	6	14.3
Ethnicity		
Latino	9	21.4
African American	16	38.1
Asian/Pacific Islander	1	2.4
Native American	2	4.8
Caucasian	1	2.4
Did not answer	14	33.3

Table 31: Reported needs - Rural Populations

	Ranking
Transportation	1
Utility assistance, Housing, Legal assistance	2
Oral health care	3
Mental health services, AIDS drug assistance	4
Home and community health services, Meals, Non-HIV medical care, Substance Abuse treatment	5
Outpatient Ambulatory medical care, Psychosocial and Medical case management, Childcare	6

Many people (83%) in the rural segment of the survey indicated transportation as a significant need and barrier to accessing services. Similar to the responses of African

American women, rural populations that were able to use public transportation or have access to their own vehicles faced additional barriers to service. In some cases, focus group respondents indicated that they lived with family members that were unaware of their HIV status, which further complicated both attending medical appointments and accessing services. For example, some focus group respondents indicated that they had to wait many hours for transportation to and from doctor's appointments. Long waiting periods and scheduling difficulties created barriers for many of the rural participants.

RECOMMENDATIONS AND HIV SERVICE PLAN

As evident in the needs assessment, people living with HIV require different types of services in order to adhere to their difficult and complex medical regiment. Therefore a multi-tier service plan can best meet the needs of many populations while also attending to the requirements set out by the Health Resources Services Administration.

Tier 1: HIV services in the Austin TGA are provided in a context embedded with high levels of stigma against people living with HIV.

In many rural areas of the TGA, survey respondents reported living with family or friends who were unaware of their HIV status. In many cases, these respondents feared that family and/or friends would discover that the respondent had HIV. Stigma has significant implications for not only HIV service provision but also individual health (Sayles, Wong, Kinsler, Martins, and Cunningham, 2009). In other counties and cities, widespread social marketing campaigns have been effective in reducing HIV-related stigma (Rimal & Creel, 2008). In 2009, SUMA/Orchard Social Marketing conducting a formative study of the “Promoting HIV Prevention, Testing, and Care in Austin Travis County: Social Marketing Campaign.” Given that this report appears to focus on the testing aspects of HIV services, some findings are relevant to HIV services for people living with HIV. HIV-related “gatekeepers,” the report indicates, are suggesting that the Austin TGA needs “more visibility and public messaging about HIV by the Health Department,” “radio, advertising, public access TV,” and “Name/face recognition with staff from AIDS service organizations” (p. 25). While these findings are certainly relevant to HIV prevention services including testing, increased marketing of HIV services can also have a significant and positive impact on HIV-related stigma (Thornicroft, Brohan, Kassam, & Lewis-Holmes, 2008). Social marketing campaigns can have ‘tracks’ that highlight stigma and the “face of HIV” in the

Austin TGA. These tracks can target the priority populations with a special emphasis on the health disparities existent among the African American population living in the Austin TGA. Including stigma and health disparities in the social marketing campaign can aid the HIV planning council in achieving its mandate to develop strategies that “focus on reducing barriers to routine testing and disparities in access to services for minorities and underserved communities” (Ryan White Legislation, 2009).

Tier 2: A dual-track case management system should be instituted in the Austin TGA.

A dual track case management system in which potential clients are assessed and then recommended for either medical case management or psychosocial case management is recommended to meet the diverse needs the HIV positive population. In this dual track system, both psychosocial and medical case management provide a range of client-centered services including an initial assessment of needs and resources, the development of individualized case management plans designed to use available resources to meet the client’s medical and psychosocial needs, coordination of resources to meet client needs, monitoring of case management plan and progress towards goals, and periodic re-evaluation of case management plan. What distinguishes psychosocial from medical case management is the immediate focus in that under medical case management, the initial and long-term goal is access to and stabilization in health care. Conversely, psychosocial case management can focus on assisting people with stabilizing their lives and use engaging in medical care as a long term focus. Thus, the medical case management plan is focused on health care services, while a psychosocial case management is broader and focuses on accessing and coordinating ancillary services to stabilize an individual’s life (Lo, McGovern, & Bradford, 2002; Wilcox Consulting, 2006). Findings from the needs assessment indicate

that prior to actively engaging in medical treatment, some people living with HIV require assistance stabilizing their lives. Injection drug users, individuals currently out of care, non-injection drug users, men of color who have sex with men, and youth ranked psychosocial case management as one of their top three needs. Conversely, white men who have sex with men ranked medical case management as prominent need. A 2006 assessment of case management services in the Austin TGA indicated that both psychosocial and medical case management will be beneficial to HIV positive individuals (Wilcox Consulting, 2006), which reflects the recommendation drawn from this needs assessment. Hence, it is strongly recommended that the Austin TGA move toward a dual track (i.e., psychosocial and medical) case management system. Reiterating some of Wilcox Consulting recommendations regarding case management in the Austin TGA, the following recommendations are included for the dual track case management system.

1. Implement a system-wide screening that determines the appropriateness of medical or psychosocial case management services for clients.
2. Develop system-wide case management eligibility criteria for both psychosocial and medical case management.
3. Determine the number of clients that would qualify for psychosocial case management compared to medical case management to determine if the resources are available to meet the identified needs.

Tier 3: Develop programming or initiatives to address the racial disparities in HIV among the African American Population.

Both the clustering of needs for African Americans and the over representation of this group among the HIV positive population warrants additional study and programming.

Currently, some programming exists in the Austin TGA that addresses the psychosocial needs of African Americans. These programs should continue and be expanded to address the reality that over 23% of the HIV positive population are African Americans living with HIV, yet the over 10% of the Austin TGA consists of African Americans.

METHODS

The evaluation method used is a concurrent mixed methods design in which we employ the strengths of both quantitative and qualitative research methodology to assess the Austin TGA (Onwuegbuzie & Teddlie, 2003). Although we present the quantitative and qualitative data collection and analysis separately, we collected the data simultaneously, integrated the analysis, and used the findings to formulate cross-cutting conclusions and population specific results.

Survey

The research team collected survey questions from HIV planning council studies conducted in major metropolitan areas across the United States. Questions selected enabled us to assess the 29 HRSA categories: Outpatient/ambulatory health services, AIDS drug assistance program (ADAP) treatments, AIDS pharmaceutical assistance (local), oral health care, early intervention services, health insurance premium & cost sharing assistance, home healthcare, home and community-based health services, hospice services, mental health services, medical nutrition therapy, medical case management (including Treatment Adherence), substance abuse services–outpatient, case management (non-Medical), child care services, emergency financial assistance, food bank/home-delivered meals, health education/risk reduction, housing services, legal services, linguistics services, medical transportation services, outreach services, psychosocial support services, referral for health care/supportive services, rehabilitation services, respite care, and treatment adherence counseling. The survey tool focused on understanding barriers and service gaps that HIV positive people faced when accessing primary medical care and appropriate ancillary services. In addition to those identified by the research team, epidemiological data were collected from Texas Department of State Health Services reports. Five hundred

twenty six PLWHA in the TGA completed the survey of their needs and return it to the research team. Ten focus groups and individual interviews were conducted the augment and expand on the survey research findings.

Focus Groups

The research team also conducted focus groups with each of the priority population. Clients were recruited by flyers, as described earlier. Clients interested in participating called the research team and were screened using the screening criteria for the survey. Those individual's that qualified for the focus group were given information about the time and place for the focus groups. Focus group date and times were kept confidential and groups included between 8 and 12 participants. At least 10 focus groups were conducted.

Data Analysis

In this section, we outline the data analysis procedures for both the qualitative and quantitative data and the ways in which these methods were "mixed" to determine the overall needs assessment findings. Researchers' conducting a mixed methods needs assessment must address questions about the legitimacy (i.e., validity) of research findings as well as the representation (i.e., generalizability) of those findings to the larger population under investigation (Onwuegbuzie & Teddlie, 2003). Our data collection plan addressed the representation of all priority populations as well as the overall population of people living with HIV or AIDS in Austin. This data analysis plan describes the methods we used to ensure that the findings were legitimate considering the various sources of data collected.

As previously stated, the purpose of this needs assessment was threefold: (1) to determine the service needs of people, in the Austin-area, living with HIV /AIDS; (2) to

compare and contrast the service needs of HSRA's priority populations compared to other populations of people living with HIV/AIDS; and (3) to evaluate the co-morbid conditions that people living with HIV/AIDS face in their daily lives. These goals necessitate the integration of qualitative and quantitative data to formulate a comprehensive understanding of the service environment for, and needs of, people living with HIV/AIDS.

To analyze the data, a concurrent mixed methods design was employed (Onwuegbuzie & Teddlie, 2003). In this type of design, the qualitative and quantitative data were used to complement one another and to illustrate the different needs of people living with HIV/AIDS. Descriptive statistics were calculated to depict the population of clients that completed the survey and their demographic backgrounds. The results of this analysis were then compared and contrasted with epidemiologic data to verify that the sample reflected the general population of people living with HIV/AIDS in the Austin TGA.

The second analysis involved examining the survey data to rank the needs as identified by survey respondents. Research shows that direct questions about needs does not effectively answer the question "what do people need," because respondents are subject to immediate factors (i.e., recent problems accessing services) and may identify a service as needed when it is already received by providers in the community. Moreover, the scarcity of resources available to people living with HIV/AIDS in the Austin TGA warranted a respondent-driven prioritization of service needs to guide the HPC in their planning. Discrepancy analysis is a widely accepted technique to rank order service needs (Lee, Altschuld, & White, 2007). To conduct this analysis, the scores from the "services used question" were converted into an ordinal-level variable. Next, to determine the most important to least important needs the allocation question was also converted into an

ordinal level variable. A discrepancy score was then calculated by subtracting the services used from the allocation ranking for each participant. Next, a mean discrepancy score was calculated for each participant by multiplying each participant's discrepancy score by the mean importance score for each category. Finally, we calculated a mean discrepancy score for each service category by dividing the sum of the weighted discrepancy scores by the number of observations for the service category. Each service category was then rank ordered using the mean weighted discrepancy score. Finally, the rank order was produced with significant attention to reliability and validity because of the analytic procedures (Lee, Altschuld, & White, 2007).

Additionally, the focus group data was analyzed qualitatively in the form of thematic analysis and then correlated with the quantitative results to confirm or refute the findings across all types of respondents (Onwuegbuzie & Teddlie, 2003). Several techniques that were helpful in establishing the reliability and validity of qualitative data. The techniques included examining participant responses to different forms of the same question, using several different instruments, applying consistent analytic methods for qualitative and quantitative data, establishing prolonged engagement by having researchers consistently present and available throughout the process, using triangulation via various researchers to observe process, and using negative case analysis whenever outliers or unusual feedback was given (Franklin & Ballan, 2001). Consistent methods were employed to analyze each focus group and interview.

Procedure for the Recruitment of People Living with HIV/AIDS –

The inclusion criteria for the needs assessment were broad because of the nature of the needs assessment. Therefore, the criteria included (1) People living with HIV or AIDS;

(2) currently residing in one of the five target counties; (3) at least 18 years of age; and, (4) willing to consent to participate in the assessment. People living with HIV or AIDS outside of the Austin area, unwilling to provide consent to participate, or those unsure of their HIV status, were excluded from the needs assessment.

Participants were recruited through flyers and advertisements in the community as well as through information sessions conducted in community settings. Moreover, the research team announced the needs assessment project to local organizations that provide medical and social services to PLWHA in Travis, Williamson, Hays, Caldwell, and Bastrop counties. Potential participants were not asked to give their identifying information, instead research staff arranged to meet the potential respondent at a mutually convenient location.

For harder to research groups (i.e., out of care population), researchers around the country have outlined strategies that are effective and were replicated given our particular challenges here in Austin. Network sampling methods reached many individual's included in this population. Hence, we engaged a network sampling by strata methodology for PLWHA that were not connected with HIV service organizations. Finders were also paid nominal fee (\$20 HEB gift card) for assisting us in our project. The client that completed the assessment received the standard honorarium. Referrals for the needs assessment were taken through calls to the research project phone number.

Procedure for obtaining Consent

A consent form was used for both the survey and focus groups. A research team member explained the goals and objectives of the project in the language of their choice (English or Spanish) as well as what was being asked of them and the voluntary nature of

their participation. Research staff then asked if the participant would like to complete the needs assessment. If the participant agreed, then the research staff supplied the participant with the appropriate information and materials. Participants kept a copy of the consent.

Research Protocol

Participants recruited for this assessment were asked to complete an instrument that asks about their needs and/or participate in a focus group. The participants were offered the opportunity to complete their assessment on their own or with the assistance of research staff. Some participants completed their assessment at an organization of their choice, at home, or, if the participant requested, the assessment was completed at a mutually convenient and private location.

Privacy and Confidentiality of Participants

No identifying information was gathered in the focus group or survey. The University of Texas Institutional Review Board granted a waiver of documentation of consent because a signed consent form would have been the only item linking a particular person to the research study. Because no identifying information was gathered and the interactions with research staff were designed to ensure that the participants' information remained confidential.

Benefits to Participation

Survey Participants - Participants will receive a \$20 HEB gift card incentive after they return the assessment to the agency as a thank you for their participation. The amount of this incentive is in line with many other studies of similar magnitude. In addition, survey participants that recruited other participants were given a \$20 HEB gift card as a "finder's fee" incentive. *Focus Group Participants* – Participants received a \$20

HEB gift card incentive after completion of the 60 to 90 minute focus group. Lunch was also provided to those who participated in the focus groups.

RESOURCE INVENTORY

CORE SERVICES

Addiction and Psychotherapy Services	Outpatient facility offering services in methadone and suboxone maintenance; rapid or 6-month withdrawal; case management, psychological/psychiatric, and rehabilitative services.
AIDS Services of Austin: Jack Sansing Dental Clinic	Provides primary dental and oral medical care only for people with HIV/AIDS.
AIDS Services of Austin (ASA)	Testing, prevention, case management, emergency financial assistance, legal assistance, food bank, primary dental and oral medical care to HIV+ individuals.
Aseracare Hospice	Home health care.
Assistive and Rehabilitative Services	Assistance for individuals and families with children who have development delays.
Austin Family Institute	Outpatient interdisciplinary mental health therapy.
Austin Infectious Disease Consultants	Private practice group physicians providing outpatient ambulatory medical care; outpatient infusion therapy; hospital consultation and inpatient care; immunizations for travel abroad; support groups for HIV+ minority communities of color and their families; substance abuse support; bilingual health education, workshops, and presentations.
Austin Recovery	Residential and outpatient drug treatment provider and medical detoxification.
Austin State Hospital	In-patient psychiatric services.
Austin Travis County Mental Health Mental Retardation (MHMR): Methadone Maintenance Treatment Program	Methadone treatment; individual and group counseling; psychiatric/medical assessment and treatment; education and orientation for Narcotics Anonymous, HIV infections, and Hepatitis C testing.
Austin Travis County Health & Human Services Department: Medical Assistance Program (MAP)	Provides access to healthcare through networks of established providers.
Austin Travis County MHMR CARE (Community AIDS Resources & Education) Program	HIV antibody counseling and testing, HOPWA (Housing Opportunities for Persons With AIDS), case management, street outreach, referral and assistance to addiction treatment services, mental health case management.
Austin Travis County: Health & Human Services Sexually Transmitted Disease Clinic	Tests, treats, and counsels individuals for sexually transmitted diseases, including HIV.
Austin Travis County: Mental Health Mental Retardation (MHMR) C.A.R.E. Program	HIV and crack cocaine intervention; HIV outreach services targeting substance abusers (IDU and other drug users); HIV early intervention

	services.
Austin Travis County: Journey Outpatient	Substance abuse treatment services
Austin Veteran Outpatient Clinic Central Texas Veterans Health Care System	Medical, mental, and specialty healthcare services.
Austin/Travis County Health & Human Services: HIV Services Program	Prevention Counseling and Partner Elicitation (PCPE): prevention counseling and testing services to interested and targeted individuals. PCPE identifies those individuals infected with HIV; HIV Community Outreach, education, and case management.
Blackstock Family Clinic Seton	Community health clinic emphasizing family practice and HIV/AIDS medical treatment.
Capital Area Mental Health Center	Counseling and mental health services.
Central Texas Medical Center	Full service hospital; 24-hour emergency care, minor care; in-patient & out-patient care.
City of Austin Health Department	Health services for the community provided in several locales.
City of Austin: Rosewood Zaragosa Primary Care	Government assistance programs; primary care, pediatrics; nutrition counseling; internal medicine; case management.
Community Action Inc. Of Hays, Caldwell And Blanco Counties - Community Health Services - Primary Health Care Program	Basic medical care, dental services, health education; Blood pressure and blood sugar monitoring, prescriptions.
Community Action Inc. Of Hays, Caldwell And Blanco Counties United Way Prescription Program	Prescription assistance.
Community Action of Hays, Caldwell and Blanco Counties: Rural AIDS Services Program	Case management for HIV+ individuals; linkage with physicians, dentists, clinics, and social service providers; transportation to medical appointments; financial assistance.
Community Action, Inc. of Hays, Caldwell and Blanco Counties: Family Planning Clinic	Primary healthcare; financial assistance; prescription; limited dental services; case management for HIV+ and AIDS diagnosed individuals; community education; HIV counseling and testing; breast and cervical cancer screening.
Community Aids Resource & Education	HIV/AIDS testing, early intervention services.
CTMC Hospice (San Marcos)	Care and support to the terminally ill and their families.
David Powell Clinic	Primary medical care services, 24-hour medical triage, medical case management, nutrition assessment and counseling, pharmacy services, individual counseling, health education, referrals

Dell Children's Medical Center of Central Texas	Provides a wide range of services for children from birth to teenage years
Faith Home	Residential care and emergency care for infants and teens with HIV/AIDS, or their parents. Specialized in the care of medically fragile child.
Georgetown Community Clinic	Adult Primary Care, Mental Health, Family Planning, Women's Health
Georgetown Dental Clinic	General dentistry for adults and children.
Georgetown Pediatric Center	Pediatric primary care.
Gilead Healthcare, Inc.	Home healthcare services.
Girling Health Care	Personal care services, sitters, attendants, skilled services for nursing, physical therapy, occupational therapy, speech therapy, medical social services.
Hays County Health Department	Medically necessary provision of services.
Hays County Personal Health Department	Primary health care, women's health, child immunizations, and indigent health care services.
Hays-Caldwell Council On Alcohol & Drug Abuse	Individual, family and group counseling
Highland Lakes Family Crisis Center, Inc.	Legal advocacy, court accompaniment, counseling (individual and group) for children and adults, food, clothing, and personal items, safe shelter and housing assistance, outreach counseling, food bank
Home Health of Central Texas	Skilled nursing to provide assessments and evaluations of patient's medical condition; provide professional care and education.
Hospice Austin Outpatient Services	Provides hospice care for patients, and their families, living with a terminal illness with a life expectancy of six months or less. Care is provided in the home, hospital, nursing home, or assisted living facility. Services address the medical, emotional and spiritual needs of the patient and family, and include counseling, nursing, home health aides, pain medicine, medical supplies, and equipment. Also connects families with community resources, such as home health agencies.
Hospice Austin Christopher's House	Provides acute care, inpatient hospice services for short-term symptom management. Services address the medical, emotional and spiritual needs of the patient and family. Services include counseling, nursing, home health aides. Pain medicine, medical supplies, and equipment.
Hospice of Central Texas San Marcos, TX	Hospice care focuses on the relief of physical pain and symptoms; grief support and bereavement counseling;
Huston-Tillotson University Health Clinic	Primary medical services include immunizations, glucose testing, urinalysis, over-the-counter medications, drug testing; HIV counseling and testing, First Aid/CPR, ear irrigations, vision screening, and health related programming.
Indigent Health Care, Bastrop County	Indigent primary care services
Indigent Health Care, Caldwell County	Indigent primary care services
Life Steps Williamson Council on Alcohol and Drugs	Provides screening for chemical dependency, short-term motivational

	counseling and referrals to an appropriate facility; Outreach efforts include presentations to community groups.
Life Works	Free anonymous HIV testing, prevention counseling, individual ongoing counseling, health education, case management, STD clinical services, TB testing and treatment, pharmacy, prescription assistance, immunizations, substance abuse intervention, food pantry, nutrition services, transportation, emergency financial assistance, clothing, family planning.
Lockhart Family Medicine	Family medicine clinic, medical care.
Lone Star Circle Of Care	Health clinics for the underinsured and uninsured.
Lone Star Hospice	Provides care in the person's place of residence (home, nursing home). Staff provided and includes nurses, home health aide, social worker, chaplain, and volunteers.
Manos de Cristo	Dental clinic; English as a Second Language (ESL) classes; Clothes Corner; Food Pantry; citizenship classes; Computer & GED classes
North Austin Medical Center St. David's	Primary healthcare in hospital setting.
Peoples Community Clinic	Anonymous HIV testing; early medical and baseline assessment of health status; psychological, social, and nutrition needs assessment; information and referral; assistance in finding a medical home for HIV+ persons; support group for HIV+ women; health education and community presentations.
Planned Parenthood of the Texas Capital Region	Healthcare services, education, online health services, mobile clinics to reach underserved.
Project Access	Physician care, hospital care, diagnostic services and medication assistance for low-income individuals and families.
Project Transitions: Doug's House Residential Hospice & Supportive Care	Residential hospice and supportive care facility for persons living with HIV/AIDS. Services provided are palliative, including nursing, physical support, meals, emotional and spiritual support, medication and pain management. Supportive care is short term and provided when hospice beds are not full.
Push-Up Foundation Men's Treatment Program	Residential and outpatient programs for adult men; faith-based family support program and aftercare.
Push-Up Foundation Women's Treatment Program	Substance abuse treatment services.
Round Rock Medical Center St. David's	Outpatient and inpatient services, Emergency Services
Rural AIDS Services Program	HIV/AIDS education, HIV testing & counseling, outreach, case management, transportation, financial assistance.
Salvation Army Homeless Health Clinic Austin /Travis County Health & Human Services	Confidential HIV pre- and post-test counseling; HIV screening; TB screening; immunizations and primary health care services.
Samaritan Health Ministries	Urgent and chronic healthcare; medical, dental, mental health, and pharmaceutical services.

Seton Edgar B. Davis Hospital	24-hour emergency center, diagnostic & treatment services, health education & wellness programs.
Seton Healthcare: Cedar Park	Ambulatory Care Center.
Seton Healthcare: Highland Lakes	24 hour emergency care; outpatient chemotherapy; mammography, ultrasound, and general medical/surgical services; social service case management; emergency medical services; home-based hospice care; pharmaceuticals.
Seton Lockhart Specialty Clinic	Cardiology, oncology, general surgery, nephrology, podiatry, dermatology, urology, and orthopedic care.
Seton Medical Center	Comprehensive diagnostic and treatment for inpatient and outpatient services.
Seton Shoal Creek Hospital	Behavioral health services; intensive medical and psychiatric stabilization for patients dealing with issues such as emotional crisis, depression and drug and alcohol dependence; services include inpatient, intensive outpatient and day hospital programs.
Seton Southwest Hospital	Acute Care Hospital, inpatient/outpatient care.
Seton: Northwest	Full service hospital; 24-hour emergency services; social service & medical case management.
South Austin Hospital St. David's	Full service private hospital.
St. David's Medical Center / St. David's Healthcare	Full-service medical care facility with special focus on neuroscience and women's health.
St. David's Rehabilitation Center / St. David's Healthcare	Rehabilitation Hospital
St. Edward's University Health Clinic	Treatment of minor and acute illnesses and injuries.
Texas State University Health Education Resource Center	Student Health Center; medical care and information; medication, lab tests, referrals.
Thurmond Heights Wellness Center	Health clinic located in the Thurmond Heights community.
University Medical Center at Brackenridge	Acute care hospital and outpatient facility.
University of Texas Student Health Center	Anonymous HIV antibody testing; professional and peer facilitated educational programs. Printed AV resources; medical care.
Volunteer Healthcare Clinic	Non-emergency medical treatment for low income children and adults.
Waterloo Counseling Center	Psychotherapy for HIV+ persons, couples, and families; HIV therapy group directed towards HIV+ clients.
Williamson County Council on Alcohol and Drug Abuse	Screenings, assessments, educational classes, referrals; individual, group, and family counseling.
Williamson County and Cities Health District	Education, testing, and counseling for HIV; medical case management.

SUPPORT SERVICES

Abiding Love Food Pantry	Food pantry.
Abundant Life Network	Job training; job preparation; assistance with job placement.
Advocacy Outreach	Legal services; education programs, clothing and shelter assistance.
Advocacy, Inc.	Assists disabled individuals in: Community Integration; Protection & Civil Rights; Health Care; Housing; Employment; Access; Transportation (HEAT); and Education.
ALLGO (Austin Latino Lesbian Gay Organization)	Case management; assistance in locating and accessing medical care; rental and utilities assistance; counseling; and HIV/AIDS information.
American Cancer Society	Health Education, housing
American Red Cross of Central Texas	Wide range of culturally-specific education programs; HIV/AIDS workplace and employee impact programs; HIV prevention.
Any Baby Can Child and Family Resource Center	Support for families caring for a child with special needs, including chronic illnesses; therapies and support for children with or at-risk for developmental delays; prenatal education to at-risk pregnant women; childbirth, parenting, and literacy programs; parenting classes in English & Spanish.
ARC of the Capital Area	Academic coaching; basic needs and crisis assistance; case management; community living and assistance and support; family and caregiver support; guardianship services; parent mentoring; juvenile justice; respite care.
Austin Academy for Individual and Relationship Therapy	Counseling services.
Austin Area Interreligious	Collaborative group of churches and faith-based organizations providing housing, food, refugee, and community building services.
Austin Outreach and Community Service Center, Inc.	Outreach (street and door to door) services based primarily in Central and East Austin communities; small group presentations and behavioral support groups; HIV/AIDS and STD prevention and education programs for high risk individuals, with a focus on African-Americans; anonymous and confidential testing and counseling referrals; literature and condom

Austin Project	distribution; social service and community organization referral.
Bannockburn Baptist Church	Youth & Family Assessment Center; academic improvement and early literacy programs. Food pantry.
Bastrop County Emergency Food Pantry & Support Center	Food crisis services, including monthly supplement to seniors age 60 or older, and residents with AIDS or mental and/or physical disabilities; educational workshops and health services; transportation services for senior citizens and handicapped persons.
Bisexual Network of Austin	Provides education and information for individuals seeking answers about sexual orientation.
Black Faith-based Health Initiative (BFHI)	Information and education resource for area churches; HIV testing and referrals.
Blackland Clinic	Social services for low and moderate-income families in need.
Capital Area AIDS Legal Project	Provides legal services.
Capital Area Homeless Alliance	Basic day-to-day needs for area homeless population, including hygiene, meals, and information-sharing.
Care Communities (Interfaith Care Alliance)	Provides Care Team services to those suffering from cancer and AIDS: Transportation, Care Team, meal preparation, housework, groceries, funeral cost assistance, pastoral counseling or support, and companionship.
Caritas of Austin	Social Services: Emergency assistance with rent and utilities, case management services for homeless single adults.
CASA of Travis County	Provides guardian ad litem representation for abused and neglected children.
Catholic Charities Of Central Texas	Financial assistance, case management.
City of Austin Housing Authority	Low income housing opportunities for citizens.
Community Action of Hays, Caldwell and Blanco Counties: HIV/AIDS Education Program	Educational programs AIDS available to increase awareness about HIV and to reduce behaviors that might expose individuals to or transmit HIV or AIDS.
Community Action, Inc., Of Hays, Caldwell And Blanco Counties - Comprehensive Energy Assistance Program	Utility payment assistance.
Dave Martin	Individual providing information, education, and personal testimony to help persons living with HIV/AIDS and the general public understand and cope with the epidemic.

El Buen Samaritano Family Health Center	Assists working poor, Spanish-speaking families to secure a productive and meaningful place in the community; Emergency food and clothing; Healthcare; Basic Education; Community responsibility training.
Family Connections	Parent education and childcare resource.
Family Crisis Center	24 hour hotline, crisis intervention and support, emergency support, advocacy, individual and group counseling, school-based children's programs for prevention, information and referral, thrift store, small food pantry, shelter, hospital and court accompaniment, violence intervention program.
Family Life Center	Free breakfast program.
Foundation for the Homeless	Day resource center, meals, shelter; assistance with basic needs.
Front Steps	Educational workshops for the homeless and those at risk; day shelter for homeless men and women; overnight shelter for homeless single men; case management; meals provided.
Gay and Lesbian Hotline	Toll-free helpline for gay, lesbian, bi & trans people.
Gay and Lesbian Rainbow Pages	Online and print resource for employment, community events, and social networking.
Hays County Area Food Bank	Pre-packaged food assistance.
Hays-Caldwell Women's Center	Helpline, Referral and crisis intervention, social services.
Hays-Caldwell Women's Center: Roxanne's House	Therapy, counseling and support groups for victims of child abuse.
Healthcare Helpline	Responds to public questions regarding healthcare services.
Hill Country Community Ministries (HCCM), Williamson County	Food pantry, clothes closet, Thanksgiving dinners, & school supplies.
Hill Country Intergroup	Community resources featuring vast array of 12-step support programs, including alcohol and substance abuse recovery.
Meals on Wheels and More	Program assists with short-term disabilities; Dietitian plans; special needs meals; transportation to medical appointments.
Medical Institute of Sexual Health	Online services that identify and evaluate scientific information on sexual health and promote healthy sexual decisions and behaviors.
Narcotics Anonymous (NA)	Confidential individual and group counseling for drug abusers; 24 hour help line.
Nubian Princess	Feeds homeless and vulnerable population; Provides advocacy, social support and resource referral.
Olivet Helping Hands Center	Clothing, food, and school supplies.
Out Youth Austin	Outreach and HIV Education, support groups.
Personal Connections HIV Services	Client advocacy, peer support counseling, wellness education, behavior modifications support groups, street outreach, case management, food/clothing banks, information referral services, confidential counseling and testing, volunteer services, and family support groups.

Project Transitions: Highland Terrace Transitional Housing	Apartment provided as part of an individualized program plan. Staff works with residents to identify barriers to independent living as part of transitional living program. Support provided in accessing vocational guidance and training, education, independent living skills training, counseling and relapse prevention support
Project Transitions: Top Drawer Thrift Shop	Open to the public for sale of donated merchandise. Vouchers provided for persons with HIV/AIDS to shop free of charge. Vouchers made available through area HIV/AIDS agencies.
Public Utility Commission of Texas: Lifeline Program	Assistance with monthly cost of telephone service.
Rites of Passage	Educational videos, seminars, and information on dealing with the emotional impact of AIDS, terminal illness, and death and dying; referrals to community resources.
Round Rock Area Serving Center	Food pantry & utility assistance.
Safe Place: Domestic Violence & Sexual Assault Survival Center	24-hour emergency shelters for survivors: single women over 18 and families.
Salvation Army	Emergency assistance for the needy; homeless assistance; emergency shelter, meal and hygiene services; mail and message services.
Salvation Army Hays County Service Unit	Food, shelter, clothing, furniture, utility, and rental assistance; Counseling services.
Samaritan Counseling Center Services: First United Methodist Church, Round Rock, Texas	Individual, group, and family counseling.
Samaritan Counseling Center Services: First United Methodist Church, San Marcos, Texas	Individual, group, and family counseling.
Samaritan Counseling Center Services: Greater Mt. Zion Baptist Church	Individual, group, and family counseling
Texas Department Of Human Services Medicaid	Medical assistance.
Texas Department Of Human Services/TANF	Financial assistance.
Texas HIV Connection	Provides trainings relating to HIV/AIDS and other communicable diseases.
Texas HIV SPAP (State Pharmaceutical Assistance Program): HIV Medication Program	Assists HIV positive people with out-of-pocket medical expenses.
The Caring Place	Emergency assistance, financial, food, and clothing assistance.
Williamson County Health District: Taylor Clinic Round Rock Clinic Cedar Park Clinic	HIV testing, counseling, and immunizations.
Women Rising Project	Provides advocacy, education, and support for women living with HIV/AIDS. Offers leadership opportunities.
Women's Advocacy Project, Inc.	Texas Advocacy Project provides free legal services to victims of domestic violence and sexual assault throughout the state of Texas.

Wonders and Worries, Inc.	Provides services for children and adolescents who have a parent or caregiver with a chronic or serious illness.
YMCA of Greater Austin	Counseling for women and girls with opportunities for life-long learning through workshops, groups, classes, community service,

CORE SERVICES DEFINED

Outpatient/ambulatory medical care includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties).

Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. **Note:** Early Intervention Services provided by Ryan White Part C and Part D programs should be reported under *Outpatient/ambulatory medical care*.

Local AIDS pharmaceutical assistance includes local pharmacy assistance programs implemented by Part A, B, and/or C grantees that provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds, Part B base award funds, and/or Part C grant funds. Local pharmacy assistance programs are **not** funded with ADAP earmark funding.

Oral health care includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

Early intervention services (Parts A and B) include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures. **Note:** EIS provided by Ryan White Part C and Part D Programs should NOT be reported under this service category. Part C and Part D EIS should be included under *Outpatient/ambulatory medical care*.

Health Insurance Premium & Cost Sharing Assistance is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, copayments, and deductibles.

Home health care includes the provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.

Home and community-based health services include skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are **NOT** included.

Hospice services include room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal clients.

Mental health services are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

Medical nutrition therapy is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.

Medical case management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

Substance abuse services - outpatient is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

SUPPORT SERVICES

Case management (non-medical) includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

Child care services are the provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups, or training. **Note:** This does not include child care while a client is at work.

Pediatric developmental assessment and early intervention services are the provision of professional early interventions by physicians, developmental psychologists, educators, and others in the psychosocial and intellectual development of infants and children. These services involve the assessment of an infant's or a child's developmental status and needs in relation to the involvement with the education system, including early assessment of educational intervention services. It includes comprehensive assessment of infants and children, taking into account the effects of chronic conditions associated with HIV, drug exposure, and other factors. Provision of information about access to Head Start services, appropriate educational settings for HIV-affected clients, and education/assistance to schools should also be reported in this category. **Note:** Only Part D programs are eligible to provide Pediatric developmental assessment and early intervention services.

Emergency financial assistance is the provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available. **Note:** Part A and Part B programs must allocate, track, and report these funds under specific service categories as described under 2.6 in DSS Program Policy Guidance No. 2 (formerly Policy No. 97-02).

Food bank/home-delivered meals include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. This includes vouchers to purchase food.

Health education/risk reduction is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.

Housing services are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.

Legal services are the provision of services to individuals with respect to powers of attorney, do not- resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White HIV/AIDS Program. It does **not** include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.

Linguistics services include the provision of interpretation and translation services.

Medical transportation services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

Outreach services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

Permanency planning is the provision of services to help clients or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.

Psychosocial support services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.

Referral for health care/supportive services is the act of directing a client to a service in person or through telephone, written, or other type of communication. **Note:** Referrals for health care/supportive services that were not part of ambulatory/outpatient or case management services this item. Referrals for health care/supportive services provided by outpatient/ambulatory medical care providers should be included under Item 33a, Outpatient/ambulatory medical care. Referrals for health care/supportive services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category, Item 33k Medical Case Management or Item 33m Case management (non-medical).

Rehabilitation services are services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.

Respite care is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.

Substance abuse services - residential is the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term). **Note:** Part C programs are not eligible to provide Substance abuse services - residential.

Treatment adherence counseling is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical settings.

AUSTIN TGA 2010 COMPREHENSIVE NEEDS ASSESSMENT

Thank you for taking the time to complete this assessment. Please feel free to ask the research assistant any questions that you may have. Your answers to these questions will help the local HIV planning council to plan services in the upcoming years.

This assessment is being conducted by Dr. Jemel Aguilar from the University of Texas School of Social Work.

DEMOGRAPHICS

Please indicate your current HIV status:

- | | |
|--|---|
| <input type="checkbox"/> AIDS diagnosed | <input type="checkbox"/> HIV positive, without symptoms |
| <input type="checkbox"/> HIV positive, with symptoms | <input type="checkbox"/> |

What is your gender?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgendered (M → F) |
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgendered (F → M) |

What do you consider your sexual orientation to be? (Please check only one. If you checked transgendered in the previous question, please answer this question based on your current gender.)

- ☐ Male, heterosexual (I am male and have sex with females only)
- ☐ Female, heterosexual (I am female and have sex with males only)
- ☐ Male, homosexual (I am male and have sex with males only)
- ☐ Female, homosexual (I am female and have sex with females only)
- ☐ Bisexual (I am male or female and sex with both males and females)

Where were you born? _____

If not born in the United States, in what year did you first come to the United States? _____

How would you describe your residency status in the United States?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Refugee or asylum status |
| <input type="checkbox"/> Have a visa | <input type="checkbox"/> Undocumented |
| Other
(specify): _____ | |

What do you consider your racial background? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> African-American/Black | <input type="checkbox"/> Caucasian/White |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native | |
| <input type="checkbox"/> Other (specify): _____ | |

What do you consider your ethnic background?

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Latino | <input type="checkbox"/> Not Hispanic or Latino |
|---------------------------------|---|

What is your age? _____

What was the last year of school that you completed? (check only one answer)

- | | |
|--|--|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> Some college |
| <input type="checkbox"/> 9 th -12 th grade | <input type="checkbox"/> College degree |
| <input type="checkbox"/> High School Graduate / G.E.D. | <input type="checkbox"/> Graduate degree |

- ☐ Vocational/ Technical school ☐ Associates degree
☐ Other
(specify):

Please indicate the number of dependent children in your household

Are you caring for the child or children by yourself? ☐ Yes ☐ No

Is anyone in your household other than you currently living with HIV?

☐ Yes ☐ No ☐ Don't Know

Which one of these describes your current work situation? (mark only one)

- ☐ Retired ☐ not working ☐ Seeking employment
☐ Current student ☐ working part-time ☐ working part-time on disability
☐ working full-time job ☐ On disability ☐ Other (specify):
job

LIVING SITUATION

What is the zip code where you live now?

How much do you spend each month on your rent or mortgage (your share only)?

- ☐ \$0 ☐ \$501 to \$800
☐ \$1 to \$200 ☐ Above \$801
☐ \$201 to \$300
☐ \$301 to \$400
☐ \$401 to \$500
☐ Other
(specify):

Did you have to move in the last 12 months because you could no longer pay your rent?

☐ Yes ☐ No

In the past 12 months, did you have trouble getting housing?

☐ Yes ☐ No

If yes, what caused the trouble? (Mark all that apply)

- ☐ Alcohol or drug use ☐ Criminal record
☐ Mental health condition ☐ Bad credit
☐ Immigration status ☐ Transportation
☐ Not enough money for security deposit ☐ Other:

What is your living arrangement now and what has it been in the past year? Please check the one best description of where you live now and all that apply to the past year.

Now Past 12
months

Now Past 12
months

- ☐ ☐ Rooming or boarding ☐ ☐ Skilled nursing facility

<input type="checkbox"/>	<input type="checkbox"/>	house	<input type="checkbox"/>	<input type="checkbox"/>	Homeless
<input type="checkbox"/>	<input type="checkbox"/>	Supportive living facility	<input type="checkbox"/>	<input type="checkbox"/>	Homeless shelter
<input type="checkbox"/>	<input type="checkbox"/>	Group home	<input type="checkbox"/>	<input type="checkbox"/>	Battered women's shelter
<input type="checkbox"/>	<input type="checkbox"/>	Halfway house	<input type="checkbox"/>	<input type="checkbox"/>	Battered men's shelter
<input type="checkbox"/>	<input type="checkbox"/>	Residential treatment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Apartment that I own	<input type="checkbox"/>	<input type="checkbox"/>	Jail or prison
<input type="checkbox"/>	<input type="checkbox"/>	Apartment that I rent	<input type="checkbox"/>	<input type="checkbox"/>	With relatives
<input type="checkbox"/>	<input type="checkbox"/>	House that I own	<input type="checkbox"/>	<input type="checkbox"/>	Someone else's apartment/house
<input type="checkbox"/>	<input type="checkbox"/>	House that I rent	<input type="checkbox"/>	<input type="checkbox"/>	Other:

Whom do you live with? (Mark all that apply.)

<input type="checkbox"/> I live alone	<input type="checkbox"/> Adult friend/roommate
<input type="checkbox"/> Partner/wife/husband	<input type="checkbox"/> Children (minor)
<input type="checkbox"/> Other adult family member or relative	<input type="checkbox"/> Other:

INCARCERATION HISTORY

Have you previously been in jail or prison? ☐ Yes ☐ No

If no, then skip to question #

Did jail/prison medical and nursing staff know you were HIV positive? ☐ Yes ☐ No

Did you receive HIV medical care in jail/prison? ☐ Yes ☐ No

When you were released from jail/prison, which of the following did you receive? (mark all that apply)

<input type="checkbox"/> information about finding housing	<input type="checkbox"/> A supply of HIV medication to take with you
<input type="checkbox"/> referral to HIV medical care	<input type="checkbox"/> I received nothing when I left jail/prison
<input type="checkbox"/> referral to HIV case management	<input type="checkbox"/> Other:

If you were provided with medication upon your release, then was the medication you were given enough to last until you could fill a new prescription? ☐ Yes ☐ No

Did any of the following stop you from getting HIV services after you were released? (check all that apply)

<input type="checkbox"/> No insurance	<input type="checkbox"/> You can't get away from drugs
<input type="checkbox"/> Financial reasons	<input type="checkbox"/> You're having trouble finding friends you can trust
<input type="checkbox"/> You don't know where to go	<input type="checkbox"/> You're afraid to tell anyone you're HIV positive

FINANCIAL INFORMATION

Which of the following best describes your current yearly income? (mark only one)

<input type="checkbox"/> Less than \$5,000	<input type="checkbox"/> 10,001 - \$20,000	<input type="checkbox"/> 30,001 - \$50,000
--	--	--

<input type="checkbox"/> 5,001 - \$10,000	<input type="checkbox"/> 20,001 - \$30,000	<input type="checkbox"/> 50,001 +
---	--	-----------------------------------

Directions: How would you spend \$100 across the services listed below? Write in the number of dollars you would spend on each service; be sure that the numbers add up to \$100. THE MORE MONEY YOU SPEND ON THE SERVICE, THE MORE IMPORTANT THAT SERVICE IS TO YOU (i.e. \$100= most important service, \$0 equals least important service). Please use all of the money that you have. You do not have to create every service.

Medical Care <i>(including doctors, nurses, physical therapy, etc.)</i>	\$
Antiretroviral medications <i>(including protease inhibitors)</i>	\$
Medications other than antiretroviral	\$
Dental Care	\$
Home health care <i>(provided where you live, home nursing or infusion care, rehabilitation care, medical equipment, skilled nursing facility, paid helper to assist with bathing, feeding, or shaving)</i>	\$
Hospice Care <i>(including care in your home or at a facility when you have late stage HIV)</i>	\$
Case Management <i>(help you get referrals to services you need, help filling out forms, help finding out more about what services you are able to get because you have HIV)</i>	\$
Mental health services with trained counselor <i>(professional or specially training individuals to help you talk about your feelings one on one or in a group setting)</i>	\$
Drug or alcohol counseling or treatment <i>(treatment in a hospital, in a program run by the hospital, or in a substance abuse day program)</i>	\$
Support Services <i>(adoption/foster care, legal help, child care, food bank or home delivered meals, emergency help paying for groceries, utilities, or rent, transportation assistance, peer counseling, volunteer who helps you with shopping or cooking, support groups without a counselor there, adult day program, help finding a place to live that I can afford, and translator/interpreter services)</i>	\$
Total	\$ 100

Directions: How would you spend \$10 across the services listed below? Write in the number of dollars you would spend on each service; be sure that the numbers adds up to \$10. THE MORE MONEY YOU SPEND ON THE SERVICE, THE MORE IMPORTANT THAT SERVICE IS TO YOU (i.e. \$10= most important service, \$0 equals least important service). Please use all of the money that you have. You do not have to create every service.

Adoption/foster care	\$
Volunteer who helps with shopping or cooking or cleaning	\$
One on one peer counseling, support groups	\$
Adult days programs or childcare	\$
Help paying for groceries, gas or electric bills, or rent	\$
Housing assistance	\$
Transportation assistance	\$
Translator/ Interpreter	\$
Home delivered meals/food banks	\$
Legal Services	\$
Total	\$ 10

HEALTHCARE

Typically, how are your medical bills paid?

- | | |
|---|--|
| <input type="checkbox"/> Ryan White CARE Act | <input type="checkbox"/> Emergency funds from local agencies |
| <input type="checkbox"/> SPAP | <input type="checkbox"/> County Medical Services |
| <input type="checkbox"/> Medicare Part B | <input type="checkbox"/> Private pay by self or family |
| <input type="checkbox"/> Medicare Part D | <input type="checkbox"/> Do not have medical bills |
| <input type="checkbox"/> Private health insurance (individual or group) | <input type="checkbox"/> Indian Health Service |
| <input type="checkbox"/> Tri-Care, or other military | <input type="checkbox"/> Not able to pay medical bills |
| <input type="checkbox"/> Other (Specify): | <input type="checkbox"/> Medicaid |

Do you leave your home town to get HIV/AIDS services? For example, if you live in Bastrop County, do you go to a different county (i.e., ☐ Yes ☐ No Travis) for services?

If you leave your home town to get HIV/AIDS services, please tell us why.
(Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> I think care is better <i>elsewhere</i> | <input type="checkbox"/> It is easier to get services in a different county |
| <input type="checkbox"/> I am more comfortable in a different <i>county</i> | <input type="checkbox"/> For confidentiality — no one knows me |
| <input type="checkbox"/> The services I need are not available in my own <i>city or county</i> | |
| <input type="checkbox"/> Other (specify): | |

Which services do you get outside of your home town? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Primary HIV medical care | <input type="checkbox"/> Primary medical care |
| <input type="checkbox"/> HIV specialist | <input type="checkbox"/> Mental health care |
| <input type="checkbox"/> Child day and/or respite care | <input type="checkbox"/> Dentists who treat people with HIV/AIDS |
| <input type="checkbox"/> Food (groceries or meals) | <input type="checkbox"/> Transportation (bus, van, taxi) |
| <input type="checkbox"/> Adult day and/or respite care | <input type="checkbox"/> HIV-related spiritual support |
| <input type="checkbox"/> Treatment for drug or alcohol problems | <input type="checkbox"/> Case management |
| <input type="checkbox"/> Other (specify): | |

If you are a woman, are you currently pregnant

- ☐ Yes ☐ No

If yes, Are you currently receiving medication to prevention transmission of HIV to your baby?

- ☐ Yes ☐ No ☐ Don't know

If yes, Are you receiving OB/GYN care?

☐ Yes ☐ No

If you are **not** receiving OB/GYN care, please tell us why not. (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> I did not know how to get the service | <input type="checkbox"/> I did not know the service was available |
| <input type="checkbox"/> I was not eligible | <input type="checkbox"/> I couldn't afford the co-pay/fee |
| <input type="checkbox"/> I did not need the service | <input type="checkbox"/> I did not want the service |
| <input type="checkbox"/> I only use alternative medical treatments | <input type="checkbox"/> I only go when I am sick |
| <input type="checkbox"/> I was not getting good care | <input type="checkbox"/> I did not like the way I was treated by staff |
| <input type="checkbox"/> I did not trust the doctor/staff | <input type="checkbox"/> The clinic's office hours do not fit my schedule |
| <input type="checkbox"/> The waiting list was too long | <input type="checkbox"/> The clinic never saw me on time |
| <input type="checkbox"/> I had no way to get there | <input type="checkbox"/> It was too hard to apply for |
| <input type="checkbox"/> I don't want anyone to know that I am HIV positive | <input type="checkbox"/> It was too hard to get an appointment |
| <input type="checkbox"/> Other (specify): | |

Has your doctor said that you need some form of specialty care? ☐ Yes ☐ No

If you are **not** receiving specialty care, please tell us why not. (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> I did not know how to get the service | <input type="checkbox"/> I did not know the service was available |
| <input type="checkbox"/> I was not eligible | <input type="checkbox"/> I couldn't afford the co-pay/fee |
| <input type="checkbox"/> I did not need the service | <input type="checkbox"/> I did not want the service |
| <input type="checkbox"/> I only go when I am sick | <input type="checkbox"/> I only use non-traditional medical treatment |
| <input type="checkbox"/> I did not trust the doctor/staff | <input type="checkbox"/> I was not getting good care |
| <input type="checkbox"/> I had no way to get there | <input type="checkbox"/> I did not like the way I was treated by staff |
| <input type="checkbox"/> It was too hard to apply for | <input type="checkbox"/> The office hours did not fit my schedule |
| <input type="checkbox"/> It was too hard to get an appointment | <input type="checkbox"/> The waiting list was too long |
| <input type="checkbox"/> They never saw me on time | <input type="checkbox"/> I don't want anyone to know that I am HIV positive |
| <input type="checkbox"/> Other (specify): | |

In the last 12 months:

- | | | |
|---|------------------------------|-----------------------------|
| has someone reminded you of your appointments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| has someone reminded you to take your medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| has an outreach or field worker helped you to access or become aware of any services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| have you received case management services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| did someone provide you with short-term help for a single problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

have you received free groceries or pre-cooked meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
has someone talked to you about eating right or how to make healthy meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a regular caregiver at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Which of the following benefits do you receive? *(Circle all that apply)*

<input type="checkbox"/> Food stamps	<input type="checkbox"/> Veteran's benefits (VA)
<input type="checkbox"/> Short-term disability	<input type="checkbox"/> Worker's compensation
<input type="checkbox"/> State disability insurance (SDI)	<input type="checkbox"/> Long term disability
<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Home healthcare
<input type="checkbox"/> Annuity/Life insurance payments	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Retirement income	<input type="checkbox"/> Social Security Disability Insurance (SSDI)
<input type="checkbox"/> Subsidized housing (HOPWA, Section 8)	<input type="checkbox"/> CHAMPUS (nonmilitary VA Assistance)
<input type="checkbox"/> Rent supplement	<input type="checkbox"/> General Assistance (GA)
<input type="checkbox"/> Emergency Financial Assistance	<input type="checkbox"/> WIC
<input type="checkbox"/> TANF	<input type="checkbox"/> Other

(Specify):

In general, would you say that today your physical health is...

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
------------------------------------	-------------------------------	-------------------------------	-------------------------------

How would you rate your physical health now as compared to when you first sought treatment for your HIV infection?

<input type="checkbox"/> Much better	<input type="checkbox"/> A little better	<input type="checkbox"/> About the same	<input type="checkbox"/> A little worse	<input type="checkbox"/> Worse
--------------------------------------	--	---	---	--------------------------------

Has there ever been a period of time of more than a year (12 months) when you didn't see a doctor or go to a clinic? ☐ Yes ☐ No

Has there ever been a period of time of more than six months when you didn't see a doctor or go to a clinic? ☐ Yes ☐ No

What happened to make you seek medical care after not seeing a doctor or clinic professional for more than six months? *(check all that apply)*

<input type="checkbox"/> I got sicker	<input type="checkbox"/> There were different drugs or treatments available
<input type="checkbox"/> Change in my insurance status	<input type="checkbox"/> There was a change in my doctor's or clinic's attitudes
<input type="checkbox"/> Change in my income	<input type="checkbox"/> I had stable housing
<input type="checkbox"/> Heard about new doctor / clinic	
<input type="checkbox"/> Other	

(specify):

Have you had any of the following problems while trying to get needed services? (Mark all)

that apply)

- | | |
|---|---|
| <input type="checkbox"/> Needed weekend appointment | <input type="checkbox"/> Had to wait too long for service |
| <input type="checkbox"/> Needed evening appointment | <input type="checkbox"/> Too busy taking care of partner |
| <input type="checkbox"/> Too busy taking care of child | <input type="checkbox"/> Application process too complicated |
| <input type="checkbox"/> Didn't know where to apply | <input type="checkbox"/> I don't want people to know I have HIV |
| <input type="checkbox"/> Drug or alcohol addiction | <input type="checkbox"/> Didn't know who to apply |
| <input type="checkbox"/> Service sites located too far away | <input type="checkbox"/> Cost of service is too high |
| <input type="checkbox"/> On waiting list | <input type="checkbox"/> Turned down/ not eligible |
| <input type="checkbox"/> Other
(specify): | |

HIV AND TREATMENT

How do you believe you became infected with HIV? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Sex with a man | <input type="checkbox"/> Sex with a woman |
| <input type="checkbox"/> Sex with an injection drug user | <input type="checkbox"/> Blood transfusion |
| <input type="checkbox"/> Mother with HIV/AIDS | <input type="checkbox"/> Sharing drug needles |
| <input type="checkbox"/> Not sure | |
| <input type="checkbox"/> Other
(specify): | |

Regarding your HIV status: (please specify month and year)

When did you first test positive for HIV? _____

When did you first receive medical care for your HIV infection? _____

When did you first receive HIV services other than medical care? _____

Who first helped you get into services after you found out you had HIV?

- | | |
|--|---|
| <input type="checkbox"/> Family member | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Doctor/medical provider | <input type="checkbox"/> Person who gave me my test results |
| <input type="checkbox"/> Nobody | <input type="checkbox"/> Partner/Spouse |
| <input type="checkbox"/> Other
(specify): | |

Are you currently (past 30 days) taking HIV medications?

- | | |
|---|--|
| <input type="checkbox"/> No, I do not see a doctor | <input type="checkbox"/> No, I am prescribed medication, but can not afford it |
| <input type="checkbox"/> No, I am not prescribed medication | <input type="checkbox"/> Yes |

If yes, then how do you pay for your antiretroviral medications? (Check all that apply)

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Ryan White |
|-----------------------------------|-------------------------------------|

- | | |
|---|--|
| <input type="checkbox"/> Patient Assistance | <input type="checkbox"/> I pay the entire cost |
| <input type="checkbox"/> Private insurance | <input type="checkbox"/> |

If you have gotten HIV medical care at some point, what made you decide to get it?

- | | |
|---|---|
| <input type="checkbox"/> Started care right after I tested positive | <input type="checkbox"/> Got sick or started having symptoms of HIV |
| <input type="checkbox"/> Was afraid of getting sick | <input type="checkbox"/> Accepted my test results |
| <input type="checkbox"/> Got counseling or support | <input type="checkbox"/> Got the information I needed |
| <input type="checkbox"/> Got help from a case manager | <input type="checkbox"/> Got housing |
| <input type="checkbox"/> My alcohol or drug problem | <input type="checkbox"/> Life became more stable |
| <input type="checkbox"/> Other (Specify): | |

People stop taking medications for many reasons. In the past 6 months, have you stopped taking your HIV medications for any of these reasons? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Never stopped | <input type="checkbox"/> They made me sick |
| <input type="checkbox"/> I forgot | <input type="checkbox"/> I couldn't afford them |
| <input type="checkbox"/> My provider did not give them to me | <input type="checkbox"/> Never refilled prescription |
| <input type="checkbox"/> The doctor or nurse told me to | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> No medication in the last 6 months | <input type="checkbox"/> |
| <input type="checkbox"/> Other (Specify): | |

If you stopped seeing the doctor at any point in the last year, for what reasons did you stop?

- | | |
|--|---|
| <input type="checkbox"/> Felt healthy | <input type="checkbox"/> Not ready to deal with having HIV |
| <input type="checkbox"/> Didn't think I'm eligible for services | <input type="checkbox"/> Undocumented |
| <input type="checkbox"/> Afraid people will find out I am HIV positive | <input type="checkbox"/> Didn't think medical care will help me |
| <input type="checkbox"/> Need someone to talk to who understands HIV | <input type="checkbox"/> Didn't trust doctors or clinics |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Not enough money or insurance |
| <input type="checkbox"/> Transportation or service location | <input type="checkbox"/> My children, family or childcare need |
| <input type="checkbox"/> Side effects of medications | <input type="checkbox"/> My disability |
| <input type="checkbox"/> My mental health problems | <input type="checkbox"/> |
| <input type="checkbox"/> Didn't know where to find the service | <input type="checkbox"/> Using drugs or alcohol |
| <input type="checkbox"/> Other (Specify): | |

Thinking about the last time you left services for six months or more, what were the reasons?

- | | |
|---|--|
| <input type="checkbox"/> You didn't believe that you needed medical care, because you were not sick | <input type="checkbox"/> You didn't believe that medical care was doing you any good |
| <input type="checkbox"/> You didn't like the way you were treated by the doctor or the nurse | <input type="checkbox"/> You didn't want to take medication |
| <input type="checkbox"/> It was hard for you to keep appointments | <input type="checkbox"/> You used alternative therapies instead |

<input type="checkbox"/> You were actively using alcohol or drugs or relapsed	<input type="checkbox"/> It was too hard to get there
<input type="checkbox"/> Financial reasons	<input type="checkbox"/> They were not open when you could get there (convenient hours)
<input type="checkbox"/> You were worried that someone might find out about your HIV status if you went there	<input type="checkbox"/> You didn't know what to do with your kids when you go there
<input type="checkbox"/> You had to take care of other people	<input type="checkbox"/> The people at the agency didn't speak the same language you do
<input type="checkbox"/> Other (Specify):	

Which of the following services have you used in the previous 12 months?

<input type="checkbox"/> HIV/AIDS medications	<input type="checkbox"/> Primary HIV medical care	<input type="checkbox"/> Transportation
<input type="checkbox"/> Case management	<input type="checkbox"/> Counseling/ therapy	<input type="checkbox"/> Housing/shelter
<input type="checkbox"/> Dental care	<input type="checkbox"/> Psychiatric medication	<input type="checkbox"/> Drop-in space
<input type="checkbox"/> Non-HIV medical specialist	<input type="checkbox"/> Home delivered meals	<input type="checkbox"/> Home health care
<input type="checkbox"/> Information and referral to services	<input type="checkbox"/> Legal services	<input type="checkbox"/> Childcare
<input type="checkbox"/> Drug or alcohol treatment	<input type="checkbox"/> Utility assistance	<input type="checkbox"/> Representative payee
<input type="checkbox"/> Other (specify):		

Which of the following services do you NEED by DON'T get?

<input type="checkbox"/> HIV/AIDS medications	<input type="checkbox"/> Primary HIV medical care	<input type="checkbox"/> Transportation
<input type="checkbox"/> Case management	<input type="checkbox"/> Counseling/ therapy	<input type="checkbox"/> Housing/shelter
<input type="checkbox"/> Dental care	<input type="checkbox"/> Psychiatric medication	<input type="checkbox"/> Drop-in space
<input type="checkbox"/> Non-HIV medical specialist	<input type="checkbox"/> Home delivered meals	<input type="checkbox"/> Home health care
<input type="checkbox"/> Information and referrals	<input type="checkbox"/> Legal services	<input type="checkbox"/> Childcare
<input type="checkbox"/> Drug or alcohol treatment	<input type="checkbox"/> Utility assistance	<input type="checkbox"/> Representative payee
<input type="checkbox"/> Other (specify):		

Where do you receive your medical care? (Mark all that apply)

<input type="checkbox"/> Hospital/Hospital Clinic	<input type="checkbox"/> Emergency Room (ER)
<input type="checkbox"/> HIV specialty clinic	<input type="checkbox"/> Private Physician's Office/Clinic
<input type="checkbox"/> Public Health or Community Clinic	<input type="checkbox"/> VA Hospital/Clinic
<input type="checkbox"/> Other	

(specify):

Do any of the following currently keep you from getting needed HIV medical care?

- | | |
|---|--|
| <input type="checkbox"/> Agencies' house of operation | <input type="checkbox"/> No way to pay for it |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Everybody else's needs come first |
| <input type="checkbox"/> You don't know where to go | <input type="checkbox"/> Your partner does not know you are HIV+ |
| <input type="checkbox"/> Someone may realize you are HIV positive | <input type="checkbox"/> Your partner may hurt you |
| <input type="checkbox"/> Services are not in your language | <input type="checkbox"/> People don't understand you culture |
| <input type="checkbox"/> You don't feel welcome | <input type="checkbox"/> Brochures are not in your language |
| <input type="checkbox"/> Fear of being deported | <input type="checkbox"/> |
| <input type="checkbox"/> Other | |

(specify):

Are you taking any of the following medications? (Mark all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Not taking medications | <input type="checkbox"/> Protease inhibitors | <input type="checkbox"/> Antiretroviral |
| <input type="checkbox"/> Antifungal | <input type="checkbox"/> Steroids | <input type="checkbox"/> Antibiotics |
| <input type="checkbox"/> Herbal treatments | <input type="checkbox"/> Nutritional Supplements | <input type="checkbox"/> Antidepressants |
| <input type="checkbox"/> Other | | |

(specify):

How often do you miss a dose of your prescribed HIV medication?

- ☐ Never ☐ Rarely ☐ Sometimes ☐ Often

If and when you do miss a dose of your prescribed HIV medication, which of the following are the reasons for not taking your medication? (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Side effects | <input type="checkbox"/> Difficult schedule | <input type="checkbox"/> Medication didn't work |
| <input type="checkbox"/> Could not afford it | <input type="checkbox"/> Don't want to take them | <input type="checkbox"/> There were too many pills to take |
| <input type="checkbox"/> I started feeling better | <input type="checkbox"/> Forgot | <input type="checkbox"/> Don't understand how to take it. |
| <input type="checkbox"/> Other (specify): | | |

In the past 12 months, how many medical appointments have you missed because of your transportation?

☐ None ☐ 1-5 ☐

6+

Do you have someone to help you if you become sick enough to need 24 hour health care?

☐ Yes ☐ No

In the past 12 months, how many times did you stay in the hospital because of HIV/AIDS?

Where else do you get information about HIV services? (Check all that apply.)

- ☐ Friends ☐ Family/spouse/partner ☐ Outreach workers

<input type="checkbox"/> Case manager	<input type="checkbox"/> Primary doctor	<input type="checkbox"/> Church/minister
<input type="checkbox"/> Flyer/Advertisements	<input type="checkbox"/> Health fairs	
<input type="checkbox"/> Other		
(specify):		

Do you need dental care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the past 12 months, have you received dental care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have **not** received dental care in the past 12 months, please tell us why not. (Check all that apply.)

<input type="checkbox"/> I did not know how to get the service	<input type="checkbox"/> I only use non-traditional medical treatment
<input type="checkbox"/> I did not know the service was available	<input type="checkbox"/> I only go when I am sick
<input type="checkbox"/> I was not eligible	<input type="checkbox"/> I was not getting good care
<input type="checkbox"/> I couldn't afford the co-pay/fee	<input type="checkbox"/> I did not like the way I was treated by staff
<input type="checkbox"/> I did not need the service	<input type="checkbox"/> I did not trust the doctor/staff
<input type="checkbox"/> I did not want the service	<input type="checkbox"/> The office hours did not fit my schedule
<input type="checkbox"/> The waiting list to get an appointment was too long	<input type="checkbox"/> When I had an appointment, they never saw me on time
<input type="checkbox"/> I had no way to get there	<input type="checkbox"/> It was too hard to apply for
<input type="checkbox"/> It was too hard to get an appointment	<input type="checkbox"/> I don't want anyone to know that I am HIV positive
<input type="checkbox"/> Other (specify):	

MENTAL HEALTH

How much of the time, during the last month, have you...	not at all	somewhat	A lot	a great deal
...been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...felt downhearted and sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...felt so sad that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In general, would you say that today your emotional health is ...				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	

In the past 12 months, have you been to a support group or talked member of the clergy about HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the past 12 months, have you received individual or group therapy or treatment from a psychiatrist, social worker, or psychologist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In the past 12 months, have you received any medication for a problem such as depression, anxiety, schizophrenia, or bipolar disease? ☐ Yes ☐ No

Since you were infected with HIV, have you received mental health counseling or treatments? ☐ Yes ☐ No

Have you ever received any of the following mental health counseling or treatments related to your HIV infection? (mark all that apply)

☐ Inpatient treatment ☐ Group counseling/ therapy
☐ Individual counseling/ therapy ☐ Medication for psychological or behavioral problems
 Other: _____

ALCOHOL AND DRUG USE

Have you used any of the following drugs? (Please check all that apply.)

☐ Speedball ☐ Alcohol ☐ Cocaine ☐ Ecstasy
☐ Crack ☐ GHB ☐ Heroin ☐ Oxycontin
☐ Marijuana ☐ Poppers ☐ Meth Other: _____

During the past year, how often have you used any of the following substances?

	<i>Not used in the last year</i>	<i>Used in the past 6 months</i>	<i>Used less than once a month</i>	<i>Used at least once a month</i>	<i>Used once a week or more)</i>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack / Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crystal Meth or Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speedball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHB (Gamma Hydroxybutyrate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (X)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pills not prescribed by my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other substances (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently or have you ever been an IV drug user?

☐ Not a user ☐ Current User ☐ Past User

If yes, what substances do/did you inject? (mark all that apply)

☐ Cocaine ☐ Oxycontin
☐ Speed ☐ Demerol
☐ Heroin ☐ Dilaudid
☐ Crystal Meth
☐ Other: _____

If you have injected substances, how many times have you shared needles with someone in the past 12 months?

☐ Never ☐ Once in a while ☐ Half the time ☐ Often ☐ Always

If you have injected substances, did you clean the syringe before sharing it? ☐ Yes ☐ No

What do you use to clean syringes? *Circle one*

☐ Bleach ☐ Anything available
☐ Alcohol ☐ Water

Have you used drugs other than those required for medical reasons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you abused prescription drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you abuse more than one drug at a time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you get through the week without using drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you always able to stop using drugs when you want to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had "blackouts" or "flashbacks" as a result of drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you ever feel bad or guilty about your drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your spouse/partner (or parents) ever complain about your involvement with drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has drug abuse created problems between you and your spouse/partner or your parents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you lost friends because of your use of drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you neglected your family because of your use of drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been in trouble at work because of your use of drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you lost a job because of drug abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you gotten into fights when under the influence of drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you engaged in illegal activities in order to obtain drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been arrested for possession of illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, conclusions, bleeding, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you gone to anyone for help for a drug problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been involved in a treatment program especially related to drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Did you use any of the following substances before having unprotected sex in the last 6 months? (*check all that apply*)

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Poppers
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Methamphetamine (meth, crystal)
<input type="checkbox"/> Cocaine/crack	<input type="checkbox"/> Heroin
<input type="checkbox"/> Ecstasy	<input type="checkbox"/> Prescription drugs for recreational use
<input type="checkbox"/> Other club drugs (GHB, special K)	<input type="checkbox"/> Prescription drugs for sexual performance
<input type="checkbox"/> Medication to enhance alcohol's	<input type="checkbox"/> Other substance

effects

If you had unprotected sex after using alcohol or drugs in the last 6 months, what were the reasons you drank or used drugs beforehand?

- | | |
|---|---|
| <input type="checkbox"/> Have trouble meeting people when sober | <input type="checkbox"/> No reason, didn't intend to have sex |
| <input type="checkbox"/> Partner wanted to | <input type="checkbox"/> Out at a bar/club |
| <input type="checkbox"/> Partying with friends | <input type="checkbox"/> Remove sexual inhibitions |
| <input type="checkbox"/> Sex feels better after using | <input type="checkbox"/> Other reason: |

PERSONAL RELATIONSHIPS

	<i>Very strongl y disagr ee</i>	<i>Strongl y disagre e</i>	<i>Mildly disagr ee</i>	<i>Neutr al</i>	<i>Mildl y agre e</i>	<i>Strong ly agree</i>	<i>Very strongl y agree</i>
There is a special person who is around when I am in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a special person with whom I can share joys and sorrows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family really tries to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get the emotional help and support I need from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a special person who is a real source of comfort to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends really try to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Very strongl y disagr ee</i>	<i>Strongl y disagre e</i>	<i>Mildly disagr ee</i>	<i>Neutr al</i>	<i>Mildl y agre e</i>	<i>Strong ly agree</i>	<i>Very strongl y agree</i>
I can count on my friends when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can talk about my problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have friends with whom I can share my joys and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

sorrows.

There is a special person in my life who cares about my feelings.

☐ ☐ ☐ ☐ ☐ ☐ ☐

My family is willing to help me make decisions.

☐ ☐ ☐ ☐ ☐ ☐ ☐

I can talk about my problems with my friends.

☐ ☐ ☐ ☐ ☐ ☐ ☐

Item	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
In many areas of my life, no one knows that I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel guilty because I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People's attitudes about HIV make me feel worse about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telling someone I have HIV is risky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with HIV lose their jobs when their employers find out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work hard to keep my HIV a secret.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I am not as good a person as others because I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I never feel ashamed of having HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with HIV are treated like outcasts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people believe that a person who has HIV is dirty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easier to avoid new friendships that worry about telling someone that I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having HIV makes me feel unclean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since learning I have HIV, I feel set apart and isolated from the rest of the world.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people think that a person with HIV is disgusting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have HIV makes me feel that I'm a bad person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people with HIV are rejected when others find out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very careful who I tell that I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some people who know I have HIV have grown more distant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people are uncomfortable around someone with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since learning I have HIV, I worry about people discriminating against me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>

I never feel the need to hide the fact that I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry that people may judge me when they learn I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having HIV in my body is disgusting to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been hurt by how people reacted to learning I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry that people who know I have HIV will tell others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I regret having told some people that I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a rule, telling others that I have HIV has been a mistake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some people avoid touching me once they know I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People I care about stopped calling after learning I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People have told me that getting HIV is what I deserve for how I lived my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some people close to me are afraid others will reject them if becomes known that I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People don't want me around their children once they know I have HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People have physically backed away from me when they learn I have HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some people act as though it's my fault I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have stopped socializing with some people because of their reactions to my having HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have lost friends by telling them I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have told people close to me to keep the fact that I have HIV a secret.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who know I have HIV tend to ignore my good points.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People seem afraid of me once they learn I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When people learn you have HIV, they look for flaws in your character.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many sex partners have you had in the past 6 months? _____				
If yes, were any of your sex partners in the last 6 months: <i>(check all that apply)</i> :				
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Anonymous	<input type="checkbox"/> status unknown	<input type="checkbox"/> Injection drug users	<input type="checkbox"/> HIV+

Where did you usually meet your sex partners in the last 6 months? (check all that apply)

Bar/Clubs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Coffee shops	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Bathhouse	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Online/Internet	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Beach	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Social parties	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other's home	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Sex parties	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Through friends	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Phone chat lines	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Work	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Parks	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other: _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	No new sex partners	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Have you had sex in any of the following locations in the last 6 months? (check all that apply)

Bar	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Bookstore	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Bathhouse	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Gym	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Beach	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	My home	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Other's home	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Park	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					

Have you had sex to get any of the following in the last 6 months? (check all that apply)

Drugs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Place to stay	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Food	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Protection from someone	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Money	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					

Have you paid for sex in the last 6 months?

☐ Yes ☐ No

In the last 6 months, did you ask your sex partners if they are HIV positive?

Always Sometimes Never

☐ ☐ ☐

In the last 6 months, did you ask your sex partners if they have an STD?

☐ ☐ ☐

In the last 6 months, did you tell your new sex partners that you are HIV positive?

☐ ☐ ☐

In the last 6 months, did you use condoms when having sex with HIV-negative persons?

☐ ☐ ☐

In the last 6 months, did you tell your new sex partners that you have an STD?

☐ ☐ ☐

In the last 6 months, did you use condoms when having sex with persons who did not know if they were HIV positive or had an STD?

☐ ☐ ☐

In the past 12 months, have you experienced any of the following conditions or infections:

Syphilis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	TB (tuberculosis)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Gonorrhea	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Heart Disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hepatitis A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	High Blood Pressure	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Hepatitis B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis C	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Have you had sex without condoms since being diagnosed HIV positive?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, the how often? (Circle one)		<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes
		<input type="checkbox"/> Never	
If yes, then which of the following fits with your ideas about condomless sex?	<input type="checkbox"/>	Feels good – better than when using condom	
	<input type="checkbox"/>	Partner won't let me use protection	
	<input type="checkbox"/>	Don't feel that I'm at risk	
	<input type="checkbox"/>	Don't have time to use protection	
	<input type="checkbox"/>	Other:	

Do you ever go online to find sex partners?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, then which sites to you use?			
<input type="checkbox"/> Manhunt	<input type="checkbox"/> Adam4Adam	<input type="checkbox"/> Mypartner.com	<input type="checkbox"/> Match.com
<input type="checkbox"/> Gay.com	<input type="checkbox"/> Craigslist.com	<input type="checkbox"/> Connexion.org	
What other sites do you use?			

Have you ever been the victim of sexual assault?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel safe in your relationship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your partner ever threatened you or your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your partner ever physically hurt you or children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you were hurt, would your friends or family know?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would your friends or family be able to help you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a safe place to go in an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

THANK YOU FOR YOUR TIME! THIS COMPLETES THE SURVEY.

AUSTIN TGA 2010
EVALUACIÓN COMPLETA DE LAS NECESIDADES

Gracias por tomar el tiempo de completar esta evaluación. Porfavor siéntete libre de hacerle preguntas al asistente de investigación. Tus respuestas ayudarán el comité de planificación de VIH local a planificar servicios en los siguientes años.

Esta evaluación es conducida por el Dr. Jemel Aguilar de la Universidad de Texas, Facultad de Trabajo Social.

DATOS DEMOGRÁFICOS

<p>1. Por favor indique su actual estado de VIH:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Viviendo con SIDA</td> <td><input type="checkbox"/> VIH positivo, sin síntomas</td> </tr> <tr> <td><input type="checkbox"/> VIH positivo, con síntomas</td> <td><input type="checkbox"/></td> </tr> </table>			<input type="checkbox"/> Viviendo con SIDA	<input type="checkbox"/> VIH positivo, sin síntomas	<input type="checkbox"/> VIH positivo, con síntomas	<input type="checkbox"/>
<input type="checkbox"/> Viviendo con SIDA	<input type="checkbox"/> VIH positivo, sin síntomas					
<input type="checkbox"/> VIH positivo, con síntomas	<input type="checkbox"/>					

<p>2. ¿Cuál es su sexo?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Masculino</td> <td><input type="checkbox"/> Femenino</td> </tr> <tr> <td><input type="checkbox"/> Trans-sexual (M→F)</td> <td><input type="checkbox"/> Trans-sexual (F → M)</td> </tr> </table>		<input type="checkbox"/> Masculino	<input type="checkbox"/> Femenino	<input type="checkbox"/> Trans-sexual (M→F)	<input type="checkbox"/> Trans-sexual (F → M)
<input type="checkbox"/> Masculino	<input type="checkbox"/> Femenino				
<input type="checkbox"/> Trans-sexual (M→F)	<input type="checkbox"/> Trans-sexual (F → M)				

3. ¿Cuál consideras que sea tu orientación sexual? *(Por favor cheque solo una . Si contestaste trans-sexual a la pregunta anterior, por favor contesta las siguientes preguntas basadas en el sexo con el que tú te identificas?)*

☐ Masculino, heterosexual *(Soy hombre y tengo sexo con mujeres solamente)*
☐ Mujer, heterosexual *(Soy mujer, y tengo sexo con hombres solamente)*
☐ Hombre, homosexual *(Soy hombre y tengo sexo con hombres solamente)*
☐ Mujer , homosexual *(Soy mujer y tengo sexo con mujeres solamente)*
☐ Bisexual *(Soy hombre o soy mujer y tengo sexo con ambos, mujeres y hombres)*

<p>4. ¿Dónde naciste? _____</p>										
<p>5. ¿Si no naciste en los Estados Unidos, En que año fue que ingresaste por primera vez a los Estados Unidos? _____</p>										
<p>6. Como describes tu estado de residencia en los Estados Unidos?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Ciudadano</td> <td><input type="checkbox"/> Estatus de Refugiado o Asilado</td> </tr> <tr> <td><input type="checkbox"/> Tienes Visa</td> <td><input type="checkbox"/> Indocumentado</td> </tr> <tr> <td><input type="checkbox"/> Otros</td> <td></td> </tr> </table> <p>(especifique): _____</p>		<input type="checkbox"/> Ciudadano	<input type="checkbox"/> Estatus de Refugiado o Asilado	<input type="checkbox"/> Tienes Visa	<input type="checkbox"/> Indocumentado	<input type="checkbox"/> Otros				
<input type="checkbox"/> Ciudadano	<input type="checkbox"/> Estatus de Refugiado o Asilado									
<input type="checkbox"/> Tienes Visa	<input type="checkbox"/> Indocumentado									
<input type="checkbox"/> Otros										
<p>7. ¿ Qué consideras tu etnicidad?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Latino o Hispano</td> <td><input type="checkbox"/> No Latino o Hispano</td> </tr> </table>		<input type="checkbox"/> Latino o Hispano	<input type="checkbox"/> No Latino o Hispano							
<input type="checkbox"/> Latino o Hispano	<input type="checkbox"/> No Latino o Hispano									
<p>8. ¿Cuál consideras tu raza? (Selecciona todos los que apliquen)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Afro-Americano/Negro</td> <td><input type="checkbox"/> Caucásico/ Blanco</td> </tr> <tr> <td><input type="checkbox"/> Asiático-Americano</td> <td><input type="checkbox"/> Nativo de Hawai/ Islas del Pacífico</td> </tr> <tr> <td><input type="checkbox"/> Indio Americano /Nativo de Alaska</td> <td><input type="checkbox"/> Otras (especifique)</td> </tr> </table>		<input type="checkbox"/> Afro-Americano/Negro	<input type="checkbox"/> Caucásico/ Blanco	<input type="checkbox"/> Asiático-Americano	<input type="checkbox"/> Nativo de Hawai/ Islas del Pacífico	<input type="checkbox"/> Indio Americano /Nativo de Alaska	<input type="checkbox"/> Otras (especifique)			
<input type="checkbox"/> Afro-Americano/Negro	<input type="checkbox"/> Caucásico/ Blanco									
<input type="checkbox"/> Asiático-Americano	<input type="checkbox"/> Nativo de Hawai/ Islas del Pacífico									
<input type="checkbox"/> Indio Americano /Nativo de Alaska	<input type="checkbox"/> Otras (especifique)									
<p>9. ¿Qué edad tienes? _____</p>										
<p>10. ¿Cuál fue el último año de la escuela que cursaste? (cheque solo una respuesta)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 8avo grado o menos</td> <td><input type="checkbox"/> Escuela Vocacional/ Técnica</td> <td><input type="checkbox"/> Graduado de Universidad</td> </tr> <tr> <td><input type="checkbox"/> 9 -12avo. Grado</td> <td><input type="checkbox"/> Graduado de Asociado</td> <td><input type="checkbox"/> Postgraduado</td> </tr> <tr> <td><input type="checkbox"/> Graduado de Preparatoria /GED.</td> <td><input type="checkbox"/> Algo de Universidad</td> <td><input type="checkbox"/> Otros <i>(especifique):</i> _____</td> </tr> </table>		<input type="checkbox"/> 8avo grado o menos	<input type="checkbox"/> Escuela Vocacional/ Técnica	<input type="checkbox"/> Graduado de Universidad	<input type="checkbox"/> 9 -12avo. Grado	<input type="checkbox"/> Graduado de Asociado	<input type="checkbox"/> Postgraduado	<input type="checkbox"/> Graduado de Preparatoria /GED.	<input type="checkbox"/> Algo de Universidad	<input type="checkbox"/> Otros <i>(especifique):</i> _____
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<input type="checkbox"/> Graduado de Preparatoria /GED.	<input type="checkbox"/> Algo de Universidad	<input type="checkbox"/> Otros <i>(especifique):</i> _____								

<p>11. Por favor indique el número de niños dependientes en su casa. _____</p>	
<p>12. ¿Cuidas tu mismo al niño o a los niños?</p>	<p><input type="checkbox"/> Si <input type="checkbox"/> No</p>

13. Hay alguien más que este viviendo en tu casa que esta viviendo VIH? ☐ Si ☐ No

14. ¿Cuál de las siguiente opciones es la que mejor describe tu actual situación de trabajo? (marque una)

- | | |
|--|---|
| <input type="checkbox"/> Trabajo de tiempo completo | <input type="checkbox"/> Buscando un empleo |
| <input type="checkbox"/> Trabajo de medio tiempo | <input type="checkbox"/> Estudiante |
| <input type="checkbox"/> Trabajando medio tiempo por incapacidad | <input type="checkbox"/> Retirado |
| <input type="checkbox"/> Desempleado | <input type="checkbox"/> Imposibilitado para trabajar por incapacidad |
| <input type="checkbox"/> Otros
(especifique) | |

SITUACION DE VIVIENDA

15. ¿Cuál es tu código postal donde vives actualmente?

16. ¿Cuanto es tu renta mensual o tu hipoteca mensual? (*La parte que tú pagas*)?

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 | <input type="checkbox"/> \$301 a \$400 | <input type="checkbox"/> Más de \$801 |
| <input type="checkbox"/> \$1 a \$200 | <input type="checkbox"/> \$401 a \$500 | <input type="checkbox"/> Otro, (especifique): |
| <input type="checkbox"/> \$201 a \$300 | <input type="checkbox"/> \$501 a \$800 | |

17. ¿Con quien vives? (*marque todos los que correspondan*)

- | | |
|--|---|
| <input type="checkbox"/> Yo vivo solo | <input type="checkbox"/> Amigo adulto/compañero de cuarto |
| <input type="checkbox"/> Compañero/ esposa/esposo | <input type="checkbox"/> Niños (menores de edad) |
| <input type="checkbox"/> Con adultos, familiares o parientes | <input type="checkbox"/> Otros: |

18. ¿Has tenido que cambiarte de casa en los últimos 12 meses porque no pudiste pagar la renta? ☐ Si ☐ No

19. En los últimos 12 meses has tenido problemas para conseguir vivienda? ☐ Si ☐ No

Si contestaste Si, ¿Que causo el problema? (marque todas las que correspondan)

- | | |
|---|---|
| <input type="checkbox"/> Uso de alcohol o drogas | <input type="checkbox"/> Réconds criminales |
| <input type="checkbox"/> Condiciones de salud mental | <input type="checkbox"/> Mal crédito |
| <input type="checkbox"/> Estado migratorio | <input type="checkbox"/> transporte |
| <input type="checkbox"/> No tuviste dinero para el deposito | <input type="checkbox"/> Otros: |

20. ¿Cuál es tu situación de vivienda ahora y cual ha sido en el ultimo ano? *Por favor marca la que mejor describa tu situación de ahora y todas las que correspondan al ultimo año.*

Ahora	Últimos 12 meses		Ahora	Últimos 12 meses	
<input type="checkbox"/>	<input type="checkbox"/>	Compartiendo cuarto/pensión	<input type="checkbox"/>	<input type="checkbox"/>	Servicio de hospicio calificado
<input type="checkbox"/>	<input type="checkbox"/>	Sin casa	<input type="checkbox"/>	<input type="checkbox"/>	Servicio de Apoyo de vivienda
<input type="checkbox"/>	<input type="checkbox"/>	Casa de grupo	<input type="checkbox"/>	<input type="checkbox"/>	Refugio para quienes no tienen casa
<input type="checkbox"/>	<input type="checkbox"/>	Casa de transición	<input type="checkbox"/>	<input type="checkbox"/>	Refugio para mujeres abusadas
<input type="checkbox"/>	<input type="checkbox"/>	Tratamiento residencial	<input type="checkbox"/>	<input type="checkbox"/>	Refugio para hombres abusados
<input type="checkbox"/>	<input type="checkbox"/>	Apartamento propio	<input type="checkbox"/>	<input type="checkbox"/>	Cárcel o prisión
<input type="checkbox"/>	<input type="checkbox"/>	Apartamento que rento	<input type="checkbox"/>	<input type="checkbox"/>	Con familiares
<input type="checkbox"/>	<input type="checkbox"/>	Casa propia	<input type="checkbox"/>	<input type="checkbox"/>	Apartamento/casa no propia
<input type="checkbox"/>	<input type="checkbox"/>	Casa que yo rento	<input type="checkbox"/>	<input type="checkbox"/>	Otro
S:					

HISTORIA DE ENCARCELAMIENTO

21. Has estado anteriormente en la cárcel? ☐ Si ☐ No
Si contestaste No, brinca a la pregunta #27. Si contestase Si, indica el año de tu encarcelamiento.

22. ¿El personal medico o de enfermería de la cárcel o prisión, supo que tu eres VIH positivo? ☐ Si ☐ No

23. ¿Recibiste cuidado medico para VIH en la cárcel o prisión? ☐ Si ☐ No

24. ¿Cuando fuiste liberado de la cárcel o prisión, que de lo siguiente recibiste? (*marca todas las respuestas necesarias*)

<input type="checkbox"/> Información acerca de como encontrar vivienda	<input type="checkbox"/> Una dotación de medicamentos para VIH
<input type="checkbox"/> Referencia para cuidado medico para VIH	<input type="checkbox"/> No recibí nada al salir de la cárcel/prisión
<input type="checkbox"/> Referencia para manejar casos de VIH	<input type="checkbox"/> Otros:

25. Si recibiste medicamentos al salir, fueron estos suficientes para que te duraran hasta la siguiente nueva receta? ☐ Si ☐ No

26. ¿Algunas de las siguiente opciones fueron un obstáculo para que tu consiguieras servicios para el VIH después de que saliste? (*Marca todas las opciones que correspondan*)

<input type="checkbox"/> Sin seguro	<input type="checkbox"/> No podías alejarte de las drogas
<input type="checkbox"/> Razones económicas	<input type="checkbox"/> Problemas para encontrar amigos en quien confiar
<input type="checkbox"/> No sabias a donde ir	<input type="checkbox"/> Tenias miedo de decirle a alguien que eres VIH positivo

INFORMACIÓN FINANCIERA

27. ¿Cuál de las siguiente opciones es la que mejor describe tu ingreso anual? (*Marca solo una*)

<input type="checkbox"/> Menos de \$5,000	<input type="checkbox"/> 10,001 - \$20,000	<input type="checkbox"/> 30,001 - \$50,000
<input type="checkbox"/> 5,001 - \$10,000	<input type="checkbox"/> 20,001 - \$30,000	<input type="checkbox"/> 50,001 +

28. Instrucciones: De los servicios de la lista de abajo, como distribuirías \$100 para tus gastos? Escribe la cantidad de dólares que gastarías en cada servicio; asegúrate que la suma total sea de \$100. ENTRE MAS DINERO GASTES EN UN SERVICIO, SIGNIFICARA QUE ESTE SERVICIO ES MAS IMPORTANTE PARA TI (ejemplo: \$100= servicio mas importante, \$0 equivale al menos importante). Por favor usa todo el dinero que tienes. Tu no tienes que crear cada servicio.

Asistencia Medica <i>(Incluyendo doctores, enfermeras, terapia física, etc.)</i>	\$
Medicamentos Antiretrovirales <i>(incluyendo inhibidores de la proteasa)</i>	\$
Otros medicamentos , no antirretrovirales	\$
Asistencia Dental	\$
Asistencia de salud en casa <i>(proporcionada donde tu vives, asistencia de enfermería o de instilación, rehabilitación, equipo medico, servicio de enfermeros expertos, asistente pagado para ayudar a bañarte, , alimentarte o rasurarte).</i>	\$
Asistencia de Hospicio <i>(incluyendo atención en tu casa o en una localidad, al tener tú una etapa tardía de VIH)</i>	\$
Manejo del Caso <i>(te ayuda a que tu seas referido a servicios que tu necesitas, te ayuda a llenar cuestionarios, te ayuda a encontrar los servicios mas útiles para tu enfermedad de VIH)</i>	\$
Servicios de salud mental con consejeros entrenados <i>(profesionales o personas con entrenamiento especial para ayudarte individualmente o en grupo a expresar tus sentimientos)</i>	\$
Conserjería o tratamiento de alcoholismo o drogas <i>(tratamiento en un hospital, o en un programa que dirige un hospital, o un programa durante el día por abuso de drogas)</i>	\$
Entregadas en la casa, ayuda de emergencia para pagar alimentos, servicios públicos, renta, asistencia de transporte, consejero para tus compañeros, voluntarios que te ayudan a hacer tus compras o cocinar, grupos de apoyo sin consejeros, programas de adultos durante el día, ayuda para encontrar un lugar adecuado a tus necesidades para vivir, servicio de traductor/o interprete	\$
Total	\$ 100

29. Instrucciones: En que manera distribuirías tu \$10 al gastarlos en los servicios de la lista de abajo? Escribe el numero de dólares, que tu gastarías en cada servicio, asegúrate, de que el numero de dólares sumen \$10. ENTRE MAS GASTES EN UN SERVICIO, SIGNIFICARA QUE ES MAS IMPORTANTE PARA TI (*Por ejemplo: \$10= al servicio mas importante, \$0= al servicio menos importante*). Por favor usa todo el dinero del que dispones. No tienes que crear servicios.

Adopción/ cuidado de adopción	\$
Voluntario que ayuda con las compras, a cocinar o a la limpieza	\$
Conserjería con tus compañeros individual, grupos de apoyo	\$
Programas de cuidado para adultos o cuidado de niños	\$
Ayuda para pagar comida, gas recibos de electricidad o renta	\$
Asistencia para vivienda	\$
Asistencia para transporte	\$
Traductor/interprete	\$
Comidas entregadas en casa/servicios de banco de comida	\$
Servicios legales	\$
Total	\$ 10

HEALTHCARE

30. ¿De que manera se pagan tus recibos médicos?

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Fondos de emergencia de agencias locales |
| <input type="checkbox"/> SPAP | <input type="checkbox"/> Servicios Médicos del Condado |
| <input type="checkbox"/> Medicare Parte B | <input type="checkbox"/> Pagos privados hechos por ti mismo o tu familia |
| <input type="checkbox"/> Medicare Parte D | <input type="checkbox"/> No tengo cuentas médicas |
| <input type="checkbox"/> Servicio de salud para los Indígenas | <input type="checkbox"/> Seguro de salud privado (individual o de grupo) |
| <input type="checkbox"/> Tri-Care, o cualquier otro servicio militar | <input type="checkbox"/> No puedo pagar cuentas medicas |
| <input type="checkbox"/> Otros (especifique): | |

31. ¿Sales de tu condado de residencia para conseguir servicios médicos para VIH/SIDA?, *Por ejemplo, vives en el Bastrop, vas a otro condado (ejemplo: Travis) para recibir servicios?* ☐ Si ☐ No

(Si no sales de tu condado sigue con la pregunta #34).

32. Si sales de tu pueblo natal, para conseguir servicios por VIH/SIDA, por favor dinos por que. (*Marca todas las que corresponden*)

- | | |
|--|---|
| <input type="checkbox"/> Yo creo los servicios son mejor en otro lugar | <input type="checkbox"/> Es mas fácil conseguir servicios en un condado diferente |
|--|---|

- | | |
|---|---|
| <input type="checkbox"/> Los servicios que yo necesito no están disponibles en mi <i>condado o ciudad</i> | <input type="checkbox"/> Para mas confidencialidad _nadie me conoce |
| <input type="checkbox"/> Los servicios que yo necesito no están disponibles en mi <i>condado o ciudad</i> | |
| <input type="checkbox"/> Otros (<i>especifique</i>): | |

33. ¿Qué servicios son los que consigues fuera de tu pueblo de origen? (*marca todos los que correspondan*).

- | | |
|---|---|
| <input type="checkbox"/> Cuidado primario médico | <input type="checkbox"/> Cuidado médico general |
| <input type="checkbox"/> Banco de comida | <input type="checkbox"/> Asistencia de Salud Mental |
| <input type="checkbox"/> Atención para niños de día/guardería | <input type="checkbox"/> Dentistas que tratan pacientes con VIH/SIDA |
| <input type="checkbox"/> Comida a domicilio (alimentos o comidas) | <input type="checkbox"/> Asistencia de transporte (camión, van, taxi) |
| <input type="checkbox"/> Cuidado de día para adultos/guarderías | <input type="checkbox"/> Ayuda espiritual relacionada a VIH |
| <input type="checkbox"/> Tratamiento para problemas de alcohol o drogas | <input type="checkbox"/> Manejo de casos |
| <input type="checkbox"/> Otros (<i>especifique</i>): | |

Si eres hombre pasa a la pregunta #38

34. Si eres mujer , ¿Estas embarazada actualmente? ☐ Si ☐ No

35. Si contestaste Si, ¿Estas recibiendo actualmente medicamentos para prevenir la transmisión de VIH a tu niño?

☐ Si ☐ No ☐ No Se

36. Si contestaste Si, ¿Estas recibiendo cuidado OB/GIN? ☐ Si ☐ No

37. Si contestaste que **no**, ¿Estas recibiendo cuidado OB/GIN , por favor dinos por que no. (*Marca todas las que correspondan*)

- | | |
|---|--|
| <input type="checkbox"/> No se como conseguir el servicio | <input type="checkbox"/> Es demasiado difícil conseguir una cita |
| <input type="checkbox"/> No califico para el servicio | <input type="checkbox"/> No puedo pagar la cuota /co-pago |
| <input type="checkbox"/> Yo no necesito el servicio | <input type="checkbox"/> Yo no quiero el servicio |
| <input type="checkbox"/> Yo solo uso tratamientos de OB/GINs médicos alternativos | <input type="checkbox"/> Yo solo voy cuando estoy enferma |
| <input type="checkbox"/> No estoy recibiendo buena atención | <input type="checkbox"/> No me gusto la manera en que el personal me trato |
| <input type="checkbox"/> No confío en el doctor/ personal | <input type="checkbox"/> Las horas de oficina de la clínica no concuerdan con mi horario |
| <input type="checkbox"/> La lista de espera es muy larga | <input type="checkbox"/> La clínica nunca me atiende a tiempo |
| <input type="checkbox"/> No tengo manera de ir | <input type="checkbox"/> Otros (<i>especifique</i>): |
| <input type="checkbox"/> No quiero que nadie sepa que soy VIH positivo | |

38. ¿Te ha dicho tu doctor que necesitas una forma de cuidado especial? ☐ Si ☐ No

39. Si contestaste que **No**, y te aconsejaron que lo necesitabas, por favor dinos por que no.

(Marca todos las que apliquen)

- | | |
|--|--|
| <input type="checkbox"/> Yo no se como conseguir el servicio | <input type="checkbox"/> No sabia que el servicio estaba disponible |
| <input type="checkbox"/> No califique para el servicio | <input type="checkbox"/> No podría pagar la cuota co-pago |
| <input type="checkbox"/> Solamente voy cuando estoy enferma | <input type="checkbox"/> No quiero el servicio |
| <input type="checkbox"/> No confío en el doctor/ personal | <input type="checkbox"/> Solamente uso tratamientos médicos no tradicionales |
| <input type="checkbox"/> Es muy difícil conseguir una cita | <input type="checkbox"/> No me dieron buena atención medica |
| <input type="checkbox"/> No tenia manera de llegar allí | <input type="checkbox"/> No me gustó la manera en que el personal me trató |
| <input type="checkbox"/> Nunca me atendieron a tiempo | <input type="checkbox"/> Las horas de oficina no concuerdan con mi horario |
| <input type="checkbox"/> La lista de espera fue muy larga | <input type="checkbox"/> No quiero que nadie sepa que soy VIH positivo |
| <input type="checkbox"/> Otros (especifique): | |

40. En los últimos 12 meses:

- | | | |
|---|-----------------------------|-----------------------------|
| ¿Alguien te ha tenido que recordar de tus citas? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| ¿Alguien te ha tenido que recordar que tomes tus medicamentos? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| ¿Algún trabajador de campo te ha ayudado a tener acceso a los servicios o a estar mas conciente de ellos? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| ¿Has recibido servicio de Manejo del Caso? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| ¿Alguien te ha proporcionado ayuda temporal par un problema en particular? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| ¿Has recibido alimentos gratis o comidas pre-cocinadas? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| ¿Alguien te ha hablado de como comer correctamente o como preparar comidas saludables? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| 41. ¿Tienes alguien que te cuida en casa regularmente? | <input type="checkbox"/> Si | <input type="checkbox"/> No |

42. ¿Cuál de los siguientes beneficios recibes? (*Marque todos los necesarios*)

- | | |
|---|---|
| <input type="checkbox"/> Estampillas de comida | <input type="checkbox"/> Beneficios para veteranos (VA) |
| <input type="checkbox"/> Incapacidad por corto tiempo | <input type="checkbox"/> Compensación de trabajadores |
| <input type="checkbox"/> Seguro de incapacidad del estado (SDI) | <input type="checkbox"/> Incapacidad a largo plazo |
| <input type="checkbox"/> Asistencia legal | <input type="checkbox"/> Asistencia de salud en casa |
| <input type="checkbox"/> Pagos de anualidades/seguros de vida | <input type="checkbox"/> Ingreso de seguridad suplemental (SSI) |
| <input type="checkbox"/> Ingreso de jubilación | <input type="checkbox"/> Seguro de Incapacidad del Seguro Social (SSDI) |
| <input type="checkbox"/> Vivienda subsidiada (HOPWA, Sección 8) | <input type="checkbox"/> CHAMPUS (Asistencia no militar VA) |
| <input type="checkbox"/> Suplemento de Renta/Alquiler | <input type="checkbox"/> Asistencia General (GA) |
| <input type="checkbox"/> Asistencia de Emergencia | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Financiera | |

<input type="checkbox"/> TANF	<input type="checkbox"/> Otros (<i>especifique</i>):
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43. En general, ¿Cómo calificarías tu salud física actual?:

<input type="checkbox"/> Excelente	<input type="checkbox"/> Buena	<input type="checkbox"/> Mas o menos bien	<input type="checkbox"/> Pobre
------------------------------------	--------------------------------	---	--------------------------------

44. ¿Cómo calificas tu salud física ahora, comparada a la que tu tenias la primera vez que buscaste tratamiento para tu infección con VIH?

<input type="checkbox"/> Mucho mejor	<input type="checkbox"/> Un poquito mejor	<input type="checkbox"/> Mas o menos igual	<input type="checkbox"/> Un poco peor	<input type="checkbox"/> Peor
--------------------------------------	---	--	---------------------------------------	-------------------------------

45. ¿Has tenido un periodo de tiempo de 12 meses o más en el que ☐ Si ☐ No
 hayas dejado de ver a un doctor de HIV?

46. ¿Alguna vez has tenido un periodo de tiempo de 6 a 12 meses en el ☐ Si ☐ No
 que no hayas ido a un doctor de HIV?

47. ¿Que te hizo decidir buscar ayuda médica? (*marca todos los que correspondan*)

<input type="checkbox"/> Yo me enferme mas	<input type="checkbox"/> Hubo disponibles diferentes medicamentos o tratamientos
<input type="checkbox"/> Tuve una vivienda estable	<input type="checkbox"/> Hubo un cambio en la actitud de mi doctor o clínica
<input type="checkbox"/> Cambio en mi ingreso económico	<input type="checkbox"/> Cambio en el estado de mi seguro
<input type="checkbox"/> Supe de una nueva clínica o doctor	<input type="checkbox"/> Otros (<i>especifique</i>):

48. ¿Tuviste alguno de los siguientes problemas cuando estabas tratando de conseguir los servicios médicos que necesitabas? (*marque todos los necesarios*)

<input type="checkbox"/> Estabas muy ocupado cuidando a un niño	<input type="checkbox"/> Tuviste que esperar mucho tiempo para que se te atendiera
<input type="checkbox"/> Necesitabas citas en la noche	<input type="checkbox"/> Estabas muy ocupado cuidando a un compañero
<input type="checkbox"/> Necesitabas citas en el fin de semana	<input type="checkbox"/> La solicitud del proceso fue muy complicada
<input type="checkbox"/> Costo del servicio es muy alto	<input type="checkbox"/> Yo no quiero que la gente sepa que tengo VIH
<input type="checkbox"/> Adicción a alcohol o a drogas	<input type="checkbox"/> No sabia con quien hacer una solicitud o sabias donde hacer la solicitud
<input type="checkbox"/> Los lugares de servicio muy distantes	<input type="checkbox"/> Resulte persona no elegible
<input type="checkbox"/> Estaba en lista de espera	
<input type="checkbox"/> Otros (<i>especifique</i>):	

VIH Y TRATAMIENTO

49. ¿Cuál crees que fue la razón de que te infectaste con VIH? (*marca todas las necesarias*)

<input type="checkbox"/> Sexo con un hombre	<input type="checkbox"/> Sexo con una mujer
<input type="checkbox"/> Sexo con alguien que se inyecta drogas	<input type="checkbox"/> Transfusión de sangre
<input type="checkbox"/> Madre con VIH/SIDA	<input type="checkbox"/> Por compartir agujas para las drogas
<input type="checkbox"/> No estoy seguro	<input type="checkbox"/> Otros (especifique):

50. Respecto a tu estado de VIH: (por favor especifica mes y año)

51. ¿Cuándo fue la primera vez que saliste positivo en un examen para VIH? _____

52. ¿Cuándo fue la primera vez que recibiste atención médica para tu infección con VIH? _____

53. ¿Cuándo fue la primera vez que recibiste servicios para VIH que no fueran atención médica? _____

54. ¿Quién fue el primero que te ayudó a conseguir servicios después de que te enteraste de que tenías VIH?

<input type="checkbox"/> Nadie	<input type="checkbox"/> Amigo
<input type="checkbox"/> Doctor/ proveedor médico	<input type="checkbox"/> Las personas que me dieron los resultados de mis exámenes
<input type="checkbox"/> Un trabajador	<input type="checkbox"/> Un miembro de la familia/Compañero/esposo (a)
<input type="checkbox"/> Otros (especifica)	

55. ¿Has estado tomando medicamentos para VIH en los últimos 30 días?

<input type="checkbox"/> No, yo no veo a un doctor	<input type="checkbox"/> No, a mi me han recetado medicamentos pero no puedo pagarlos
<input type="checkbox"/> No a mi no me han recetado medicamentos	<input type="checkbox"/> Si

56. Si tu has recibido atención médica en algún momento, ¿Qué te hizo decidirte a conseguirla?

<input type="checkbox"/> Empecé el tratamiento inmediatamente después de que salí positivo	<input type="checkbox"/> Me enferme, o empecé a tener síntomas de VIH
<input type="checkbox"/> Tenía miedo de enfermarme	<input type="checkbox"/> Acepte mis resultados de los exámenes
<input type="checkbox"/> Conseguí consejería o apoyo	<input type="checkbox"/> Conseguí la información que necesitaba
<input type="checkbox"/> Conseguí ayuda de un manejador de casos	<input type="checkbox"/> Conseguí vivienda
<input type="checkbox"/> Mi problema de alcoholismo o drogas	<input type="checkbox"/> Mi vida se volvió mas estable
<input type="checkbox"/> - Otros (especifica):	

57. La gente deja de tomar medicamentos por muchas razones. ¿En los últimos 6 meses, has suspendido los medicamentos para el VIH, por alguna de las siguientes razones? (marca todas las que correspondan)

<input type="checkbox"/> Nunca las suspendí, salta a la pregunta #	<input type="checkbox"/> Me hacían sentirme enfermo
--	---

<input type="checkbox"/> Se me olvidó llenar mi receta	<input type="checkbox"/> No tenia dinero para los medicamentos
<input type="checkbox"/> Mi proveedora no me dio una receta	<input type="checkbox"/> Yo nunca volví a surtir las medicinas
<input type="checkbox"/> El doctor o la enfermera me dijeron que las suspendiera	<input type="checkbox"/> No se
<input type="checkbox"/> No hubo medicinas en los últimos 6 meses	
<input type="checkbox"/> Otros	
<input type="checkbox"/> (especifica):	

58. Pensando acerca de la ultima vez que dejaste los servicios médicos por seis mese o mas, ¿ Cuales fueron las razones que dejaste de ir?

<input type="checkbox"/> No necesitabas ayuda	<input type="checkbox"/> No quisiste tomar medicamentos
<input type="checkbox"/> No te gusto la forma en que trato el doctor o la enfermera	<input type="checkbox"/> No creías que la atención medica te hacia bien
<input type="checkbox"/> Fue difícil asistir a las citas	<input type="checkbox"/> Preferiste usar terapias alternativas
<input type="checkbox"/> Estabas activamente usando alcohol o drogas	<input type="checkbox"/> Era difícil llegar al lugar
<input type="checkbox"/> Demasiado caras	<input type="checkbox"/> No estaban abiertos cuando tu podías ir
<input type="checkbox"/> Estabas preocupada de que alguien se enterara de tu estado de VIH Si tu ibas allí	<input type="checkbox"/> No podias conseguir un traductor para tu cita
<input type="checkbox"/> Tenias que cuidar a otra gente	<input type="checkbox"/> No tenias quien cuidara tus niños
<input type="checkbox"/> Otros (especifica):	

59. Si tu dejaste de ver al doctor en algún momento en el ultimo año, ¿Porqué?

<input type="checkbox"/> Me sentí sano	<input type="checkbox"/> No estaba listo para enfrentarme a tener VIH
<input type="checkbox"/> No pensé que fuera elegible para servicios	<input type="checkbox"/> Soy indocumentado
<input type="checkbox"/> Mi incapacidad	<input type="checkbox"/> No confío en los doctores o clínicas
<input type="checkbox"/> Necesito a alguien con quien hablar que entienda el VIH	<input type="checkbox"/> No pensé que la atención medica me ayudaría
<input type="checkbox"/> No tengo casa	<input type="checkbox"/> No tengo suficiente dinero o seguro
<input type="checkbox"/> Transporte o lugar de servicio	<input type="checkbox"/> No tengo a quien cuide a mis hijos/mi familia
<input type="checkbox"/> Por los efectos colaterales de los medicamentos	<input type="checkbox"/> Tenia miedo de que la gente se enterara de que soy VIH positivo
<input type="checkbox"/> Mis problemas de salud mental	<input type="checkbox"/> Por el uso de alcohol o drogas
<input type="checkbox"/> No sabia donde encontrar el servicio	<input type="checkbox"/> Otros (especifica):

60. ¿Cuál de los siguientes servicios has usado en los últimos 12 meses?

<input type="checkbox"/> Asistencia con medicamentos para VIH/SIDA	<input type="checkbox"/> Comidas entregadas en casa	<input type="checkbox"/> Especialista médico no de cuidado de VIH
<input type="checkbox"/> Manejo de casos	<input type="checkbox"/> Conserjería/terapia	<input type="checkbox"/> Vivienda/refugio

<input type="checkbox"/> Cuidado dental	<input type="checkbox"/> Servicios psiquiátricos	<input type="checkbox"/> Cuidado de niños
<input type="checkbox"/> Atención medica primaria para VIH	<input type="checkbox"/> Transporte	<input type="checkbox"/> Atención de salud en casa
<input type="checkbox"/> Tratamiento para drogas o alcohol	<input type="checkbox"/> Asistencia legal	<input type="checkbox"/> Asistencia de utilidades
<input type="checkbox"/> Otros (especifique):		

61. ¿Cuál de los siguientes servicios NECESITAS pero NO recibes?

<input type="checkbox"/> Medicamentos para VIH/SIDA	<input type="checkbox"/> Atención medica primaria para VIH	<input type="checkbox"/> Especialista médico no de cuidado de VIH
<input type="checkbox"/> Manejo de casos	<input type="checkbox"/> Conserjería/terapia	<input type="checkbox"/> Vivienda/refugio
<input type="checkbox"/> Cuidado dental	<input type="checkbox"/> Medicamentos psiquiátricos	<input type="checkbox"/> Cuidado médico en casa
<input type="checkbox"/> Transporte	<input type="checkbox"/> Comidas entregadas en casa	<input type="checkbox"/> Cuidado de niños
<input type="checkbox"/> Asistencia legal	<input type="checkbox"/> Tratamiento para drogas o alcohol	<input type="checkbox"/> Asistencia de utilidades
<input type="checkbox"/> Otros (especifique):		

62. ¿En donde recibes tu cuidado medico? (Marque todos los que correspondan)

<input type="checkbox"/> Hospital	<input type="checkbox"/> Sala de emergencia
<input type="checkbox"/> Clínica especialista en VIH (<i>David Powell, etc</i>)	<input type="checkbox"/> Oficina privada de doctor
<input type="checkbox"/> Clínica publica/de la comunidad	<input type="checkbox"/> Hospital /Clínica VA
<input type="checkbox"/> Otros (<i>especifique</i>):	

63. ¿Algunas de las siguientes, te impiden actualmente tener la atención medica que necesitas para VIH?

<input type="checkbox"/> Las agencias de las casas de operación	<input type="checkbox"/> No hay manera de pagarla
<input type="checkbox"/> Alguien se puede dar cuenta que tu eres VIH positivo	<input type="checkbox"/> Las necesidades de los demás, son mas importantes que las mías
<input type="checkbox"/> No sabes a donde ir	<input type="checkbox"/> Tu compañero no sabe que tu eres VIH +
<input type="checkbox"/> Cuidado de niños	<input type="checkbox"/> Tu compañero te puede lastimar
<input type="checkbox"/> Los servicios no son en tu idioma	<input type="checkbox"/> La gente no entiende tu cultura
<input type="checkbox"/> No te sientes bienvenido	<input type="checkbox"/> Los folletos no están en tu idioma
<input type="checkbox"/> Temor a ser deportado	<input type="checkbox"/> Otros (<i>especifica</i>):

64. ¿Estás tomando alguno de los siguientes medicamentos? (*marca todos los que correspondan*)

<input type="checkbox"/> No estoy tomando medicamentos, salte a la pregunta #
<input type="checkbox"/> Antimicóticos (<i>como Diflucan</i>) que son para ronchas
<input type="checkbox"/> Esteroides (<i>como Prednisone, Megase</i>) que te ayudan con el apetito y para aumentar

<input type="checkbox"/>	el peso
<input type="checkbox"/>	Antidepresivos para depresión o la ansiedad (<i>como Prozac, Zoloft, Paxil, Xanax</i>)
<input type="checkbox"/>	Antibióticos (<i>como Bactrim</i>) que ayudan con infecciones
<input type="checkbox"/>	Tratamientos herbales
<input type="checkbox"/>	Otros (<i>especifique</i>):

65. ¿Que tan frecuente se te pasa tomar una dosis de tus medicamentos recetados para tu VIH?		
<input type="checkbox"/> Nunca, pase a la pregunta #		
<input type="checkbox"/> Raras veces	<input type="checkbox"/> Algunas veces	<input type="checkbox"/> A menudo
66. ¿Cuales son las razones por las que no tomas tus medicamentos recetados para VIH?		
<input type="checkbox"/> Los efectos colaterales	<input type="checkbox"/> Horario difícil	<input type="checkbox"/> El medicamento no funciona
<input type="checkbox"/> No puedo pagarlo	<input type="checkbox"/> Empecé a sentirme mejor	<input type="checkbox"/> Son muchas pastillas las que tengo que tomar
<input type="checkbox"/> No quiero tomarlos	<input type="checkbox"/> Olvido	<input type="checkbox"/> No entiendo como tomarlas
<input type="checkbox"/> Otras (<i>especifica</i>):		

67. En los últimos 12 meses, ¿Cuántas citas médicas has perdido a causa del transporte?	<input type="checkbox"/> Ninguna	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6+
---	----------------------------------	------------------------------	-----------------------------

68. ¿Tienes alguien que te cuide, si llegas ha estar tan enfermo que necesites 24 horas de atención de tu salud?	<input type="checkbox"/> Si	<input type="checkbox"/> No
--	-----------------------------	-----------------------------

69. En los últimos 12 meses, ¿Cuántas veces has estado hospitalizado a causa de VIH/SIDA?	
---	--

70. ¿En que otro lugar consigues información acerca de servicios para VIH? (<i>marca todos los que sean necesarios</i>)		
<input type="checkbox"/> Amigos	<input type="checkbox"/> Familia/esposo/ compañero	<input type="checkbox"/> Trabajadores
<input type="checkbox"/> Manejador de casos	<input type="checkbox"/> Doctor principal	<input type="checkbox"/> Iglesia/ministros
<input type="checkbox"/> Volantes/anuncios	<input type="checkbox"/> Ferias de salud	<input type="checkbox"/> Otros (<i>especifica</i>):

71. ¿Necesitas Asistencia dental?	<input type="checkbox"/> Si	<input type="checkbox"/> No
72. En los últimos 12 mese, ¿Has recibido asistencia dental?	<input type="checkbox"/> Si	<input type="checkbox"/> No

73. Si tu no recibiste asistencia dental en los últimos 12 mese, por favor dinos por que no (<i>marca todas las que correspondan</i>)	
<input type="checkbox"/> No pude pagar el co-pago/cuota	<input type="checkbox"/> Solo uso tratamiento medico no tradicional
<input type="checkbox"/> No sabia que el servicio estaba disponible	<input type="checkbox"/> Solo voy cuando tengo problemas dentales
<input type="checkbox"/> No quiero cuidado dental	<input type="checkbox"/> No conseguí buena atención
<input type="checkbox"/> No sabia como conseguir el servicio de cuidado dental	<input type="checkbox"/> No me gusto la manera en que me trato el personal

<input type="checkbox"/> La lista de espera era demasiado larga	<input type="checkbox"/> No confío en el doctor/personal
<input type="checkbox"/> No tengo manera de llegar allí	<input type="checkbox"/> Las horas de oficina no encajan en mi horario
<input type="checkbox"/> Fue muy difícil para mí conseguir una cita	<input type="checkbox"/> No quiero que nadie sepa que soy VIH positivo
<input type="checkbox"/> Otros (especifica):	

74. ¿Cuántas veces durante el último mes, has t	Ninguna	un poco	muchas	muchísimas
...estado muy nervioso?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...estado calmado y en paz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... estado descorazonado y triste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...estado feliz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...estado tan triste que nada te pueda reanimar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SALUD MENTAL

75. En general, tú dirías, que ahora tu estado emocional es	
<input type="checkbox"/> Excelente	<input type="checkbox"/> Bueno <input type="checkbox"/> Normal <input type="checkbox"/> Pobre
76. En los últimos 12 meses, has hablado con un miembro de una iglesia acerca de tu VIH?	<input type="checkbox"/> Si <input type="checkbox"/> No
77. En los últimos 12 meses, has recibido terapia individual o de grupo o tratamiento por un psiquiatra, trabajador social o psicólogo?	<input type="checkbox"/> Si <input type="checkbox"/> No
78. En los últimos 12 meses, has recibido algunas medicinas, por algún problema como depresión, ansiedad, esquizofrenia o enfermedad bipolar?	<input type="checkbox"/> Si <input type="checkbox"/> No
79. Desde que tu saliste infectado con VIH, has recibido consejería o tratamiento de salud mental?	<input type="checkbox"/> Si <input type="checkbox"/> No

80. ¿Alguna vez has recibido consejería los tratamientos o consejería en salud mental relacionados con tu infección por VIH? (Marca todas las que correspondan)	
<input type="checkbox"/> Paciente internado	<input type="checkbox"/> Consejería o terapia de grupo
<input type="checkbox"/> Consejería o terapia individual	<input type="checkbox"/> Medicamentos por problemas psicológicos o de conducta
<input type="checkbox"/> Otros:	

ALCOHOLISMO Y USO DE DROGAS

81. ¿Has usado alguna de las siguientes drogas? (Marca todas las que correspondan)			
<input type="checkbox"/> Speedball	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Cocaína	<input type="checkbox"/> Drogas de clubes
<input type="checkbox"/> Crack	<input type="checkbox"/> GHB	<input type="checkbox"/> Heroína	<input type="checkbox"/> Oxycodona
<input type="checkbox"/> Marihuana	<input type="checkbox"/> Poppers	<input type="checkbox"/> Meth	<input type="checkbox"/> Otras:
82. ¿Cuáles fueron las razones que tomaste o usaste drogas antes?			
<input type="checkbox"/> Se me dificulta conocer personas cuando estoy		<input type="checkbox"/> No tenía planes de tener sexo	

<input type="checkbox"/> sobrio	<input type="checkbox"/> Mi pareja quería hacerlo	<input type="checkbox"/> Estaba en un club o antro
<input type="checkbox"/> De fiesta con amigos	<input type="checkbox"/> El sexo se siente mejor después de usas	<input type="checkbox"/> Me quita las inhibiciones sexuales
		<input type="checkbox"/> Otros:

83. Durante el ultimo año, ¿Qué tan frecuente usaste cualquiera de las siguientes sustancias?	No la use en el ultimo año	La use en los últimos 6 meses	La use por lo menos una vez al mes	La use una vez a la semana o más	Use una vez por semana por más
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marihuana o hash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack / Cocaína	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cristales de Meth. o Metanfetamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speedball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHB (Gama hidroxibutirato)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Éxtasis (X)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Píldoras no recetadas por el doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otras sustancias (especifica)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

84. ¿Has usado alguna vez o estas usando actualmente drogas intravenosas?	<input type="checkbox"/> No uso, pase a la pregunta #88
<input type="checkbox"/> Actualmente las uso	<input type="checkbox"/> Las use en el pasado
85. Si contestaste si, qué sustancias te inyectas o te inyectaste? (Marca todas las que correspondan)	<input type="checkbox"/> Cocaína <input type="checkbox"/> Speed <input type="checkbox"/> Heroína <input type="checkbox"/> Meth crystalino <input type="checkbox"/> Oxycontin <input type="checkbox"/> Demerol <input type="checkbox"/> Dilaudid <input type="checkbox"/> Otras:

86. ¿Cuántas veces has compartido agujas con alguien en los últimos 12 meses?	<input type="checkbox"/> Nunca, pasa a la pregunta #88	<input type="checkbox"/> De vez en cuando	<input type="checkbox"/> La mitad del tiempo	<input type="checkbox"/> De a menudo	<input type="checkbox"/> Siempre
87. Si te has inyectado sustancias, ¿Cuántas veces has compartido agujas con alguien en los últimos 12 meses?	<input type="checkbox"/> Si	<input type="checkbox"/> No			

88. ¿Que usas para limpiar las jeringas? Marca solo una	<input type="checkbox"/> Blanqueador	<input type="checkbox"/> Nada
	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Agua

89. ¿Has usado alguna vez drogas que no sean recetadas por razones medicas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
90. ¿Has abusado de medicamentos recetados?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
91. ¿Abusas tu de mas de una droga a la vez?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
92. ¿Puedes pasar toda una semana sin usar drogas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

93. ¿Eres tu capaz de dejar de usar drogas siempre que tu lo desees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94. ¿Has tenido “La mente vacía” de repente o “escenas retrospectivas” momentáneas por el uso de drogas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
95. ¿Alguna vez te has sentido culpable por usar drogas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
96. ¿Alguna vez tu esposa (a)/compañero (o padres), se han quejado por estar involucrado con drogas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
97. ¿Alguna vez el uso de drogas te ha creado problemas con tu esposo(a) /compañero o padres?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
98. ¿Has perdido amigos por el uso de las drogas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
99. ¿Has descuidado a tu familia por el uso de las drogas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
100. ¿Te has metido en problemas en el trabajo por el uso de las drogas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
101. ¿Has perdido algún trabajo por el abuso de las drogas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
102. ¿Te has metido en peleas cuando andas bajo la influencia de las drogas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
103. ¿Te has metido en actividades ilegales para poder obtener las drogas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
104. ¿Has sido arrestado por posesión ilegal de drogas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
105. ¿Alguna vez has tenido síntomas de abstinencia (te sientes enfermo) cuando dejas de tomar drogas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
106. ¿Has tenido problemas médicos, como resultado del uso de drogas? (ej: pérdida de memoria, hepatitis, sangrado, conclusiones, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
107. ¿Has recurrido a alguien, pidiendo ayuda por el uso de drogas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
¿Has estado involucrado en un programa de tratamiento especial para drogas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

108. ¿En los últimos 6 meses, haz usado alguna de las siguientes sustancias antex de tener sexo sin usar un condon? (Marca todos los que sean necesarios)	
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Poppers
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Methamphetamine (Crystal Meth)
<input type="checkbox"/> Cocaína/crack	<input type="checkbox"/> Heroína
<input type="checkbox"/> Medicinas recetadas para for desempeño sexual	<input type="checkbox"/> Medicinas recetadas usadas para diversión
<input type="checkbox"/> Otras drogas usadas en clubes nocturnos (GHB)	<input type="checkbox"/> Ecstasy
<input type="checkbox"/> Medicación para amplificar los efectos del alcohol	<input type="checkbox"/> Otras sustancias

109. ¿Cuales fueron las razones que tomaste o usaste drogas antes?	
<input type="checkbox"/> Se me dificulta conocer personas cuando estoy sobrio	<input type="checkbox"/> No tenía planes de tener sexo
<input type="checkbox"/> Mi pareja quería hacerlo	<input type="checkbox"/> Estaba en un club o antro
<input type="checkbox"/> De fiesta con amigos	<input type="checkbox"/> Me quita las inhibiciones sexuales

<input type="checkbox"/> El sexo se siente mejor después de usas	<input type="checkbox"/> Otros:
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RELACIONES PERSONALES

	Muy Fuertemente en desacuerdo	Fuertemente en desacuerdo	Medianamente en desacuerdo	Neutral	Medianamente de acuerdo	Fuertemente de acuerdo	Muy fuertemente de acuerdo
110. Hay una persona que esta alrededor de mi cuando yo la necesito.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Hay una persona especial con la que comparto y alegrías.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Mi familia realmente trata de ayudarme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. Yo tengo la ayuda y apoyo emocional que necesito de mi familia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Yo tengo una persona especial, que es una fuente real de comodidad para mi .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. Mis amigos realmente tratan de ayudarme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. Cuento con mis amigos cuando las cosas van mal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. Puedo hablar con mi familia de mis problemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. Tengo amigos con los que puedo compartir mis penas y alegrías	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. Hay una persona en mi vida que se interesa por lo que siento .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. Mi familia esta dispuesta a ayudarme a tomar decisiones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. Puedo hablar de mis problemas con mis amigos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Detalle	Fuertemente en desacuerdo	Desacuerdo	De acuerdo	Fuertemente de acuerdo
122. En muchas áreas de mi vida nadie sabe que soy VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. Me siento culpable por que tengo VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. La actitud de la gente acerca del VIH, me hace sentir peor acerca de mi mismo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. Decirle a alguien que tengo VIH es riesgoso.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. La gente con VIH, pierde su empleo, cuando sus patrones se	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

enteran de que uno es VIH.	Detalle	<input type="checkbox"/> Fuertemente en desacuerdo	<input type="checkbox"/> Desacuerdo	<input type="checkbox"/> De acuerdo	<input type="checkbox"/> Fuertemente de acuerdo
127. Yo me esfuerzo mucho por mantener mi VIH en secreto.					
128. Siento que no soy una persona tan buena como las otras por tener VIH.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129. Nunca me siento avergonzado de tener VIH.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130. La gente con VIH, es tratada como degradados.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131. La mayoría de la gente, cree, que alguien con VIH es persona sucia.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132. Es mas fácil evitar hacer nuevos amigos, que tener que preocuparse por decirles que tengo VIH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. El tener VIH me hace sentir no limpio.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. Desde que supe, que tengo VIH, me siento aislado y apartado del mundo.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135. La mayoría de la gente piensa que alguien con VIH es repugnante.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136. La mayoría de la gente piensa que la gente con VIH es asquerosa.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137. El tener VIH me hace sentir mala persona.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138. Tengo mucho cuidado con quien hablo de mi VIH.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139. Algunas personas que saben que soy VIH+ se han alejado de mi.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140. La mayoría de la gente se siente incomoda alrededor de alguien que tiene VIH.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141. Desde que me enteré que tengo VIH me preocupo de que la gente me discrimine.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142. Nunca siento la necesidad de esconder el hecho de que tengo VIH.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143. Me preocupa que la gente me juzgue, cuando sepan que tengo VIH.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144. El tener VIH en mi cuerpo es repugnante para mi.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145. He sido lastimado por la reacción de la gente, cuando se enteran de que tengo VIH.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146. Me preocupa, que gente que sabe que soy VIH, le diga a otros.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
147. Me arrepiento de haberle dicho a alguien, que tengo VIH.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

148. Como regla, decirle a otros que tengo VIH, ha sido un error.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149. Algunas personas evitan tocarme, cuando saben que soy VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150. Algunas personas que me interesan, han dejado de llamarme, cuando se dan cuenta que soy VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151. Hay gente que me ha dicho, que tener VIH, es lo que yo me merezco por la forma en que viví mi vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152. Algunas personas, cercanas a mi, tienen miedo, de que otros los rechacen, si se llega a saber, que yo tengo VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153. La gente, no me quiere cerca de sus hijos, cuando se enteran de que tengo VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154. Hay personas, que se han retrocedido, físicamente, cuando se enteran que soy VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155. Alguna gente, actúa, como si es mi culpa de que yo tenga VIH .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156. He dejado de socializar, con algunas personas, por las reacciones que han tenido al enterarse de que tengo VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157. He perdido amigos, cuando les he dicho que tengo VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158. Yo les he dicho a personas cercanas a mi, que mantengan en secreto, que tengo VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159. La gente que sabe que tengo VIH tiende a ignorar mis calidades buenas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160. La gente parece tenerme miedo cuando se enteran que tengo VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161. Cuando la gente se enteran de que tengo VIH, buscan faltas en mi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

162. ¿En los últimos seis meses, cuantos compañeros de sexo, has tenido? _____

163. Si contestaste SI, ¿Era alguno de tus compañeros de sexo de los últimos 6 meses: *(marca todas las que corresponden)*:

☐ Bisexual ☐ Anónimo ☐ Estado desconocido ☐ Se inyectaba drogas ☐ VIH+

164. ¿En donde generalmente conociste a tus compañeros sexuales, en los últimos 6 meses? *(Marca todas las que correspondan)*

No he tenido compañeros sexuales nuevos, ☐ Yes ☐ No Cafeterías ☐ Si ☐ No
sigue a la pregunta #

Bares/Clubes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Internet/ en la línea	<input type="checkbox"/> Si	<input type="checkbox"/> No
Casas de Baño	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fiestas sociales	<input type="checkbox"/> Si	<input type="checkbox"/> No
Playa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fiestas de sexo	<input type="checkbox"/> Si	<input type="checkbox"/> No
En casa de otros	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Líneas de teléfono de platica	<input type="checkbox"/> Si	<input type="checkbox"/> No
Por amigos	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parks	<input type="checkbox"/> Si	<input type="checkbox"/> No
Trabajo	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Líneas de teléfono de platica	<input type="checkbox"/> Si	<input type="checkbox"/> No
Otros: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Playa/lago	<input type="checkbox"/> Si	<input type="checkbox"/> No

165. ¿Has tenido sexo en alguno de los siguientes lugares en los últimos 6 meses? *(marca todos los que correspondan)*

Bar	<input type="checkbox"/> Si	<input type="checkbox"/> No	Librería	<input type="checkbox"/> Si	<input type="checkbox"/> No
Casa de baño	<input type="checkbox"/> Si	<input type="checkbox"/> No	Gimnasio	<input type="checkbox"/> Si	<input type="checkbox"/> No
Playa	<input type="checkbox"/> Si	<input type="checkbox"/> No	Mi casa	<input type="checkbox"/> Si	<input type="checkbox"/> No
Casa de otros	<input type="checkbox"/> Si	<input type="checkbox"/> No	Parque	<input type="checkbox"/> Si	<input type="checkbox"/> No
Otros: _____	<input type="checkbox"/> Si	<input type="checkbox"/> No			

166. ¿En los últimos 6 meses, has tenido sexo para conseguir cualquiera de los siguientes? *(marca todos los que correspondan)*

Drogas	<input type="checkbox"/> Si	<input type="checkbox"/> No	Lugar para quedarte	<input type="checkbox"/> Si	<input type="checkbox"/> No
Comida	<input type="checkbox"/> Si	<input type="checkbox"/> No	Protección de alguien	<input type="checkbox"/> Si	<input type="checkbox"/> No
Diner	<input type="checkbox"/> Si	<input type="checkbox"/> No			

167. ¿Has pagado por sexo en los últimos 6 meses? ☐ Si ☐ No

168. En los últimos 6 meses,

	Siempre	A veces	Nunca
¿Le preguntaste a tus compañeros sexuales si eran VIH positivos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¿Le preguntaste a tus compañeros sexuales, si ellos tienen STD (enfermedad transmitida por sexo)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¿Le has dicho a tus nuevos compañeros sexuales, que tienes VIH positivo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¿Usaste condones, al tener sexo con personas VIH negativas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¿Les dijiste a tus nuevos compañeros que tienes un STD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(enfermedad transmitida por sexo)?

¿Usaste condones, al tener sexo con personas que no sabían si eran VIH positivos o si no tenían STD (enfermedades transmitidas por sexo)?

☐☐☐

169. En los últimos 12 meses, ¿Has tenido alguna de las siguientes condiciones o infecciones:

Sífilis	<input type="checkbox"/>	Si	<input type="checkbox"/>	No	TB (tuberculosis)	<input type="checkbox"/>	Si	<input type="checkbox"/>	No
Gonorrea	<input type="checkbox"/>	Si	<input type="checkbox"/>	No	Enfermedades del Corazón	<input type="checkbox"/>	Si	<input type="checkbox"/>	No
Hepatitis A	<input type="checkbox"/>	Si	<input type="checkbox"/>	No	Presión arterial alta	<input type="checkbox"/>	Si	<input type="checkbox"/>	No
Hepatitis B	<input type="checkbox"/>	Si	<input type="checkbox"/>	No	Otros _____	<input type="checkbox"/>	Si	<input type="checkbox"/>	No
Hepatitis C	<input type="checkbox"/>	Si	<input type="checkbox"/>	No	Diabetes	<input type="checkbox"/>	Si	<input type="checkbox"/>	No

170. ¿Has tenido sexo, sin condones desde que fuiste diagnosticado VIH positivo? ☐ Si ☐ No

171. Si contestaste si, ¿Qué tan seguido? ☐ Siempre ☐ Algunas veces ☐ Nunca

172. Si contestaste Si, ¿Cuál de las siguientes opciones es la que mejor encaja con tus ideas acerca de sexo sin condones?

<input type="checkbox"/>	Se siente bien, mejor que si uso condones
<input type="checkbox"/>	P Mi compañero no me deja usar protección
<input type="checkbox"/>	Siento que no estoy en riesgo
<input type="checkbox"/>	No tengo tiempo para usar protección
<input type="checkbox"/>	Otros:

173. ¿Alguna vez vas al Internet para encontrar compañeros sexuales? ☐ Si ☐ No

174. Si contestaste si, ¿Cuál es el sitio que tu usas?

<input type="checkbox"/> Manhunt	<input type="checkbox"/> Adam4Adam	<input type="checkbox"/> Mypartner.com	<input type="checkbox"/> Match.com
<input type="checkbox"/> Gay.com	<input type="checkbox"/> Craigslist.com	<input type="checkbox"/> Connexion.org	<input type="checkbox"/> Otros:

175. ¿Has sido alguna vez víctima de asalto sexual? ☐ Si ☐ No

176. ¿Te sientes seguro en tu relación? ☐ Si ☐ No

177. ¿Alguna vez tu compañero te ha amenazado a ti o a tus niños? ☐ Si ☐ No

178. ¿Alguna vez tu compañero te ha lastimado físicamente a ti o a tus niños? ☐ Si ☐ No

179. ¿Si fuiste lastimado, tus amigos o familia están enterados? ☐ Si ☐ No

180. ¿Tus amigos o familia tienen capacidad para ayudarte? ☐ Si ☐ No

181. ¿Tienes un lugar seguro a donde ir en un caso de emergencia? ☐ Si ☐ No

¡GRACIAS POR TU TIEMPO! LA ENCUESTA HA TERMINADO.

Client Focus group/Interview topics

Services	Support	Risks	Allied services
Describe the first time you accessed services	Upon becoming HIV positive, what were the first steps taken, and how did you know those were the steps to take?	Experiences of newly diagnosed persons	Treatment adherence
Easiest services to get		Internet use	Substance abuse services
Hardest services to get	How did you learn about services?	Drugs and HIV risk	Mental health services
Most important services/least	Sex and being Positive		
If you lost service "x", would you know where to go and what would you do?			

Conducted by:

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512-471-4219

Jeremy Goldbach, Doctoral Student, University of Texas at Austin School of Social Work,
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You are being asked to be part of a research study to understand the needs of people living with HIV. This form provides you with some information about the study. The person in charge of this research will also describe this study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to take part. Being a part of this study is entirely voluntary, meaning you don't have to participate, and you won't get in trouble, have penalties or lose benefits to which you are otherwise entitled. You can stop your participation at any time and your refusal will not impact current or future relationships with UT Austin or any agency you are a client of. To do so simply tell the researcher you wish to stop participation. The researcher will provide you with a copy of this consent for your records.

The purpose of this study is to understand the social service (such as mental health and substance abuse services) and medical needs (such as seeing your doctor) of people living with HIV in Travis, Williamson, Caldwell, Hays, and Bastrop counties.

If you agree to be in this study, we will ask you to do the following things:

- Complete an survey that asks about the social and medical services your currently receive and those which you need.

If you are interested in participating in the voluntary focus group, we will ask that you:

- Participate in a focus group (with about eight of your peers).

Total estimated time to participate in the survey is 30 minutes.

Total estimated time to participate in the focus group, if interested, is 60 minutes. In the focus group session, the group will discuss some of the services that you receive or would like to receive, how you learned about services that were available to you, what risks you see for people who are HIV positive (such as drug use and internet use) and how easily you are able to continue medical treatment.

Risks of being in the study

- There are no known risks associated with this study and we will not collect any information that could identify you or link you to your responses.

Benefits of being in the study

- There are no direct benefits to you for participating in this study.

Compensation:

- You will receive a \$20 HEB gift card after you return the completed assessment. If you participate in a focus group, you will receive an additional \$20 HEB gift card for your participation.

Confidentiality and Privacy Protections:

- We are not collecting any identifying information that could associate you with this assessment. If you participate in a focus group, we will not ask for any information that would link you to the session. The focus groups will be recorded, but all records of this study will be stored securely and kept confidential in a locked file cabinet in a locked office. Authorized persons from The University of Texas at Austin and members of the Institutional Review Board have the legal right to review your research records. All publications will exclude any information that will make it possible to identify you as a subject. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

Contacts and Questions:

If you have any questions about the study please ask now. If you have questions later, want additional information, or wish to withdraw your participation call the researchers conducting the study. Their names, phone numbers, and e-mail addresses are at the top of this page. If you have questions about your rights as a research participant, complaints, concerns, or questions about the research please contact Jody Jensen, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects at (512) 232-2685 or the Office of Research Support at (512) 471-8871 or email: orosc@uts.cc.utexas.edu.

Keep this copy for your records.

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