

STAFF USE ONLY-SURVEY ADMIN

Date of survey: _____

Agency/location: _____

Survey #: _____

Staff initials: _____

Gift card #: _____



STAFF USE ONLY-DATA ENTRY

Date of data entry: _____

Auto survey #: _____

Staff initials: _____

2017 Needs Assessment Survey

Dear Participant,

The purpose of this survey is to learn about your needs for HIV care and what it's like for you to be living with HIV. Only people who are **HIV positive, 18 years of age or older**, and who **live in the Austin area** (Travis, Bastrop, Hays, Williamson or Caldwell county) should take this survey.

Please read the following before you begin:

- Your participation in this survey is 100% voluntary.
- Everything you tell us is 100% confidential. You will not be identified in the report, and no information about you *as an individual* will be shared.
- You do not have to answer any questions that make you feel uncomfortable or that you do not want to answer.
- If you complete the survey, you are giving us your consent to use your survey answers. Again, you will not be identified in the report.
- Please take your time to answer all questions as completely and accurately as possible. There are no right or wrong answers. There is no time limit.

You can begin the survey now. Please bring your completed survey to a staff person when you are done. Thank you for your participation in this project!

Section 1: Please Tell Us About Yourself

1. What is your zip code? _____

If you **do not have a zip code**, please describe where you live (cross-streets, name of shelter or housing facility) _____

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

☐ Hispanic

☐ Black

☐ White

☐ Multi-Racial

☐ Other: _____

3. What languages do you feel most comfortable speaking? (*Select all that apply*)

☐ English

☐ Spanish

☐ Other: _____

4. How old are you?

☐ 18-24 years old

☐ 25-34 years old

☐ 35-44 years old

☐ 45-54 years old

☐ 55-64 years old

☐ 65+ years old

5. What is your current gender identity? (*Select all that apply*)

☐ Male

☐ Female

☐ Transgender Male/Trans Man

☐ Transgender Female/Trans Woman

☐ Gender non-binary, neither exclusively male nor female

☐ Other: _____

☐ Prefer not to answer

6. What sex were you assigned at birth on your original birth certificate? (*Select one*)

☐ Male

☐ Female

☐ Prefer not to answer

7. Do you think of yourself as:

☐ Lesbian, gay or
homosexual

☐ Straight or
heterosexual

☐ Bisexual

☐ Something else

☐ Do not know

☐ Prefer not to answer

8. How long have you lived in the Austin Area?

☐ Less than 12 months

☐ More than 12 months

9. How is your HIV medical care paid for? (*check all that apply*)

☐ Ryan White

☐ Medicare

☐ Medicaid

☐ MAP (Medical Assistance Program)

☐ Insurance through Obamacare/
Affordable Care Act marketplace

☐ Insurance through employer

☐ Out of pocket

☐ Other: _____

☐ I do not know

Section 2: Please Tell Us About The Following Services

Service	Did you need this service in the past 12 months– regardless of whether you received it.	Did you receive this service in the past 12 months?	If you needed this service, but it was difficult to get, please circle (up to three) reasons why.
10. HIV medical appointments	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to Q11) ↓	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A, it was easy to get I did not know how to get this service I do not qualify for assistance Hours facility is open Transportation Paperwork or enrollment process Difficulty scheduling an appointment Long wait in the waiting room Not comfortable with staff High co-pay or deductible Other: _____
11. Free or low-cost HIV medicines	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to Q12) ↓	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A, it was easy to get I did not know how to get this service I do not qualify for assistance Hours facility is open Transportation Paperwork or enrollment process Difficulty getting a prescription Not comfortable with staff Wait list Wait at the agency High co-pay or deductible Uninsured or have gaps in coverage Difficulty getting on Obamacare/ACA Other: _____
12. Help paying insurance costs (co-pays, premiums, deductibles etc. if you have private insurance)	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to Q13) ↓	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A, it was easy to get I did not know how to get this service I do not qualify for assistance Hours facility is open Transportation Paperwork or enrollment process Not comfortable with staff Wait list Wait at the agency High co-pay or deductible Uninsured or have gaps in coverage Difficulty getting on Obamacare/ACA Other: _____

Service	Did you need this service in the past 12 months— regardless of whether you received it.	Did you receive this service in the past 12 months?	If you needed this service, but it was difficult to get, please circle (up to three) reasons why.
13. Dental care	<input type="checkbox"/> YES —————→ <input type="checkbox"/> NO (Go to Q14) ↓	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A, it was easy to get I did not know how to get this service I do not qualify for assistance I do not need a dentist I am afraid of the dentist Hours it is open Transportation Paperwork and enrollment process Difficulty scheduling an appointment Long wait at the agency Not comfortable with staff Other: _____
14. Case management (e.g. a social worker who assesses your needs, makes referrals for you, helps you make/keep an appointment, or reminds you to take your medications)	<input type="checkbox"/> YES —————→ <input type="checkbox"/> NO (Go to Q15) ↓	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A, it was easy to get I did not know how to get this service I do not qualify for assistance Hours facility is open Transportation Paperwork and enrollment process Wait list Wait at the agency Not comfortable with staff Case manager is not helpful Case manager does not listen to me Case manager is hard to reach Needed service after program ended Other: _____
15. Food bank	<input type="checkbox"/> YES —————→ <input type="checkbox"/> NO (Go to Q16) ↓	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A, it was easy to get I did not know how to get this service I do not qualify for assistance Quality of food Amount of food Hours foodbank is open Transportation Paperwork or enrollment process Wait list Wait at the agency Not comfortable with staff Other: _____

Service	Did you need this service in the past 12 months– regardless of whether you received it.	Did you receive this service in the past 12 months?	If you needed this service, but it was difficult to get, please circle (up to three) reasons why.
16. Bus passes or taxi vouchers to help you get to and from HIV-related services	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to Q17) ↓	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A, it was easy to get I did not know how to get this service I do not qualify for assistance I do not live near a bus route I need to take more than one bus to clinic Hard to take the bus when feeling sick Not comfortable on the bus Paperwork and enrollment process Wait list Other: _____
17. HIV support group	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to Q18) ↓	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A, it was easy to get I did not know how to get this service I do not qualify for assistance Group meeting times Transportation Paperwork or enrollment process Wait list Not comfortable with staff Needed service after program ended Other: _____
18. Mental-health counseling (individual or group)	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to Q19) ↓	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A, it was easy to get I did not know how to get this service I do not qualify for assistance Hours facility is open Transportation Paperwork or enrollment process Wait list Long wait at the agency Not comfortable with staff Needed service after program ended Other: _____

Service	Did you need this service in the past 12 months– regardless of whether you received it.	Did you receive this service in the past 12 months?	If you needed this service, but it was difficult to get, please circle (up to three) reasons why.
19. Help with Housing	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to Q20) ↓	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A, it was easy to get I did not know how to get this service I do not qualify for assistance Transportation Paperwork or enrollment process Wait list Not comfortable with staff Needed service after program ended Hours facility is open Other: _____
20. Dietitian (Nutritionist)	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to Q21) ↓	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A, it was easy to get I did not know how to get this service I do not qualify for assistance Hours dietitian is available Transportation Paperwork or enrollment process Wait list Long wait at the agency Not comfortable with staff Needed service after program ended Other: _____
21. Alcohol- or drug-use program (outpatient, or where <u>no overnight</u> stay was required)	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to Q22) ↓	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A, it was easy to get I did not know how to get this service I do not qualify for assistance Hours it is open Transportation Paperwork or enrollment process Wait list Long wait at the agency Not comfortable with staff Needed service after program ended Other: _____
22. Alcohol- or drug-use program (residential, or where an <u>overnight stay</u> was required)	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to Q23) ↓	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A, it was easy to get I did not know how to get this service I do not qualify for assistance Transportation Paperwork or enrollment process Wait list Long wait at the agency Not comfortable with staff Needed service after program ended Other: _____

23. Think about the most important HIV services you currently need. Check the 5 services you need the most. (Select only 5)

- | | |
|--|---|
| <input type="checkbox"/> HIV medical appointments | <input type="checkbox"/> Bus passes or taxi vouchers to help you get to and from HIV-related services |
| <input type="checkbox"/> Free or low-cost HIV medicines | <input type="checkbox"/> Help with housing |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> HIV support Group |
| <input type="checkbox"/> Help with insurance payments | <input type="checkbox"/> Alcohol- or drug-use programs where no overnight stay is required (outpatient) |
| <input type="checkbox"/> Mental-health counseling (individual or group) | <input type="checkbox"/> Alcohol- or drug-use programs where overnight stay is required (residential) |
| <input type="checkbox"/> Case management (eg. a social worker who assesses your needs) | <input type="checkbox"/> Dietitian (Nutritionist) |
| <input type="checkbox"/> Food bank | |

24. To help you stay healthy and manage your HIV, which of these do you need assistance with (Select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Van Service to and from appointments | <input type="checkbox"/> Education on taking HIV medications |
| <input type="checkbox"/> Childcare while you go to HIV services | <input type="checkbox"/> HIV home healthcare |
| <input type="checkbox"/> Education on healthcare coverage (the Marketplace, Medicaid, Medicare) | <input type="checkbox"/> Home-delivered meals |
| <input type="checkbox"/> Help with day-to-day activities (e.g., household chores) | <input type="checkbox"/> Legal help related to accessing health benefits |
| | <input type="checkbox"/> End-of life-services (hospice) |
| | <input type="checkbox"/> Other: _____ |

Section 3: When You Were Diagnosed

25. What year were you diagnosed with HIV? _____

26. Have you ever been diagnosed with AIDS (a CD-4 count less than 200)?

- ☐ Yes ☐ No ☐ Prefer not to answer

[If diagnosed before 2012, go to Question 30]

27. In which county were you diagnosed?

- | | | |
|-------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Travis | <input type="checkbox"/> Hays | <input type="checkbox"/> Caldwell |
| <input type="checkbox"/> Williamson | <input type="checkbox"/> Bastrop | <input type="checkbox"/> Other |

28. How soon after your diagnosis did you see a doctor for your HIV?

- | | |
|---|--|
| <input type="checkbox"/> Less than 3 months | <input type="checkbox"/> I have never seen a doctor for my HIV |
| <input type="checkbox"/> 3 to 6 months | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> After 6 months | <input type="checkbox"/> Prefer not to answer |

29. If it took 3 months or more for you to see a doctor after diagnosis, please tell us why? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> N/A, I saw the doctor within 3 months | <input type="checkbox"/> I felt fine, I was not sick |
| <input type="checkbox"/> I did not know where to go | <input type="checkbox"/> I was too sick |
| <input type="checkbox"/> I could not get an appointment | <input type="checkbox"/> I did not want anyone to know of my HIV diagnosis |
| <input type="checkbox"/> I did not know how I would pay for it | <input type="checkbox"/> I did not want to believe I had HIV |
| <input type="checkbox"/> I did not have health insurance | <input type="checkbox"/> I do not remember |
| <input type="checkbox"/> I could not find transportation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I had other priorities | |

Section 4: Your HIV Care History

30. In the past 12 months, did you see a doctor for your HIV or get a prescription for HIV medication?

☐ Yes

☐ No (Go to Q32)

31. In the past 5 years (since 2012), has there been a period of at least 12 months when you did not see a doctor for your HIV or get a prescription for HIV medication?

☐ Yes

☐ No (Go to Q33)

☐ Not sure (Go to Q33)

32. If you did not see a doctor for your HIV or get a prescription for HIV medication, why not?

☐ I did not know where to go

☐ I could not get an appointment

☐ I could not afford it

☐ I did not have health insurance

☐ I could not find transportation

☐ I had other priorities

☐ I felt fine, I was not sick

☐ I did not feel comfortable with the doctor, nurse, or other staff

☐ I did not want anyone to know I was HIV+

☐ Other: _____

33. Where do you regularly see a doctor for your HIV? (Select all that apply)

☐ CommUnityCare/ David Powell

☐ Emergency room/hospital

☐ Other community clinic (i.e. People's, El Buen, Lone Star Circle of Care)

☐ Private doctor or clinic (i.e. Red River, Austin Infections Disease Consultants)

☐ VA clinic/hospital

☐ N/A; I do not regularly see a doctor for my HIV

34. In the last 30 days, about how many times have you missed taking your HIV medication?

☐ I took it **every day** as prescribed (Go to question 36)

☐ I missed **1-2** times (Go to question 36)

☐ I missed **3-4** times

☐ I missed **5-10** times

☐ I missed **11-29** times

☐ I **did not** take any HIV medication in the last 30 days

☐ Not sure

35. Please tell us why you missed some of your HIV medication. (Select all that apply)

☐ I am not currently prescribed HIV medication

☐ I feel healthy

☐ I can't afford the medications/ my co-pay

☐ I had difficulty getting a refill

☐ I have trouble remembering to take them

☐ I am on a "drug holiday"

☐ They make me feel sick

☐ I do not have a private place to keep or take medications

☐ Other: _____

☐ Prefer not to answer

Section 5: PrEP

36. Do you know what pre-exposure prophylaxis (PrEP) is?

☐ Yes

☐ No

☐ Not sure

37. Do you know where PrEP is available?

☐ Yes

☐ No

☐ Not sure

Section 6: Financial Resources, Housing and Transportation

38. How worried are you right now about not being able to pay for the following:

	Very worried	Moderately worried	Not too worried	Not worried at all	Do not Know/ N/A
HIV medical costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (non-HIV) medical costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Normal monthly bills or housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Do you feel your housing situation is stable (you have a reliable, safe place to live)?

- ☐ Yes ☐ No ☐ Not sure

40. In the past 12 months, has your housing situation affected you in any of the following ways? (Select all that apply)

- ☐ I had trouble keeping HIV medical appointments
☐ I had trouble taking HIV medications as prescribed
☐ None of the above

41. Does your transportation situation make it difficult for you to get to HIV services?

- ☐ Yes ☐ No ☐ Not sure

42. How do you usually get to HIV services? (Select all that apply)

- ☐ Walk or ride my bike ☐ Friend or family gives me a ride
☐ Bus ☐ Taxi
☐ Metro Access ☐ Van service (STS or CARTS)
☐ My own car ☐ Other: _____

Section 7: Social Support

43. Do you have enough people or groups in your life who provide emotional support, advice, and friendship?

- ☐ Yes ☐ No ☐ Not sure

44. Do you have a friend/ family member/ support group who you can talk to about your health and HIV status?

- ☐ Yes ☐ No ☐ Not sure

45. Has HIV-related stigma or fear of discrimination kept you from getting services?

- ☐ Yes ☐ No ☐ Not sure

Section 8: Other Health Concerns

46. Do you have other medical problems that require ongoing treatment, in addition to HIV (for example- heart disease, diabetes, chronic pain, cancer, arthritis)?

- ☐ Yes ☐ No (Go to Q50) ☐ Not sure (Go to Q50)

47. If yes, are you receiving medical treatment for these conditions?

- ☐ Yes, enough
- ☐ Yes, but not enough
- ☐ No, none

48. Can you get your HIV medical care and care for other health problems at the same place?

- ☐ Yes, most of the time
- ☐ No, I have to go to 2 or 3 doctors
- ☐ No, I have to go to 4 or more doctors

49. In the past 12 months, have your other medical conditions affected you in any of the following ways:

- ☐ I had trouble keeping HIV medical appointments
- ☐ I had trouble taking my HIV medication as prescribed
- ☐ None of the above

50. In the past 12 months, have you felt any of the following to *such a degree* that you thought you wanted help? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Anxiety or worry | <input type="checkbox"/> Thoughts of hurting yourself or others** |
| <input type="checkbox"/> Sadness | <input type="checkbox"/> Night terrors |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Fear of leaving your home |
| <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Memory loss | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Loneliness/ isolation | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Feeling manic or out of control | <input type="checkbox"/> Prefer not to answer |

***If you are having thoughts of hurting yourself or others right now, contact your counselor immediately or refer to the resource list attached to this survey.*

51. Has a doctor told you that you currently have any of the following conditions?

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Agoraphobia |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Anxiety or panic attacks | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> PTSD | <input type="checkbox"/> I do not have a mental health diagnosis |
| <input type="checkbox"/> Obsessive compulsive disorder | <input type="checkbox"/> Prefer not to answer |

52. In the past 12 months has your mental health affected you in any of the following ways? (Select all that apply)

- ☐ I had trouble keeping HIV medical appointments
- ☐ I had trouble taking HIV medications as prescribed
- ☐ None of the above

Section 9: Sexual Activity

53. In the past 12 months, have you had sex (oral, anal or vaginal)?

- ☐ Yes ☐ No (Go to Q57) ☐ Prefer not to answer (Go to Q57)

54. Please indicate how often you use protection (condom, dental dam, female condom) for each type of sexual activity.

	Never	Sometimes	Usually	Always	N/A, I do not have this type of sex
Oral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. If you've had sex in the past 12 months, and you did not use protection, why?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> I only ever have sex with one person | <input type="checkbox"/> I already have HIV |
| <input type="checkbox"/> The person/people I have sex with are also HIV+ | <input type="checkbox"/> The person/people I have sex with do not like condoms |
| <input type="checkbox"/> My viral load is undetectable | <input type="checkbox"/> I do not want people to know my HIV status |
| <input type="checkbox"/> I do not like condoms | <input type="checkbox"/> The person/people I have sex with are on PrEP |
| <input type="checkbox"/> I get caught up in the moment, and forget to use condoms | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I get too drunk/high to remember to use condoms | <input type="checkbox"/> NA, I always use protection |

56. Are any of the following true about someone you have had sex with in the past 12 months?

- ☐ I have given someone money, gifts, housing or drugs for sex
☐ Someone has given me money, gifts, housing or drugs so I would have sex with them
☐ No, does not apply
☐ Prefer not to answer

Section 10: Drug and Alcohol Use

57. Have you injected drugs in the past 12 months? (Other than those prescribed to you)

- ☐ Yes ☐ No (Go to Q60) ☐ Prefer not to answer (Go to Q60)

58. If yes, did you share needles or use a needle that may have been used by someone else?

- ☐ Yes ☐ No ☐ Prefer not to answer

59. Do you know how to access clean needles?

- ☐ Yes ☐ No ☐ Prefer not to answer

60. In the last 12 months have alcohol or drugs affected you in any of the following ways? (Select all that apply)

- ☐ I had trouble keeping HIV medical appointments
☐ I had trouble taking HIV medications as prescribed
☐ None of the above

Section 11: Incarceration History

61. In the past 12 months, did you spend at least 30 nights in jail or prison?

- ☐ Yes - jail ☐ No (*Go to End.*) ☐ Prefer not to say
☐ Yes - prison (*Go to End.*)

62. While in jail or prison, were you tested for HIV or did you tell medical staff your HIV status?

- ☐ Yes ☐ No ☐ Not sure ☐ N/A, was not
positive at the time
(Go to End.)

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

- ☐ Yes ☐ No ☐ N/A: I was not prescribed medication at that time

64. As part of your release from jail/prison, which of the following did you receive?

	<u>Yes</u>	<u>No</u>
Referral to HIV medical care	<input type="radio"/>	<input type="radio"/>
Referral to case management	<input type="radio"/>	<input type="radio"/>
HIV medication to take with you	<input type="radio"/>	<input type="radio"/>

END

Thank you for taking our survey!

Your answers will help us learn what people need for HIV care in the Austin Area.

If you have questions about this survey after today, please contact:

Ryan White Planning Council Office of Support

(512) 972-5213

Please bring your completed survey to a staff person now.