



CLIENT SURVEY

For Travis County residents

This survey was created by the Austin Area Comprehensive HIV Planning Council to get a better understanding of the needs of persons living with HIV/AIDS in the Austin area. The results of this survey will enable the Austin Area TGA HIV Planning Council to make more informed decisions with regard to allocation of funds for Ryan White Program services. Your responses to this survey are greatly appreciated and will provide valuable information to the Planning Council.

Please answer each question to the best of your knowledge by circling yes or no or by filling in the blank with your answer.

This survey is confidential and voluntary; your answers will not be shared with your service provider. If you have any questions feel free to ask the survey administrator. You can stop this survey at any time.

Please answer the following:

ZIP Code where you reside _____ **Your age** _____ **Your Sex: M F Transgender**

Your Race: White Hispanic Black Other (specify) _____

Years since initial HIV/AIDS diagnosis _____ **Are you currently in medical care? YES NO**

LANGUAGE (LINGUISTICS):

1. Have you ever avoided talking with a case manager or doctor because you were frustrated with your ability to communicate in English? **YES NO**

2. Have language barriers ever kept you from applying for or receiving HIV services? **YES NO**

3. How do you handle the language barrier? _____

4. Can you read in any language other than English? **YES NO**

5. How can your service provider help? List all suggestions. _____

LEGAL SERVICES:

6. Have you ever discussed legal issues with your case manager? **YES NO**

If no, why not? _____

7. Was your case manager able to assist you with your legal issue? **YES NO**
8. Where you referred to an attorney? **YES NO**
9. How did the attorney assist you? **YES NO**

Please describe the legal issue and how you were helped _____

TRANSPORTATION:

10. Have you ever missed an appointment because you didn't have a ride? **YES NO**
11. Have you ever missed an appointment because your transportation was late? **YES NO**
- Was it your fault the transportation was late? **YES NO**
- If yes, did you have to reschedule? **YES NO**

12. How do you get to medical appointments? Check all that apply:

- | | | | | | |
|---------------------|--------------------------|------------|--------------------------|----------|--------------------------|
| Your car | <input type="checkbox"/> | Motorcycle | <input type="checkbox"/> | Neighbor | <input type="checkbox"/> |
| Family member's car | <input type="checkbox"/> | Bicycle | <input type="checkbox"/> | | |
| Bus (Metro bus) | <input type="checkbox"/> | Walk | <input type="checkbox"/> | | |
| Taxi cab | <input type="checkbox"/> | Hitch-hike | <input type="checkbox"/> | | |

13. Prior to the change in Cap Metro policies, did you have a Disability Fare Card? **YES NO**

14. Do you have the Cap Metro Reduced Fare ID card? **YES NO**

If yes, do you use the card to travel to medical appointments? **YES NO**

How has the change in Cap Metro policies impacted your ability to get to appointments?

15. Do you use MetroAccess System services to travel for medical care? (formerly known as Special Transit Services or STS) **YES NO**

If yes, how often do you use MetroAccess? _____

Is MetroAccess essential for you to keep medical appointments? **YES NO**

Have you had problems using Metro Access to get to appointments? **YES NO**

Please describe any problems you have experienced with MetroAccess:

16. On average, how much does each of the following cost you per week or per month, whichever is easier to figure out?

	WEEKLY	MONTHLY
GAS	_____	_____
BUS FARE	_____	_____
TAXI CAB	_____	_____
PAYING FRIEND/FAMILY	_____	_____

17. On average, how many medical appointments do you have per month? _____

18. Are there any additional issues you face with access to transportation for Ryan White services that you would like to tell us about?

CHILD CARE:

19. Do you have children? **YES NO**
20. Do you care for children for which you are not the natural or adoptive parent? **YES NO**
21. How many children are in your household (children you care for)? _____
22. Are your children currently in day care? **YES NO**
23. Are your children too young to be left alone while to travel for an appointment? **YES NO**
24. Do you face difficulties making or keeping appointments due to child care issues? **YES NO**
25. Do you ever bring your children with you when you go in for an appointment? **YES NO**

26. Describe ANY difficulties you have faced in making or keeping medical appointments due to child care:

Thank you for taking the time to participate. Austin Area Comprehensive HIV Planning Council