

# LAS VEGAS TGA NEEDS ASSESSMENT SURVEY OF PEOPLE LIVING WITH HIV AND AIDS

**Sponsored by the Ryan White Part A Las Vegas TGA HIV/AIDS Program**

## INTRODUCTION

Thank you for agreeing to participate in this important survey.

For each question below please check the box or write in your answer. There are no write or wrong answers. Please take as much time as you need to answer each question based on your experiences. If you have any questions or need help reading the survey or interpreting the questions, please ask for assistance.

This survey and any conversation you have with the interviewer are **completely confidential**. Your answers will be combined with those from more than 800 other people, so no one will identify you. Thank you for your help.

1.	Are you currently...	
	HIV positive with symptoms	
	HIV positive without symptoms	
	Have an AIDS diagnosis	
	HIV negative (please see interviewer)	
	Don't know (please see interviewer)	
	Refused (please see interviewer)	

**\*\*\*Interviewer\*\*\* (If answer is "HIV negative" "Don't know" or "Refused" STOP. This person does not qualify. Thank them for their time.)**

1a	Has anyone interviewed you about this in the last two months?	
	Yes (please see interviewer)	
	No	
	Don't know (please see interviewer)	
	Refused (please see interviewer)	

**\*\*\*Interviewer\*\*\* (If answer is "Yes" "Don't know" or "Refused", STOP. This person does not qualify. Thank the person for their time.)**

2.	Are you...	
	Male	
	Female	
	Transgender (Male to Female)	
	Transgender (Female to Male)	

3.	What do you consider your ethnic background ?	
	African-American / Black	
	Asian Pacific Islander	
	Asian	
	American Indian / Alaskan Native	
	Hispanic / Latino	

	More than One Race / Multi-racial	
	Caucasian / White (not-Hispanic)	
	Other (please specify): _____	

4.	What year were you born?	_____
		Year

5.	Where were you born?	
	The United States	
	Mexico	
	Puerto Rico or another U.S. territory	
	Central or South America	
	Other (please specify): _____	

6.	Do you consider yourself... <b>(please select one answer)</b>	
	Heterosexual / Straight	
	Homosexual-Gay Male	
	Homosexual-Lesbian Woman	
	Bisexual	
	Other (please specify): _____	

7.	How far did you go in school?	
	Grade school or less	
	Some high school	
	Graduated high school/GED/trade school	
	Some college/2 year college/ 2 year trade school	
	Completed 4 year college	
	Graduate level or professional study	

8.	Where do you currently live? (please choose one)	
	In an apartment/house/mobile home I rent	
	In an apartment/house/mobile home I own	
	At my parents / relatives apt./house/mobile home	
	Living/crashing with someone and not paying rent	
	In a treatment facility (drug or psychiatric)	
	In a half-way house or transitional housing unit	
	In a supportive living facility (assisted living facility or skilled nursing facility)	
	Homeless (on the street/in a car)	
	Homeless shelter	
	Domestic violence shelter	
	In a group home or residence	
	Other (please specify): _____	

8a	How much is your monthly rent or mortgage payment?	
	\$400 or less per month	
	\$401- \$800 per month	
	\$801 - \$1000 per month	
	\$1,000 or more per month	
	I don't know	

	Does not apply	
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8b	How much of your monthly rent or mortgage payment do <b>YOU</b> pay?	
	None	
	25% or less	
	26% - 50%	
	51% - 75%	
	76% or more (< 100%)	
	100%	
	Does not apply	

8c	Thinking about your current housing situation, do any of the following stop you from taking care of your HIV/AIDS? (such as accessing medical care, taking medication, ect.) <b>(Please check all that apply)</b>	
8c	You don't have a safe and private room	
8d	You don't have a bed to sleep in	
8e	You don't have a place to store your medications	
8f	You don't have a telephone to make appointments	
8g	You don't have enough food to eat	
8h	You don't have money to pay for rent	
8i	You don't have heat and/or air conditioning	
8j	You are afraid of others living with you knowing your HIV/AIDS status	
8k	You can't get away from drugs	
8l	None of the above	

8	What is the zip code and city/state where you live?
8m	zip code _____
8n	City: _____
8o	State: _____

9	Have you ever been in prison or jail for 30 days or more?	
	Yes (please answer questions 9a, 9b, 9c, 9d, 9e, and 9f)	
	No	

9a	Did you request HIV/AIDS medical care while incarcerated?	
	Yes	
	No	

9b	Did you receive HIV/AIDS medical care while incarcerated?	
	Yes	
	No	

9c	Did you have any problems getting HIV/AIDS medication while you were incarcerated?	
	Yes	
	No	

9d	When you were released from prison or jail were you given info/assistance on where to seek HIV/AIDS medical care?	
	Yes	
	No	

9e	How long after being released from jail or prison was it before you saw an HIV/AIDS doctor, accessed HIV/AIDS medications?	
	Less than 1 month	
	2 to 3 months	
	4 to 6 months	
	6 months to a year	
	More than a year	

9f	What state and city were you in prison or jail?	
	City: _____	
	State: _____	

9g (Part 2)	Did you ever spend any time in the Juvenile Justice system?	
	Yes (Please answer question 9h	
	No	

9h	How many times were you admitted into the Juvenile Justice System?	
	1 time	
	2 to 3 times	
	3 to 4 times	
	5 times or more	

9i	What is the <b>total</b> length of time you spent in the Juvenile Justice System?	
	Less than 1 month	
	1 to 3 months	
	3 to 6 months	
	6 months to a year	
	1 year or more	

10.	How many...(write the number in the box)	
10a	Other adults are living with you?	
10b	Children and teens are living with you?	

11.	What best describes your <b>current</b> relationship status?	
	Single	
	Married	
	Not married but live with partner	
	Married but separated	
	Divorced	
	Widowed or partner died	
	Other (please specify): _____	

12.	Is anyone else in your household HIV positive or living with AIDS?			
	<i>Please answer each item below</i>	Yes	No	Don't Know
12a	Partner/wife/husband	Y	N	DK
12b	Adult family member/relative	Y	N	DK
12c	Other adults (unrelated to you)	Y	N	DK

12d	Children	Y	N	DK
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13.	What best describes your current job (work) situation? (please select one answer)		
	Employed full-time (33-40 hours a week) for pay		
	Employed part time (less than 33 hours a week) for pay		
	Working part time for pay and on disability		
	Not working - looking for work (please answer 13a)		
	Not working - on full disability (please answer 13a)		
	Not working - have applied for disability (please answer 13a)		
	Not working - student / homemaker / volunteer / other (please answer 13a)		
	Not working - not looking for work (please answer 13a)		
	Retired		
	Other (please specify): _____		

13a	When is the last time you were employed for pay?		
	Sometime this year (in 2009 or 2010)		
	2008		
	2007		
	2006		
	2005		
	2004		
	Prior to 2004		

13b	How has your HIV/AIDS diagnosis affected your work?		
	I continued to work but decreased hours		
	I quit working because of my diagnosis		
	I was terminated because of missed days at work		
	I quit because of job stress		
	I changed jobs or quit for reasons not related to my HIV/AIDS		
	My diagnosis has not affected my work		
	Other: (please specify)		

14.	What is your best estimate of how much money came into your household last year?		
	\$0 - \$5,000 (up to 416 per month)		
	\$5,001 - \$10,000 (up to \$833 per month)		
	\$10,001 - \$20,000 (up to \$1,666 per month)		
	\$20,001 - \$30,000 (up to \$2,500 per month)		
	\$30,001 - \$40,000 (up to \$3,333 per month)		
	\$40,001 - \$50,000 (up to \$4,166 per month)		
	Greater than \$50,001 (\$4,167+ per month)		

15.	Do you have or receive any of the following?		
	<i>Please answer each item below with Yes or No...</i>	Yes	No
15a	Insurance through work	Y	N
15b	COBRA (insurance through your last	Y	N

	employer)		
15c	Private insurance, not through work	Y	N
15d	Veterans Administration health care	Y	N
15e	County Welfare (Clark County Social Services)	Y	N
15f	Medicare	Y	N
15g	Medicaid	Y	N
15h	Child Support	Y	N
15i	Food Stamps	Y	N
15j	WIC	Y	N
15k	Section 8 or other housing subsidy	Y	N
15l	Social Security	Y	N
15m	TANF	Y	N
Low-cost or free Support Services in the Community, such as:			
15n	Financial Assistance	Y	N
15o	Food Banks/Food Vouchers	Y	N
15p	Furniture/Clothing	Y	N
15q	Housing Assistance	Y	N
15r	Medication Payment Assistance	Y	N
15s	Transportation Assistance	Y	N
15t	Substance Abuse Counseling	Y	N
15u	Mental Health Counseling	Y	N
15v	Case Management	Y	N
15w	Family Planning	Y	N
15x	Legal Assistance	Y	N
15y	Nutritional Counseling	Y	N
15z	Dental Services	Y	N
15aa	Homeless Shelter/Domestic Violence Shelter	Y	N
15bb	STD/Pregnancy Testing	Y	N
15cc	Medical Care (OB/GYN, Pediatric, General, HIV/AIDS specific)	Y	N
15dd	Job Assistance (job skills, placement, resume assistance)	Y	N
15ee	Other: (please specify) _____	Y	N

15.	Did you receive any of the following <b>before</b> you found out you had HIV/AIDS? If so, how long did you access or receive that service <b>before</b> you found out you had HIV/AIDS?							
Part 2								
<i>Please answer Yes or No and how long to each service below...</i>		Yes	No	Less than 1 Year	1 to 3 Years	3 to 5 Years	5 to 10 Years	10+ Years
15ff	Veterans Administration Health Care	Y	N					
15gg	County Welfare (Clark County Social Services)	Y	N					
15hh	Medicare	Y	N					
15ii	Medicaid	Y	N					
15jj	Food Stamps	Y	N					
15kk	WIC	Y	N					
15ll	Section 8 or other housing subsidy	Y	N					
15mm	Social Security	Y	N					
15nn	TANF	Y	N					
15oo	Financial Assistance	Y	N					

15pp	Food Banks/Food Vouchers	Y	N					
15qq	Furniture/Clothing	Y	N					
15rr	Housing Assistance	Y	N					
15ss	Medication Payment Assistance	Y	N					
15tt	Transportation Assistance	Y	N					
15uu	Substance Abuse Counseling	Y	N					
15vv	Mental Health Counseling	Y	N					
15ww	Case Management	Y	N					
15xx	Family Planning	Y	N					
15yy	Legal Assistance	Y	N					
15zz	Nutritional Counseling	Y	N					
15aaa	Dental Services	Y	N					
15bbb	Homeless Shelter/Domestic Violence Shelter	Y	N					
15ccc	STD/Pregnancy Testing	Y	N					
15ddd	Medical Care (OB/GYN, Pediatric, General)	Y	N					
15eee	Job Assistance (job skills, placement, resume assistance)	Y	N					
15fff	Other: (please specify) _____	Y	N					

15 Part 3	Have you experienced any of the following in your lifetime?		
<i>Please answer Yes or No to the following...</i>		Yes	No
	Did you grow up in a two parent household?	Y	N
	Did you grow up in a single parent household?	Y	N
	Did you grow up in foster care?	Y	N
	Were you verbally abused as a child?	Y	N
	Were you physically abused as a child?	Y	N
	Were you sexually abused as a child?	Y	N

16.	Do you belong to a congregation or organized religious group?	
	Yes (If yes please answer question 16a and 16b)	
	No	

16a	If yes, what type/denomination?	
	Catholic	
	Protestant	
	Jewish	
	Muslim	
	Buddhist	
	Non-denominational	
	Other:	

16b	If your congregation gay/lesbian friendly?	
	Yes	
	No	
	Unsure	

17.	When you <b>first</b> found out you had HIV or AIDS what was your diagnosis?	
	HIV positive (If you answered HIV positive please answer question 17a)	
	AIDS (If you answered AIDS please answer question 17d)	

17a	Have you ever been told by your doctor, nurse, or health care provider that you have progressed from HIV to an AIDS diagnosis?	
	Yes (If yes please answer questions 17b and 17c)	
	No (If no please answer question 17b and 17c, you may skip question 17d and 17e)	
	I was diagnosed with AIDS the same time I tested positive for HIV	

17b	What year were you first diagnosed with HIV and what state were you diagnosed in?
17b	Year: _____
17c	State: _____

17d	What year were you first diagnosed with AIDS and what state were you diagnosed in?
17d	Year: _____
17e	State: _____

18.	After receiving your HIV/AIDS diagnosis, when did you have your first visit with your doctor about your diagnosis?	
	Within a month after diagnosis	
	One to three months after diagnosis (please answer question 19)	
	Four to six months after diagnosis (please answer question 19)	
	Six months to a year after diagnosis (please answer question 19)	
	More than a year after diagnosis (please answer question 19)	
	I haven't seen a doctor yet for my HIV/AIDS diagnosis (please answer question 19)	

19	What are or were your reasons for not seeking medical care for your HIV or AIDS diagnosis immediately? (check all that apply)	
19a	I didn't feel sick	
19b	I wasn't ready to deal with it (the diagnosis caused too much emotional stress for me)	
19c	I didn't know where to go to get started	
19d	I didn't have insurance or the money to pay for medical care	
19e	It is too complicated/ too much of a hassle to get treatment	
19f	I didn't think care would help me	
19g	I started using drugs/alcohol after my diagnosis	
19h	I was afraid people would find out I was HIV positive	
19i	I couldn't get an appointment immediately	
19j	I didn't have any transportation to get to the doctor	

20.	How did you find out you were HIV positive or had AIDS?	
	I chose to get an HIV test at the health district/clinic/lab/doctors office	
	I chose to get an HIV test at the health district/clinic/lab/doctors office	

	because I felt sick	
	When I donated blood	
	When I went to the hospital or emergency room for something else	
	An HIV test was recommended by my healthcare provider as part of a physical examination or doctor's visit	
	(For Women) As part of care while I was pregnant	
	When I was in jail or prison	
	When I was tested as part of a physical exam for employment, military, or immigration purposes	
	Other (please specify): _____	

21.	What is the most likely way you were infected with HIV/AIDS?	
	Having sex with a man	
	Having sex with a woman	
	Having sex with someone who is transgender	
	Sharing needles	
	Having sex with someone who shares needles	
	Transfusion / blood products	
	Hemophilia / blood or tissue recipient	
	Acquired at birth	
	Tattoo needle	
	Other (please specify): _____	
	Don't know	

22.	At any time in the last two years have you been diagnosed or tested positive for any of the following diseases listed below? (please check all that apply)	
22a	Hepatitis A or B	
22b	Hepatitis C	
22c	Syphilis	
22d	Herpes (genital)	
22e	Gonorrhea	
22f	Chlamydia	
22g	Genital Warts	
22h	HPV	
22i	Tuberculosis (TB)	
22j	Mental Health Issue/Illness	

23	Are you currently taking any HIV/AIDS medication prescribed by your doctor?	
	Yes	
	No (If no skip to question 24)	

23a	How often have you skipped taking your HIV/AIDS medication prescribed by your doctor?	
	Never/Have not skipped	
	Once or twice a month	
	Once or twice a week	
	More than twice a week	
	I stopped taking it	

23b	Why have you skipped or stopped taking your HIV/AIDS prescribed medication? (please check all that apply)	
23b	I don't like the side effects	
23c	I didn't understand the directions	
23d	It's too hard to keep the schedule requirements	
23e	I feel like the medication doesn't work	
23f	I don't want others to see me take the medication	
23g	I forget to take it	
23h	I ran out of medication	
23i	The medication made me feel better so I didn't think I needed it anymore	
23j	I didn't have a place to keep my meds	
23k	I didn't have food/drink to take my meds	
23l	My doctor told me to stop taking it	

24.	Since your HIV or AIDS diagnosis have you ever gone 12 months or more without HIV/AIDS medical care?	
	Yes <b>(please answer questions 24a)</b>	
	No	

24a	Why did you go 12 months or more without receiving HIV/AIDS medical care? <b>(please check all that apply)</b>	
24a	I didn't know where to go for care	
24b	I didn't want to access care because I didn't feel it would help me	
24c	I was using drugs and it made getting care difficult	
24d	I moved to a new city, state, location	
24e	I didn't like the services	
24f	I feared people would find out that I had HIV/AIDS (stigma)	
24g	I didn't have transportation	
24h	I didn't like the way I was treated by service providers	
24i	I felt overwhelmed and decided not to deal with it	
24j	Other: (please explain) _____ _____	

25	Since you found out you had HIV or AIDS have you received any of the following mental health treatments or attended counseling and was it useful for you? (please check all that apply)				
		<b>Very Useful</b>	<b>Somewhat Useful</b>	<b>Not Very Useful</b>	<b>Did Not Use</b>
	Outpatient (by a doctor or counselor)				
	Inpatient (in a hospital at least overnight)				
	Individual counseling/therapy				
	Group counseling/therapy (support groups)				
	Counseling with clergy				

26	If you have received any counseling or mental health treatments was your therapist/doctor/counselor knowledgeable about HIV?	
	Yes	
	No	
	Does not apply	

26a	Was HIV/ AIDS your reason for seeking counseling or mental health treatments?	
	Yes, it was my <b>primary</b> (main) reason	
	Yes, but it was <b>NOT</b> my primary reason	
	No	
	Does not apply	

27	Since you found out you had HIV or AIDS have you been diagnosed with any of the following Mental Health or Substance Disorders? (check all that apply)	
27a	Mood Disorder (depression or bi-polar disorder)	
27b	Anxiety Disorder (panic disorder, social phobia, obsessive compulsive disorder)	
27c	Substance Related Disorders (alcohol dependence or drug dependence)	
27d	Schizophrenia	
27e	Personality Disorder	
27f	Eating Disorder (bulimia or anorexia)	
27g	Other:( please specify) _____	

28	How would you rate your current <b>physical</b> health status?	
	Excellent	
	Good	
	Fair	
	Poor	

29	How would you rate your current <b>mental</b> health status?	
	Excellent	
	Good	
	Fair	
	Poor	

30	Have you <b>EVER</b> used any of the following substances?		30a. If you have used, during the last <b>12 months</b> , how often have you used any of the following substances?			
		Yes	No	Less than once a month	Used at least once a month	Used once a week or more
	Alcohol	Y	N			
	Marijuana or Hash	Y	N			
	Crack / Cocaine	Y	N			
	Heroin	Y	N			
	Methamphetamines ( Meth)	Y	N			
	LSD or Acid	Y	N			
	Mushroom or Shrooms	Y	N			
	Ecstasy (X, XTC, MDMA, Adam)	Y	N			

Prescription medication not prescribed by your doctor?	Y	N			
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31.	Have you ever been admitted to substance abuse treatment?	
	Yes (please answer question 32)	
	No	

32.	How many times have you entered a substance abuse treatment program?	
	Once	
	Twice	
	Three times	
	Four times or more	

33.	Would any of the following get you into substance abuse treatment? (please check all that apply)	
33a	Immediate admission to a program	
33b	Information about what treatments are available and where to get them	
33c	Free treatment	
33d	An understanding and knowledgeable counselor	
33e	Housing after completing treatment	
33f	I'm not ready to enter treatment	

<b>PLEASE READ</b>	
<i>Directions:</i> for each of the following services below...	
	Under <b>column A</b> , circle "yes" if you know that the service is available for people living with HIV/AIDS and "no" if you didn't know the service is available for people living with HIV/AIDS
	Under <b>column B</b> , note "yes" or "no" if you needed the service in the past year
	Under <b>column C</b> , note "yes" or "no" to whether you asked for this service in the past year
	Under <b>column D</b> , note "yes" or "no" to whether you received the service in the past
	Under column E, note "yes" or "no" to whether or not the service met your needs

34	For each of the service below...	Were you aware the service exists?	Did you need this service in the past year?	Did you ask for this service within the past year?	Did you receive this service within the past year?	IF YOU RECEIVED SERVICE, did it meet your needs?
	HIV/AIDS medical care	Y N	Y N	Y N	Y N	Y N
	OB/GYN prenatal care (for women only)	Y N	Y N	Y N	Y N	Y N
	Assistance with medication payments	Y N	Y N	Y N	Y N	Y N
	Dental care	Y N	Y N	Y N	Y N	Y N
	HIV testing	Y N	Y N	Y N	Y N	Y N
	Health insurance premium assistance (payments, co-payments and deductibles)	Y N	Y N	Y N	Y N	Y N
	Home health care	Y N	Y N	Y N	Y N	Y N
	Hospice services	Y N	Y N	Y N	Y N	Y N
	Mental health services	Y N	Y N	Y N	Y N	Y N

For each of the service below...	Were you aware the service exists?	Did you need this service in the past year?	Did you ask for this service within the past year?	Did you receive this service within the past year?	IF YOU RECEIVED SERVICE, did it meet your needs?
Medical nutrition therapy (dietitian and nutritional supplements)	Y N	Y N	Y N	Y N	Y N
Substance abuse services (outpatient)	Y N	Y N	Y N	Y N	Y N
Medical case management (assistance coordinating medical services)	Y N	Y N	Y N	Y N	Y N
Non-Medical case management (assistance obtaining needed services such as social, legal, financial)	Y N	Y N	Y N	Y N	Y N
Child care services (child care while attending medical appointments)	Y N	Y N	Y N	Y N	Y N
Emergency financial assistance (help with emergency expenses including utilities, housing, food, medication)	Y N	Y N	Y N	Y N	Y N
Food bank/home delivered meals	Y N	Y N	Y N	Y N	Y N
Education (information on HIV transmission and how to reduce the risk)	Y N	Y N	Y N	Y N	Y N
Housing services (short-term assistance with housing including referrals)	Y N	Y N	Y N	Y N	Y N
Legal services (power of attorney, do not-resuscitate orders, discrimination or breach of confidentiality)	Y N	Y N	Y N	Y N	Y N
Interpretation and/or language translation services	Y N	Y N	Y N	Y N	Y N
Medical transportation (bus passes to for doctors appointments)	Y N	Y N	Y N	Y N	Y N
Psychosocial support services (counseling, HIV support groups)	Y N	Y N	Y N	Y N	Y N
Referrals (for health care or support services)	Y N	Y N	Y N	Y N	Y N
Rehabilitation services (physical, occupational, speech therapy)	Y N	Y N	Y N	Y N	Y N
Respite care (home based assistance relieving HIV primary care givers for a short period of time)	Y N	Y N	Y N	Y N	Y N
Substance abuse services (residential health service setting)	Y N	Y N	Y N	Y N	Y N

Treatment adherence counseling (counseling program to ensure readiness and adherence to HIV/AIDS treatment by non-medical personnel)	Y	N	Y	N	Y	N	Y	N	Y	N
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35	Have any of the following prevented you from accessing HIV/AIDS medical care or support services within the last 12 months? (please check all that apply)										
<b>KNOWLEDGE</b>										<b>Yes</b>	<b>No</b>
	I didn't know some services existed									Yes	No
	I didn't know that some services were available to me									Yes	No
	I didn't know the location of the organization providing a service									Yes	No
	I didn't know what services I needed to deal with HIV									Yes	No
<b>ATTITUDE</b>											
	I was too upset to think about services									Yes	No
	I was in denial about my HIV/AIDS diagnosis									Yes	No
	I was worried about other people finding out I have HIV/AIDS									Yes	No
	I was afraid of how I would be treated									Yes	No
	I am not a US citizen and was afraid I would be reported to the authorities									Yes	No
<b>CULTURAL ISSUES</b>											
	I couldn't find someone who speaks my language									Yes	No
	My doctor or provider doesn't understand my culture									Yes	No
	In my culture we don't like to go to the doctor									Yes	No
<b>ACCESS/COST</b>											
	I didn't know where to go or who to ask for help									Yes	No
	The hours they are open don't work with my schedule									Yes	No
	I didn't have transportation to get to medical/support service appointments									Yes	No
	I had to wait too long to get an appointment									Yes	No
	I couldn't afford the services									Yes	No
	I didn't have insurance									Yes	No
	I couldn't qualify for services because of my income									Yes	No
	Services aren't located near my home									Yes	No
	I had insurance but it didn't cover all of the cost of services I needed									Yes	No
	I didn't have child care so I could attend an appointment									Yes	No
	The provider said the service ran out of money									Yes	No
<b>PROVIDER ISSUES</b>											
	No one was willing to answer my questions or explain things to me									Yes	No
	The provider didn't have staff that speak my language									Yes	No
	The staff providing services were not polite and not helpful									Yes	No
	I didn't feel like the provider really understood what I need									Yes	No
<b>SYSTEM ISSUES</b>											
	The system of care was too hard to navigate									Yes	No
	I couldn't get referrals for the services that I needed									Yes	No
	The services that were supposedly available weren't what I tried to access them									Yes	No
	The service that I needed was not available									Yes	No
	Each place I called for help told me to call someone else									Yes	No
	I can't qualify for services because of all the rules and regulations									Yes	No



38	<b>(Optional)</b> Do you have any other comments about your satisfaction with the way you get HIV or AIDS related services? (if there isn't enough space please continue your comments on the other side)

Thank you for the time that you have taken to complete the survey. Your answers will provide very valuable information for the planning and service delivery process.

**Please see the interviewer to collect your \$15 Wal-Mart gift card.**