

**Mini-Survey on Unmet Need**  
**Carried out Year-Round by Early Intervention Services Outreach Staff**  
(based on Dutchess County, NY, EMA)

[Outreach workers typically put questions on a half-sheet of paper or index card to carry with them. When they find someone out of care, they ask the questions and record responses on the sheet. As soon as they can afterwards, they transfer information to a summary reporting form – sample provided. Forms are submitted to the person responsible for the needs assessment at the planning body or grantee, and aggregated every 1-3 months, then used annually as part of the needs assessment and decision-making process.]

**Core Questions:**

1. Have you ever received an HIV or AIDS diagnosis? If so, which one?
2. If yes, do you remember where? When?
3. Are you currently receiving primary medical care for HIV? Where?
4. Have you had a CD4 or viral load test in the past 12 months? Have you received anti-retroviral therapy in the past 12 months?

(If in care, stop)

**If not in care:**

5. Since diagnosis, have you received any HIV-related medical care?
6. If no, why not?
7. If yes, when did you drop out of care? Why?
8. What do you need to get back into care?

[Offer to refer/accompany individual to appropriate provider.]

**If consumer is willing to continue interview, get additional information, such as:**

9. What year were you born?
10. What is your race or ethnicity?
11. Where do you live (neighborhood or zip code)?
12. What is your housing situation?
13. Are you currently using substances?
14. Have you been incarcerated? When?

## Sample Form for Recording Results of Mini-Survey of Unmet Need

Date Mini-Survey was completed: \_\_\_\_\_

Outreach Worker: \_\_\_\_\_

Location: \_\_\_\_\_

### Summarize findings here:

[Where you did not obtain information, put NA – Not available]

1. HIV Status  
 HIV/non-AIDS  
 AIDS  
 HIV+ -- no other information
  
2. Year of diagnosis \_\_\_\_\_  
Place of diagnosis  
 This EMA  
 Elsewhere in State  
 Other State (specify \_\_\_\_\_)
  
- 3-5. Care Status Category  
 In care  
 Dropped out of care  
 Never in care  
 Uncertain/other (Explain \_\_\_\_\_)
  
4. Care Status using Unmet Need Definition'  
 In care  
 Not in care  
 Uncertain (explain \_\_\_\_\_)
  
6. Barrier(s) preventing person from entering care: \_\_\_\_\_
  
7. Out of care since [month or year] \_\_\_\_\_  
Reason for dropping out of care: \_\_\_\_\_
  
8. Help/action needed to get back into care: \_\_\_\_\_

### Demographics

9. Year of birth: \_\_\_\_\_

10. Race/ethnicity  
 White non-Hispanic  
 Black/African American  
 Hispanic/Latino  
 Asian or Pacific Islander  
 American Indian/Alaskan Native  
 Other/unknown (specify \_\_\_\_\_)
11. Location of residence: Neighborhood \_\_\_\_\_  
or Zip code: \_\_\_\_\_
12. Housing situation:  
 Own  
 Rent  
 Shared apartment  
 SRO/single room  
 Live with other family members (e.g., parents) or friends  
 Transitional housing  
 Shelter  
 Homeless  
 Unstable/varied
13. Are you currently using substances?  
 Yes  
 No  
If yes:  Alcohol  
 Other Drugs (specify if known \_\_\_\_\_)  
 Both alcohol and other drugs
14. Have you been incarcerated?  
 Yes Most recent dates (month/year): \_\_\_\_\_  
 No