

AO - 2008



Mark as shown: Please use a pen or a thin marker. This form will be processed automatically.
Correction: Please follow the examples shown to help optimize the reading results.

1. General Questions

1.1 Site Location Number

10th
1th
x0 x1 x2 x3 x4 x5 x6 x7 x8 x9

1.2 Survey Number

1000th
100th
10th
1th
x0 x1 x2 x3 x4 x5 x6 x7 x8 x9

1.3 I have family members, friends, or professionals who give me a lot of support. Strongly Agree Agree Disagree
 Strongly Disagree

1.4 My sex/gender is: Female Male No answer
 Transgender (MTF) Transgender (FTM)

1.5 My sexual orientation is: Straight/Heterosexual Gay/Lesbian/Homosexual Bisexual
 Not Sure No Answer

1.6 My racial/ethnic background is: African American/Black Hispanic/Latino Asian/Pacific Islander
 Native American/Alaska Native Caucasian/White More than one race

1.7 My age is: 13-24 25-44 45-64
 65 or older

1.8 At any point, did you feel you were treated poorly at this agency? Yes No

1.9 If yes to question 1.8, what reason(s) do you feel may have caused you to be treated poorly? (Mark all that apply)
 Race Sexual Orientation Age
 Gender/Sex Drug Use My difficulty speaking English
 Immigration Status Other Reasons

1.10 If "Other Reasons" was marked in question 1.9, please explain in the box provided below.

(Please turn over and complete the other side)



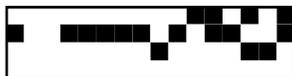
1. General Questions [Continue]

- 1.11 The language that I speak is:
- English Spanish Other
- 1.12 Because of a language barrier, I have problems understanding agency staff when I come in for or request services.
- Yes, Always Yes, Sometimes No, Never
- 1.13 I know that translation services, including services for the visually and hearing impaired, are available to me at this agency if I ask for it before my appointment.
- Yes, I know No, I did not know
- 1.14 I have completed this survey:
- By myself, with no help With some help from a staff person With someone reading the survey to me and filling it out for me.
- 1.15 I understand the reason I am required to provide certain documents to the agency and how that is related to the funding for the services I receive.
- Yes No
- 1.16 Do you know who to contact if you have a problem with or complaint about any of your services at this agency?
- Yes No, I don't know
- 1.17 Have you received a copy of the agency's grievance procedure?
- Yes No

2. Ambulatory/Outpatient Care

- 2.1 I have received medical care here for:
- Less than 1 year 1-2 years 3-5 years
 More than 5 years
- 2.2 When I need an appointment, I am able to schedule one soon enough for my needs.
- All of the time Most of the time Sometimes
 Rarely Never
- 2.3 I keep my scheduled appointments.
- All of the time Most of the time Sometimes
 Rarely Never
- 2.4 I understand what I should do if I need care during evenings and weekends.
- Yes No

(Please continue to the next page)



2. Ambulatory/Outpatient Care [Continue]

2.5 Site Location Number

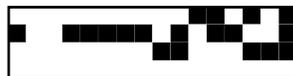
10th	<input type="checkbox"/>									
1th	<input type="checkbox"/>									
	x0	x1	x2	x3	x4	x5	x6	x7	x8	x9

2.6 Survey Number

1000th	<input type="checkbox"/>									
100th	<input type="checkbox"/>									
10th	<input type="checkbox"/>									
1th	<input type="checkbox"/>									
	x0	x1	x2	x3	x4	x5	x6	x7	x8	x9

- 2.7 If I have a medical question, I know how to contact someone on the phone to discuss it with me. Yes No
- 2.8 HIV-specific educational materials are made available for me to read. Yes No
- 2.9 The staff at the clinic are friendly and helpful. All of the time Most of the time Sometimes
 Rarely Never
- 2.10 My provider explains my lab results (Such as CD4 and viral load) and what they mean for my health. All of the time Most of the time Sometimes
 Rarely Never
- 2.11 I feel that my provider spends an adequate amount of time with me. All of the time Most of the time Sometimes
 Rarely Never
- 2.12 I feel uncomfortable talking about personal or intimate issues with my provider. All of the time Most of the time Sometimes
 Rarely Never
- 2.13 If I have a complaint about my medical care, I am aware of what I can do to try to resolve it. Yes No Not Sure
- 2.14 I have received counseling about my HIV medications, including how to take them and the possible side effects. Yes No Not Sure
- 2.15 My provider talks to me about how to avoid passing HIV to others. Yes No Not Sure
- 2.16 My provider asks me how I am feeling emotionally and makes a referral to a mental health provider, counselor or support group if I need help. Yes No Not Sure
- 2.17 My provider asks about my teeth and makes a referral if I need to see a dentist. Yes No Not Sure

(Please turn over and complete the other side)



2. Ambulatory/Outpatient Care [Continue]

- 2.18 My provider asks about how I am eating and makes a referral to a nutritionist if I need help. Yes No Not Sure
- 2.19 My provider asks me whether I need help to tell my sexual partner(s) about my HIV status and makes a referral if I need help. Yes No Not Sure
- 2.20 My provider has explained the eligibility, enrollment process and benefits of the AIDS Drug Assistance Program (ADAP). Strongly Agree Agree Disagree
 Strongly Disagree
- 2.21 I have received adequate information on the ADAP recertification process and compliance with program guidelines. Strongly Agree Agree Disagree
 Strongly Disagree
- 2.22 I receive my ADAP HIV medications in a timely manner. All of the time Most of the time Sometimes
 Rarely Never
- 2.23 I would recommend this clinic to my HIV positive friends with similar needs. Yes Maybe Definitely Not
 Not Sure
- 2.24 I have the following health coverage. Medicaid Medicare Private Insurance
 No Insurance/
Ryan White I don't know
- 2.25 Overall, I am satisfied with the health care services I received over the past 12 months. Strongly Agree Agree Disagree
 Strongly Disagree
- 2.26 If I could add or change something to make the clinic a better place for me and for other patients, it would be:

Thank you for completing the survey.

