

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

1.2 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

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

<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
<input type="checkbox"/> Strongly Disagree		

1.4 My sex/gender is:

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> No answer
<input type="checkbox"/> Transgender (MTF)	<input type="checkbox"/> Transgender (FTM)	

1.5 My sexual orientation is:

<input type="checkbox"/> Straight/Heterosexual	<input type="checkbox"/> Gay/Lesbian/Homosexual	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Not Sure	<input type="checkbox"/> No Answer	

1.6 My racial/ethnic background is:

<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Native American/Alaska Native	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> More than one race

1.7 My age is:

<input type="checkbox"/> 13-24	<input type="checkbox"/> 25-44	<input type="checkbox"/> 45-64
<input type="checkbox"/> 65 or older		

1.8 At any point, did you feel you were treated poorly at this agency?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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)

<input type="checkbox"/> Race	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Age
<input type="checkbox"/> Gender/Sex	<input type="checkbox"/> Drug Use	<input type="checkbox"/> My difficulty speaking English
<input type="checkbox"/> Immigration Status	<input type="checkbox"/> Other Reasons	

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

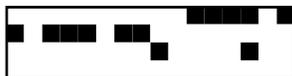
(Please turn over and complete the other side)



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

(Please continue to the next page)



2. Peer Counseling Services

2.1 Site Location Number

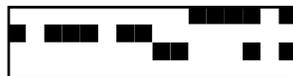
10th	<input type="checkbox"/>									
1th	<input type="checkbox"/>									
	x0	x1	x2	x3	x4	x5	x6	x7	x8	x9

2.2 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

- | | | | |
|--|--|---|------------------------------------|
| 2.3 I have received peer counseling services here for: | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-5 years |
| | <input type="checkbox"/> More than 5 years | | |
| 2.4 When I need an appointment with the peer counselor, I can schedule one soon enough for my needs. | <input type="checkbox"/> All of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Sometimes |
| | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never | |
| 2.5 The peer counselor is helpful in making me feel comfortable in the clinic. | <input type="checkbox"/> All of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Sometimes |
| | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never | |
| 2.6 The peer counselor is knowledgeable about HIV and relevant resources related to living with HIV. | <input type="checkbox"/> All of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Sometimes |
| | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never | |
| 2.7 The peer counselor has helped me to communicate with other staff members. | <input type="checkbox"/> All of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Sometimes |
| | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never | |
| 2.8 The peer counselor was able to relate to me and my situation. | <input type="checkbox"/> All of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Sometimes |
| | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never | |
| 2.9 The peer counselor kept my information confidential. | <input type="checkbox"/> All of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Sometimes |
| | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never | |
| 2.10 The peer counselor was professional in interactions with me. | <input type="checkbox"/> All of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Sometimes |
| | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never | |
| 2.11 The peer counselor connected me to other services when I needed them. | <input type="checkbox"/> All of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Sometimes |
| | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never | |
| 2.12 I know how to contact the peer counselor. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |

(Please turn over and complete the other side)



2. Peer Counseling Services [Continue]

2.13 Overall, I am satisfied with the peer counselor services I received over the past 12 months. Strongly Agree Agree Disagree Strongly Disagree

2.14 If I could change anything to make the peer counselor services better for me and for others, it would be:

Thank you for completing the survey.

