

SM - 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.

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?

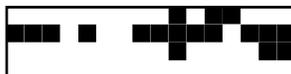
Yes No

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.

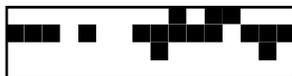
(Please turn over and complete the other side)



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

(Please continue to the next page)



2. Self Management

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 Are you a self-managed client? Yes No Don't Know

2.4 In the past year, have you had a need for emergency assistance for (Mark all that apply)?

<input type="checkbox"/> Housing	<input type="checkbox"/> Medications	<input type="checkbox"/> Insurance
<input type="checkbox"/> Benefits	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse Treatment
<input type="checkbox"/> Access to Medical Care	<input type="checkbox"/> Any other problem(s) that a Case Manager/Social Worker could/did help you with	

2.5 Do you know where to get information about services that may help you learn more about HIV or other services that might be available to you? Yes No

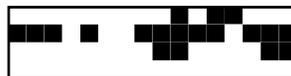
2.6 Do you think that Self Managed clients need a case manager? Yes No

2.7 Regarding the question asked in 2.6, in the box below please explain why or why not.

2.8 How often do you think you need or would like for a Case Manager/Social Worker to contact you?

<input type="checkbox"/> Once a month or more	<input type="checkbox"/> Once every 3 months	<input type="checkbox"/> Once every 6 months
<input type="checkbox"/> Once a year	<input type="checkbox"/> I'll contact them when I need them	<input type="checkbox"/> None

(Please turn over and complete the other side)



2. Self Management [Continue]

2.9 I currently have a need for the following assistance from a Case Manager/Social Worker (Mark all that apply) for assistance with or referral to:

- | | | |
|--|---|---|
| <input type="checkbox"/> Primary care-medical services | <input type="checkbox"/> Mental Health services | <input type="checkbox"/> Substance Abuse treatment |
| <input type="checkbox"/> Insurance assistance | <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Transportation to Medical Appointments |
| <input type="checkbox"/> Moral Support and Encouragement | <input type="checkbox"/> Medications | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Food | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Other | |

2.10 If "Other" marked in question 2.9, please describe in the box below.

2.11 Please use the box below to give us feedback about self-management services, what you think could be better, what works, what doesn't, etc.

Thank you for completing the survey.

