

Client Satisfaction Survey Code Book

Sequence: 10 Page Name: Intro

Titlebar
text: Introduction

Thank you for your participation in the Statewide Client Satisfaction Survey 2013. This survey is being conducted by the Southeast AIDS Training and Education Center on behalf of Georgia's Ryan White Program.

You will be asked a number of questions based on the services you receive at THIS provider site. Please answer each question based on your experiences. Your responses are confidential and will remain anonymous.

Please press "Continue" to move forward to the survey questions.

Sequence: 20 Page Name: Initials

Titlebar
text: Demographics

What is the FIRST initial of your first name?

What is the LAST initial of your last name?

What is the FIRST LETTER of your mother's first name? (If you don't know, list the FIRST LETTER of your father's name)

User enters text (entry required)

Data binding: AnswersDemo.Initials Type: NTEXT

Sequence: 30 Page Name: DemoDate

Titlebar
text: Demographics

So that we are able to identify survey responses WITHOUT identifying individuals completing the survey, please respond to the question below, to complete your private identifier. This ID is unique to you, and will protect your privacy. Then select "Continue".

What is your month and year of birth?

Data binding: AnswersDemo.DateID Type: DATETIME

Sequence: 40 Page Name: SkipDemo

Titlebar
text: Demographics

Have you completed the first section (demographics - for example: gender, age range, race) of the Client Satisfaction Survey at another location?

Yes Score: 1

Data binding: AnswersDemo.SkipDemo

No Score: 2

Skip to: [D1Gender](#) Data binding: AnswersDemo.SkipDemo

Sequence: 50 Page Name: DemoSkipped

Titlebar
text: Demographics

Client Satisfaction Survey Code Book

If you have completed the first section (demographics - for example: gender, race, age range) of the Client Satisfaction Survey at another site, please select the agency where you completed it.

AID Atlanta	Score: Skip 1	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
AID Gwinnett	Score: Skip 2	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
Cobb County BOH	Score: Skip 3	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
Crawford Long (Emory Midtown)	Score: Skip 4	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
DeKalb County BOH	Score: Skip 5	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
Fulton County DHW	Score: Skip 6	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
Grady IDP	Score: Skip 7	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
St. Joseph's Mercy Care	Score: Skip 8	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
Positive Impact	Score: Skip 9	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
Open Hand	Score: Skip 10	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
Morehouse School of Med	Score: Skip 11	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
Grady OB	Score: Skip 12	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
Northwest (Rome)	Score: Skip 13	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
North Georgia (Dalton)	Score: Skip 14	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
Clayton/IDAPC	Score: Skip 15	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
LaGrange	Score: Skip 16	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
South Central (Dublin)	Score: Skip 17	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
North Central (Macon)	Score: Skip 18	Data binding: to: DemoFinish	AnswersDemo.DemoSitesCompleted
East Central (Augusta)	Score: Skip	Data binding:	

Client Satisfaction Survey Code Book

	19	to: DemoFinish	AnswersDemo.DemoSitesCompleted
West Central (Columbus)	Score: Skip		Data binding:
	20	to: DemoFinish	AnswersDemo.DemoSitesCompleted
South (Valdosta)	Score: Skip		Data binding:
	21	to: DemoFinish	AnswersDemo.DemoSitesCompleted
Southwest (Albany)	Score: Skip		Data binding:
	22	to: DemoFinish	AnswersDemo.DemoSitesCompleted
Coastal (Savannah)	Score: Skip		Data binding:
	23	to: DemoFinish	AnswersDemo.DemoSitesCompleted
Coastal (Brunswick)	Score: Skip		Data binding:
	24	to: DemoFinish	AnswersDemo.DemoSitesCompleted
Southeast (Bulloch Co.)	Score: Skip		Data binding:
	25	to: DemoFinish	AnswersDemo.DemoSitesCompleted
Southeast (Coffee Co.)	Score: Skip		Data binding:
	26	to: DemoFinish	AnswersDemo.DemoSitesCompleted
Southeast (Toombs Co.)	Score: Skip		Data binding:
	27	to: DemoFinish	AnswersDemo.DemoSitesCompleted
Southeast (Ware Co.)	Score: Skip		Data binding:
	28	to: DemoFinish	AnswersDemo.DemoSitesCompleted
Southeast (Wayne Co.)	Score: Skip		Data binding:
	29	to: DemoFinish	AnswersDemo.DemoSitesCompleted
Northeast (Athens)	Score: Skip		Data binding:
	30	to: DemoFinish	AnswersDemo.DemoSitesCompleted

Sequence: 60 Page Name: D1Gender Titlebar text: Demographics

1. My sex/gender is

Female	Score: 1	Data binding: AnswersDemo.Gender
Male	Score: 2	Data binding: AnswersDemo.Gender
Transgender (M to F)	Score: 3	Data binding: AnswersDemo.Gender
Transgender (F to M)	Score: 4	Data binding: AnswersDemo.Gender

Sequence: 70 Page Name: D2SexualOrientation Titlebar text: Demographics

2. My sexual orientation is

Straight/heterosexual	Score: 1	Data binding: AnswersDemo.SexOrient
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Client Satisfaction Survey Code Book

Gay/lesbian/homosexual	Score: 2	Data binding: AnswersDemo.SexOrient
Bisexual	Score: 3	Data binding: AnswersDemo.SexOrient
Not sure	Score: 4	Data binding: AnswersDemo.SexOrient
No answer	Score: 5	Data binding: AnswersDemo.SexOrient
Sequence: 80 Page Name: D3Race/Ethnicity		Titlebar text: Demographics
3. My racial/ethnic background is		
African American/Black	Score: 1	Data binding: AnswersDemo.RaceEthnicity
Hispanic/Latino	Score: 2	Data binding: AnswersDemo.RaceEthnicity
Asian/Pacific Islander	Score: 3	Data binding: AnswersDemo.RaceEthnicity
Native American/Alaska Native	Score: 4	Data binding: AnswersDemo.RaceEthnicity
Caucasian/White	Score: 5	Data binding: AnswersDemo.RaceEthnicity
More than one race	Score: 6	Data binding: AnswersDemo.RaceEthnicity
Sequence: 90 Page Name: D4Age		Titlebar text: Demographics
4. My age is		
13-24	Score: 1	Data binding: AnswersDemo.Age
25-44	Score: 2	Data binding: AnswersDemo.Age
45-64	Score: 3	Data binding: AnswersDemo.Age
65 or older	Score: 4	Data binding: AnswersDemo.Age
Sequence: 100 Page Name: D5HealthCoverage		Titlebar text: Demographics
5. I have the following health coverage:		
Medicaid	Score: 1	Data binding: AnswersDemo.HealthCoverage

Client Satisfaction Survey Code Book

Medicare	Score: 2	Data binding: AnswersDemo.HealthCoverage
Private Insurance	Score: 3	Data binding: AnswersDemo.HealthCoverage
No insurance/Ryan White	Score: 4	Data binding: AnswersDemo.HealthCoverage
I don't know	Score: 5	Data binding: AnswersDemo.HealthCoverage

Sequence: 110 Page Name: D6PoorTreatment

Titlebar
text: Demographics

6. At any point, did you feel treated poorly at this agency?

Yes	Score: 1	Data binding: AnswersDemo.TreatedPoorly
No	Score: 2	Skip to: D8Language Data binding: AnswersDemo.TreatedPoorly

Sequence: 120 Page Name: D7ReasonsPoorTreatment

Titlebar
text: Demographics

7. If yes to question 6, what reason(s) do you feel may have caused you to be treated poorly:

	Yes	No
Race	1	2
Age	1	2
Gender/Sex	1	2
Sexual Orientation	1	2
Drug use	1	2
Immigration status	1	2
My difficulty speaking English	1	2
Other	1	2
row1	Data binding: AnswersDemo.D7a	Type: SMALLINT
row2	Data binding: AnswersDemo.D7b	Type: SMALLINT
row3	Data binding: AnswersDemo.D7c	Type: SMALLINT
row4	Data binding: AnswersDemo.D7d	Type: SMALLINT
row5	Data binding: AnswersDemo.D7e	Type: SMALLINT
row6	Data binding:	Type:

Client Satisfaction Survey Code Book

	AnswersDemo.D7f	SMALLINT
row7	Data binding: AnswersDemo.D7g	Type: SMALLINT
row8	Data binding: AnswersDemo.D7h	Type: SMALLINT
TXrow1	Data binding: AnswersDemo.TXD7a	Type: NVARCHAR
TXrow2	Data binding: AnswersDemo.TXD7b	Type: NVARCHAR
TXrow3	Data binding: AnswersDemo.TXD7c	Type: NVARCHAR
TXrow4	Data binding: AnswersDemo.TXD7d	Type: NVARCHAR
TXrow5	Data binding: AnswersDemo.TXD7e	Type: NVARCHAR
TXrow6	Data binding: AnswersDemo.TXD7f	Type: NVARCHAR
TXrow7	Data binding: AnswersDemo.TXD7g	Type: NVARCHAR
TXrow8	Data binding: AnswersDemo.TXD8h	Type: NTEXT

Sequence: 130 Page Name: D8Language

Titlebar
text: Demographics

8. The language that I speak is:

English	Score: 1	Data binding: AnswersDemo.Language
Spanish	Score: 2	Data binding: AnswersDemo.Language
Other	Score: 3	Data binding: AnswersDemo.Language

Sequence: 140 Page Name: D9LanguageBarrier

Titlebar
text: Demographics

9. Because of a language barrier, I have problems understanding agency staff when I come in for or request services.

Yes, always	Score: 1	Data binding: AnswersDemo.LanguageBarrier
Yes, sometimes	Score: 2	Data binding: AnswersDemo.LanguageBarrier
No, never	Score: 3	Data binding: AnswersDemo.LanguageBarrier

Sequence: 150 Page Name: D10TranslationServices

Titlebar
text: Demographics

Client Satisfaction Survey Code Book

10. 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

Score: 1

Data binding:

AnswersDemo.TranslationServAware

No, I did not know

Score: 2

Data binding:

AnswersDemo.TranslationServAware

Sequence: 160

Page
Name: D11DocumentRequired

Titlebar
text: Demographics

11. 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

Score: 1

Data binding:

AnswersDemo.UnderstandDocumentsRequired

No

Score: 2

Data binding:

AnswersDemo.UnderstandDocumentsRequired

Sequence: 170 Page Name: DemoFinish

Titlebar
text: Demographics

Text displayed if this is the last instrument in the assessment:

Thank you.

***** END *****

Client Satisfaction Survey Code Book

Sequence: 10 Page Name: PC0

Titlebar
text: Primary Care

Do you receive primary care services - medical care with a doctor, nurse, or physician assistant - from this provider?

Yes Score: 1 Data binding: PC.ReceivePC

No Score: 2 Skip
to: [PCFinish](#) Data binding: PC.ReceivePC

Sequence: 20 Page Name: PC1

Titlebar
text: Primary Care

1. I have received medical care here for:

Less than 1 year Score: 1 Data binding:
PC.MedCareLength

1-2 years Score: 2 Data binding:
PC.MedCareLength

3-5 years Score: 3 Data binding:
PC.MedCareLength

more than 5 years Score: 4 Data binding:
PC.MedCareLength

Sequence: 30 Page Name: PC2

Titlebar
text: Primary Care

2. When I need an appointment, I am able to schedule one soon enough for my needs.

All of the time Score: 1 Data binding:
PC.PCApptScheduling

Most of the time Score: 2 Data binding:
PC.PCApptScheduling

Sometimes Score: 3 Data binding:
PC.PCApptScheduling

Rarely Score: 4 Data binding:
PC.PCApptScheduling

Never Score: 5 Data binding:
PC.PCApptScheduling

Sequence: 40 Page Name: PC3

Titlebar
text: Primary Care

3. I understand what I should do if I need care during evenings and weekends.

Yes Score: 1 Data binding:
PC.PCWkndCare

No Score: 2 Data binding:
PC.PCWkndCare

Sequence: 50 Page Name: PC4

Titlebar Primary Care

Client Satisfaction Survey Code Book

		text:
4. My provider refers me to the services I need.		
All of the time	Score: 1	Data binding: PC.PCRefer
Most of the time	Score: 2	Data binding: PC.PCRefer
Sometimes	Score: 3	Data binding: PC.PCRefer
Rarely	Score: 4	Data binding: PC.PCRefer
Never	Score: 5	Data binding: PC.PCRefer
Sequence: 60	Page Name: PC5	Titlebar Primary Care text:
5. The staff at the clinic is friendly and helpful.		
All of the time	Score: 1	Data binding: PC.PCFriendlyStaff
Most of the time	Score: 2	Data binding: PC.PCFriendlyStaff
Sometimes	Score: 3	Data binding: PC.PCFriendlyStaff
Rarely	Score: 4	Data binding: PC.PCFriendlyStaff
Never	Score: 5	Data binding: PC.PCFriendlyStaff
Sequence: 70	Page Name: PC6	Titlebar Primary Care text:
6. My provider explains my lab results (such as CD4 and viral load) as they relate to my health.		
All of the time	Score: 1	Data binding: PC.PCLabExplained
Most of the time	Score: 2	Data binding: PC.PCLabExplained
Sometimes	Score: 3	Data binding: PC.PCLabExplained
Rarely	Score: 4	Data binding: PC.PCLabExplained
Never	Score: 5	Data binding: PC.PCLabExplained
Sequence: 80	Page Name: PC7	Titlebar Primary Care text:
7. I feel that my provider spends an adequate amount of time with me.		
All of the time	Score: 1	Data binding: PC.PCTimeSpent

Client Satisfaction Survey Code Book

Most of the time	Score: 2	Data binding: PC.PCTimeSpent
Sometimes	Score: 3	Data binding: PC.PCTimeSpent
Rarely	Score: 4	Data binding: PC.PCTimeSpent
Never	Score: 5	Data binding: PC.PCTimeSpent

Sequence: 90 Page Name: PC8

Titlebar
text: Primary Care

8. If I have a complaint about my medical care, I am aware of what I can do to try to resolve it.

Yes	Score: 1	Data binding: PC.PCComplaintProc
No	Score: 2	Data binding: PC.PCComplaintProc
Not Sure	Score: 3	Data binding: PC.PCComplaintProc

Sequence: 100 Page Name: PC9

Titlebar
text: Primary Care

9. I would recommend this clinic to my friends.

Yes	Score: 1	Data binding: PC.PCRRecommend
Maybe	Score: 2	Data binding: PC.PCRRecommend
Definitely Not	Score: 3	Data binding: PC.PCRRecommend
Not Sure	Score: 4	Data binding: PC.PCRRecommend

Sequence: 110 Page Name: PC10

Titlebar
text: Primary Care

10. Overall, I am satisfied with the health care services I received over the past 12 months.

Strongly Agree	Score: 1	Data binding: PC.PCSatisfactory
Agree	Score: 2	Data binding: PC.PCSatisfactory
Disagree	Score: 3	Data binding: PC.PCSatisfactory

Client Satisfaction Survey Code Book

Strongly disagree

Score: 4

Data binding:
PC.PCSatisfactory

Sequence: 120 Page Name: PC11

Titlebar
text: Primary Care

11. If I could add or change something to make the clinic a better place for me and for other patients it would be:

User enters text (entry optional)

Data binding:
PC.PCSuggestions

Type:
NTEXT

Sequence: 130 Page Name: PCFinish

Titlebar
text: Primary Care

Text displayed if this is the last instrument in the assessment:

Thank you very much.

*** **END** ***

Client Satisfaction Survey Code Book

Sequence: 10 Page Name: CM0

Titlebar text: Case Management

Do you receive case management - someone to help you coordinate your HIV/AIDS care and benefits - from this provider?

Yes Score: 1

Data binding:
CM.ReceivesCM

No Score: 2

Skip to: [CMFinish](#) Data binding:
CM.ReceivesCM

Sequence: 20 Page Name: CM1

Titlebar text: Case Management

1. This agency has provided case management services to me for:

Less than 1 year Score: 1

Data binding: CM.CMYears

1-2 years Score: 2

Data binding: CM.CMYears

3-5 years Score: 3

Data binding: CM.CMYears

more than 5 years Score: 4

Data binding: CM.CMYears

Sequence: 30 Page Name: CM2

Titlebar text: Case Management

2. When I need an appointment with my case manager, I can schedule one soon enough for my needs.

All of the time Score: 1

Data binding: CM.CMAppt

Most of the time Score: 2

Data binding: CM.CMAppt

Sometimes Score: 3

Data binding: CM.CMAppt

Rarely Score: 4

Data binding: CM.CMAppt

Never Score: 5

Data binding: CM.CMAppt

Sequence: 40 Page Name: CM3

Titlebar text: Case Management

3. My case manager helped me get the services that I needed.

All of the time Score: 1

Data binding:
CM.CMHelpGetSrvcs

Most of the time Score: 2

Data binding:
CM.CMHelpGetSrvcs

Sometimes Score: 3

Data binding:
CM.CMHelpGetSrvcs

Rarely Score: 4

Data binding:
CM.CMHelpGetSrvcs

Never Score: 5

Data binding:
CM.CMHelpGetSrvcs

Sequence: 50 Page Name: CM4

Titlebar Case Management

Client Satisfaction Survey Code Book

text:

4. My case manager and I worked together to develop my service plan.

Yes	Score: 1	Data binding: CM.CMSrvPlan
No	Score: 2	Data binding: CM.CMSrvPlan
Not Sure	Score: 3	Data binding: CM.CMSrvPlan

Sequence: 60 Page Name: CM5

Titlebar
text: Case Management

5. I understand that case management services are intended to help me become self-managing.

Yes	Score: 1	Data binding: CM.CMtoSM
No	Score: 2	Data binding: CM.CMtoSM
Not Sure	Score: 3	Data binding: CM.CMtoSM

Sequence: 70 Page Name: CM6

Titlebar
text: Case Management

6. Overall, my life has run more smoothly because of the help I received from my case manager.

Yes	Score: 1	Data binding: CM.CMLifeRunsSmoother
No	Score: 2	Data binding: CM.CMLifeRunsSmoother
Not Sure	Score: 3	Data binding: CM.CMLifeRunsSmoother

Sequence: 80 Page Name: CM7

Titlebar
text: Case Management

7. I know how to contact my case manager by phone if I need to do so.

Yes	Score: 1	Data binding: CM.CMContact
No	Score: 2	Data binding: CM.CMContact
Not Sure	Score: 3	Data binding: CM.CMContact

Sequence: 90 Page Name: CM8

Titlebar
text: Case Management

8. Overall, I am satisfied with the case management services I received over the past 12 months.

Strongly agree	Score: 1	Data binding:
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Client Satisfaction Survey Code Book

Agree	Score: 2	CM.CMSatisfactory Data binding: CM.CMSatisfactory
Disagree	Score: 3	Data binding: CM.CMSatisfactory
Strongly disagree	Score: 4	Data binding: CM.CMSatisfactory

Sequence: 100 Page Name: CM9

Titlebar Case Management
text:

9. If I could change anything to make the case management services better for me and for others, it would be:

User enters text (entry optional)

Data binding: Type:
CM.CMSuggestions NTEXT

Sequence: 110 Page Name: CMFinish

Titlebar Case Management
text:

Text displayed if this is the last instrument in the assessment:

Thank you very much.

*** **END** ***

Client Satisfaction Survey Code Book

Sequence: 10 Page Name: FN0 Titlebar text: Food/ Nutrition Services

Do you receive food/ nutrition services from this provider?

Yes Score: 1 Data binding: Food.ReceiveFood

No Score: 2 Skip to: [FoodFinish](#) Data binding: Food.ReceiveFood

Sequence: 20 Page Name: FN1 Titlebar text: Food/ Nutrition Services

1. I receive home delivered meals:

Yes Score: 1 Data binding: Food.ReceivedDeliveries

No Score: 2 Skip to: [FN2](#) Data binding: Food.ReceivedDeliveries

Sequence: 30 Page Name: FN1a Titlebar text: Food/ Nutrition Services

	All of the time	Most of the time	Sometimes	Rarely	Never
I enjoy the taste of the meals I receive :	1	2	3	4	5
I like the variety of the meals I receive:	1	2	3	4	5
The meals I receive look good to me:	1	2	3	4	5

Please select "continue", once you have answered this question.

row1	Data binding: Food.FN1a	Type: SMALLINT
row2	Data binding: Food.FN1b	Type: SMALLINT
row3	Data binding: Food.FN1c	Type: SMALLINT

Sequence: 40 Page Name: FN1b Titlebar text: Food/ Nutrition Services

If I had a question or concern about my meals, the problem was addressed satisfactorily.

Yes Score: 1 Data binding: Food.FoodQuestionConcern

No Score: 2 Data binding: Food.FoodQuestionConcern

Sequence: 50 Page Name: FN2 Titlebar text: Food/ Nutrition Services

Client Satisfaction Survey Code Book

2. I have seen a dietitian or nutritionist.

Yes Score: 1

Data binding:
Food.DietitianNutritionist

No Score: 2

Skip
to: [FN3](#)

Data binding:
Food.DietitianNutritionist

Sequence: 60 Page Name: FN2a

Titlebar
text: Food/ Nutrition Services

The dietitian or nutritionist helped me

Yes Score: 1

Data binding:
Food.DietitianHelpful

No Score: 2

Data binding:
Food.DietitianHelpful

Sequence: 70 Page Name: FN3

Titlebar
text: Food/ Nutrition Services

3. I have received food vouchers/cards:

Yes Score: 1

Data binding:
Food.VouchersReceived

No Score: 2

Skip
to: [FN4](#)

Data binding:
Food.VouchersReceived

Sequence: 80 Page Name: FN3a

Titlebar
text: Food/ Nutrition Services

The vouchers/cards helped meet my food needs

All of the time Score: 1

Data binding:
Food.VouchersMetNeed

Most of the time Score: 2

Data binding:
Food.VouchersMetNeed

Sometimes Score: 3

Data binding:
Food.VouchersMetNeed

Rarely Score: 4

Data binding:
Food.VouchersMetNeed

Never Score: 5

Data binding:
Food.VouchersMetNeed

Sequence: 90 Page Name: FN4

Titlebar
text: Food/ Nutrition Services

4. I have received nutritional supplements (e.g. Boost):

Yes Score: 1

Data binding:
Food.SupplementsRecvd

No Score: 2

Skip
to: [FN5](#)

Data binding:
Food.SupplementsRecvd

Client Satisfaction Survey Code Book

Sequence: 100 Page Name: FN4a		Titlebar text: Food/ Nutrition Services
The nutritional supplements helped improve my health.		
Yes	Score: 1	Data binding: Food.SupplementsMetNeed
No	Score: 2	Data binding: Food.SupplementsMetNeed
Sequence: 110 Page Name: FN5		Titlebar text: Food/ Nutrition Services
5. I have received food pantry services		
Yes	Score: 1	Data binding: Food.PantryRecvd
No	Score: 2	Skip to: FN6 Data binding: Food.PantryRecvd
Sequence: 120 Page Name: FN5a		Titlebar text: Food/ Nutrition Services
The food pantry items helped meet my food needs		
Yes	Score: 1	Data binding: Food.PantryMetNeeds
No	Score: 2	Data binding: Food.PantryMetNeeds
Sequence: 130 Page Name: FN6		Titlebar text: Food/ Nutrition Services
6. Overall, I am satisfied with the food services I received over the past 12 months.		
Strongly agree	Score: 1	Data binding: Food.FoodSatisfactory
Agree	Score: 2	Data binding: Food.FoodSatisfactory
Disagree	Score: 3	Data binding: Food.FoodSatisfactory
Strongly disagree	Score: 4	Data binding: Food.FoodSatisfactory
Sequence: 140 Page Name: FN7		Titlebar text: Food/ Nutrition Services
7. If I could change anything about my food and nutrition services, it would be:		
<i>User enters text (entry optional)</i>		
	Data binding: Food.FoodSuggestions	Type: NTEXT
Sequence: 150 Page Name: FoodFinish		Titlebar text: Food/ Nutrition Services

Client Satisfaction Survey Code Book

text:

Text displayed if this is the last instrument in the assessment:

Thank you very much.

***** END *****

Client Satisfaction Survey Code Book

Sequence: 10 Page Name: MH0

Titlebar text: Mental Health

Do you receive mental health services from this provider?

Yes Score: 1

Data binding:
MH.MHReceived

No Score: 2

Skip
to: [MHFinish](#) Data binding:
MH.MHReceived

Sequence: 20 Page Name: MH1

Titlebar text: Mental Health Services

1. I have received mental health services at this agency for:

Less than 1 year Score: 1

Data binding: MH.MHYears

1-2 years Score: 2

Data binding: MH.MHYears

3-5 years Score: 3

Data binding: MH.MHYears

more than 5 years Score: 4

Data binding: MH.MHYears

Sequence: 30 Page Name: MH2

Titlebar text: Mental Health Services

2. When I need an appointment with my mental health provider, I can schedule one soon enough for my needs.

All of the time Score: 1

Data binding: MH.MHAppt

Most of the time Score: 2

Data binding: MH.MHAppt

Sometimes Score: 3

Data binding: MH.MHAppt

Rarely Score: 4

Data binding: MH.MHAppt

Never Score: 5

Data binding: MH.MHAppt

Sequence: 40 Page Name: MH3

Titlebar text: Mental Health Services

3. I know how to contact my mental health provider by phone if I need to do so.

Yes Score: 1

Data binding:
MH.MHContact

No Score: 2

Data binding:
MH.MHContact

Not Sure Score: 3

Data binding:
MH.MHContact

Sequence: 50 Page Name: MH4

Titlebar text: Mental Health Services

4. My mental health provider helps me identify and understand my mental health needs.

Strongly agree Score: 1

Data binding:
MH.MHUnderstandNeeds

Client Satisfaction Survey Code Book

Agree	Score: 2	Data binding: MH.MHUnderstandNeeds
Disagree	Score: 3	Data binding: MH.MHUnderstandNeeds
Strongly disagree	Score: 4	Data binding: MH.MHUnderstandNeeds

Sequence: 60 Page Name: MH5

Titlebar
text: Mental Health Services

5. My mental health provider involves me in the planning of my treatment (such as setting treatment goals).

All of the time	Score: 1	Data binding: MH.MHTxPlan
Most of the time	Score: 2	Data binding: MH.MHTxPlan
Sometimes	Score: 3	Data binding: MH.MHTxPlan
Rarely	Score: 4	Data binding: MH.MHTxPlan
Never	Score: 5	Data binding: MH.MHTxPlan

Sequence: 70 Page Name: MH6

Titlebar
text: Mental Health Services

6. My mental health provider has explained to me, in a way that I can understand, how my mental health medications (such as antidepressants) and my HIV medications might interact.

Yes	Score: 1	Data binding: MH.MHMeds
No	Score: 2	Data binding: MH.MHMeds
Does Not Apply	Score: 3	Data binding: MH.MHMeds

Sequence: 80 Page Name: MH7

Titlebar
text: Mental Health Services

7. My mental health provider has helped me to feel better about myself.

Strongly agree	Score: 1	Data binding: MH.MHFeelBetter
Agree	Score: 2	Data binding: MH.MHFeelBetter
Disagree	Score: 3	Data binding: MH.MHFeelBetter
Strongly disagree	Score: 4	Data binding: MH.MHFeelBetter

Client Satisfaction Survey Code Book

Sequence: 90 Page Name: MH8

Titlebar
text: Mental Health Services

8. I would refer someone I knew to this agency for mental health services.

Definitely yes	Score: 1	Data binding: MH.MHRefer
Maybe	Score: 2	Data binding: MH.MHRefer
Definitely not	Score: 3	Data binding: MH.MHRefer
Not sure	Score: 4	Data binding: MH.MHRefer

Sequence: 100 Page Name: MH9

Titlebar
text: Mental Health Services

9. Overall, I am satisfied with the mental health treatment services I have received over the past 12 months.

Strongly agree	Score: 1	Data binding: MH.MHSatisfactory
Agree	Score: 2	Data binding: MH.MHSatisfactory
Disagree	Score: 3	Data binding: MH.MHSatisfactory
Strongly disagree	Score: 4	Data binding: MH.MHSatisfactory

Sequence: 110 Page Name: MH10

Titlebar
text: Mental Health Services

10. If I could change anything to make the mental health treatment services at this agency better for me and for others, it would be:

User enters text (entry optional)

Data binding:	Type:
MH.MHSuggestions	NTEXT

Sequence: 130 Page Name: MHFinish

Titlebar
text: Mental Health

Text displayed if this is the last instrument in the assessment:

Thank you for your participation.

You have completed the Georgia Statewide Client Satisfaction survey!

*** **END** ***

Client Satisfaction Survey Code Book

Client Satisfaction Survey Code Book

Client Satisfaction Survey Code Book

Sequence: 10 Page Name: OH Received

Titlebar text: Oral Health

As a part of your care, do you receive oral health care - dental (for example: preventative or emergency) care - from this or a referred dental provider?

Yes Score: 1 Data binding: OHCare.OHReceived

No Score: 2 Skip to: [OHFinish](#) Data binding: OHCare.OHReceived

Sequence: 20 Page Name: OH TimePeriod

Titlebar text: Oral Health

1. This agency has provided oral health care to me for:

Less than 1 year Score: 1 Data binding: OHCare.OHTime

1-2 years Score: 2 Data binding: OHCare.OHTime

3-5 years Score: 3 Data binding: OHCare.OHTime

more than 5 years Score: 4 Data binding: OHCare.OHTime

Sequence: 30 Page Name: OHEntrance

Titlebar text: Oral Health

2. I entered care in the dental clinic by:

Referral by my health care provider Score: 1 Data binding: OHCare.OHEntrance

Seeking out the service myself Score: 2 Data binding: OHCare.OHEntrance

Sequence: 40 Page Name: OHAppointment

Titlebar text: Oral Health

3. When I need an appointment for routine dental care, I am able to schedule one soon enough for my needs.

All of the time Score: 1 Data binding: OHCare.OHApptSched

Most of the time Score: 2 Data binding: OHCare.OHApptSched

Sometimes Score: 3 Data binding: OHCare.OHApptSched

Rarely Score: 4 Data binding: OHCare.OHApptSched

Never Score: 5 Data binding:

Client Satisfaction Survey Code Book

Sequence: 50	Page Name: OHEmergency	OHCare.OHApptSched
		Titlebar text: Oral Health
4. When I need an appointment for emergency dental care, I am able to schedule one soon enough for my needs.		
All of the time	Score: 1	Data binding: OHCare.OHEmergent
Most of the time	Score: 2	Data binding: OHCare.OHEmergent
Sometimes	Score: 3	Data binding: OHCare.OHEmergent
Rarely	Score: 4	Data binding: OHCare.OHEmergent
Never	Score: 5	Data binding: OHCare.OHEmergent
Sequence: 60	Page Name: OHStaff	OHCare.OHStaff
		Titlebar text: Oral Health
5. The dental staff is friendly and helpful.		
All of the time	Score: 1	Data binding: OHCare.OHStaff
Most of the time	Score: 2	Data binding: OHCare.OHStaff
Sometimes	Score: 3	Data binding: OHCare.OHStaff
Rarely	Score: 4	Data binding: OHCare.OHStaff
Never	Score: 5	Data binding: OHCare.OHStaff
Sequence: 70	Page Name: OHTxPlan	OHCare.OHTxPlan
		Titlebar text: Oral Health
6. The dental staff explains my treatment plan to me.		
All of the time	Score: 1	Data binding: OHCare.OHTxPlan
Most of the time	Score: 2	Data binding: OHCare.OHTxPlan
Sometimes	Score: 3	Data binding: OHCare.OHTxPlan
Rarely	Score: 4	Data binding: OHCare.OHTxPlan

Client Satisfaction Survey Code Book

Never

Score: 5

Data binding:
OHCare.OHTxPlan

Sequence: 80 Page Name: OHHomeCare

Titlebar
text: Oral Health

7. The dental staff provides adequate instruction about home care after in office treatments are done:

All of the time

Score: 1

Data binding:
OHCare.OHHome

Most of the time

Score: 2

Data binding:
OHCare.OHHome

Sometimes

Score: 3

Data binding:
OHCare.OHHome

Rarely

Score: 4

Data binding:
OHCare.OHHome

Never

Score: 5

Data binding:
OHCare.OHHome

Sequence: 90 Page Name: OHComplaints

Titlebar
text: Oral Health

8. If I have a complaint about my dental care, I am aware of what I can do to try to resolve it.

Yes

Score: 1

Data binding:
OHCare.OHComplaints

No

Score: 2

Data binding:
OHCare.OHComplaints

Not Sure

Score: 3

Data binding:
OHCare.OHComplaints

Sequence: 100 Page Name: OHRecommend

Titlebar
text: Oral Health

9. I would recommend this dental clinic to my friends.

Yes

Score: 1

Data binding:
OHCare.OHRec

Maybe

Score: 2

Data binding:
OHCare.OHRec

Definitely Not

Score: 3

Data binding:
OHCare.OHRec

Not Sure

Score: 4

Data binding:
OHCare.OHRec

Sequence: 110 Page Name: OHSatisfaction

Titlebar
text: Oral Health

Client Satisfaction Survey Code Book

10. Overall, I am satisfied with the oral health care services I received over the past 12 months.

Strongly Agree

Score: 1

Data binding:
OHCare.OHSatisfied

Agree

Score: 2

Data binding:
OHCare.OHSatisfied

Disagree

Score: 3

Data binding:
OHCare.OHSatisfied

Strongly disagree

Score: 4

Data binding:
OHCare.OHSatisfied

Sequence: 120 Page Name: OHChange

Titlebar
text: Oral Health

11. If I could add or change something to make the clinic a better place for me and for other patients it would be:

User enters text (entry optional)

Data binding:
OHCare.OHChange

Type:
NTEXT

Sequence: 130 Page Name: OHFinish

Titlebar
text: Oral Health

Text displayed if this is the last instrument in the assessment:

Thank you very much.

*** **END** ***

Client Satisfaction Survey Code Book

[Print](#)

Peer Counseling
Services

Show data
binding:

Monday, May 13, 2013 1:51:56
PM

[Close](#)

Revision: 1.0023
2/14/2013

Contact:

Email:

Author:

Sequence: 10 Page Name: PCReceived

Titlebar
text: Peer Counseling

Have you received any peer counseling services from this provider?

Yes

Score: 1

Data binding:
Peer.PCReceipt

No

Score: 2

Skip
to: [PCFinish](#) Peer.PCReceipt

Data binding:
Peer.PCReceipt

Sequence: 20 Page Name: PCTime

Titlebar
text: Peer Counseling

1. I have received peer counseling services here for:

Less than 1 year

Score: 1

Data binding: Peer.PCTime

1-2 years

Score: 2

Data binding: Peer.PCTime

3-5 years

Score: 3

Data binding: Peer.PCTime

more than 5 years

Score: 4

Data binding: Peer.PCTime

Sequence: 30 Page Name: PCHelp

Titlebar
text: Peer Counseling

2. The peer counselor is helpful in making me feel comfortable in the clinic.

All of the time

Score: 1

Data binding: Peer.PCHelp

Most of the time

Score: 2

Data binding: Peer.PCHelp

Sometimes

Score: 3

Data binding: Peer.PCHelp

Rarely

Score: 4

Data binding: Peer.PCHelp

Never

Score: 5

Data binding: Peer.PCHelp

Sequence: 40 Page Name: PCKnowledge

Titlebar
text: Peer Counseling

3. The peer counselor is knowledgeable about relevant resources related to living with HIV.

All of the time

Score: 1

Data binding:
Peer.PCKnowledge

Most of the time

Score: 2

Data binding:
Peer.PCKnowledge

Client Satisfaction Survey Code Book

Sometimes	Score: 3	Data binding: Peer.PCKnowledge
Rarely	Score: 4	Data binding: Peer.PCKnowledge
Never	Score: 5	Data binding: Peer.PCKnowledge

Sequence: 50 Page Name: PCCommunication Titlebar
text: Peer Counseling

4. The peer counselor has helped me to communicate with other Staff Members.

All of the time	Score: 1	Data binding: Peer.PCCommunicate
Most of the time	Score: 2	Data binding: Peer.PCCommunicate
Sometimes	Score: 3	Data binding: Peer.PCCommunicate
Rarely	Score: 4	Data binding: Peer.PCCommunicate
Never	Score: 5	Data binding: Peer.PCCommunicate

Sequence: 60 Page Name: PCRelate Titlebar
text: Peer Counseling

5. The peer counselor was able to relate to me and my situation.

All of the time	Score: 1	Data binding: Peer.PCRelate
Most of the time	Score: 2	Data binding: Peer.PCRelate
Sometimes	Score: 3	Data binding: Peer.PCRelate
Rarely	Score: 4	Data binding: Peer.PCRelate
Never	Score: 5	Data binding: Peer.PCRelate

Sequence: 70 Page Name: PCConnections Titlebar
text: Peer Counseling

6. The peer counselor connected me to services when I needed them.

All of the time	Score: 1	Data binding: Peer.PCCConnect
Most of the time	Score: 2	Data binding: Peer.PCCConnect
Sometimes	Score: 3	Data binding: Peer.PCCConnect
Rarely	Score: 4	Data binding: Peer.PCCConnect
Never	Score: 5	Data binding:

Client Satisfaction Survey Code Book

Sequence: 80 Page Name: PCContact

Peer.PCConnect
Titlebar text: Peer Counseling

7. I know how to contact the peer counselor.

Yes	Score: 1	Data binding: Peer.PCContact
No	Score: 2	Data binding: Peer.PCContact
Not Sure	Score: 3	Data binding: Peer.PCContact

Sequence: 90 Page Name: PCSatisfaction

Peer Counseling
Titlebar text: Peer Counseling

8. Overall, I am satisfied with the peer counselor services I received over the past 12 months.

Strongly agree	Score: 1	Data binding: Peer.PCSatisfied
Agree	Score: 2	Data binding: Peer.PCSatisfied
Disagree	Score: 3	Data binding: Peer.PCSatisfied
Strongly disagree	Score: 4	Data binding: Peer.PCSatisfied

Sequence: 100 Page Name: PCBetter

Peer Counseling
Titlebar text: Peer Counseling

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

User enters text (entry optional)

Data binding: Peer.PCBetter Type: NTEXT

Sequence: 110 Page Name: PCFinish

Peer Counseling
Titlebar text: Peer Counseling

Text displayed if this is the last instrument in the assessment:

Thank you very much.

*** **END** ***

Print	Substance Use Treatment	Show data binding:	Monday, May 13, 2013 1:52:35 PM	Close
Revision: 1.0034 2/14/2013		Contact:	Email:	

Client Satisfaction Survey Code Book

Author:

Sequence: 10 Page Name: SAReceived Titlebar text: Substance Use

Do you receive services or treatment for substance use from this provider?

Yes Score: 1 Data binding: SA.SAReceived

No Score: 2 Skip to: [SAFinish](#) Data binding: SA.SAReceived

Sequence: 20 Page Name: SA TimePeriod Titlebar text: Substance Use Treatment

1. I have received substance use treatment here for:

Less than 1 year Score: 1 Data binding: SA.OHTime

1-2 years Score: 2 Data binding: SA.OHTime

3-5 years Score: 3 Data binding: SA.OHTime

more than 5 years Score: 4 Data binding: SA.OHTime

Sequence: 30 Page Name: SASchedule Titlebar text: Substance Use

2. When I need an appointment with my substance use counselor, I can schedule one soon enough for my needs.

All of the time Score: 1 Data binding: SA.SAScheduling

Most of the time Score: 2 Data binding: SA.SAScheduling

Sometimes Score: 3 Data binding: SA.SAScheduling

Rarely Score: 4 Data binding: SA.SAScheduling

Never Score: 5 Data binding: SA.SAScheduling

Sequence: 40 Page Name: SAResidential Titlebar text: Substance Use

3. If I needed it, my substance use counselor helped me get into a residential drug treatment program.

Yes Score: 1 Data binding: SA.SAResident

No Score: 2 Data binding:

Client Satisfaction Survey Code Book

Does Not Apply	Score: 3	SA.SAResident Data binding: SA.SAResident
Sequence: 50 Page Name: SAInteractions		Titlebar text: Substance Use
4. My substance use counselor explained to me in a way I could understand how substance use treatment (such as methadone) and HIV medications might interact.		
Strongly agree	Score: 1	Data binding: SA.SAMedInteract
Agree	Score: 2	Data binding: SA.SAMedInteract
Disagree	Score: 3	Data binding: SA.SAMedInteract
Strongly disagree	Score: 4	Data binding: SA.SAMedInteract
Does not apply	Score: 5	Data binding: SA.SAMedInteract
Sequence: 60 Page Name: SAHelped		Titlebar text: Substance Use
5. The program has helped me to reduce my substance use.		
Strongly agree	Score: 1	Data binding: SA.SAHelp
Agree	Score: 2	Data binding: SA.SAHelp
Disagree	Score: 3	Data binding: SA.SAHelp
Strongly disagree	Score: 4	Data binding: SA.SAHelp
Sequence: 70 Page Name: SAContact		Titlebar text: Substance Use
6. I know how to contact my substance use counselor by phone if I need to.		
Yes	Score: 1	Data binding: SA.SAContact
No	Score: 2	Data binding: SA.SAContact
Not Sure	Score: 3	Data binding: SA.SAContact
Sequence: 80 Page Name: SASatisfied		Titlebar text: Substance Use
7. Overall, I am satisfied with the substance use treatment services I received over the past 12 months.		
Strongly agree	Score: 1	Data binding: SA.SASatisfaction
Agree	Score: 2	Data binding: SA.SASatisfaction

Client Satisfaction Survey Code Book

Disagree

Score: 3

Data binding:
SA.SASatisfaction

Strongly disagree

Score: 4

Data binding:
SA.SASatisfaction

Sequence: 90 Page Name: SARecommend

Titlebar
text: Substance Use

8. I would refer someone I knew to this agency for substance use treatment services.

Definitely yes

Score: 1

Data binding: SA.SARec

Maybe

Score: 2

Data binding: SA.SARec

Definitely not

Score: 3

Data binding: SA.SARec

Not sure

Score: 4

Data binding: SA.SARec

Sequence: 100 Page Name: SAChange

Titlebar
text: Substance Use

9. If I could change anything to make the substance use treatment services better for me and for others, it would be:

User enters text (entry optional)

Data binding: SA.SAChange Type:
NTEXT

Sequence: 110 Page Name: SAFinish

Titlebar
text: Substance Use

Text displayed if this is the last instrument in the assessment:

Thank you very much.

***** END *****

Client Satisfaction Survey Code Book
