

CLIENT SATISFACTION SURVEY: Primary Care

1. I have received medical care here for:
 Less than 1 year 1-2 years 3-5 years more than 5 years
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
3. I understand what I should do if I need care during evenings and weekends.
 Yes No
4. My provider refers me to the services I need.
 All of the time Most of the time Sometimes Rarely Never
5. The staff at the clinic is friendly and helpful.
 All of the time Most of the time Sometimes Rarely Never
6. My provider explains my lab results (such as CD4 and viral load) as they relate to my health.
 All of the time Most of the time Sometimes Rarely Never
7. I feel that my provider spends an adequate amount of time with me.
 All of the time Most of the time Sometimes Rarely Never
8. 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
9. I would recommend this clinic to my friends.
 Yes Maybe Definitely not Not sure
10. Overall, I am satisfied with the health care services I received over the past 12 months.
 Strongly agree Agree Disagree Strongly disagree
11. If I could add or change something to make the clinic a better place for me and for other patients it would be:

CLIENT SATISFACTION SURVEY: Case Management

1. This agency has provided case management services to me for:
 Less than 1 year 1-2 years 3-5 years more than 5 years
2. When I need an appointment with my case manager, I can schedule one soon enough for my needs.
 All of the time Most of the time Sometimes Rarely Never
3. My case manager helped me get the services that I needed.
 All of the time Most of the time Sometimes Rarely Never
4. My case manager and I worked together to develop my service plan.
 Yes No Not sure
5. I understand that case management services are intended to help me become self-managing.
 Yes No Not sure
6. Overall, my life has run more smoothly because of the help I received from my case manager.
 Yes No Not sure
7. I know how to contact my case manager by phone if I need to do so.
 Yes No Not sure
8. Overall, I am satisfied with the case management services I received over the past 12 months.
 Strongly agree Agree Disagree Strongly disagree
9. If I could change anything to make the case management services better for me and for others, it would be:

CLIENT SATISFACTION SURVEY: Food/Nutrition Services

1. I receive home delivered meals: Yes No (if no, skip to question 2)
 - a. I enjoy the taste of the meals I receive :
 All of the time Most of the time Sometimes Rarely Never
 - b. I like the variety of the meals I receive.
 All of the time Most of the time Sometimes Rarely Never
 - c. The meals I receive look good to me.
 All of the time Most of the time Sometimes Rarely Never
 - d. If I had a question or concern about my meals, the problem was addressed satisfactorily.
 Yes No
2. I have seen a dietitian or nutritionist. Yes No (if no, skip to question 3)
 - a. The dietitian or nutritionist helped me
 Yes No
3. I have received food vouchers/cards: Yes No (if no, skip to question 4)
 - a. The vouchers/cards helped meet my food needs
 All of the time Most of the time Sometimes Rarely Never
4. I have received nutritional supplements (e.g. Boost) (if no, skip to question 5):
 Yes No
 - a. The nutritional supplements helped improve my health.
 Yes No
5. I have received food pantry services Yes No (if no, skip to question 6):
 - a. The food pantry items helped meet my food needs
 Yes No
6. Overall, I am satisfied with the food services I received over the past 12 months.
 Strongly agree Agree Disagree Strongly disagree
7. If I could change anything about my food and nutrition services, it would be:

CLIENT SATISFACTION SURVEY: Mental Health Services

1. I have received mental health services at this agency for:
 Less than 1 year 1-2 years 3-5 years more than 5 years
2. When I need an appointment with my mental health provider, I can schedule one soon enough for my needs.
 All of the time Most of the time Sometimes Rarely Never
3. I know how to contact my mental health provider by phone if I need to do so.
 Yes No Not sure
4. My mental health provider helps me identify and understand my mental health needs.
 Strongly agree Agree Disagree Strongly disagree
5. My mental health provider involves me in the planning of my treatment (such as setting treatment goals).
 All of the time Most of the time Sometimes Rarely Never
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 No Does not apply
7. My mental health provider has helped me to feel better about myself.
 Strongly agree Agree Disagree Strongly disagree
8. I would refer someone I knew to this agency for mental health services.
 Definitely yes Maybe Definitely not Not sure
9. Overall, I am satisfied with the mental health treatment services I have received over the past 12 months.
 Strongly agree Agree Disagree Strongly disagree
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:

CLIENT SATISFACTION SURVEY: Oral Health Care

1. This agency has provided oral health care to me for:
 Less than 1 year 1-2 years 3-5 years more than 5 years
2. I entered care in the dental clinic by:
 Referral by my health care provider Seeking out the service myself
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 Most of the time Sometimes Rarely Never
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 Most of the time Sometimes Rarely Never
5. The dental staff is friendly and helpful.
 All of the time Most of the time Sometimes Rarely Never
6. The dental staff explains my treatment plan to me.
 All of the time Most of the time Sometimes Rarely Never
7. The dental staff provides adequate instruction about home care after in office treatments are done:
 All of the time Most of the time Sometimes Rarely Never
8. If I have a complaint about my dental care, I am aware of what I can do to try to resolve it.
 Yes No Not sure
9. I would recommend this dental clinic to my friends.
 Yes Maybe Definitely not Not sure
10. Overall, I am satisfied with the oral health care services I received over the past 12 months.
 Strongly agree Agree Disagree Strongly disagree
11. If I could add or change something to make the clinic a better place for me and for other patients it would be:

CLIENT SATISFACTION SURVEY: Substance Use Treatment

1. I have received substance use treatment here for:
 Less than 1 year 1-2 years 3-5 years more than 5 years
2. When I need an appointment with my substance use counselor, I can schedule one soon enough for my needs.
 All of the time Most of the time Sometimes Rarely Never
3. If I needed it, my substance use counselor helped me get into a residential drug treatment program.
 Yes No Does not apply
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 Agree Disagree Strongly disagree Does not apply
5. The program has helped me to reduce my substance use.
 Strongly agree Agree Disagree Strongly disagree
6. I know how to contact my substance use counselor by phone if I need to.
 Yes No Not sure
7. Overall, I am satisfied with the substance use treatment services I received over the past 12 months.
 Strongly agree Agree Disagree Strongly disagree
8. I would refer someone I knew to this agency for substance use treatment services.
 Definitely yes Maybe Definitely not Not sure
8. If I could change anything to make the substance use treatment services better for me and for others, it would be:

CLIENT SATISFACTION SURVEY: Peer Counseling Services

1. I have received peer counseling services here for:
 Less than 1 year 1-2 years 3-5 years more than 5 years
2. The peer counselor is helpful in making me feel comfortable in the clinic.
 All of the time Most of the time Sometimes Rarely Never
3. The peer counselor is knowledgeable about relevant resources related to living with HIV.
 All of the time Most of the time Sometimes Rarely Never
4. The peer counselor has helped me to communicate with other Staff Members.
 All of the time Most of the time Sometimes Rarely Never
5. The peer counselor was able to relate to me and my situation.
 All of the time Most of the time Sometimes Rarely Never
6. The peer counselor connected me to services when I needed them.
 All of the time Most of the time Sometimes Rarely Never
7. I know how to contact the peer counselor.
 Yes No Not sure
8. Overall, I am satisfied with the peer counselor services I received over the past 12 months.
 Strongly agree Agree Disagree Strongly disagree
9. If I could change anything to make the peer counselor services better for me and for others, it would be:

CLIENT SATISFACTION SURVEY: General Questions

1. My sex/gender is
 Female Male Transgender (M to F) Transgender (F to M)
 No answer
2. My sexual orientation is
 Straight/heterosexual Gay/lesbian/homosexual Bisexual
 Not sure No answer
3. My racial/ethnic background is
 African American/Black Hispanic/Latino Asian/Pacific Islander
 Native American/Alaska Native Caucasian/White More than one race
4. My age is
 13-24 25-44 45-64 65 or older
5. I have the following health coverage:
 Medicaid Medicare Private Insurance No insurance/Ryan White
 I don't know
6. At any point, did you feel treated poorly at this agency?
 Yes No
7. If yes to question 6, what reason(s) do you feel may have caused you to be treated poorly:
 - a. Race Yes No
 - b. Age Yes No
 - c. Gender/Sex Yes No
 - d. Sexual Orientation Yes No
 - e. Drug use Yes No
 - f. Immigration status Yes No
 - g. My difficulty speaking English Yes No
 - h. Other reasons Yes No

(Explain): _____
8. The language that I speak is:
 English Spanish Other
9. 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

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 No, I did not know

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 No