

## Script for Paper Survey Distribution:

**Purpose of survey:** “The Georgia Ryan White program is conducting this Client Satisfaction Survey to learn about how you feel about the quality of your care you receive here. Your answers to the questions will help us understand what works and what doesn’t, and how we can improve our services for you and others.

Only respond to the questions for the services you receive at this agency. If you need assistance with a question, please let a member of our staff know.”

**Anonymity :** “If you choose to participate, your survey responses will remain completely anonymous.”

**Option to decline:** “Your participation in this survey is completely voluntary. If you choose not to participate, your services will not be affected in any way.”