CLIENT SATISFACTION SURVEY: Ambulatory/Outpatient 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 keep my scheduled appointments.
   - [ ] All of the time
   - [ ] Most of the time
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Never

4. I understand what I should do if I need care during evenings and weekends.
   - [ ] Yes
   - [ ] No

5. If I have a medical question, I know how to contact someone on the phone to discuss it with me.
   - [ ] Yes
   - [ ] No

6. HIV-specific educational materials are made available for me to read.
   - [ ] Yes
   - [ ] No

7. The staff at the clinic are friendly and helpful.
   - [ ] All of the time
   - [ ] Most of the time
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Never

8. My provider explains my lab results (such as CD4 and viral load) and what they mean for my health.
   - [ ] All of the time
   - [ ] Most of the time
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Never

9. I feel that my provider spends an adequate amount of time with me.
   - [ ] All of the time
   - [ ] Most of the time
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Never

10. I feel uncomfortable talking about personal or intimate issues with my provider.
    - [ ] All of the time
    - [ ] Most of the time
    - [ ] Sometimes
    - [ ] Rarely
    - [ ] Never

11. 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

12. I have received counseling about my HIV medications, including how to take them and the possible side effects.
    - [ ] Yes
    - [ ] No
    - [ ] Not sure

13. My provider talks to me about how to avoid passing HIV to others.
    - [ ] Yes
    - [ ] No
    - [ ] Not sure

14. My provider asks me how I am feeling emotionally and makes a referral to a mental health provider, counselor or support group if I need help.
    - [ ] Yes
    - [ ] No
    - [ ] Not sure
15. My provider asks about my teeth and makes a referral if I need to see a dentist.
   ☐ Yes  ☐ No  ☐ Not sure

16. My provider asks me about how I am eating and makes a referral to a nutritionist if I need help.
   ☐ Yes  ☐ No  ☐ Not sure

17. My provider asks me whether I need help to tell my sexual partner(s) about my HIV status and makes a referral if I need help.
   ☐ Yes  ☐ No  ☐ Not sure

18. My provider has explained the eligibility, enrollment process and benefits of the AIDS Drug Assistance Program (ADAP).
   ☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

19. I have received adequate information on the ADAP recertification process and compliance with program guidelines.
   ☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

20. I receive my ADAP HIV medications in a timely manner.
   ☐ All of the time  ☐ Most of the time  ☐ Sometimes  ☐ Rarely  ☐ Never

21. I would recommend this clinic to my HIV-positive friends with similar needs.
   ☐ Yes  ☐ Maybe  ☐ Definitely not  ☐ Not sure

22. I have the following health coverage:
   ☐ Medicaid  ☐ Medicare  ☐ Private Insurance
   ☐ No insurance/Ryan White  ☐ I don’t know

23. Overall, I am satisfied with the health care services I received over the past 12 months.
   ☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

24. 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. I keep my scheduled appointments with my case manager.
   ☐ All of the time ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

4. My case manager helped me get services both here and, if needed, at other places.
   ☐ All of the time ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

5. My case manager and I worked together to develop my service plan.
   ☐ Yes ☐ No ☐ Not sure

6. My case manager has provided information on the AIDS Drug Assistance Program (ADAP).
   ☐ Yes ☐ No ☐ Not sure

7. My case manager has given me adequate information on the ADAP recertification process and compliance with program guidelines.
   ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

8. My case manager assisted me with enrolling in the ADAP by explaining the application form and all of the documentation that is needed to complete application process.
   ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

9. I understand that case management services are intended to help me become self-managing.
   ☐ Yes ☐ No ☐ Not sure

10. Overall, my life has run more smoothly because of the help I received from my case manager.
    ☐ Yes ☐ No ☐ Not sure

11. I know how to contact my case manager by phone if I need to do so.
    ☐ Yes ☐ No ☐ Not sure

12. Overall, I am satisfied with the case management services I received over the past 12 months.
    ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

13. 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. The meals I receive are nutritious.
      □ All of the time  □ Most of the time  □ Sometimes  □ Rarely  □ Never
   c. I like the variety of the meals I receive.
      □ All of the time  □ Most of the time  □ Sometimes  □ Rarely  □ Never
   d. The meals I receive look good to me.
      □ All of the time  □ Most of the time  □ Sometimes  □ Rarely  □ Never
   e. The meals I receive have helped improve my health or quality of life.
      □ Yes  □ No
      e. 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. (If no, skip to question 3)
   □ Yes  □ No
   a. The dietitian or nutritionist helped me
      □ Yes  □ No

3. I have received food vouchers:  □ Yes  □ No (if no, skip to question 4)
   a. The vouchers 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 or quality of life
      □ Yes  □ No

5. I have received food pantry services (if no, skip to question 6):
   □ Yes  □ No
a. The food pantry items helped meet my food needs  
Yes  No

6. If I could change anything about my food and nutrition services, it would be:

____________________________________________________________________
____________________________________________________________________
CLIENT SATISFACTION SURVEY: Outpatient Mental Health Services

1. I have received outpatient 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 keep my scheduled appointments with my mental health provider.
   □ All of the time □ Most of the time □ Sometimes □ Rarely □ Never

4. I know how to contact my mental health provider by phone if I need to do so.
   □ Yes □ No □ Not sure

5. I find it easy to talk openly with my mental health provider.
   □ All of the time □ Most of the time □ Sometimes □ Rarely □ Never

6. My mental health provider shows an interest in me and helps me identify and understand my mental health needs.
   □ Strongly agree □ Agree □ Disagree □ Strongly disagree

7. My mental health provider has helped me develop skills that will allow me to handle future problems.
   □ Strongly agree □ Agree □ Disagree □ Strongly disagree

8. 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

9. My mental health provider knows about mental health issues and HIV.
   □ Strongly agree □ Agree □ Disagree □ Strongly disagree

10. 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

11. If I have needed it, my mental health provider has assisted me in getting further help (for example, enrolling in a day treatment program or being admitted to the hospital for further treatment).
    □ Yes □ No □ Does not apply

12. My mental health provider has helped me to feel better about myself and my overall mental health.
    □ Strongly agree □ Agree □ Disagree □ Strongly disagree
13. If I knew someone who was HIV positive and had a mental health issue or problem, I would refer her or him to this agency for help.
   ☐ Definitely yes ☐ Maybe ☐ Definitely not ☐ Not sure

14. Overall, I am satisfied with the outpatient mental health treatment services I have received at this agency over the past 12 months.
   ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

15. If I could change anything to make the outpatient 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. If I have a question about my dental care, I know how to contact someone to discuss it with me.
   ☐ Yes  ☐ No

6. The dental staff is friendly and helpful.
   ☐ All of the time  ☐ Most of the time  ☐ Sometimes  ☐ Rarely  ☐ Never

7. The dental staff explains my treatment to me:
   ☐ All of the time  ☐ Most of the time  ☐ Sometimes  ☐ Rarely  ☐ Never

8. The dental staff provides adequate instruction about home care after procedures:
   ☐ All of the time  ☐ Most of the time  ☐ Sometimes  ☐ Rarely  ☐ Never

9. 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

10. I would recommend this dental clinic to my friends with similar needs who are eligible for this service.
    ☐ Yes  ☐ Maybe  ☐ Definitely not  ☐ Not sure

11. I primarily visit the dental clinic for which of the following reasons:
    ☐ Routine care  ☐ Emergency care

12. Overall, I am satisfied with the oral health care services I received over the past 12 months.
    ☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

13. 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: Outpatient Substance Use Treatment

1. I have received outpatient 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. I keep my scheduled appointments with my substance use counselor.
   ☐ All of the time  ☐ Most of the time  ☐ Sometimes  ☐ Rarely  ☐ Never

4. My substance use counselor knows about substance use and HIV.
   ☐ All of the time  ☐ Most of the time  ☐ Sometimes  ☐ Rarely  ☐ Never

5. I find it easy to talk openly with my substance use counselor.
   ☐ All of the time  ☐ Most of the time  ☐ Sometimes  ☐ Rarely  ☐ Never

6. If I have ever relapsed, my substance use counselor helped me work on the problems that led to my using drugs again.
   ☐ Yes  ☐ No  ☐ Does not apply

7. If I needed it, my substance use counselor helped me get into a residential drug treatment program.
   ☐ Yes  ☐ No  ☐ Does not apply

8. 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

9. The program has helped me to reduce my substance use.
   ☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

10. If I knew someone who was HIV positive and had a substance use problem, I would refer her or him to this program for help.
    ☐ Definitely yes  ☐ Maybe  ☐ Definitely not  ☐ Not sure

11. I know how to contact my substance use counselor by phone if I need to do so.
    ☐ Yes  ☐ No  ☐ Not sure

12. Overall, I am satisfied with the outpatient substance use treatment services I received over the past 12 months.
    ☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

13. If I could change anything to make the outpatient substance use treatment services better for me and for others, it would be:
CLIENT SATISFACTION SURVEY: PeerCounseling 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. When I need an appointment with the peer counselor, I can schedule one soon enough for my needs.
   - [ ] All of the time
   - [ ] Most of the time
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Never

3. The peer counselor is helpful in making me feel comfortable in the clinic.
   - [ ] All of the time
   - [ ] Most of the time
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Never

4. The peer counselor is knowledgeable about HIV and relevant resources related to living with HIV.
   - [ ] All of the time
   - [ ] Most of the time
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Never

5. The peer counselor has helped me to communicate with other Staff Members.
   - [ ] All of the time
   - [ ] Most of the time
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Never

6. The peer counselor was able to relate to me and my situation.
   - [ ] All of the time
   - [ ] Most of the time
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Never

7. The peer counselor kept my information confidential.
   - [ ] All of the time
   - [ ] Most of the time
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Never

8. The peer counselor was professional in interactions with me.
   - [ ] All of the time
   - [ ] Most of the time
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Never

9. The peer counselor connected me to other services when I needed them.
   - [ ] All of the time
   - [ ] Most of the time
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Never

10. I know how to contact the peer counselor.
    - [ ] Yes
    - [ ] No
    - [ ] Not sure

11. Overall, I am satisfied with the peer counselor services I received over the past 12 months.
    - [ ] Strongly agree
    - [ ] Agree
    - [ ] Disagree
    - [ ] Strongly disagree

12. 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. I have family members, friends, or professionals who give me a lot of support
   □ Strongly agree  □ Agree  □ Disagree  □ Strongly disagree

2. My sex/gender is
   □ Female  □ Male  □ Transgender (M to F)  □ Transgender (F to M)
   □ No answer

3. My sexual orientation is
   □ Straight/heterosexual  □ Gay/lesbian/homosexual  □ Bisexual
   □ Not sure  □ No answer

4. My racial/ethnic background is
   □ African American/Black  □ Hispanic/Latino  □ Asian/Pacific Islander
   □ Native American/Alaska Native  □ Caucasian/White  □ More than one race

5. My age is
   □ 13-24  □ 25-44  □ 45-64  □ 65 or older

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 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

12. 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