

## Client Satisfaction Survey

Your opinion is very important to us in continuing to improve our services. Please take the time to answer the questions honestly. We want to know if you are satisfied or have concerns that need to be addressed. We can only make positive changes with your assistance. The information you provide is confidential and anonymous – you **DO NOT** have to write your name on the survey.

Clinic or Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Client's

Zip code: \_\_\_\_\_

Age: \_\_\_\_\_

Race: \_\_\_\_\_

Gender:

Male \_\_\_\_\_

Female \_\_\_\_\_

Transgender (M to F) \_\_\_\_\_

Transgender (F to M) \_\_\_\_\_

	HOW SATISFIED ARE YOU WITH...	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
1	The location of the facility providing the service					
2	The hours the service is available for appointments					
3	The time of day your appointments are scheduled					
4	How long it takes to get an appointment or talk to staff					
5	The time it takes for you to complete your appointment once you arrive at the facility and sign in at the registration desk					
6	How staff treats you					
7	How staff respects your wishes about who is and who is not to be given information about you					
8	How staff respects your ethnic background (White, African-American/Black, Hispanic, Other)					
9	How staff respects your way of life					
10	The quality of the service you received today					
11	The OVERALL quality of the service you have received					
	BECAUSE OF THE SERVICES RECEIVED OVER THE PAST YEAR....	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
12	My ability to manage my health has improved					
13	My overall quality of life has improved					
14	My ability to access medical care has improved or has helped me get into medical care for the first time					
15	My ability to remain in medical care has improved					

**16.1 (a.) Have you missed a scheduled appointment with any Ryan White provider in the last six months?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**(b.) If you answered Yes, at what agency(s) and why did you miss the appointment?**

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**16.2 (a.) Did you call to make a follow up appointment after your missed appointment?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**(b.) If you answered No, at what agency(s) and why did you not make a follow up appointment.**

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**16.3 (a.) Did the agency contact you to follow up on your missed appointment?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**(b.) If you answered No, at what agency(s).**

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**Additional Comments:** \_\_\_\_\_

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**Thank you for completing this survey.**