

Please tell us what you think of the services you have received from <name of AGENCY>.
Your responses are kept private. Thank you for your time and for sharing information with us.

Gender:	Age:					
Home ZIP Code:	Race/Ethnicity:					
For each item mark one box.	1 Very Satisfied	2 Satisfied	3 Not Satisfied Nor Dissatisfied	4 Dissatisfied	5 Very Dissatisfied	6 Does Not Apply
I. Access to and Availability of Services	1	2	3	4	5	6
1. The location of services (parking, public transportation, distance, etc.).						
2. The times that services are available.						
3. The time it takes to get an appointment or get in touch with staff.						
4. The time I have to wait at the office/AGENCY to see the doctor, therapist, case manager, nutritionist, etc.						
II. Customer Service/Staff Skills	1	2	3	4	5	6
5. I am treated with respect by staff (lifestyle, culture, religion, etc).						
6. I receive services in a language that I understand.						
7. I understand the information given to me by staff.						
8. I handle my daily problems better because of services I get at this AGENCY.						
9. I am better able to manage my health because of services I get at this AGENCY.						
10. Staff responds to my needs and requests.						
11. Staff has offered me referrals to help me meet my needs.						
III. Confidentiality	1	2	3	4	5	6
12. My HIV and personal information is always kept private by staff and shared only when I give permission.						
IV. Transportation						
13. I have been given information on transportation services when needed to attend my appointments (Gas cards, cab vouchers, Metro Passes).	YES _____				NO _____	

COMMENTS (Please tell us more about answers where you marked Dissatisfied or Very Dissatisfied):

For each item mark one box.	1 Very Satisfied	2 Satisfied	3 Not Satisfied Nor Dissatisfied	4 Dissatisfied	5 Very Dissatisfied	6 Does Not Apply
V. The Quality of SERVICES I get from THIS agency.	1	2	3	4	5	6
14.0 The quality of ALL services						
14.1 The quality of Case Management Services						
14.2 The quality of Dental Care						
14.3. The quality of Food Bank Services						
14.4 The quality of Nutrition (Dietitian) Services						
14.5 The quality of Medical Care						
14.6 The quality of Behavioral Health Counseling (BHC)						
14.7 The quality of Pharmacy Services						
14.8 The quality of Out-Patient Substance Abuse Counseling						
14.9 The quality of Individual Mental Health Counseling						
14.10 The quality of Group Mental Health Counseling						
14.11 The quality of Hospice Services (room, board, nursing care, pain and symptom management)						
14.12 The quality of Client Advocacy Services						
14.13 The quality of Housing Services						
VI. Other services I get from THIS agency	1	2	3	4	5	6
15.0 Not Applicable	N/A	N/A	N/A	N/A	N/A	N/A
15.1 The quality of Client Advocacy Services						
15.2 The quality of HIV Early Intervention Case Management						
15.3 The quality of Mental Health Case Management						
15.4 The quality of Medical Care						
15.5 The quality of Prescription Assistance						
15.6 The quality of Food Vouchers						
15.7 The quality of Insurance Premium Assistance						
15.8 The quality of Massage Services						

15.9 The quality of Acupuncture Services						
15.10 The quality of Transportation Services						
15.11 The quality of HOPWA Services						
15.12 The quality of Case Management Services (Social Worker)						
15.13 The quality of Nutrition (Dietitian) Services						
VII. Client Participation	1	2	3	4	5	6
16. Staff and I work together to plan my treatment and/ or services.						
17. I understand how to file a complaint (Grievance Policy) about services with the AGENCY.						
COMMENTS (Please tell us more about answers where you marked Dissatisfied or Very Dissatisfied):						
	1 Strongly Agree	2 Agree	3 Do Not Agree or Disagree	4 Disagree	5 Strongly Disagree	6 Does Not Apply
18. I would recommend this AGENCY to a friend or family member.						
19. What do you like most about this AGENCY?						
20. What do you like least about this AGENCY?						
Other Comments:						