

Please tell us what you think of the services you have received from **AIDS Services of Austin**.

Your responses are kept private. Thank you for your time and for sharing information

Gender:		Sexual Orientation:			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
<b>I. Access to and Availability of Services</b>		1	2	3	4	5	6
1. The location of <b>AIDS Services of Austin</b> (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 <b>AIDS Services of Austin</b> to see the doctor, therapist, case manager, nutritionist, etc.							
<b>II. Customer Service/Staff Skills</b>		1	2	3	4	5	6
5. I am treated with respect by staff (lifestyle, culture, religion, etc).							
6. I get 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 <b>AIDS Services of Austin</b> .							
9. I am better able to manage my health because of services I get at <b>AIDS Services of Austin</b> .							
10. Staff responds to my needs and requests.							
<b>III. Confidentiality</b>		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.							
<b>IV. Transportation</b>							
13. I have been given information on transportation services when needed to attend my appointments (Gas cards, cab vouchers, Metro Passes, STS).		YES _____			NO _____		
<b>COMMENTS</b> (Please tell us more about answers where you marked Dissatisfied or Very Dissatisfied):							

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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
<b>V. The Quality of SERVICES I get from THIS AGENCY.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
14.0 The quality of ALL services I get at <b>AIDS Services of Austin</b>						
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 Nutritionist (Dietitian) Services						
14.12 The quality of Client Advocacy Services						
14.14 The quality of Health Insurance Premium Assistance.						
<b>VI. Other services I get from THIS agency</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
15.1 The quality of ALL Other Services I get at <b>AIDS Services of Austin</b>						
15.11 The quality of HOPWA Services (housing assistance)						
<b>COMMENTS</b> (Please tell us more about answers where you marked Dissatisfied or Very Dissatisfied):						
<b>VII. Client Participation</b>	<b>1 Strongly Agree</b>	<b>2 Agree</b>	<b>3 Do Not Agree or Disagree</b>	<b>4 Disagree</b>	<b>5 Strongly Disagree</b>	<b>6 Does Not Apply</b>
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.						
18. I would recommend this AGENCY to a friend or family member.	<b>YES</b> _____				<b>NO</b> _____	
19. What do you like most about this AGENCY?						
20. What do you like least about this AGENCY?						
<b>Additional Comments:</b>						