

Please tell us what you think of the services you have received from **Communicable Disease Unit**.
Your responses are kept private. Thank you for your time and for sharing information with us.

| | | |
|----------------|----------------------------|-------------|
| Gender: | Sexual Orientation: | Age: |
|----------------|----------------------------|-------------|

| | |
|-----------------------|------------------------|
| Home ZIP Code: | Race/Ethnicity: |
|-----------------------|------------------------|

| | | | | | | |
|------------------------------------|----------------|-----------|--------------------------------------|--------------|-------------------|----------------|
| For each item mark one box. | 1 | 2 | 3 | 4 | 5 | 6 |
| | Very Satisfied | Satisfied | Not Satisfied Nor Dissatisfied | Dissatisfied | Very Dissatisfied | Does Not Apply |

| | | | | | | |
|--|----------|----------|----------|----------|----------|----------|
| I. Access to and Availability of Services | 1 | 2 | 3 | 4 | 5 | 6 |
|--|----------|----------|----------|----------|----------|----------|

| | | | | | | |
|---|--|--|--|--|--|--|
| 1. The location of Communicable Disease Unit (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 Communicable Disease Unit 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 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 Communicable Disease Unit . | | | | | | |
| 9. I am better able to manage my health because of services I get at Communicable Disease Unit . | | | | | | |
| 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, STS). | 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 I get at Communicable Disease Unit. | | | | | | |
| 14.1 The quality of Case Management Services | | | | | | |
| VI. Other services I get from THIS agency | 1 | 2 | 3 | 4 | 5 | 6 |
| 15.1 The quality of All Other Services I get at Communicable Disease Unit. | | | | | | |

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

| VII. Client Participation | 1 Strongly Agree | 2 Agree | 3 Do Not Agree or Disagree | 4 Disagree | 5 Strongly Disagree | 6 Does Not Apply |
|---|------------------------|------------|----------------------------------|---------------|---------------------------|------------------------|
| 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. | YES _____ | | NO _____ |
|---|-----------|--|----------|

19. What do you like most about this AGENCY?

20. What do you like least about this AGENCY?

Other Comments: