

Please tell us what you think of the services you have received from **CommUnity Care - David Powell Clinic**.  
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 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>CommUnity Care - David Powell Clinic</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>CommUnity Care - David Powell Clinic</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>CommUnity Care - David Powell Clinic</b> .							
9. I am better able to manage my health because of services I get at <b>CommUnity Care - David Powell Clinic</b> .							
10. Staff responds to my needs and requests.							
11. Staff has offered me referrals to help me meet my needs.							
<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>CommUnity Care - David Powell Clinic</b>						
14.1 The quality of Case Management Services						
14.5 The quality of Medical Care						
14.6 The quality of Behavioral Health Counseling (BHC)						
14.7 The quality of Pharmacy Services						
<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>CommUnity Care - David Powell Clinic</b>						
15.13 The quality of Nutritionist (Dietitian) Services						
15.15 The quality of Psychiatric Services						
<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>Other Comments:</b>						