

CLIENT SATISFACTION SURVEY

Please tell us what you think of the services you have received from **Project Transitions**.
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
I. Access to and Availability of Services		1	2	3	4	5	6
1. The location of Project Transitions (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 Project Transitions 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 Project Transitions .							
9. I am better able to manage my health because of services I get at Project Transitions .							
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):

PLEASE TURN THE PAGE OVER AND COMPLETE THE BACK ➡ ➡ ➡ ➡ ➡

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 Project Transitions						
14.11 The quality of Hospice Services (room, board, nursing care, pain and symptom management)						
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
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:						