

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 with us.

<b>Age:</b>	<b>Sexual Orientation</b>	<b>How long have you been receiving services at AIDS Services of Austin</b>			
<b>Gender:</b>	Straight _____ Gay _____	Less than 3 months	_____	1 year to 3 yrs	_____
<b>Home ZIP Code:</b>	Bisexual _____ Lesbian _____	3 months to 6 months	_____	3 years to 5 yrs	_____
<b>Race/Ethnicity:</b>	Other _____	6 months to 1 year	_____	More than 5 yrs	_____

<b>For each item mark one box.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
	Very Satisfied	Satisfied	Not Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied	Does Not Apply

**I. Access to and Availability of Services**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
1. The location of AIDS Services of Austin.						
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 AIDS Services of Austin to see staff.						

**II. Customer Service/Staff Skills**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
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 AIDS Services of Austin.						
9. I am better able to manage my health because of services I get at AIDS Services of Austin.						
10. Staff responds to my needs and requests.						
11. Staff has offered me referrals to help me meet my needs. (Such as other programs, resources, agencies or specialists)						
12. Staff and I work together to plan my treatment and/ or services.						

**III. Confidentiality**

	<b>YES</b>	<b>NO</b>	
13. My HIV and personal information is always kept private by staff and shared only when I give permission.	_____	_____	

**IV. Transportation**

	<b>YES</b>	<b>NO</b>	<b>NOT APPLICABLE</b>
14. I received information on transportation services when needed to attend my appointments (such as gas cards, cab vouchers, Metro Passes, STS, staff or agency vehicle).	YES _____	_____	_____

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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 AIDS Services of Austin.</b>	1	2	3	4	5	6
15.0 The quality of ALL services I get at AIDS Services of Austin						
15.1 The quality of Case Management Services						
15.2 The quality of Dental Care						
15.3 The quality of Food Bank Services						
15.4 The quality of Nutritionist (Dietitian) Services						
15.14 The quality of Health Insurance Premium Assistance						
<b>VI. Other services I get from AIDS Services of Austin</b>	1	2	3	4	5	6
16.1 The quality of All Other Services I get at AIDS Services of Austin						
<b>COMMENTS</b> (Please tell us more about answers where you marked Dissatisfied or Very Dissatisfied):						
<b>VII. Grievance</b>						
			<b>YES</b>	<b>NO</b>		
17. I know how to make a complaint (Grievance Policy) about services with AIDS Services of Austin.	_____			_____		
<b>VIII. Summary</b>						
			<b>YES</b>	<b>NO</b>		
18. I would recommend AIDS Services of Austin to a friend or family member.	_____			_____		
19. What do you like most about AIDS Services of Austin?						
20. What do you like least about AIDS Services of Austin?						