

CLIENT SATISFACTION SURVEY: Ambulatory/Outpatient Care

1. I have received medical care here for:
 Less than 1 year 1-2 years 3-5 years more than 5 years
2. When I need an appointment, I am able to schedule one soon enough for my needs.
 All of the time Most of the time Sometimes Rarely Never
3. I keep my scheduled appointments.
 All of the time Most of the time Sometimes Rarely Never
4. I understand what I should do if I need care during evenings and weekends.
 Yes No
5. If I have a medical question, I know how to contact someone on the phone to discuss it with me.
 Yes No
6. HIV-specific educational materials are made available for me to read.
 Yes No
7. The staff at the clinic are friendly and helpful.
 All of the time Most of the time Sometimes Rarely Never
8. My provider explains my lab results (such as CD4 and viral load) and what they mean for my health.
 All of the time Most of the time Sometimes Rarely Never
9. I feel that my provider spends an adequate amount of time with me.
 All of the time Most of the time Sometimes Rarely Never
10. I feel uncomfortable talking about personal or intimate issues with my provider.
 All of the time Most of the time Sometimes Rarely Never
11. If I have a complaint about my medical care, I am aware of what I can do to try to resolve it.
 Yes No Not sure
12. I have received counseling about my HIV medications, including how to take them and the possible side effects.
 Yes No Not sure
13. My provider talks to me about how to avoid passing HIV to others.
 Yes No Not sure
14. My provider asks me how I am feeling emotionally and makes a referral to a mental health provider, counselor or support group if I need help.
 Yes No Not sure

15. My provider asks about my teeth and makes a referral if I need to see a dentist.
 Yes No Not sure
16. My provider asks me about how I am eating and makes a referral to a nutritionist if I need help.
 Yes No Not sure
17. My provider asks me whether I need help to tell my sexual partner(s) about my HIV status and makes a referral if I need help.
 Yes No Not sure
18. My provider has explained the eligibility, enrollment process and benefits of the AIDS Drug Assistance Program (ADAP).
 Strongly agree Agree Disagree Strongly disagree
19. I have received adequate information on the ADAP recertification process and compliance with program guidelines.
 Strongly agree Agree Disagree Strongly disagree
20. I receive my ADAP HIV medications in a timely manner.
 All of the time Most of the time Sometimes Rarely Never
21. I would recommend this clinic to my HIV-positive friends with similar needs.
 Yes Maybe Definitely not Not sure
22. I have the following health coverage:
 Medicaid Medicare Private Insurance
 No insurance/Ryan White I don't know
23. Overall, I am satisfied with the health care services I received over the past 12 months.
 Strongly agree Agree Disagree Strongly disagree
24. If I could add or change something to make the clinic a better place for me and for other patients it would be:

CLIENT SATISFACTION SURVEY: Case Management

1. This agency has provided case management services to me for:
 Less than 1 year 1-2 years 3-5 years more than 5 years
2. When I need an appointment with my case manager, I can schedule one soon enough for my needs.
 All of the time Most of the time Sometimes Rarely Never
3. I keep my scheduled appointments with my case manager.
 All of the time Most of the time Sometimes Rarely Never
4. My case manager helped me get services both here and, if needed, at other places.
 All of the time Most of the time Sometimes Rarely Never
5. My case manager and I worked together to develop my service plan.
 Yes No Not sure
6. My case manager has provided information on the AIDS Drug Assistance Program (ADAP).
 Yes No Not sure
7. My case manager has given me adequate information on the ADAP recertification process and compliance with program guidelines.
 Strongly agree Agree Disagree Strongly disagree
8. My case manager assisted me with enrolling in the ADAP by explaining the application form and all of the documentation that is needed to complete application process.
 Strongly agree Agree Disagree Strongly disagree
9. I understand that case management services are intended to help me become self-managing.
 Yes No Not sure
10. Overall, my life has run more smoothly because of the help I received from my case manager.
 Yes No Not sure
11. I know how to contact my case manager by phone if I need to do so.
 Yes No Not sure
12. Overall, I am satisfied with the case management services I received over the past 12 months.
 Strongly agree Agree Disagree Strongly disagree
13. If I could change anything to make the case management services better for me and for others, it would be:

CLIENT SATISFACTION SURVEY: Food/Nutrition Services

1. I receive home delivered meals:
 Yes No (if no, skip to question 2)
 - a. I enjoy the taste of the meals I receive :
 All of the time Most of the time Sometimes Rarely Never
 - b. The meals I receive are nutritious.
 All of the time Most of the time Sometimes Rarely Never
 - c. I like the variety of the meals I receive.
 All of the time Most of the time Sometimes Rarely Never
 - d. The meals I receive look good to me.
 All of the time Most of the I time Sometimes Rarely Never
 - e. The meals I receive have helped improve my health or quality of life.
 Yes No
 - e. If I had a question or concern about my meals, the problem was addressed satisfactorily.
 Yes No
2. I have seen a dietitian or nutritionist. (If no, skip to question 3)
 Yes No
 - a. The dietitian or nutritionist helped me
 Yes No
3. I have received food vouchers: Yes No (if no, skip to question 4)
 - a. The vouchers helped meet my food needs
 All of the time Most of the time Sometimes Rarely Never
4. I have received nutritional supplements (e.g. Boost) (if no, skip to question 5):
 Yes No
 - a. The nutritional supplements helped improve my health or quality of life
 Yes No
5. I have received food pantry services (if no, skip to question 6):
 Yes No

a. The food pantry items helped meet my food needs

Yes No

6. If I could change anything about my food and nutrition services, it would be:

CLIENT SATISFACTION SURVEY: Outpatient Mental Health Services

1. I have received outpatient mental health services at this agency for:
 Less than 1 year 1-2 years 3-5 years more than 5 years
2. When I need an appointment with my mental health provider, I can schedule one soon enough for my needs.
 All of the time Most of the time Sometimes Rarely Never
3. I keep my scheduled appointments with my mental health provider.
 All of the time Most of the time Sometimes Rarely Never
4. I know how to contact my mental health provider by phone if I need to do so.
 Yes No Not sure
5. I find it easy to talk openly with my mental health provider.
 All of the time Most of the time Sometimes Rarely Never
6. My mental health provider shows an interest in me and helps me identify and understand my mental health needs.
 Strongly agree Agree Disagree Strongly disagree
7. My mental health provider has helped me develop skills that will allow me to handle future problems.
 Strongly agree Agree Disagree Strongly disagree
8. My mental health provider involves me in the planning of my treatment (such as setting treatment goals).
 All of the time Most of the time Sometimes Rarely Never
9. My mental health provider knows about mental health issues *and* HIV.
 Strongly agree Agree Disagree Strongly disagree
10. My mental health provider has explained to me, in a way that I can understand, how my mental health medications (such as antidepressants) and my HIV medications might interact.
 Yes No Does not apply
11. If I have needed it, my mental health provider has assisted me in getting further help (for example, enrolling in a day treatment program or being admitted to the hospital for further treatment).
 Yes No Does not apply
12. My mental health provider has helped me to feel better about myself and my overall mental health.
 Strongly agree Agree Disagree Strongly disagree

13. If I knew someone who was HIV positive and had a mental health issue or problem, I would refer her or him to this agency for help.

Definitely yes Maybe Definitely not Not sure

14. Overall, I am satisfied with the outpatient mental health treatment services I have received at this agency over the past 12 months.

Strongly agree Agree Disagree Strongly disagree

15. If I could change anything to make the outpatient mental health treatment services at this agency better for me and for others, it would be:

CLIENT SATISFACTION SURVEY: Oral Health Care

1. This agency has provided oral health care to me for:
 Less than 1 year 1-2 years 3-5 years more than 5 years
2. I entered care in the dental clinic by:
 referral by my health care provider Seeking out the service myself
3. When I need an appointment for routine dental care, I am able to schedule one soon enough for my needs.
 All of the time Most of the time Sometimes Rarely Never
4. When I need an appointment for emergency dental care, I am able to schedule one soon enough for my needs.
 All of the time Most of the time Sometimes Rarely Never
5. If I have a question about my dental care, I know how to contact someone to discuss it with me.
 Yes No
6. The dental staff is friendly and helpful.
 All of the time Most of the time Sometimes Rarely Never
7. The dental staff explains my treatment to me:
 All of the time Most of the time Sometimes Rarely Never
8. The dental staff provides adequate instruction about home care after procedures:
 All of the time Most of the time Sometimes Rarely Never
9. If I have a complaint about my dental care, I am aware of what I can do to try to resolve it.
 Yes No Not sure
10. I would recommend this dental clinic to my friends with similar needs who are eligible for this service.
 Yes Maybe Definitely not Not sure
11. I primarily visit the dental clinic for which of the following reasons:
 Routine care Emergency care
12. Overall, I am satisfied with the oral health care services I received over the past 12 months.
 Strongly agree Agree Disagree Strongly disagree
13. If I could add or change something to make the clinic a better place for me and for other patients it would be:

CLIENT SATISFACTION SURVEY: Outpatient Substance Use Treatment

1. I have received outpatient substance use treatment here for:
 Less than 1 year 1-2 years 3-5 years more than 5 years
2. When I need an appointment with my substance use counselor, I can schedule one soon enough for my needs.
 All of the time Most of the time Sometimes Rarely Never
3. I keep my scheduled appointments with my substance use counselor.
 All of the time Most of the time Sometimes Rarely Never
4. My substance use counselor knows about substance use *and* HIV.
 All of the time Most of the time Sometimes Rarely Never
5. I find it easy to talk openly with my substance use counselor.
 All of the time Most of the time Sometimes Rarely Never
6. If I have ever relapsed, my substance use counselor helped me work on the problems that led to my using drugs again.
 Yes No Does not apply
7. If I needed it, my substance use counselor helped me get into a residential drug treatment program.
 Yes No Does not apply
8. My substance use counselor explained to me in a way I could understand how substance use treatment (such as methadone) and HIV medications might interact.
 Strongly agree Agree Disagree Strongly disagree Does not apply
9. The program has helped me to reduce my substance use.
 Strongly agree Agree Disagree Strongly disagree
10. If I knew someone who was HIV positive and had a substance use problem, I would refer her or him to this program for help.
 Definitely yes Maybe Definitely not Not sure
11. I know how to contact my substance use counselor by phone if I need to do so.
 Yes No Not sure
12. Overall, I am satisfied with the outpatient substance use treatment services I received over the past 12 months.
 Strongly agree Agree Disagree Strongly disagree
13. If I could change anything to make the outpatient substance use treatment services better for me and for others, it would be:

CLIENT SATISFACTION SURVEY: PeerCounseling Services

1. I have received peer counseling services here for:
 Less than 1 year 1-2 years 3-5 years more than 5 years
2. When I need an appointment with the peer counselor, I can schedule one soon enough for my needs.
 All of the time Most of the time Sometimes Rarely Never
3. The peer counselor is helpful in making me feel comfortable in the clinic.
 All of the time Most of the time Sometimes Rarely Never
4. The peer counselor is knowledgeable about HIV and relevant resources related to living with HIV.
 All of the time Most of the time Sometimes Rarely Never
5. The peer counselor has helped me to communicate with other Staff Members.
 All of the time Most of the time Sometimes Rarely Never
6. The peer counselor was able to relate to me and my situation.
 All of the time Most of the time Sometimes Rarely Never
7. The peer counselor kept my information confidential.
 All of the time Most of the time Sometimes Rarely Never
8. The peer counselor was professional in interactions with me.
 All of the time Most of the time Sometimes Rarely Never
9. The peer counselor connected me to other services when I needed them.
 All of the time Most of the time Sometimes Rarely Never
10. I know how to contact the peer counselor.
 Yes No Not sure
11. Overall, I am satisfied with the peer counselor services I received over the past 12 months.
 Strongly agree Agree Disagree Strongly disagree
12. If I could change anything to make the peer counselor services better for me and for others, it would be:

CLIENT SATISFACTION SURVEY: General Questions

1. I have family members, friends, or professionals who give me a lot of support
 Strongly agree Agree Disagree Strongly disagree

2. My sex/gender is
 Female Male Transgender (M to F) Transgender (F to M)
 No answer

3. My sexual orientation is
 Straight/heterosexual Gay/lesbian/homosexual Bisexual
 Not sure No answer

4. My racial/ethnic background is
 African American/Black Hispanic/Latino Asian/Pacific Islander
 Native American/Alaska Native Caucasian/White More than one race

5. My age is
 13-24 25-44 45-64 65 or older

6. At any point, did you feel treated poorly at this agency?
 Yes No

7. If yes to question 6, what reason(s) do you feel may have caused you to be treated poorly:
 - a. Race Yes No
 - b. Age Yes No
 - c. Gender/Sex Yes No
 - d. Sexual Orientation Yes No
 - e. Drug use Yes No
 - f. Immigration status Yes No
 - g. My difficulty speaking English Yes No
 - h. Other reasons Yes No

(Explain): _____

8. The language that I speak is:
 English Spanish Other

9. Because of a language barrier, I have problems understanding agency staff when I come in for or request services.
 Yes, always Yes, sometimes No, never

10. I know that translation services, including services for the visually and hearing impaired, are available to me at this agency if I ask for it before my appointment.
 Yes, I know No, I did not know

11. I have completed this survey:
 By myself, with no help With some help from a staff person
 With someone reading the survey to me and filling it out for me

12. I understand the reason I am required to provide certain documents to the agency and how that is related to the funding for the services I receive.
 Yes No