

E2Fulton Client Satisfaction Survey

Below are the survey questions for Client Satisfaction Survey distributed to clients through e2Fulton.






Introduction

You recently visited [Agency Name] on [Service Date] and received [Service/Subservice name], and we need your feedback. Please take a few minutes to answer a brief survey about your visit. Your participation is confidential and will help us to improve the quality of care that we provide to you, your family, friends, or neighbors. We will share your feedback with agencies and use them to recognize staff that have exceeded your expectations and to make improvements in those areas that need them. If you have received this email regarding a child's visit, please complete the survey on his or her behalf. You may skip questions that do not apply to you. Thank you in advance for your participation in this survey.






SECTION A

Accessing HIV Services






1. Are you able to schedule an appointment at this agency at times convenient for you? *(Choose One)*

5	4	3	2	1
All the time	Most of the time	Sometimes	Rarely	Never
				

2. Wait time includes time spent in the waiting room as well as exam room for clinical appointments. For non-clinical appointments, wait time includes time spent in the lobby. How often did you see this provider within 15 minutes of your appointment time? *(Choose One)*

5	4	3	2	1
All of the time	Most of the time	Sometimes	Rarely	Never
				

3. Do you feel you were treated fairly at this agency based on your age, race/ethnicity, gender, or sexual orientation? *(Choose One)*

5	4	3	2	1
All of the time	Most of the time	Sometimes	Rarely	Never
				

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4. Do you have reason(s) why staff from this agency may have treated you unfairly at present or in the past? *(Choose One or More)*

1	2	3	4	5	6	7	8
I have not been treated unfairly.	Race/Ethnicity	Age	Gender	Sexual Orientation	Drug use	Immigration status	My difficulty Speaking English
9	10						
Mental health status	Other reasons <i>(Explain in this Space)</i>						

SECTION B






5. During your recent visit to [Agency Name], which of the following providers did you see? (Choose one or more)

- a. Doctor
- b. Dentist
- c. Physician Assistant
- d. Nurse
- e. Mental Health Counselor
- f. Substance Use Counselor
- g. Nutritionist/Dietitian
- h. Medical Case Manager
- i. Lawyer/Paralegal
- j. Peer Navigator
- k. Support Group Leader
- l. Social Worker
- m. Linkage Coordinator
- n. Other (Please Specify: _____)






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Level of Satisfaction with Providers






6. How satisfied are you with the **courtesy and friendliness** from our providers at this clinic/agency?
(Choose One)

5	4	3	2	1
Very Satisfied	Satisfied	Indifferent	Dissatisfied	Very Dissatisfied
				






7. How satisfied are you with the **respect** toward you from our providers at this agency? (Choose One)

5	4	3	2	1
Very Satisfied	Satisfied	Indifferent	Dissatisfied	Very Dissatisfied
				






8. How satisfied are you with our provider's ability to meet your needs at this agency?

5	4	3	2	1
Very Satisfied	Satisfied	Indifferent	Dissatisfied	Very Dissatisfied
				



9. Does your provider talk to you about how much HIV is in your blood (viral load) and to how to reduce this amount to keep you healthy?

5	4	3	2	1
All of the time	Most of the time	Sometimes	Rarely	Never
				

10. Does your provider give you referrals to other needed services? (if never, skip to question 12)

5	4	3	2	1
All of the time	Most of the time	Sometimes	Rarely	Never
				

11. Overall, do you feel the referrals the provider gave you will help you to continue to be in care?

1	2
Yes	No
	

12. Do you have any comments or suggestions on how the providers can provide a better service for you or others? (Write in this Space)

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Level of Satisfaction with Agency’s Staff

The following questions ask about your level of satisfaction with agency staff.

This includes any staff members you encounter during you visit to the agency including front office staff, medical staff, security guards, or custodial staff, other than your provider.






Front Office Staff: People who check you in for your appointment and/or take your fee for services (if needed)

Medical Staff: Medical assistant or person who calls you back for your appointment and takes you to the space where the appointment will happen. This person may also take your vital signs (temperature, weight, blood pressure, etc.)






Administrative Staff: Person who talks to you about your eligibility and program benefits. This person uses your required documents to find what benefits will work best for you.

Facilities/Custodial Staff: People who provide housekeeping, cleaning, and security services for the agency/clinic.






13. How satisfied are you with the **courtesy and friendliness** from staff at this agency? *(Choose One)*

5	4	3	2	1
Very satisfied	Mostly satisfied	Indifferent	Mildly dissatisfied	Very dissatisfied
				

14. How satisfied are you with the **respect** toward you from our staff at this agency?

5	4	3	2	1
Very satisfied	Mostly satisfied	Indifferent	Mildly dissatisfied	Very dissatisfied
				

15. How satisfied are you with our staff’s ability to meet your needs at this clinic/agency?

5	4	3	2	1
Very satisfied	Mostly satisfied	Indifferent	Mildly dissatisfied	Very dissatisfied
				

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Overall Level of Satisfaction with Agency Staff

The following questions ask you to rank your total satisfaction with agency staff.

This also includes any staff members you encounter during your visit to the agency (front office staff, security guards, medical assistants, housekeeping/janitors, etc.) other than your provider.

Please rank your overall level of satisfaction with the general agency staff.

For any staff group below that you did not interact with, please select N/A.

	Very good	Good	Fair	Poor	Very poor	N/A
	5	4	3	2	1	
						
16. 1. Front office Staff People who check you in for your appointment and/or take your fee for services (if needed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.2 Medical Staff Medical assistant or person who calls you back for your appointment and takes you to the space where the appointment will happen. This person may also take your vital signs (temperature, weight, blood pressure, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.3 Administrative Staff Person who talks to you about your eligibility and program benefits. This person uses your required documents to find what benefits will work best for you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.4 Security guard (s) Security guards. People hired to keep employees and clients safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.5 Custodial Staff People who provide housekeeping and cleaning for the agency/clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Do you have any comments or suggestions on how the staff can provide a better service for you and others? *(Write in this Space)*






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SECTION C






The following questions ask about how you feel about the [Service Name] you received at [Agency] on [Service Date]:

Overall Level of Satisfaction with Service






18. What is your overall satisfaction with the service received from this agency?

5	4	3	2	1
Very satisfied	Mostly satisfied	Indifferent	Mildly dissatisfied	Very dissatisfied
				

19. How satisfied are you with the amount of help you have received from this agency? (Choose One)

5	4	3	2	1
Very satisfied	Mostly satisfied	Indifferent	Mildly dissatisfied	Very dissatisfied
				

20. Are you better able to manage your HIV after receiving services from this agency? (Choose One)

5	4	3	2	1
Yes, they helped a great deal	Yes, they helped somewhat	Indifferent	No, they really did not help	No, they seem to make things worse
				

21. Do you have any comments or suggestions on how the services can be made better for you or others?
(Write in this Space)

Thank you.

Prepared by Fulton County, Department for HIV Elimination in collaboration with consumers for consumers

HRSA DISCLAIMER

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