

2008 CLIENT SATISFACTION SURVEY

Instructions: Please do not put your name anywhere on this survey. If this is your first time receiving care at this site, fill out the survey after your appointment. If you have been seen here before, you can complete the survey at any time. If you already filled out the survey here or at another site in the last two months, **do not fill it out again.** When you are finished completing the survey, please put it into the plain envelope you received with the survey, seal it and then hand it to a staff person. If you would like to mail it yourself, please ask a staff member to give you a stamped envelope addressed to the Maryland AIDS Administration.

La versión en español de la encuesta está disponible si la requiere. Por favor pídasela a los empleados.

This survey is optional. All information will be kept confidential. Your care will not be affected.

1. What HIV-related services do you receive at ANY care site? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Case management/See the Social Worker or Nurse | <input type="checkbox"/> Help with keeping your appointments | <input type="checkbox"/> Legal assistance |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Help with taking your medicine | <input type="checkbox"/> Medical care/See the doctor |
| <input type="checkbox"/> Dental care/See the dentist | <input type="checkbox"/> Help with transportation | <input type="checkbox"/> Mental health/See a counselor |
| <input type="checkbox"/> Help with bills | <input type="checkbox"/> Home health/Home hospice | <input type="checkbox"/> Nutritional counseling |
| <input type="checkbox"/> Help with food/Food delivery | <input type="checkbox"/> Housing assistance | <input type="checkbox"/> Substance abuse treatment |
| | | <input type="checkbox"/> Other _____ |

2. What services do you need, but you are not getting?

- | | | |
|--|--|--|
| <input type="checkbox"/> Case management/ See the Social Worker or Nurse | <input type="checkbox"/> Help with keeping your appointments | <input type="checkbox"/> Legal assistance |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Help with taking your medicine | <input type="checkbox"/> Medical care/See the doctor |
| <input type="checkbox"/> Dental care/See the dentist | <input type="checkbox"/> Help with transportation | <input type="checkbox"/> Mental health/See a counselor |
| <input type="checkbox"/> Help with bills | <input type="checkbox"/> Home health/Home hospice | <input type="checkbox"/> Nutritional counseling |
| <input type="checkbox"/> Help with food/Food delivery | <input type="checkbox"/> Housing assistance | <input type="checkbox"/> Substance abuse treatment |
| | | <input type="checkbox"/> Other _____ |

3. In Question 2, you identified services you need. Which ONE service do you need the most? _____

4. Why don't you receive this service? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Afraid of what people may say | <input type="checkbox"/> Do not know where to go | <input type="checkbox"/> Too long of a wait |
| <input type="checkbox"/> Cannot afford service | <input type="checkbox"/> Do not qualify for service | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Hours/days are not good for me | <input type="checkbox"/> Unstable living situation |
| <input type="checkbox"/> Concerned about privacy | <input type="checkbox"/> Service was not available | <input type="checkbox"/> Not applicable/No problem |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Staff do not speak my language | <input type="checkbox"/> Other _____ |

5. How long have you been receiving services at this site?

- | | | |
|--|--|--|
| <input type="checkbox"/> This is my first time | <input type="checkbox"/> 7 – 11 months | <input type="checkbox"/> More than 5 years |
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 1 – 5 years | |

6. How do you usually get to this site?

- | | | |
|--|---|---|
| <input type="checkbox"/> I drive myself | <input type="checkbox"/> Bus, Metro, or Public transportation | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> My friend or family drives me | <input type="checkbox"/> Taxi/Cab | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shuttle or van picks me up | <input type="checkbox"/> Walk | |

7. How long does it usually take you to travel from your home to this care site?

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than 15 minutes | <input type="checkbox"/> 31 minutes to 1 hour | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> 15 minutes to 30 minutes | <input type="checkbox"/> More than 1 hour | |

8. How did you feel about today's appointment date and time? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I was happy with the appointment date and time | <input type="checkbox"/> The clinic hours are not good for me |
| <input type="checkbox"/> I wanted to be seen sooner | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> The days the clinic is open are not good for me | |

9. Is it difficult to keep appointments for services at this site? Yes No
 If YES, why? (Check all that apply)
 I have trouble remembering my appointments The appointment day/time are not convenient for me
 I have too many things going on Not applicable
 I have a difficult time getting to this site Other _____

10. How long did you have to wait to be seen by a care provider for today's appointment?
 Less than 15 minutes 31 minutes to 1 hour Not applicable
 15 minutes to 30 minutes More than 1 hour

11. How many different sites do you go to for HIV/AIDS services? (Including medical care, case management, housing, etc)
 This site only 2-3 sites 4-5 sites 6-10 sites 11+ sites

12. After receiving your first HIV positive test result, how long after did you go in for HIV health care?
 Less than one week 1-6 months More than one year
 One week to one month 7-12 months (How many years? _____)

13. Did you wait to begin your HIV health care? Yes No
 If YES, why? (Check all that apply)
 I was not ready to get care I was using drugs or alcohol I was embarrassed
 I could not get an appointment I did not want friends/family to find out I was in denial
 I didn't know where to go for care I could not afford the medical bills
 I did not feel sick I was afraid Other _____

14. Would you recommend this site if you had HIV-positive friends with similar needs? Yes No

15. In the past year, did staff at this site:	Yes	No
Respect and protect your privacy?	<input type="radio"/>	<input type="radio"/>
Keep your HIV status confidential?	<input type="radio"/>	<input type="radio"/>
Tell you how to make a complaint or inform you of the grievance procedure to file your complaint, if necessary?	<input type="radio"/>	<input type="radio"/>
Try to find out what else you need help with?	<input type="radio"/>	<input type="radio"/>
Make a referral if you needed additional help? (Housing, finances, etc.)	<input type="radio"/>	<input type="radio"/>

16. At this site, in the past year, how often:	Always	Most of the time	Some-times	Rarely or Never	Not Applicable
Was staff respectful of you and your background?	<input type="radio"/>				
Were you treated like an individual with your own needs & concerns?	<input type="radio"/>				
Did someone explain how to prevent giving HIV to others?	<input type="radio"/>				
Did someone discuss the importance of telling your partners about your HIV status?	<input type="radio"/>				
Did someone explain how to protect yourself from being infected with another STD or getting reinfected?	<input type="radio"/>				
Did someone explain the side effects of your HIV medications in a way that you could understand?	<input type="radio"/>				
Did someone make sure you understood what your lab test results meant? (Such as CD4 and viral load)	<input type="radio"/>				

17. In the past year, how satisfied have you been with:	Very Satisfied	Somewhat Satisfied	Not Really Satisfied	Not at all Satisfied	Not Applicable
The amount of time spent with staff at this site?	<input type="radio"/>				
Availability of the staff to answer your questions?	<input type="radio"/>				
The overall quality of services you receive from this site?	<input type="radio"/>				

18. In the past year for this site, how would you rate:	Excellent	Good	Fair	Poor	Not Applicable
Staffs' knowledge of HIV?	<input type="radio"/>				
The information provided to you by the staff?	<input type="radio"/>				
The overall support of the staff?	<input type="radio"/>				
The overall quality of services you receive?	<input type="radio"/>				

19. Use the space below to write down anything else that you would like to say about your HIV care at this site:

PLEASE TELL US ABOUT YOURSELF:

Gender: Male Female Transgender

Sexual Orientation:

Heterosexual Bisexual Homosexual

Are you Hispanic or Latino/a?

Yes No

Race: (Check all that apply)

- White/Caucasian
- Black
- Asian
- Pacific Islander
- American Indian/Alaska Native

Where are you living now?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Cecil County | <input type="checkbox"/> Kent County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Montgomery County | <input type="checkbox"/> Wicomico County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Prince George's County | <input type="checkbox"/> Worcester County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Queen Anne's County | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County | _____ |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Somerset County | |
| <input type="checkbox"/> Carroll County | <input type="checkbox"/> Howard County | <input type="checkbox"/> Talbot County | |

Age: I am _____ years old

Are you currently employed?

- Yes, full time No, I am on disability
- Yes, part time No, I am NOT on disability

What language do you speak most often at home?

English Spanish Other _____

Do you have a High School diploma or GED?

Yes No

THANK YOU FOR COMPLETING THIS SURVEY!

If you have any questions or concerns regarding this survey, please contact your care provider.