

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 u

Gender:	Sexual Orientation:	Age:
----------------	----------------------------	-------------

Home ZIP Code:	Race/Ethnicity:
-----------------------	------------------------

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

I. Access to and Availability of Services	1	2	3	4	5	6
--	----------	----------	----------	----------	----------	----------

1. The location of services (parking, public transportation, distance, etc.).						
2. The times that agency 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 the office/agency 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 receive 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 this agency.						
9. I am better able to manage my health because of services I get at this agency.						
10. Staff responds to my needs and requests.						
11. Staff has offered me referrals to help me meet my needs.						

III. Transportation	1	2	3	4	5	6
----------------------------	----------	----------	----------	----------	----------	----------

12. I have been given information on transportation services when needed to attend my appointments.						
---	--	--	--	--	--	--

IV. Confidentiality	1	2	3	4	5	6
----------------------------	----------	----------	----------	----------	----------	----------

13. My HIV and personal information is always kept private by staff and shared only when I give permission.						
---	--	--	--	--	--	--

COMMENTS (Please tell us more about answers where you marked Dissatisfied or Very Dissatisfied):

For each item mark one box.	1	2	3	4	5	6
	Very Satisfied	Satisfied	Not Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied	Does Not Apply
V. Services	1	2	3	4	5	6
14.0 The quality of SERVICES I get from this agency.						
14.1 The quality of Case Management Services I get from this agency.						
14.2 The quality of Dental Care I get from this agency.						
14.3 The quality of Food Bank Services I get from this agency.						
14.4 The quality of Nutrition (Dietitian) Services I get from this agency.						
14.12 The quality of Client Advocacy Services I get from this agency.						
VI. Other Services	1	2	3	4	5	6
15.0 Not Applicable	N/A	N/A	N/A	N/A	N/A	N/A
VII. Client Participation	1	2	3	4	5	6
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.						
COMMENTS (Please tell us more about answers where you marked Dissatisfied or Very Dissatisfied):						
	1 Strongly Agree	2 Agree	3 Do Not Agree or Disagree	4 Disagree	5 Strongly Disagree	6 Does Not Apply
18. I would recommend this agency to a friend or family member.						
19. What do you like most about this Agency?						
20. What do you like least about this Agency?						
Other Comments:						