

Please tell us what you think of the services you have received from **Project Transitions**.  
Your responses are kept private. Thank you for your time and for sharing information with us.

<b>Gender:</b>	<b>Sexual Orientation:</b>	<b>Age:</b>
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<b>Home ZIP Code:</b>	<b>Race/Ethnicity:</b>
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<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 <b>Project Transitions</b> (parking, public transportation, distance, etc.).						
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 <b>Project Transitions</b> to see the doctor, therapist, case manager, nutritionist, etc.						

**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 <b>Project Transitions</b> .						
9. I am better able to manage my health because of services I get at <b>Project Transitions</b> .						
10. Staff responds to my needs and requests.						
11. Staff has offered me referrals to help me meet my needs.						

**III. Confidentiality**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
12. My HIV and personal information is always kept private by staff and shared only when I give permission.						

**IV. Transportation**

13. I have been given information on transportation services when needed to attend my appointments (Gas cards, cab vouchers, Metro Passes, STS).	<b>YES</b> _____		<b>NO</b> _____
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**COMMENTS** (Please tell us more about answers where you marked Dissatisfied or Very Dissatisfied):

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 THIS agency.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
14.0 The quality of ALL services I get at <b>Project Transitions</b>						
14.11 The quality of Hospice Services (room, board, nursing care, pain and symptom management)						
14.13 The quality of Housing Services						
<b>VI. Other services I get from THIS agency</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
15.0 Not Applicable	N/A	N/A	N/A	N/A	N/A	N/A

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

<b>VII. Client Participation</b>	1 Strongly Agree	2 Agree	3 Do Not Agree or Disagree	4 Disagree	5 Strongly Disagree	6 Does Not Apply
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.						

18. I would recommend this AGENCY to a friend or family member.	<b>YES</b> _____		<b>NO</b> _____
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19. What do you like most about this AGENCY?

20. What do you like least about this AGENCY?

**Other Comments:**