

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

Age:	Sexual Orientation	How long have you been receiving services at Community Action			
Gender:	Straight _____ Gay _____	Less than 3 months	_____	1 year to 3 yrs	_____
Home ZIP Code:	Bisexual _____ Lesbian _____	3 months to 6 months	_____	3 years to 5 yrs	_____
Race/Ethnicity:	Other _____	6 months to 1 year	_____	More than 5 yrs	_____

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 Community Action.						
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 Community Action to see staff.						

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 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 Community Action.						
9. I am better able to manage my health because of services I get at Community Action.						
10. Staff responds to my needs and requests.						
11. Staff has offered me referrals to help me meet my needs. (Such as other programs, resources, agencies or specialists)						
12. Staff and I work together to plan my treatment and/ or services.						

III. Confidentiality

	YES	NO	
13. My HIV and personal information is always kept private by staff and shared only when I give permission.	_____	_____	

IV. Transportation

	YES	NO	NOT APPLICABLE
14. I received information on transportation services when needed to attend my appointments (such as gas cards, cab vouchers, Metro Passes, STS, staff or agency vehicle).	YES _____	_____	_____

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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
V. The Quality of SERVICES I get from Community Action.	1	2	3	4	5	6
15.0 The quality of ALL services I get at Community Action						
15.1 The quality of Case Management Services						
VI. Other services I get from Community Action	1	2	3	4	5	6
16.1 The quality of All Other Services I get at Community Action						
16.4 The quality of Medical Care						
16.5 The quality of Prescription Assistance						
16.6 The quality of Food Vouchers						
16.7 The quality of Health Insurance Premium Assistance						
16.10 The quality of Transportation Services						

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

VII. Grievance	YES	NO
17. I know how to make a complaint (Grievance Policy) about services with Community Action.	_____	_____

VIII. Summary	YES	NO
18. I would recommend Community Action to a friend or family member.	_____	_____

19. What do you like most about Community Action?

20. What do you like least about Community Action?