

Client Satisfaction Survey

Please complete by July 13, 2012

Please take a few minutes to complete this **anonymous** survey that will help improve Ryan White services in Orange County. Please do **not** write your name on this survey. Please only complete one survey. An online survey is available at <http://www.ochealthinfo.com/hiv>. Thank you

Please check what best describes how you have accessed case management in the last 12 months.

- My case manager and I have regular contact to talk about my medical care and service needs. **Please answer questions in the Case Management section.**
- I only call a case manager when I need information about services or referrals. **Please skip to the Self Advocacy section and DO NOT answer questions in the Case Management section.**
- I don't have a case manager but have called a provider to get information about services or referrals. **Please skip to the Self Advocacy section and DO NOT answer questions in the Case Management section.**
- None of the above describe me. **Please skip to the Medical Care section.**

CASE MANAGEMENT: Regular face-to-face visits with a case manager to help you get to medical and support services.

Where did you get most of your case management services in the last 12 months? (pick one)

- ASF Delhi REACH Shanti OC 17th Street Care (Clinic) Other

How long have you been going to *this* agency?

- Less than 1 year 1-5 years 6-10 years More than 10 years

What was the name of the case manager you saw the most in the last 12 months? _____

In answering the following questions, please think about your experience in the last 12 months with the case manager you named above:

How often.....	Always	Usually	Sometimes	Never	Doesn't Apply
Did you get an appointment as soon as it was needed?	<input type="radio"/>				
Did you get an answer to your question within one business day when you phoned during regular office hours?	<input type="radio"/>				
Did your case manager show respect for what you had to say?	<input type="radio"/>				
Did your case manager encourage you to talk about your health problems or concerns?	<input type="radio"/>				
Did your case manager talk to you about specific things you could do to get medical services you needed (doctor's/dental/mental health visits, medications)?	<input type="radio"/>				
Did your case manager talk to you about specific things you could do to get support services you needed (transportation, food bank, housing/legal services)?	<input type="radio"/>				
Did you feel involved in making a plan to meet your needs?	<input type="radio"/>				
Did you feel that your life ran more smoothly overall because of the help you received?	<input type="radio"/>				

If you answered "Never" to any of the questions above or have additional comments about case management services, please describe. _____

Do not complete this next section if you had regular contact with your case manager to talk about your medical care or service needs in the last 12 months. Please complete the Case Management section above instead. If you called ASF for housing coordination services, and this was the only time you called for information about services/referrals, please **skip to the Medical Care section**.

SELF ADVOCACY SERVICES: Basic assistance in getting medical, social, community, legal, financial, and other needed services.

Did you call ASF or Shanti OC to get information about services or referrals in the last 12 months?

- Yes If No, Please **skip to Medical Care Section**

Where did you get most of the information about services or referrals in the last 12 months? (pick one)

- ASF Shanti OC

What was the name of the staff you saw or talked to the most to get information about services or referral services in the last 12 months? _____

In answering the following questions, please think about your experience in the last 12 months with the staff you named above:

How often.....

Always Usually Sometimes Never Doesn't Apply

Did the staff show respect for what you had to say?

-

Did the staff provide you with information you needed to access services?

-

If you answered "Never" to any of the questions above or have additional comments about self advocacy services, please describe. _____

If you did **not** get HIV-related medical care from the 17th Street Care (Clinic) or Laguna Beach Community Clinic in the last 12 months, please **skip to the Dental Care section**.

MEDICAL CARE: Doctor or nurse practitioner visits and lab tests related to HIV.

Where did you get most of your medical care in the last 12 months? (pick one)

- 17th Street Care (Clinic) Laguna Beach Community Clinic

What was the name of the doctor/nurse practitioner you saw the most in the last 12 months? _____

How long have you been going to this doctor or nurse practitioner?

- Less than 1 year 1-5 years 6-10 years More than 10 years

In answering the following questions, please think about your experience in the last 12 months with the doctor or nurse practitioner you named above:

How often.....

Always Usually Sometimes Never Doesn't Apply

Did you get a medical appointment as soon as it was needed?

-

Did you get an answer to your medical question within one business day when you phoned the medical office during regular office hours?

-

Did this doctor/nurse practitioner explain the test results in a way that was easy to understand when he or she ordered a blood test, x-ray, or other test for you?

-

Did this doctor/nurse show respect for what you had to say?

-

Did this doctor/nurse encourage you to talk about all your health problems or concerns?

-

Did this doctor/nurse give you easy to understand instructions about how to take care of your health?

-

How often did this doctor/nurse give you easy to understand instructions about how to take your medications?

-

If you answered "Never" to any of the questions on previous page or have additional comments about Medical Care Services, please describe. _____

If you were **not** referred to a specialist by the 17th Street Care (Clinic) in the last 12 months, please **skip to the Dental Care section**.

SPECIALTY MEDICAL CARE: HIV-related visits with a specialist. Specialists are doctors like heart doctors, skin doctors, ear nose and throat doctors, or GI doctors who specialize in one area of health care.

Did you get services at a specialist in the last 12 months?

Yes Not sure No If no, skip to the next section, Dental Care

What was the name of the specialist you received services from the *most* in the last 12 months? _____

In answering the following questions, please think about your experience in the last 12 months with the specialist you named above:

How often.....

Always Usually Sometimes Never Doesn't Apply

Did you get a specialty medical appointment as soon as it was needed?

Did you get an answer to your medical question within one business day when you phoned the specialty medical office during regular office hours?

Did this specialist show respect for what you had to say?

Did this specialist explain things in a way that was easy to understand?

If you answered "Never" to any of the questions above or have additional comments about Specialty Medical Care, please describe. _____

If you did **not** get dental care with 17th Street Dental Clinic, Bristol Family Dental (Dr. Ruben Begino), Dr. Carlos Garcia, or Dr. Aida Shahangian in the last 12 months, please **skip to the Individual Therapy/Counseling section**.

DENTAL CARE: Dental care visit with a dentist or dental assistant.

Where did you get most of your dental care in the last 12 months? (pick one)

17th Street Dental Clinic (Dr. Ly) Bristol Family Dental (Dr. Ruben Begino)
 Dr. Carlos Garcia Dr. Aida Shahangian

How long have you been going to *this* dentist?

Less than 1 year 1-5 years 6-10 years More than 10 years

In answering the following questions, please think about your experience in the last 12 months with the dentist you saw the most:

How often.....

Always Usually Sometimes Never Doesn't Apply

Did you get a dental appointment (for a cleaning, filling, extraction, or pain) as soon as it was needed?

Did you get an answer to your question within one business day when you phoned the dental office during regular office hours?

Did this dental staff show respect for what you had to say?

Did this dental staff explain things in a way that was easy to understand?

Did this dental staff give you easy to understand instructions about how to take care of your oral health?

DENTAL CARE CONTINUED:

	Agree	Disagree	Doesn't Apply
Because of dental care services, I was able to eat better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My dentist explained the waiting list for bridges and crowns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have experienced an improvement in dental services compared to last year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you answered "Never" or "Disagree" to any of the questions/statements above or have additional comments about dental services, please describe: _____			

*If you did **not** get individual therapy services in the last 12 months, please **skip to the next section, Group Therapy/Group Counseling.***

INDIVIDUAL THERAPY/COUSELING: One-on-one therapy with a therapist (counselor, psychologist, or psychiatrist) to help reduce stress associated with living with HIV/AIDS.

Where did you get most of your individual therapy services in the last 12 months? (pick one)

- ASF APAIT Shanti OC Dr. Chau at the 17th Street Care (Clinic)

What was the name of the therapist you saw the most in the last 12 months? _____

How long have you been going to this therapist?

- Less than 1 year 1-5 years 6-10 years More than 10 years

In answering the following questions, please think about your experience in the last 12 months with the therapist you named above:

How often.....	Always	Usually	Sometimes	Never	Doesn't Apply
Did you get an appointment with this therapist as soon as it was needed?	<input type="radio"/>				
Did you get an answer to your question within one business day when you phoned this therapist during regular office hours?	<input type="radio"/>				
Did this therapist show respect for what you had to say?	<input type="radio"/>				
Were you involved in making your goals with your therapist?	<input type="radio"/>				
Did you meet goals you set with your therapist?	<input type="radio"/>				

If you answered "Never" to any of the questions above or have additional comments about individual therapy or counseling services, please describe below.

*If you did **not** get group therapy or group counseling services in the last 12 months, please **skip to the Transportation section.***

GROUP THERAPY/GROUP COUNSELING: Support groups led by a therapist to help reduce stress associated with living with HIV/AIDS.

Where did you get most of your group therapy or group counseling services in the last 12 months? (pick one)

- ASF APAIT Shanti OC

What was the name of the group you went to the *most* in the last 12 months? _____

Please write the name(s) of the group(s) you went to in the last 12 months at this agency:

In answering the following questions, please think about your experience in the last 12 months with the group(s) you named on the previous page:

How often.....

	Always	Usually	Sometimes	Never	Doesn't Apply
Did the therapist who ran the group(s) show respect for what you had to say?	<input type="radio"/>				
Did you feel comfortable talking during the group(s)?	<input type="radio"/>				
Did the group(s) discuss topics you thought were helpful to coping with HIV?	<input type="radio"/>				
		Agree	Disagree	Doesn't Apply	
Group counseling helped me to better cope with having HIV.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

If you answered "Never" or "Disagree" to any of the questions /statements above or have additional comments about group therapy/group counseling services, please describe below.

*If you did **not** get transportation services in the last 12 months, please **skip to the Food Pantry/Food Bank section.***

TRANSPORTATION: Bus passes, ACCESS passes, van rides, and taxi rides to help you get to health care services (going to the doctor, dentist, therapist or picking up medication).

Which agency provided *most* of your transportation services in the last 12 months? (pick one)

- ASF APAIT Delhi REACH Shanti OC 17th Street Care (Clinic)

What types of transportation services did you get in the last 12 months (check all that apply)?

- Bus passes ACCESS passes Van rides Taxi rides

In answering the following questions, please think about your experience in the last 12 months with the transportation provider you used the most:

How often...

	Always	Usually	Sometimes	Never	Doesn't Apply
Did you get a transportation service that you needed?	<input type="radio"/>				
Did the agency's transportation staff show respect for you?	<input type="radio"/>				
Did you get a <i>bus pass</i> or ACCESS pass within five business days of your request?	<input type="radio"/>				
Was your van <i>ride</i> on time to pick you up?	<input type="radio"/>				
Did your van <i>ride</i> get you to your destination on time?	<input type="radio"/>				
Was your <i>taxi</i> on time to pick you up?	<input type="radio"/>				
Did your <i>taxi</i> get you to your destination on time?	<input type="radio"/>				
		Agree	Disagree	Doesn't Apply	
Transportation services helped me get to appointments (doctor, dental, therapy, etc.) I might have missed.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

If you answered "Never" or "Disagree" to any of the questions/statements above or have additional comments about transportation services, please describe. _____

*If you did not get food pantry/food bank services in the last 12 months, please **skip to the Nutritional Supplements section.***

FOOD PANTRY/FOOD BANK: Food products such as cereal, juices, fruits, vegetables, canned meats, and breads.

Where did you get most of your food pantry/food bank services in the last 12 months? (pick one)

- ASF Delhi REACH Shanti OC

In answering the following questions, please think about your experience in the last 12 months with the food pantry provider you went to the most:

How often....	Always	Usually	Sometimes	Never	Doesn't Apply
Did you get a food order as soon as it was needed?	<input type="radio"/>				
Did food pantry staff show respect for you?	<input type="radio"/>				
Did you get food that was of good quality?	<input type="radio"/>				
Did you get food that was nutritious?	<input type="radio"/>				
		Agree	Disagree	Doesn't Apply	
The food bank helped me eat regular meals I would have missed.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The food bank helped me gain or maintain appropriate weight.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The food bank helped me take my medications that need to be taken with food.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
If you answered "Never" or "Disagree" to any of the questions/statements above or have additional comments about food pantry/food bank services, please describe. _____					

*If you did **not** get nutritional supplements from ASF in the last 12 months, please **skip to the next section Benefits Counseling.***

NUTRITIONAL SUPPLEMENTS: Access to high caloric supplements (such as Ensure[®], Boost[®], Juven[®], or Glucerna[®]).

Where did not get most of your nutritional supplements services in the last 12 months? (pick one)

- ASF Delhi REACH Shanti OC

In answering the following question, please think about your experience in the last 12 months with the nutritional supplements provider you went to the most:

	Always	Usually	Sometimes	Never	Doesn't Apply
How often did you get nutritional supplements as soon as they were needed?	<input type="radio"/>				
		Agree	Disagree	Doesn't Apply	
In the last 12 months, nutritional supplements helped me gain or maintain appropriate weight.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Nutritional supplements helped me take my medications that need to be taken with food.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
If you answered "Never" or "Disagree" to any of the questions/statements above or have additional comments about nutritional supplements services, please describe. _____					

*If you did **not** get benefits counseling services from the ASF benefits counselor during the last 12 months, please **skip to the next section Financial Assistance for Housing or Utilities.***

BENEFITS COUNSELING: Referrals or assistance obtaining access to non-Ryan White public and private programs and services. (Medi-Cal, Medicare, Social Security Disability Insurance, State Disability Insurance, Supplemental Security Income, General Relief, State pharmacy assistance programs, health insurance premium program, and other supportive services)

In answering the following questions, please think about your experience in the last 12 months with ASF benefits counseling:

How often....	Always	Usually	Sometimes	Never	Doesn't Apply
Did you get an appointment with the ASF benefits counselor as soon as it was needed?	<input type="radio"/>				
Did you get an answer to your question within one business day when you phoned the ASF benefits counselor during regular office hours?	<input type="radio"/>				
Did the ASF benefits counselor show respect for what you had to say?	<input type="radio"/>				
Did the ASF benefits counselor give you easy to understand information about benefits you were eligible for?	<input type="radio"/>				
Did the ASF benefits counselor give you easy to understand information about the application process for benefits you were eligible for?	<input type="radio"/>				
		Agree	Disagree	Doesn't Apply	
The ASF benefits counselor helped me get benefits I would have otherwise not been able to access.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
If I was denied a benefit, the ASF benefits counselor explained why.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
If you answered "Never" or "Disagree" to any of the questions above or have additional comments about benefits counseling, please describe. _____					

*If you did **not** get financial assistance for housing or utilities from ASF in the last 12 months, please **skip to the next section Transitional Housing Assistance.***

FINANCIAL ASSISTANCE FOR HOUSING OR UTILITIES: Emergency payments to landlords and/or utility companies.

In answering the following questions, please think about your experience in the last 12 months with ASF financial assistance for housing or utilities:

How often....	Always	Usually	Sometimes	Never	Doesn't Apply
Did you get your financial assistance as soon as it was needed?	<input type="radio"/>				
Did you get and answer to your question within one business day when you phoned the financial assistance staff at ASF during regular office hours?	<input type="radio"/>				
Did the financial assistance staff at ASF show respect for what you had to say?	<input type="radio"/>				
		Agree	Disagree	Doesn't Apply	
Financial assistance helped me get or stay in housing.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Financial assistance helped keep my utilities from being shut off.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

If you answered “Never” or “Disagree” to any of the questions/statements in the Financial Assistance for Housing Utilities section on the previous page or have additional comments, please describe below.

If you did **not** apply for Transitional Housing Assistance from ASF in the last 12 months, please **skip to the next section, Legal Services.**

TRANSITIONAL HOUSING ASSISTANCE: Housing in motels or sober living while looking for permanent housing.

Where are/were you housed? Motel Sober living Other: _____

In answering the following questions, please think about your experience in the last 12 months with the ASF Transitional Housing Assistance:

	Always	Usually	Sometimes	Never	Doesn't Apply
When you phoned the transitional housing assistance staff at ASF during regular office hours, how often did you get an answer to your question within one business day?	<input type="radio"/>				
How often did the transitional housing assistance staff at ASF show respect for what you had to say?	<input type="radio"/>				
		Agree	Disagree	Doesn't Apply	
If I was denied transitional housing, staff gave me easy to understand information about why I did not qualify for transitional housing services.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Transitional housing assistance staff at ASF gave me easy to understand information about my options for transitional housing.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I was involved in making my plan for stable housing.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

If you answered “Never” or “Disagree” to any of the questions or statements above or have additional comments about transitional housing assistance, please describe below.

If you did **not** get legal services at the Public Law Center in the last 12 months, please **skip to the next section Home Health Care.**

LEGAL SERVICES: Legal services to help with HIV-related health issues and discrimination.

What was the name of the legal service staff you saw the most in the last 12 months?

What type of legal issue did you receive assistance for? (check all that apply)

- Advance Health Care Directive (Powers of Attorney)
- Do Not Resuscitate Order (Physician Order re Life Sustaining Treatment or POLST)
- Assistance accessing benefits for which I am eligible (SSI, SSDI, Disability, etc.)
- Housing discrimination
- Employment discrimination
- Other, please describe: _____

In answering the following questions, please think about your experience in the last 12 months with the Public Law Center legal service staff you named on the previous page:

How often....	Always	Usually	Sometimes	Never	Doesn't Apply
Did you get a legal service appointment as soon as it was needed?	<input type="radio"/>				
Did you get an answer to your question within one business day when you phoned the legal service staff during regular office hours?	<input type="radio"/>				
Did the legal service staff show respect for what you had to say?	<input type="radio"/>				
Did the legal service staff give you easy to understand information about your legal rights?	<input type="radio"/>				
Did the legal service staff give you easy to understand information about the legal process?	<input type="radio"/>				

If you answered "Never" to any of the questions above or have additional comments about legal services, please describe. _____

*If you did **not** get home health care services from ASF in the last 12 months, please **skip to the next section Home Delivered Meals.***

HOME HEALTH CARE: Certified nursing attendants, durable medical equipment (such as wheel chairs, hospital beds), skilled nurses, or homemaker services (such as cleaning, laundry) that assist clients at home with needs.

In answering the following questions, please think about your experience in the last 12 months with ASF home health care:

How often....	Always	Usually	Sometimes	Never	Doesn't Apply
Did you get a home health care visit as soon as it was needed?	<input type="radio"/>				
Did home health care staff show respect for what you had to say?	<input type="radio"/>				
Did home health care staff give you easy to understand instructions about how to maintain your daily activities?	<input type="radio"/>				
		Agree	Disagree	Doesn't Apply	
Home health care helped me avoid going to the hospital.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Home health care helped me maintain my independence.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Home health care helped me maintain my daily activities.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

If you answered "Never" or "Disagree" to any of the questions/statements above or have additional comments about home health care services, please describe. _____

*If you did **not** get home delivered meals coordinated by Shanti OC in the last 12 months, please **skip to the next section Referrals.***

HOME DELIVERED MEALS: Prepared meals delivered to people who are homebound and have difficulty cooking for themselves.

In answering the following questions, please think about your experience in the last 12 months with Shanti OC home delivered meals:

How often....	Always	Usually	Sometimes	Never	Doesn't Apply
Did you get your home delivered meal as soon as it was needed?	<input type="radio"/>				
Did home delivered meals staff show respect for you?	<input type="radio"/>				
Did you get meals that were of good quality?	<input type="radio"/>				
Did you get meals that were nutritious?	<input type="radio"/>				

	Agree	Disagree	Doesn't Apply
Home delivered meals helped me eat regular meals I would have missed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home delivered meals helped me gain or maintain an appropriate weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home delivered meals helped me take my medications that need to be taken with food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered "Never" or "Disagree" to any of the questions/statements above or previous page or have additional comments about home delivered meals, please describe. _____

Please answer the following regardless of where you received Ryan White services in the last 12 months.

Referrals:

	Agree	Disagree	Doesn't Apply
My provider or case manager asked me about my life situation (housing, finances, legal issues, etc.) and made a referral if I needed help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My provider or case manager asked me about how I was feeling emotionally and made a referral to a mental health provider, counselor, or support group if I needed help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My provider or case manager asked me about my teeth and made a referral if I needed a dentist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My provider or case manager asked me if I needed help to tell my potentially exposed (sex or needle sharing) partners about my HIV status and made a referral if I needed help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My provider or case manager asked me about my drug and alcohol use and made a referral if I needed help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered "Disagree" to any of the questions or statements above or have additional comments about referral services, please describe. _____

Additional Comments:

Please tell us about any successes or problems you may have had with any of the services you received in the last 12 months: *(print neatly below)*

Please share with us any suggestions you have to help improve any of the services described above: *(print neatly below)*

About this Survey:

Please help us improve this survey by checking how much you agree or disagree with the statements below:

	Strongly Agree	Agree	Disagree	Strongly Disagree
This survey was easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This survey was easy to complete.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share with us any suggestions you have to improve this survey: *(print neatly below)*

About You:

Please complete the following information about you to help us understand how different people experience different services.

Your Gender: Female Male Transgender Female-to-Male Transgender Male-to-Female

Your Ethnicity: Hispanic/Latino? Yes No

Your Race: African-American/Black Asian Native Hawaiian or Other Pacific Islander
 American Indian or Native of Alaska White Other: _____

Language you are most comfortable speaking: _____

City you live in: _____

Year of your HIV diagnosis: _____ Your Age: _____

Country you were born in: U.S. Other: _____

**Questions?
Need Help?
Call (714) 834-8711**

CLIENT HANDBOOK:

If you did not get a Client Handbook from your HIV service provider, please ask for one, or, go online to

http://ochealthinfo.com/docs/AgcyPubs/phs/Client_Handbook-en.pdf.

This free guide tells you about services in Orange County and your rights and responsibilities as a client.

Please send in your completed survey by
July 13, 2012

You can put it in the envelope that came with the survey and drop it in a U.S. Postal Service mailbox.
You do not need to put a stamp on it.

Or

You can put it in a box marked "Client Satisfaction Survey" at the agency where you got the survey.

THANK YOU!