

XXX Client Satisfaction Survey

We are interested in your opinions, both good and bad, about the services you are here to receive.
Please answer based on **your personal experience** over the **past year**.

Check the boxes below that best describe the services you are here to receive today (check all that apply):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Food support | <input type="checkbox"/> Counseling | <input type="checkbox"/> Case management | <input type="checkbox"/> Help with alcohol or drug use |
| <input type="checkbox"/> Housing support | <input type="checkbox"/> Help with finances | <input type="checkbox"/> Help with legal issues | <input type="checkbox"/> Support with taking medicine |
| <input type="checkbox"/> Family support | <input type="checkbox"/> Therapy | <input type="checkbox"/> Education about health | <input type="checkbox"/> Help getting other services |
| <input type="checkbox"/> Group support | <input type="checkbox"/> Testing | <input type="checkbox"/> Help going to my provider | <input type="checkbox"/> Other _____ |

In the past 2 months, have you filled out this same survey for these same services at this agency? (check one)

- Yes
 No
 Not Sure

Think about the services you just checked above. How strongly do you agree or disagree with the following statements based on your experience over the <u>past year</u> ? (check one)	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1. I am better able to deal with my problems since receiving these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The people providing these services do not respect my values and beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. These services help me to keep appointments with my primary care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am frustrated by how long I have to wait when I come for these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am better able to take care of my health because of these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am unhappy with these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The time and energy I spend to receive these services is worth what I get out of the services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am confident in the skills of the people providing these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. These services are available at times that fit my schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel uncomfortable sharing information about myself with the people providing these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. It is difficult to understand the information given to me by the people providing these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. These services are just about perfect for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. These services have not helped me to take better care of myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. It is hard for me to find transportation to get to these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The people providing these services care about the issues in my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I put more time and energy into these services than I get out of them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The staff helped me make a plan for my needs that I could manage day-to-day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on the **next page** →

Think about the services you checked on the first page...

When receiving these services in the *past year*, how satisfied were you overall? (check one)

- Very satisfied Mostly satisfied Somewhat Satisfied Somewhat dissatisfied Mostly dissatisfied Very dissatisfied

What could the people providing these services do to increase your satisfaction?

How long have you been coming to this agency for the types of services you checked above?

- Less than 1 month **Is this your first visit?** Yes No
- 1-5 months 6-11 months 1-2 years 2+ years

Please tell us more about yourself...

A. How do you identify your gender? (check one)

- Male Female Transgender (Identify as Male) Transgender (Identify as Female) Other (Specify) _____

B. What is your age group? (check one)

- Under 18 Years 25 to 34 Years 45 to 54 Years 65 to 79 Years
- 18 to 24 Years 35 to 44 Years 55 to 64 Years 80+ Years (*Do not specify year of birth*)

Specify year of birth _____

C. What is your racial background? (check all that apply)

- Black/African American Asian/Pacific Islander Other (Specify) _____
- White/Caucasian Native American Don't Know

D. What is your ethnicity? (check one)

- Hispanic/Latino(a) Non-Hispanic/Non-Latino(a) Don't Know

E. What is your highest level of education completed? (check one)

- Some Elementary/Middle School (Primary) Certificate/Associates Degree Graduate School
- Some High School (Secondary) Some College Other (Specify) _____
- High School Diploma/GED (Secondary) College Graduate Don't Know

F. Which borough do you live in? (check one)

- Bronx Brooklyn Manhattan Queens Staten Island Other (Specify) _____

What else would you like to share about your experience or satisfaction with these services?

Thank you for taking the time to complete this survey!

If you have any further questions or concerns regarding this survey, please contact a staff member.