



Name: \_\_\_\_\_

### DAY HEALTH PROGRAM PARTICIPANT SURVEY

1. How would you rate your satisfaction accessing the services you wanted to today?

- Excellent    Very Good    Good    Fair    Poor

2. How would you rate your satisfaction with getting the help that you needed?

- Excellent    Very Good    Good    Fair    Poor

3. Did you see the staff member that you wanted to see today?

- Yes    No    Did not matter who I saw

4. How would you rate your satisfaction with the personal manner of the staff you saw today (courtesy, respect, sensitivity, friendliness)?

- Excellent    Very Good    Good    Fair    Poor

5. How would you rate your satisfaction with the time spent with the staff you saw today?

- Excellent    Very Good    Good    Fair    Poor

6. How do you feel about the quality of your visit overall?

- Excellent    Very Good    Good    Fair    Poor

7. Do you agree with the following statement: "Staff at the Dr. Peter Centre really know me as a person."

- Yes    No    I don't know

8. When did you last see your doctor (primary care physician)?

- In the last month    In the last 3 months    In the last 6 months    In the last 12 months

9. If you have a prescription for ARVs, how many doses have you missed...

N/A \_\_\_\_\_ in the last 30 days? \_\_\_\_\_ in the last 7 days? \_\_\_\_\_ in the last 3 days? \_\_\_\_\_