



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? \_\_\_\_\_