

**SPNS Program Cooperative Agreement Evaluation
Module 11: Client Satisfaction Survey - Capitated Care Projects
National Evaluation by The Measurement Group**

Shaded area is FOR OFFICE USE ONLY:

ID Letters			ID Numbers										Site			Sub-Provider			Date										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Staff Code		<input type="text"/>	<input type="text"/>	<input type="text"/>	How will this questionnaire be completed?																								
<input type="radio"/> Self-administered <input type="radio"/> Self-administered with help <input type="radio"/> Face-to-face interview <input type="radio"/> Phone interview																													

CLIENT: Would you please provide the following information?

Instructions: As appropriate, darken the bubble corresponding to your selected responses.		What is your primary ethnic/cultural/racial background? Fill in all that apply:	
Your Gender: <input type="radio"/> Male <input type="radio"/> Female	Please write in your age. Your Age: <input type="text"/> <input type="text"/>	<input type="radio"/> White (including Caucasian, Middle Eastern, North African) but not Hispanic <input type="radio"/> African-American/Black (but not Hispanic)	<input type="radio"/> Hispanic/Latino <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Native American, Aleutian, Alaskan or Eskimo

What are your opinions about the following?:

1. Overall, I think the services here are: (choose one) <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor
2. The written information that I have received here has been: (choose one) <input type="radio"/> Extremely helpful <input type="radio"/> Not very helpful (because it was too confusing) <input type="radio"/> Very helpful <input type="radio"/> Not very helpful (because I knew the information already) <input type="radio"/> Somewhat helpful <input type="radio"/> Not applicable (did not receive written information)
3. I have asked the staff here for information that I have not received: (choose one) <input type="radio"/> At all times <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never
4. The information that I have received from the staff here has generally been: (choose one) <input type="radio"/> Extremely difficult to understand <input type="radio"/> Difficult to understand <input type="radio"/> Easy to understand <input type="radio"/> Very easy to understand
5. The staff here answer my questions: (choose one) <input type="radio"/> At all times <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never
6. The staff here provide information about my illness: (choose one) <input type="radio"/> At all times <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or Never
7. The staff here treat me like I am an individual with unique needs and concerns: (choose one) <input type="radio"/> At all times <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never
8. The staff here keep information about me private: (choose one) <input type="radio"/> At all times <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never
9. The staff here are available to me when I need them: (choose one) <input type="radio"/> At all times <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never
10. Services here are available to me when I need them: (choose one) <input type="radio"/> At all times <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never
11. Would you go somewhere else to get services, if you could? (choose one) <input type="radio"/> Definitely yes <input type="radio"/> Probably yes <input type="radio"/> Probably not <input type="radio"/> Definitely not