

**SPNS Cooperative Agreement Evaluation**  
**SUNY MAPS PROGRAM**  
**Module 11A: Client Satisfaction Survey - Page 1 of 2**  
**National Evaluation by The Measurement Group**

Shaded area is FOR OFFICE USE ONLY:

<b>ID Letters</b>	<b>ID Numbers</b>	<b>Site</b>	<b>Sub-Provider</b>	<b>Date</b>
<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"/> <small>Month Day Year</small>
<b>Staff Code</b>	<b>How will this questionnaire be completed?</b>			
<input type="text"/> <input type="text"/> <input type="text"/>	<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?**

<b>Instructions:</b> For your selected responses, darken the appropriate bubbles in the boxes or spaces provided. Use a pen and write darkly.	<b>Your Gender:</b> <input type="radio"/> Male <input checked="" type="radio"/> Female	<b>What is your primary ethnic/cultural/racial background?</b> <b>Fill in all that apply:</b>
	<b>Your Age:</b> <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/Haitian (non-Hispanic) <input type="radio"/> Hispanic/Latina <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Native American, Aleutian, Alaskan or Eskimo

**What are your opinions about the following?:**

<b>1. Overall, I think the gynecology services here are:</b> <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	<b>2. The information that I have received from the women's care staff here has been:</b> <input type="radio"/> Very helpful <input type="radio"/> Helpful <input type="radio"/> Not very helpful <input type="radio"/> Not at all helpful
<b>3. The GYN staff here clearly explains the GYN treatment procedures that I should have:</b> <input type="radio"/> All of the time <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never <input type="radio"/> N/A	<b>4. The GYN staff here treat me like I am an individual with unique needs and concerns:</b> <input type="radio"/> All of the time <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never
<b>5. The GYN staff here respect my privacy:</b> <input type="radio"/> All of the time <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never	<b>6. The GYN staff here is available to help me when I have questions:</b> <input type="radio"/> All of the time <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never
<b>7. The GYN appointments that are made for me are at convenient times:</b> <input type="radio"/> All of the time <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never	<b>8. It is easy to talk to the staff here in the GYN clinic:</b> <input type="radio"/> All of the time <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never
<b>9. The GYN staff help me with my transportation to and from the clinic:</b> <input type="radio"/> All of the time <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never	<b>10. Child care has been available here at the GYN clinic if I have needed it:</b> <input type="radio"/> All of the time <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never <input type="radio"/> N/A
<b>11. The GYN staff here understand the treatment needs of women:</b> <input type="radio"/> All of the time <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never	<b>12. The GYN staff here speak my language:</b> <input type="radio"/> All of the time <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never
<b>13. I have been able to reach a GYN provider when I have an emergency:</b> <input type="radio"/> All of the time <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never <input type="radio"/> N/A	<b>14. I have been notified about abnormal lab tests soon after my provider gave me the test:</b> <input type="radio"/> All of the time <input type="radio"/> Most times <input type="radio"/> Sometimes <input type="radio"/> Rarely or never <input type="radio"/> N/A
<b>15. Would you encourage other women you know to get their GYN care at this clinic?</b> <input type="radio"/> Definitely Yes <input type="radio"/> Probably <input type="radio"/> Probably Not <input type="radio"/> Definitely Not	<b>16. How long ago did you first receive GYN care at this clinic?</b> <input type="text"/> <input type="text"/> <b>Years</b> <input type="text"/> <input type="text"/> <b>Months</b>

**CONTINUE ON THE NEXT PAGE**

**SPNS Cooperative Agreement Evaluation  
SUNY MAPS PROGRAM  
Module 11A: Client Satisfaction Survey - Page 2 of 2  
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"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">S</td> <td style="width: 33%; text-align: center;">N</td> <td style="width: 33%; text-align: center;">Y</td> </tr> </table>	S	N	Y	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="text"/></td> <td style="width: 33%; text-align: center;"><input type="text"/></td> <td style="width: 33%; text-align: center;"><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="text"/></td> <td style="width: 33%; text-align: center;">/</td> <td style="width: 33%; text-align: center;"><input type="text"/></td> </tr> <tr> <td style="width: 33%; text-align: center;"><input type="text"/></td> <td style="width: 33%; text-align: center;">/</td> <td style="width: 33%; text-align: center;"><input type="text"/></td> </tr> <tr> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Day</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Year</td> </tr> </table>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	Month		Day			Year
S	N	Y																				
<input type="text"/>	<input type="text"/>	<input type="text"/>																				
<input type="text"/>	/	<input type="text"/>																				
<input type="text"/>	/	<input type="text"/>																				
Month		Day																				
		Year																				
Staff Code	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 10%; text-align: center;"><input type="text"/></td> </tr> </table>				<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"/>													

**17. When I miss appointments it is usually because: (Darken the bubble corresponding to the TWO best answers)**

- A.  I felt fine and/or had no problems to report to my women's care provider.
- B.  Getting my child's care takes so much of my time.
- C.  I would rather not be reminded about my infection.
- D.  Transportation to the clinic is often a big problem.
- E.  My insurance(or Medicaid) coverage has been a problem.
- F.  The women's care staff does not call to remind me about my appointments.
- G.  I am afraid to hear bad news.
- H.  I expect that I will have to have a lot of bloodwork done.

**18. If we were going to make changes to improve services for you, or people like you, what changes would you like to see us make? (please print neatly inside the box below)**