

Client Satisfaction Survey HIV Counseling and Testing Program

Thank you for taking the time to assist us in making HIV counseling and testing as comfortable and informative as possible. We appreciate your input.

	YES	NO		
1. When you called to make an appointment, was your call handled to your satisfaction?				
2. Was your appointment at a time that was convenient for you?				
3. Were you satisfied with options for appointment times?				
4. Did the counselor make you feel comfortable during your counseling session?				
5. Was your privacy respected?				
6. Were your concerns adequately addressed?				
7. Were your questions answered to your satisfaction?				
8. Are you comfortable with the level of confidentiality you were offered?				
<p>Please check one of the following to indicate the type of setting:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Local Public Health Unit <input type="checkbox"/> Family Planning Agency <input type="checkbox"/> Community Action Agency </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> College Student Health Center <input type="checkbox"/> Other _____ </td> </tr> </table>			<input type="checkbox"/> Local Public Health Unit <input type="checkbox"/> Family Planning Agency <input type="checkbox"/> Community Action Agency	<input type="checkbox"/> College Student Health Center <input type="checkbox"/> Other _____
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<p>How did you learn about this test site? Please write in the specific name/location of newspaper, radio station, website, etc. in the space provided.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Healthcare provider <input type="checkbox"/> Speaker _____ <input type="checkbox"/> Brochure _____ <input type="checkbox"/> Poster _____ <input type="checkbox"/> Billboard _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> TV Station _____ <input type="checkbox"/> Radio Station _____ <input type="checkbox"/> Hotline _____ <input type="checkbox"/> Website _____ </td> </tr> </table>			<input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Healthcare provider <input type="checkbox"/> Speaker _____ <input type="checkbox"/> Brochure _____ <input type="checkbox"/> Poster _____ <input type="checkbox"/> Billboard _____	<input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> TV Station _____ <input type="checkbox"/> Radio Station _____ <input type="checkbox"/> Hotline _____ <input type="checkbox"/> Website _____
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<p>Comments:</p>				