



**RYAN WHITE PART B CLIENT SATISFACTION SURVEY**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF DISEASE CONTROL  
 SFN 58958 (Rev. 11/2011)

**Case Management Services**

1. **Does your case manager understand your needs?**  
 Always    Most of the time    Sometimes    Not very often    Never    Not Applicable
  
2. **Does your case manager treat you with dignity and respect?**  
 Always    Most of the time    Sometimes    Not very often    Never    Not Applicable
  
4. **Is your case manager successful in helping you to get the care and services you need?**  
 Always    Most of the time    Sometimes    Not very often    Never    Not Applicable
  
5. **Has the case management you received from this agency helped you to improve the problems, feelings, or situations that brought you here?**  
 Very Much    Some    A Little    Not at All    Not Applicable
  
6. **How highly would you recommend this agency to others?**  
 Very highly    Highly    Not Highly    Reluctantly    Not At All    Not Applicable
  
7. **How satisfied are you with the quality of the service you receive from this agency?**  
 Very satisfied    Satisfied    Not satisfied    Very unsatisfied    Not Applicable

**Supportive Services**

1. **Please indicate the services you have utilized in the past 12 months (check all that apply)?**  
 Prescription Drugs    Outpatient Care    Case Mangement    Dental Services  
 Health Insurance    Help paying bills    Housing    Transportation  
 Other \_\_\_\_\_
  
2. **Please rank by number from 1 to 8 (1 being most important) what services you would need in the event funding for supportive services would be cut.**  
 \_\_\_\_\_ Prescription Drugs   \_\_\_\_\_ Outpatient Care   \_\_\_\_\_ Case Mangement  
 \_\_\_\_\_ Dental Services   \_\_\_\_\_ Health Insurance   \_\_\_\_\_ Help paying bills  
 \_\_\_\_\_ Housing   \_\_\_\_\_ Transportation
  
3. **What do you feel is the biggest obstacle obtaining HIV related services in North Dakota?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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