



ND RYAN WHITE PROGRAM PART B CLIENT SATISFACTION SURVEY

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 58958 (Rev. 11/2016)

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

3. 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

4. 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

5. How satisfied are you with the quality of the service you receive from this agency?

- Very satisfied Satisfied Neutral Not satisfied Very unsatisfied

Ryan White Services

6. Please indicate the services you have utilized in the past 12 months (check all that apply)

- Prescription Drugs Outpatient Care Housing Dental/Vision
 Health Insurance Case Mangement Emergency Assistance Transportation
 Other _____

7. Please rank following core services by number from 1 to 4 (1 being most important) in the order of importance for you.

- _____ Outpatient Care _____ Health Insurance
_____ Dental/Vision Assistance _____ Prescription Drugs (ADAP)

8. Please rank following support services by number from 1 to 4 (1 being most important) in the order of importance for you.

- _____ Emergency Assistance _____ Housing
_____ Case Management _____ Transportation

9. What is your biggest obstacle obtaining HIV related services in North Dakota?

10. What services do you feel are lacking in North Dakota that would help improve the life of people living with HIV?

