

## Patient Satisfaction Survey for HIV Ambulatory Care (PSS-HIV)

Following each statement or question, please mark the box that best matches your answer or opinion. Please mark only one box for each question, unless other instructions are given.

If a statement does not apply to you because you did not encounter the situation described, or did not need or receive a service, please check “does not apply.”

Please answer the questions based on your experiences over the last year (12 months). If you have been coming here for less than 12 months, answer the questions based on your experiences since you started coming here.

Your answers to questions about providers should express your general feeling about all of the people who have provided you with medical care over the past year.

Your responses will remain private and completely anonymous, so please, speak your mind.

### Definition of Terms

#### Staff:

non-medical people (like the receptionist) whom you see when you come for a visit.

#### Providers:

doctors, physician’s assistants, nurse practitioners or nurses who give you medical care.

1. I have received medical care here for . . .

- Less than 1 year     1 to 2 years     3 to 5 years     more than 5 years

2. My last visit here was . . .

- Less than 1 month ago     1 to 2 months ago     3 to 6 months ago     More than 6 months ago

3. I would rate my health today as . . .

- Poor     Fair     Good     Very good     Excellent

### Access To HIV Care (In the last 12 months...)

4. Did you ever call the clinic to make an appointment or speak with someone about your care?

- Yes     No (If No, go to Question 5)

If Yes, what was it like when you called the clinic? (please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> I got a busy signal                              | <input type="checkbox"/> The person who answered the phone was unfriendly                        |
| <input type="checkbox"/> I was put on hold too long                       | <input type="checkbox"/> I talked to several different people before talking to the right person |
| <input type="checkbox"/> I was disconnected                               | <input type="checkbox"/> I don't like to call because a machine always answers                   |
| <input type="checkbox"/> I left a message and no one called me back       | <input type="checkbox"/> I got the help I needed   |
| <input type="checkbox"/> The phone rang many times before it was answered | <input type="checkbox"/> Other _____   |

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5. When I needed an appointment, I could schedule one soon enough for my needs.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

6. My providers told me how important it was to keep my appointments.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

7. If I needed care during off hours (evenings and weekends), I could reach someone at the clinic who could help me.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

8. If I had a medical question, I could get someone on the phone to discuss it with me.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

### Waiting For Your Appointment (In the last 12 months...)

9. While I checked in and waited for my visit, the staff were unfriendly to me.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

10. HIV-specific educational materials were available for me to read.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

11. I was upset by how long I had to wait for my appointment.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

### Your HIV Medical Visit (In the last 12 months...)

12. When I saw my providers, my visits got interrupted (by phone calls, other patients, etc.).

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

13. My providers made sure I understood what my lab test results (such as CD4 and viral load) meant for my health.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

14. I wanted my providers to spend more time with me.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

15. I had questions that I wanted to ask my providers about my HIV care but did not ask.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

16. I felt uncomfortable talking about personal or intimate issues with my providers.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

17. I wanted to be more involved in making decisions about my health care.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

18. If I had a complaint about my medical care, my providers would ignore it.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

19. When I asked my providers questions about my HIV care, it was hard to understand their answers.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

20. I found my providers to be accepting and non-judgmental of my life and health care choices.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

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21. It was hard for me to get my HIV medication prescriptions filled when I needed them.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

22. My providers explained the side effects of my HIV medications in a way I could understand.

Yes  No  Not Sure

23. My providers suggested ways to help me remember to take my HIV medications.

Yes  No  Not Sure

24. My providers explained to me what kinds of medical tests I should be getting and how often I should get them.

Yes  No  Not Sure

25. My providers explained to me how to avoid getting sick.

Yes  No  Not Sure

26. My providers talked to me about how to avoid passing HIV to other people and how to protect myself from getting infected again with HIV.

Yes  No  Not Sure

27. My providers talked to me about how to protect myself from getting Hep C or how to avoid passing it on to others if I already had it.

Yes  No  Not Sure

### Referrals (In the last 12 months...)

28. My providers or case managers asked me about my life situation (housing, my finances, etc.), and made a referral if I needed help.

Yes  No  Not Sure

29. My providers or case managers asked me how I was feeling emotionally and made a referral to a mental health provider, counselor or support group if I needed help.

Yes  No  Not Sure

30. My providers asked about my teeth and made a referral if I needed to see a dentist.

Yes  No  Not Sure

31. My providers asked me about how I am eating and made a referral to a nutritionist if I needed help.

Yes  No  Not Sure

32. My providers asked me whether I needed help to tell my sexual partners about my HIV status and made a referral if I needed help.

Yes  No  Not Sure

33. My providers asked me about my drug and alcohol use and made a referral if I needed help (*answer only if you are not receiving care at a drug treatment center*).

Yes  No  Not Sure

34. I was able to get the services that my provider referred me to.

All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

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35. If there were times you did not get the services you were referred to, please describe the reasons:

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### Overall Quality of HIV Care (In the last 12 months...)

36. I would rate my providers' knowledge of the newest developments in HIV medical standards as . . .

- Excellent  Very Good  Average  Fair  Poor  Not Sure

37. When I think about my care at this clinic, these words come to mind (check all that apply):

- Excellent  Adequate  Terrible  OK  Poor  Busy  Personal  Caring  Friendly  Safe  
 Rushed  Impersonal  Cold  Warm  Dignified  Respectful  Humiliating  Scary  
 Understanding  Other (please write in) \_\_\_\_\_

38. I would rate the quality of care at this clinic in comparison to other clinics I know about as...

- Much Better  Better  The Same  Worse  Much Worse  Not Sure

39. I would recommend this clinic to my HIV-positive friends with similar needs.

- Definitely Yes  Maybe  Definitely Not  Not Sure

40. At any point, did you feel treated poorly at your clinic?

- Yes  No (If "No," Skip to Question 41)

If "Yes," please help us understand why by checking any of the reasons you feel may have caused you to be treated poorly.

- |   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| My Race   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| My Age  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| My Gender/Sex   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| My Sexual Orientation                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| My Drug Use   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I am not using drugs |
| My Immigration Status                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| My Difficulty Speaking English                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| <input type="checkbox"/> Other (please specify) _____ |                              |                             |   |

41. I got services in the language I wanted.

- All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

42. I did not get the medical care I needed because I could not pay for it.

- All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

43. I thought about leaving this clinic to find better care somewhere else.

- All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

44. The staff and my providers kept my HIV status confidential.

- All of the Time  Most Times  Sometimes  Rarely  Never  Does Not Apply

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## Improvements

45. What would you add or change to make the clinic a better place for yourself and other patients?

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46. Is there anything else that you would like to say about your HIV care at this clinic?

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## A Little Information About You

These questions are being asked to make sure we are hearing from all kinds of patients.

47. I have family members, friends, or professionals who give me a lot of support.

- Strongly Agree    Agree    Disagree    Strongly disagree

48. My sex/gender is...

- Female    Male    Transgender (M to F)    Transgender (F to M)

49. My sexual orientation is...

- Straight/heterosexual    Gay/lesbian/homosexual    Bisexual    Not sure

50. My racial/ethnic background is . . . (please check all that apply)

- African American/Black    Hispanic/Latino    Asian/Pacific Islander    Native American/Alaska Native    White  
 Other (please specify) \_\_\_\_\_

51. My age is...

- Below 20    20 to 29    30 to 39    40 to 49    50 to 59    60 to 69    70 or above

52. I have completed this survey ...

- By myself, with no help    With some help from the clinic staff  
 With someone reading the survey to me and filling it out based on my answers

Thank you for taking the time to complete this survey.

There may be additional pages attached which ask you about case management services, substance use services, mental health services, women's health services, and Medicaid managed care.

When you are finished, please return the survey to the person or place designated by the clinic.