

# Master Client Satisfaction Survey - English

## CLIENT SATISFACTION SURVEY QUESTIONNAIRE

### A. INTRODUCTION

Thank you for taking the time to tell us about your experience with the agency below. We appreciate your feedback on how satisfied or unsatisfied you are with the services that you are receiving. Your responses will be confidential and will never affect the service that you receive at this agency. However, the feedback that we get from clients like you will help us identify strengths and weaknesses and make improvements.

**HIV/AIDS Housing Organization Name:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Thank You! Please fill in or mark an "X" in the appropriate box.**

### B. SATISFACTION WITH THE PROGRAM

**1. How long have you been receiving assistance from this agency or program?**

☐ Less than 1 year      ☐ 1 - 3 years      ☐ 3 - 5 years      ☐ More than 5 years

**2. What types of assistance do you currently receive from this agency or program?**

- ☐ Short-term/emergency rent, mortgage, or utility assistance
- ☐ On-going/long-term or transitional monthly rental assistance (*Example: Tenant-based rental assistance or Section 8 Housing Choice Voucher*)
- ☐ Housing within the agency's building(s)
- ☐ Other services, such as case management, job training or transportation

**3. Overall, how satisfied are you with the assistance you have received from this agency or program?**

☐ Very satisfied    ☐ Somewhat satisfied    ☐ Somewhat dissatisfied    ☐ Very dissatisfied

**4. How Satisfied are you with your current housing?**

☐ Very satisfied    ☐ Somewhat satisfied    ☐ Somewhat dissatisfied    ☐ Very dissatisfied

**5. Has assistance from this agency helped you to maintain your housing or to improve your housing situation?**

☐ A great deal    ☐ Somewhat    ☐ Slightly    ☐ Not at all

**6. Has this program been helpful in referring you to the medical care, insurance coverage, and other services you need?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**7. Has this program helped you access or maintain sources of income (*Example: Helped you get a job, or helped you sign-up or stay qualified for assistance programs*)?**

☐ A great deal   ☐ Somewhat   ☐ Slightly   ☐ Not at all

**8. Has the assistance you have received from this agency had a positive impact on your:**

	A Great Deal	Somewhat	Slightly	Not at All
Outlook on life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with family or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take care of household duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to remain independent in the environment that you choose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. What did/do you like most about this program?**

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**10. What do you think we can do to make the program better?**

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**11. Is there something else you would like to tell us about the program or services you received?**

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## C. SATISFACTION WITH STAFF

### 12. Overall, did staff:

	Always	Most of the Time	Sometimes	Rarely or Never
Treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seem to understand your situation and needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do a good job of explaining the program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 13. Overall, was staff:

	Always	Most of the Time	Sometimes	Rarely or Never
Responsive in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive to your ethnic and cultural background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable about available services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Careful to maintain your confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 14. Is there anything else you would like to tell us about staff?

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## D. CASE MANAGEMENT/HOUSING ADVOCACY

If you do not receive case management or housing advocacy from this agency, please skip this section and move on to the Property Management/Facility-based section.

### 15. How Satisfied are you with your case management services?

☐ Very satisfied   ☐ Somewhat satisfied   ☐ Somewhat dissatisfied   ☐ Very dissatisfied

**16. Does your case manager respond in a timely manner?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**17. Does your case manager treat you respectfully?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**18. Is your case manager easy to talk to?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**20. Is your case manager knowledgeable about resources available in the community?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**21. Has your case manager done a good job keeping your diagnosis confidential when working with landlords, utility companies, or other people?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**22. Overall, how helpful is the assistance that you receive from your case manager?**

☐ Very helpful   ☐ Somewhat helpful   ☐ Slightly helpful   ☐ Not at all helpful

**23. Does your case manager address the concerns that you raise when you meet?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**24. If not, what types of concerns are not addressed?**

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**25. Is there anything else that you would like to tell us about case management services?**

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## E. PROPERTY MANAGEMENT/FACILITY-BASED

**26. How would you rate the overall condition of your unit?**

☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor

**27. Are the common areas (*Example: entry, hallway(s), common rooms*) around your unit well maintained?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**28. Are the locks on your unit door, and the building's outside door(s) in good condition and working properly?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**29. Is your unit and the property free of rodents, insects, and other pests?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**30. Are the common bathrooms, trash/recycling, and laundry rooms well maintained?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**31. Please list any specific things that should be done to improve the quality of your unit or the property as a whole:**

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**32. Does the property management staff respond to service requests in a timely manner?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**33. Does the property management staff respond to emergencies promptly?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**34. Does the property management staff treat you with respect and in a professional manner?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**35. Does the property management staff handle issues or disagreements between residents appropriately?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**36. How satisfied are you with the neighborhood you live in?**

☐ Very satisfied   ☐ Somewhat satisfied   ☐ Somewhat dissatisfied   ☐ Very dissatisfied

**37. How safe do you feel in your unit and building?**

☐ Very safe   ☐ Somewhat safe   ☐ Somewhat unsafe   ☐ Very unsafe

**38. If you feel unsafe in your building, please explain why:**

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**39. Is there anything that you would like to tell us about your unit or building?**

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**F. DEMOGRAPHIC INFORMATION**

**Please tell us a little bit about who you are: *(This demographic information is optional)***

**40. Gender**

☐ Male   ☐ Female   ☐ Transgender male   ☐ Transgender female   ☐ Other

**41. Race/Ethnicity**

☐ African American   ☐ Alaska Native/American Indian  
☐ Asian/Pacific Islander  
☐ White   ☐ Multi-racial   ☐ Other \_\_\_\_\_  
☐ Hispanic(a)/Latino(a)

**42. Age**

☐ Less than 18 years   ☐ 18-30 years   ☐ 31-50 years   ☐ Over 51 years

**43. What Zip Code do you live in?**

Zip Code: \_\_\_\_\_

**CONCLUSION:**

***Thank you for responding to this voluntary survey form. Your responses are very important to us and will be summarized and provided confidentially to the agency.***

**Please mail your completed Survey to:**

**Insert Agency Name and Contact Information Here:**



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