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Programming Connection Case Study Package /  
Trousse d'étude de cas diffusée dans Connectons nos programmes

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**Materials from: Shift, a program of AIDS Calgary / Calgary Cares Centre  
~ Client Feedback Form ~**

This document was assembled in June, 2011.

For more information on Shift, read the Case Study in CATIE's Programming Connection at  
<http://www2.catie.ca/en/pc/case-studies>.

The Programming Connection is designed to encourage the revitalization of existing programs and the creation of new programs. Should you use any part of these materials, please credit the author/organization as named on this cover sheet.

**Documents sur : Shift, un programme de : AIDS Calgary / Calgary Cares Centre  
~ Un formulaire d'évaluation des commentaires des clients ~**

Ce document a été assemblé avec juin 2011.

Pour plus de renseignements sur Shift, veuillez lire l'étude de cas dans Connectons nos programmes de CATIE à : <http://www2.catie.ca/fr/cnp/etudes-cas>

L'outil Connectons nos programmes a été conçu pour encourager la revitalisation de programmes existants et la création de nouveaux programmes. Si vous utilisez ces documents en totalité ou en partie, veuillez citer en référence l'auteur ou l'organisme tel qu'il figure dans cette page couverture.



## Shift Client Feedback Form

Date Survey Filled Out: \_\_\_\_\_

**The Purpose of the Survey** is to find out confidential information about what kind of impact our services are making in your life. This information will be shared with our funders and other applicable staff members, but no personal identifying information is collected or shared.

This survey will take approximately 5 minutes to complete. Being part of this survey is voluntary. You do NOT have to answer any questions that make you feel uncomfortable and you do not have to complete the survey if you do not want to. *If you decide not to complete the survey your access to services will NOT be impacted in any way.* There is no right or wrong answer; we are interested in your opinion.

You can write the answers on the survey yourself or a staff person can help you by reading out the questions and writing down your answers.

No personal identifying information will be collected and all participants will remain anonymous.

*Please check one box for each question:*

1) Staff members treat me with dignity and respect.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

2) I am satisfied with the quality of the services I receive.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

3) Because of the program support, I feel I am able to get the services I need.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

4) My privacy and confidentiality are protected.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

5) Staff members are knowledgeable about sex work related services.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree



### Shift Client Feedback Form

6) I am more knowledgeable about sex work related issues because of the support of Shift.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

7) I receive high quality support and counseling services from the agency.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

8) If needed, I feel I can access Shift for employment and education support.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

What other services, events or workshops you would like to see Shift offer?

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COMMENTS:

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