



CLIENT FEEDBACK SURVEY
Your opinion matters!

Every year, we invite you to evaluate our services here at AIDS Thunder Bay. Your input is invaluable. We need to know what we are doing right and where we need to improve. Don't hold back. This is your chance to tell it like it is. And remember! Your answers are confidential. Please don't put your name on the survey – **and don't forget to fill out both sides.**

ABOUT YOU

- I am a person who is...
(Please check all that apply.)
 - HIV positive
 - Hep C positive
 - Co-Infected (both HIV & Hep C)
 - Person who uses substances
- I am... (Please check one.)
 - Male
 - Female
 - Transgender
- I am ... (Please check one.)
 - Aboriginal
 - Caucasian
 - Other _____

ABOUT US – OUR PEOPLE

As a client of AIDS Thunder Bay, you deal with a variety of people when you come through our doors – staff as well as volunteers. Tell us how we are doing.

- When it comes to overall performance, please rate the people you interact with here at AIDS Thunder Bay:
 - Front Office Staff
 excellent good OK poor N/A
 - Case Management Team
 excellent good OK poor N/A

- MOIP Staff (*Food Bank Coordinator/ Activity Coordinator/ Support Group Coordinator*)
 excellent good OK poor N/A
 - HIV Treatment & HIV/ Hep C Intake Worker
 excellent good OK poor N/A
 - Hep C Treatment Team
 excellent good OK poor N/A
 - Outreach Team
 excellent good OK poor N/A
 - Volunteers
 excellent good OK poor N/A
- When it comes to listening skills, please rate:
 - Front Office Staff
 excellent good OK poor N/A
 - Case Management Team
 excellent good OK poor N/A
 - MOIP Staff (*Food Bank Coordinator/ Activity Coordinator/ Support Group Coordinator*)
 excellent good OK poor N/A
 - HIV Treatment & HIV/ Hep C Intake Worker
 excellent good OK poor N/A
 - Hep C Treatment Team
 excellent good OK poor N/A
 - Outreach Team
 excellent good OK poor N/A
 - Volunteers
 excellent good OK poor N/A

6. When it comes to helping you with referrals to another agency or program, i.e. a doctor, legal help, housing, treatment, please rate:

Case Management Team

excellent good OK poor N/A

HIV Treatment & HIV/ Hep C Intake

excellent good OK poor N/A

Hep C Treatment Team

excellent good OK poor N/A

Outreach Team

excellent good OK poor N/A

Comments:

7. How quickly do we get back to you, either by phone or email,

Case Management Team

excellent good OK poor N/A

HIV Treatment & HIV/ Hep C Intake

excellent good OK poor N/A

Hep C Treatment Team

excellent good OK poor N/A

Outreach Team

excellent good OK poor N/A

Comments:

8. When you enter the office, please rate how you are greeted:

Excellent

Good

OK

Poor

9. **In the past year**, have you felt that you were treated unfairly at AIDS Thunder Bay?

Yes

No *If no, please go to question #10*

If you answered yes to the above question, please tell us what happened so we can understand your concerns. This is confidential.

If you felt you were treated unfairly at AIDS Thunder Bay in the past year, did you report it to anyone?

Yes

No

If yes, to whom?

Do you know if any action was taken to address your concerns?

Yes

No

Please explain.

Survey results are only viewed by HAR Consultant. In the event you feel your situation hasn't been addressed, and if you feel comfortable, please include your name and the HAR consultant will pass this information to Holly Gauvin for follow up.

10. Are you aware of the complaint policy in place at AIDS Thunder Bay?

Yes

No

11. DIRECT CLIENT SERVICES

Below is a listing of all services available at AIDS Thunder Bay.

- Have you used any of the services in the past year?
- If so, how would you rate the service? **(1= poor, 2= ok, 3=good, 4= excellent)**
- How can we improve our services?

Service	Have you used it?		How would you rate it (see legend above)	How can we improve our service?
Case Management	Yes	No		
Counselling	Yes	No		
Poz Support Group	Yes	No		
Food Bank	Yes	No		
Liquid Supplement	Yes	No		
Volunteer Driver	Yes	No		
Transit Tickets	Yes	No		
Clinic Appointments	Yes	No		
Exchange Room/ Harm Reduction Supplies	Yes	No		
Social Events e.g. Christmas Party, Retreat	Yes	No		
Treatment Nursing	Yes	No		
Walk in Workers	Yes	No		
Referrals	Yes	No		

What other services would you like to see offered at AIDS Thunder Bay

What other supplies would you like to see in the Needle Exchange and/or Food Bank?

OUR HEALTH PROGRAMS

ATB offers a health clinic for HIV positive clients of the agency

12. In the past year, have you had an appointment with:
Dr. Gamble (HIV Specialist)
 yes no

13. What was your experience like? Please explain.

14. How can we improve your clinic experience?

ATB offers the services of Hep C Treatment Nurses

15. In the past year, have you had an appointment with:
a Hep C Treatment Nurse
 yes no

16. What was your experience like? Please explain.

17. How can we improve your Hep C treatment experience?

INFORMATION

18. How do you currently get information on HIV/AIDS & Hep C?

- Pamphlets
- Calling AIDS Thunder Bay
- Internet/computer
- AIDS Thunder Bay website
- Your doctor
- Your HIV/Hep C Nurse or Doctor
- Outreach Worker
- Conferences and workshops
- Other AIDS Service Organizations (HALCO, CATIE etc.)
- Other sources _____

19. What kind of information are you interested in?

PLEASE CHECK TOP 3

- Education
- Criminalization of HIV Nondisclosure
- Hep C Nondisclosure
- Support
- Treatment
- Addictions/ drug use
- Harm Reduction
- Nutrition
- Sex
- Sexuality and gender
- Social networking
- Employment
- Health
- News and current affairs
- Legal issues
- Stigma and discrimination
- How to work with ODSP/ housing/ Ontario Works
- Other _____

20. Did you know AIDS Thunder Bay has a newsletter?

- Yes
- No

21. Do you read the AIDS Thunder Bay newsletter?

- Yes
- No

22. Is the information useful?

- Yes
- No

23. How would you like to receive the newsletter?

- By mail
- By email
- Online
- Don't wish to receive it

If you wish to receive newsletter, please include your address/ email below

24. How could we improve the newsletter?

25. Are you aware you can provide something for the newsletter from a PHA/ HCV perspective? (i.e. art, poetry, reflections etc.)

- Yes
- No

If you would like to provide information for the newsletter, please provide your name to be forwarded to the Volunteer Coordinator for follow up

26. Are you aware that AIDS Thunder Bay now has an electronic bulletin board in the waiting area?

- Yes
- No

27. Do you know that is where all notifications, upcoming events, general information on HIV/ HCV, community events and jobs are posted?

- Yes
- No

28. What further information would you like to see posted here?

OPPORTUNITIES

Every year, we offer a variety of activities at AIDS Thunder Bay: opportunities to volunteer, go on retreats, attend conferences and participate in workshops and peer sessions.

29. The following opportunities were offered last year. Which ones did you participate in?

- Volunteering
- World AIDS Day Breakfast
- World Hepatitis Day Activities
- Valentine's Waffle Breakfast
- AIDS Walk
- Opening Doors' Counselling Conference
- Workshops and Education Sessions
- Taste for Life
- ATB Summit
- ATB Retreat
- Blood2Blood Project
- Annual General Meeting
- Peer Outreach Program

30. Why did you participate? Please check all that apply.

- To increase knowledge
- To boost self-esteem
- For social interaction
- To reduce isolation and stigma
- To increase awareness of healthy options
- Something to do
- Other _____

31. Please list other workshop topics/ training that interest you.

32. Please list social outings that interest you.

33. When is the best time to attend activities? *Please check all that apply*

- Morning
- Afternoon
- Evening
- Weekday
- Weekend

34. From the previous events listed, if you didn't attend them, please tell us why

- Didn't feel well
- Out of town
- No transportation
- Too public
- Not interested
- Held during a bad time of the day for me
- The location was difficult to get to
- Didn't know about it
- Other _____

35. How can we better support you to attend events hosted by ATB

- Transportation
- Peer/ Worker support
- Assisting with fees
- Assisting with child care
- Other

Please list

36. How would you like to be notified about events at AIDS Thunder Bay

- Facebook
- Email
- ATB Website
- Phone
- Letter/ Mail

37. If you attended the Annual General Meeting, are you aware you can apply for a membership, have the fees waived and have voting rights as a member of ATB?

- Yes
- No

38. Please comment on the overall services at AIDS Thunder Bay. What do you like/ what can be improved?

OUR SURVEY!



Thank you for taking the time to fill out our survey. We appreciate your feedback. We have just a few more questions about the survey itself.

39. Why did you take the time to fill it out? Please explain.

40. How can we improve your survey experience? Please explain.



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