



## NORTH DAKOTA RYAN WHITE PROGRAM PART B SATISFACTION SURVEY

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DISEASE CONTROL AND FORENSIC PATHOLOGY  
SFN 58958 (7-2023)



Please complete this survey and return to your RW agency or mail to Ryan White Program, 600 E Boulevard Ave, Bismarck, ND 58505. To complete online visit <https://bit.ly/2SjFA1J>, or scan:

### Ryan White Funded Agency

1. What is the name of the Ryan White agency that you are evaluating?
2. Does the staff at this agency understand your needs? <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not very often <input type="checkbox"/> Never
3. Does the staff at this agency treat you with dignity and respect? <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not very often <input type="checkbox"/> Never
4. Is the staff at this agency successful in helping you to get the care and services you need to improve the situations that brought you here? <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not very often <input type="checkbox"/> Never
5. How satisfied are you with the quality of the service you receive from this agency? <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not satisfied <input type="checkbox"/> Very unsatisfied

### Please rate your satisfaction with the services that you received in the past 12 months.

6. What RW services are you receiving from or are being reimbursed by this agency? <input type="checkbox"/> Case management <input type="checkbox"/> HIV-related outpatient medical care <input type="checkbox"/> Insurance premium assistance <input type="checkbox"/> Dental care <input type="checkbox"/> Vision care <input type="checkbox"/> Mental health counseling and treatment <input type="checkbox"/> Emergency financial assistance (rent & utilities) <input type="checkbox"/> Medical transportation <input type="checkbox"/> HIV support groups <input type="checkbox"/> Peer navigation <input type="checkbox"/> Other:
7. HIV-related outpatient medical care <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not satisfied <input type="checkbox"/> Very unsatisfied <input type="checkbox"/> Not applicable, I did not use this service
8. Medication assistance (ADAP) <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not satisfied <input type="checkbox"/> Very unsatisfied <input type="checkbox"/> Not applicable, I did not use this service
9. Assistance with insurance premiums <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not satisfied <input type="checkbox"/> Very unsatisfied <input type="checkbox"/> Not applicable, I did not use this service
10. Dental care <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not satisfied <input type="checkbox"/> Very unsatisfied <input type="checkbox"/> Not applicable, I did not use this service
11. Vision care <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not satisfied <input type="checkbox"/> Very unsatisfied <input type="checkbox"/> Not applicable, I did not use this service
12. Mental health counseling and treatment <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not satisfied <input type="checkbox"/> Very unsatisfied <input type="checkbox"/> Not applicable, I did not use this service
13. Emergency financial assistance with rent and utilities <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not satisfied <input type="checkbox"/> Very unsatisfied <input type="checkbox"/> Not applicable, I did not use this service
14. Medical transportation <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not satisfied <input type="checkbox"/> Very unsatisfied <input type="checkbox"/> Not applicable, I did not use this service
15. HIV support groups <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not satisfied <input type="checkbox"/> Very unsatisfied <input type="checkbox"/> Not applicable, I did not use this service
16. HIV peer navigation and mentorship <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not satisfied <input type="checkbox"/> Very unsatisfied <input type="checkbox"/> Not applicable, I did not use this service
17. What is your biggest obstacle to obtaining HIV-related services in North Dakota?
18. What services do you feel are lacking in North Dakota that would help improve the life of people living with HIV?