

**RYAN WHITE PART B PEER REVIEW**  
**Virginia Department of Health**  
**Division of Disease Prevention**  
**HIV Care Services**

**Client Interview**

**AGENCY:** \_\_\_\_\_

**URN#:** \_\_\_\_\_

**REVIEWER:** \_\_\_\_\_

**INTRODUCTION STATEMENT (spoken by client interviewer):** The Virginia Department of Health respects your experiences and values understanding your satisfaction with HIV services in the State of Virginia. Your responses are confidential.

<b>A. THE RYAN WHITE PART B PROGRAM</b>						
<p><b>2. What do you know about the Ryan White Part B program?</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>3. Which Ryan White services are you currently using?</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 5px;">Outpatient Medical Care</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Oral Care</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Case Management</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Outpatient Medical Care	<input type="checkbox"/>	Oral Care	<input type="checkbox"/>	Case Management	<input type="checkbox"/>
Outpatient Medical Care	<input type="checkbox"/>					
Oral Care	<input type="checkbox"/>					
Case Management	<input type="checkbox"/>					

<b>B. OVERALL EXPERIENCES AND SATISFACTION</b>				
Question	Yes	No	N/A	Comments
B1. The Ryan White Grievance/Complaint				

Procedure has been explained to me				
B2. I know when and why I can write a grievance/complaint procedure				
B3. I have been asked to participate in a patient satisfaction survey at this agency				
B4.I have been asked participate in a Patient/Consumer Advisory Board				

<b>C. Outpatient</b>					
<b>Question</b>	<b>All of the time</b>	<b>Most Times</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
C1. When I needed an appointment, I could schedule one soon enough for my needs					
C2. My providers told me how important it was to keep my appointments					
C3. My providers made sure I understood what my lab test result (such as CD4 and viral load) meant for my health					
C4. I had questions that I wanted to ask my providers about my HIV care but did not ask					
<i>If C4 is all times, most times or sometimes: Why were you unable to ask your provider question</i>					
C5. When I asked my providers questions about my HIV care, it was hard to understand their answers					
C6. I found my providers to be accepting and non-judgemental of my life and health care choices					
C7. It was hard for me to get my HIV medication prescriptions filled when I needed them					
C8. My providers explained the side effects of my HIV medications in a way I could understand					
C9. My providers talked to me about how to avoid passing HIV to other people					
C10. My providers talked to me about how to protect myself from Hep C or how to avoid passing it on to others if I already had it					
C11. I was able to get the services that my provider referred me to					

C12. At any point, did you feel you were treated poorly at your clinic?					
<p>If C12 is "Yes": Please help us understand why by checking any of the reasons you feel you may have caused you to be treated poorly.</p> <input type="checkbox"/> My Race <input type="checkbox"/> My Age <input type="checkbox"/> My Gender/Sex <input type="checkbox"/> My Sexual Orientation <input type="checkbox"/> My Drug Use <input type="checkbox"/> My Immigration Status <input type="checkbox"/> My Difficulty Speaking English <input type="checkbox"/> Other:					
	<b>All of the time</b>	<b>Most Times</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
C13. The staff and my providers kept my HIV status confidential					
<p>C14. What would you add or change to make the clinic a better place for yourself or other patients?</p> <hr/> <hr/> <hr/>					

<b>D. Case Management</b>					
<b>Question</b>	<b>Disagree Strongly</b>	<b>Disagree</b>	<b>Agree</b>	<b>Agree Strongly</b>	<b>Disagree Strongly</b>
D1. I am aware of the different levels of Case Management					
D2. I work with my case manager to determine my needs					
D3. I find it hard to talk to my case manager					
D4. When I needed an appointment, I could see my case manager soon enough for my needs					
D5. I feel comfortable sharing my feelings and problems with my case manager					
D6. My case manager and HIV medical providers worked together to help me					
D7. I want to be more involved in making decisions about my service plans and goals					
D8. What you change to make the case management program better for yourself and other clients?					

D9. What do think the Ryan White Program does well? (programs, services, staffing, location, etc.)

<b>E. Oral Health</b>				
<b>Question</b>	<b>Less than 1 year</b>	<b>1 to 2 years</b>	<b>3 to 5 years</b>	<b>More than 5 years</b>
E1. I have received care here for oral health for...				
E2. My last visit for oral health was....				
<b>Question</b>	<b>Disagree Strongly</b>	<b>Disagree</b>	<b>Agree</b>	<b>Agree Strongly</b>
E3. I am satisfied with the oral health services I receive at this agency				
<b>Question</b>	<b>1 time a year</b>	<b>2 times a year</b>	<b>3+ times a year</b>	<b>When I feel the need</b>
E4. I see the dentist....				
<b>Question</b>	<b>Disagree Strongly</b>	<b>Disagree</b>	<b>Agree</b>	<b>Agree Strongly</b>
E5. At every dentist visit I receive information on how to care for my mouth, teeth, gums and what to look for in my mouth				
E6. What suggestions do you have for oral health services at this agency?				

<b>F. Other</b>
<b>F1. When I think about my care at this clinic/agency, these words come to mind (check all that apply)</b>
<input type="checkbox"/> Excellent
<input type="checkbox"/> Adequate
<input type="checkbox"/> Terrible
<input type="checkbox"/> OK

- Poor
- Busy
- Personal
- Caring
- Friendly
- Safe
- Rushed
- Impersonal
- Cold
- Warm
- Dignified
- Humiliating
- Scary
- Understanding
- Other: \_\_\_\_\_

F2. What would you add or change to make the clinic/agency a better place for yourself and other patients?

---

---

---

---

F3. If there anything else you would like to say about your HIV care at this clinic?

---

---

---