

PCC SATISFACTION QUESTIONNAIRE

We would like to know about your recent counseling session with us. We want to know if it was helpful for you, and how we might improve our service. Please circle your answers—only one number for each question.

Do NOT write your name on the form.

1. How would you rate the quality of the service you have received from your counselor?			
1 Excellent	2 Good	3 Fair	4 Poor
2. How competent was your counselor?			
1 Highly competent	2 Competent	3 Somewhat competent	4 Not at all competent
3. How interested was your counselor in helping you?			
1 Very interested	2 Interested	3 Uninterested	4 Not at all interested
4. How satisfied are you with the help you have received from your counselor?			
1 Very satisfied	2 Satisfied	3 Somewhat dissatisfied	4 Very dissatisfied
5. Would you recommend our program to a friend with similar concerns?			
1 Yes, definitely	2 Yes, probably	3 Probably not	4 Definitely not
6. How much did your participation in the counseling session result in your changing some risk-related thoughts, beliefs, or attitudes?			
1 A great deal of change	2 A lot of change	3 Some change	4 No change

7. Did your participation in the counseling session result in your having a plan for thinking and behaving more safely in future situations?			
1 Yes	2 Sort of	3 No	
8. Did your participation in your counseling session cause you any particular mental stress?			
1 No stress	2 Some stress	3 Moderate stress	4 Considerable stress
9. Will your participation in the counseling affect your likelihood of engaging in condomless anal intercourse in the future?			
1 Made it almost impossible that I will engage in condomless anal intercourse in the future	2 Made it a lot less likely	3 Made it a bit less likely	4 Made no difference
10. How old are you? Please check one			
<input type="checkbox"/> 18 or less <input type="checkbox"/> 19-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> Over 60			
11. What is your ethnicity? (select one)			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino	
12. What is your racial background? (select one or more)			
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African-American		<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
<input type="checkbox"/> White			
Comments or suggestions:			

Thank you very much for your ratings and comments! Please place your survey in the box in the lobby or return it in the supplied stamped envelope.