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PHLAG SATISFACTION QUESTIONNAIRE (PHsat)

PHLAG SITE:

PHLAG GROUP:

Today's Date: / /
MM DD YYYY

PID#:

Veteran's Name: _____
(Last name, first initial) (Please print)

Veteran's last four digits of Social Security number: _____

Satisfaction with PHLAG

We would like to ask you some questions about your experience in PHLAG. In order to preserve the confidentiality of your responses, please place your completed survey in the envelope provided, seal the envelope and return it in accordance with the instructions you were given at the time you received the survey. Thanks for your feedback.

For the following items, please read each statement and fill in the bubble next to the choice that best represents your opinion or experience with the PHLAG program:

1. How would you rate the quality of the services you have received in PHLAG?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| (4) | (3) | (2) | (1) | (0) |
| Excellent | Very good | Good | Fair | Poor |

2. How often did you feel that the kind of housing help offered by PHLAG was **not** what was important to you?

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| (0) | (1) | (2) | (3) | (4) | (5) | (6) |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |

3. If you needed help again and had a choice of where to go at no cost to you, would you return to PHLAG at this facility?

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (0) | (1) | (2) | (3) |
| No, definitely not | No, probably not | Yes, probably so | Yes, definitely |



4. If another veteran or a friend were in need of similiar help, would you recommend PHLAG at this facility to him or her?

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (0) | (1) | (2) | (3) |
| No,
definitely not | No,
probably not | Yes,
probably so | Yes,
definitely |

5. How satisfied are you with the amount of help you have received from participating in PHLAG?

- | | | | | |
|-----------------------|--------------------------|-----------------------|-----------------------|-------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (0) | (1) | (2) | (3) | (4) |
| Very
dissatisfied | Somewhat
dissatisfied | Mostly
satisfied | Very
satisfied | Completely
satisfied |

6. When you had important questions to ask PHLAG Staff, did you get answers you could understand?

- | | | | |
|-----------------------|-----------------------|-----------------------|---------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (0) | (1) | (2) | (3) |
| No | Yes,always | Yes, sometimes | Did not ask any questions |

7. If you had any anxieties or fears about your housing situation, did PHLAG Staff discuss them with you?

- | | | | |
|-----------------------|-----------------------|-----------------------|---------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (0) | (1) | (2) | (3) |
| No | Yes,completely | Yes, somewhat | Did not have anxieties or fears |

8. Did you feel you were treated with respect and dignity while you were enrolled in PHLAG?

- | | | |
|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (0) | (1) | (2) |
| No | Yes, always | Yes, sometimes |

9. How would you rate how well PHLAG staff worked together?

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| (0) | (1) | (2) | (3) | (4) | (88) |
| Poor | Fair | Good | Very good | Excellent | Do not know |

10. How would you rate how well the veterans attending your PHLAG group worked together to help each other?

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| (0) | (1) | (2) | (3) | (4) | (88) |
| Poor | Fair | Good | Very good | Excellent | Do not know |



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Relationship with PHLAG Staff

Please answer the following questions about your relationship with PHLAG Staff. Please read each item carefully; some of them are questions about how good the relationship is, and some about negative feelings you might have. Please fill in the bubble next to the best response option.

11. How often did you feel that you and the PHLAG Staff shared a common perception of your goals?

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| (0) | (1) | (2) | (3) | (4) | (5) | (6) |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |

12. How often did you feel that you and the PHLAG Staff had established a good shared understanding of the kinds of changes that would be good for you?

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| (0) | (1) | (2) | (3) | (4) | (5) | (6) |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |

13. Did you have confidence and trust in the PHLAG Staff?

- | | | |
|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (0) | (1) | (2) |
| No | Yes, completely | Yes, somewhat |

Health Improvements

Now, we'd like to ask you two questions about how your health may have changed while you were participating in PHLAG.

14. Compared to before you enrolled in PHLAG, how would you rate your physical health in general now? (choose only one)

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse



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15. Compared to before you enrolled in PHLAG, How would you rate your emotional problems such as feeling anxious, depressed or irritable) now? (choose only one)

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse

16. Did someone else help you complete this survey?

- No, I completed it alone, without help
- Yes

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Thanks for the feedback.**

Questions are from approved forms S (S), SHEP Ambulatory (SHEPA) and SHEP Inpatient (SHEPI), with permitted adaptations