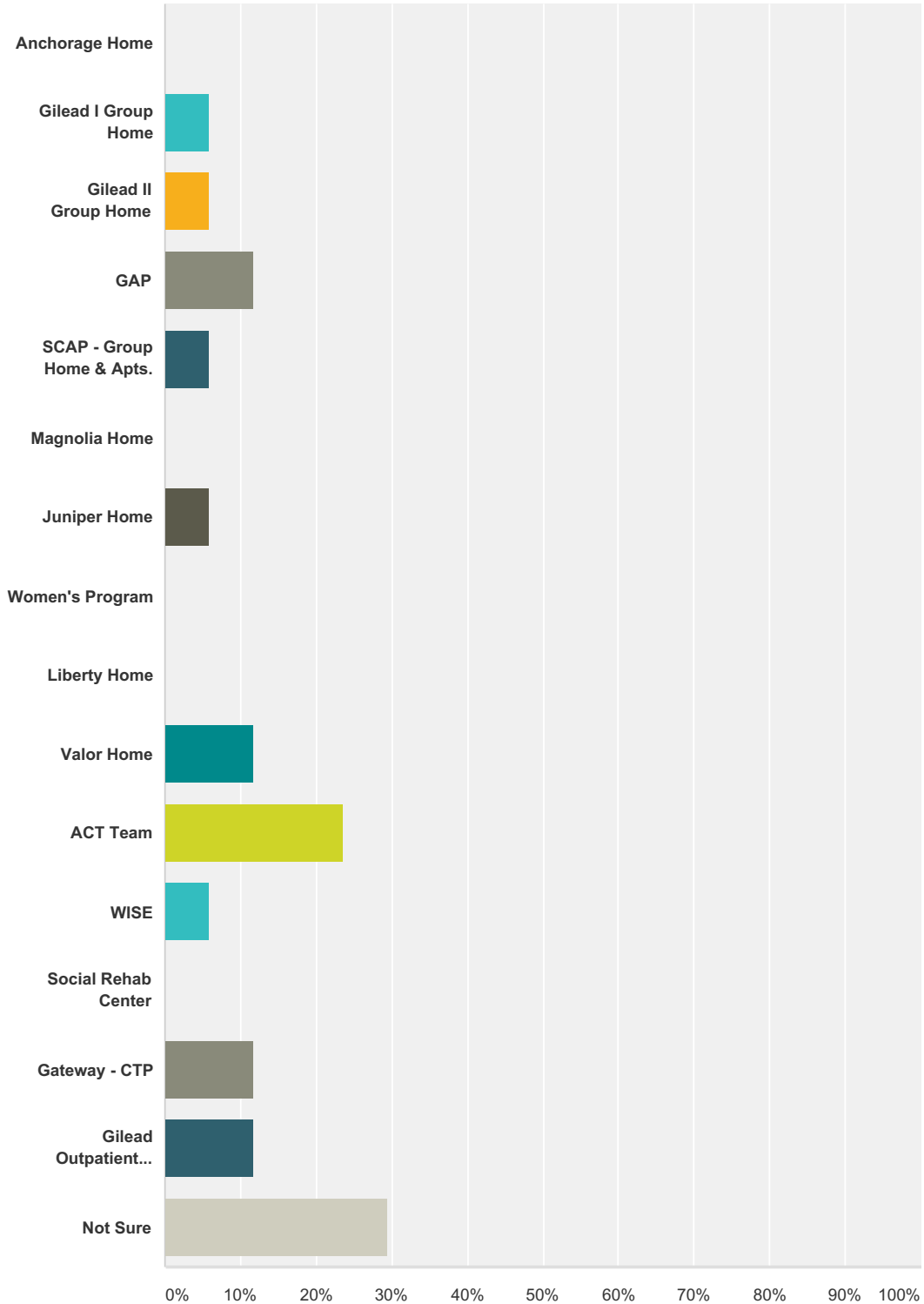


FAMILY AND FRIENDS SURVEY

**Q1 Please indicate all Gilead Community Services' Programs that your family member or friend is involved in (Check ALL that apply):**

Answered: 17 Skipped: 0



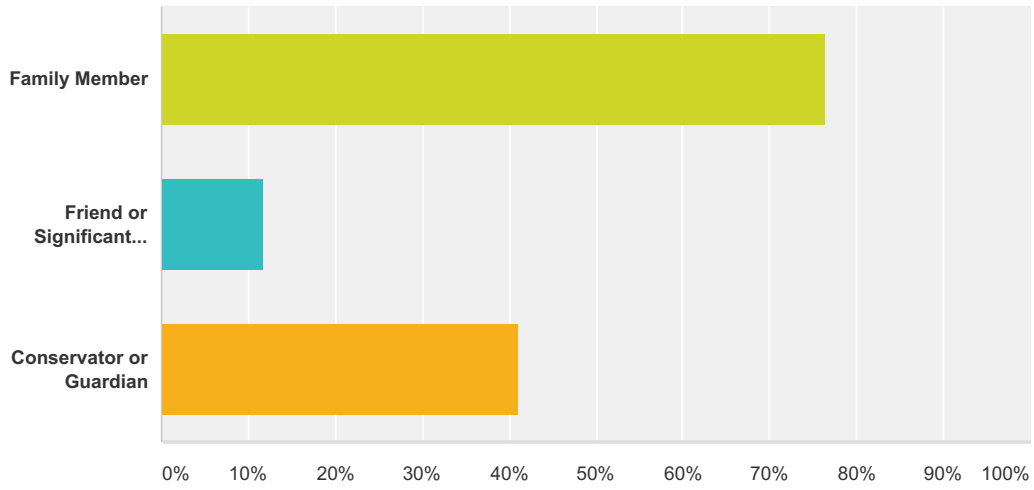
## FAMILY AND FRIENDS SURVEY

Answer Choices	Responses	
Anchorage Home	0.00%	0
Gilead I Group Home	5.88%	1
Gilead II Group Home	5.88%	1
GAP	11.76%	2
SCAP - Group Home & Apts.	5.88%	1
Magnolia Home	0.00%	0
Juniper Home	5.88%	1
Women's Program	0.00%	0
Liberty Home	0.00%	0
Valor Home	11.76%	2
ACT Team	23.53%	4
WISE	5.88%	1
Social Rehab Center	0.00%	0
Gateway - CTP	11.76%	2
Gilead Outpatient Clinics	11.76%	2
Not Sure	29.41%	5
<b>Total Respondents: 17</b>		

FAMILY AND FRIENDS SURVEY

**Q2 Please indicate your relationship to the individual receiving services from Gilead:**

Answered: 17 Skipped: 0

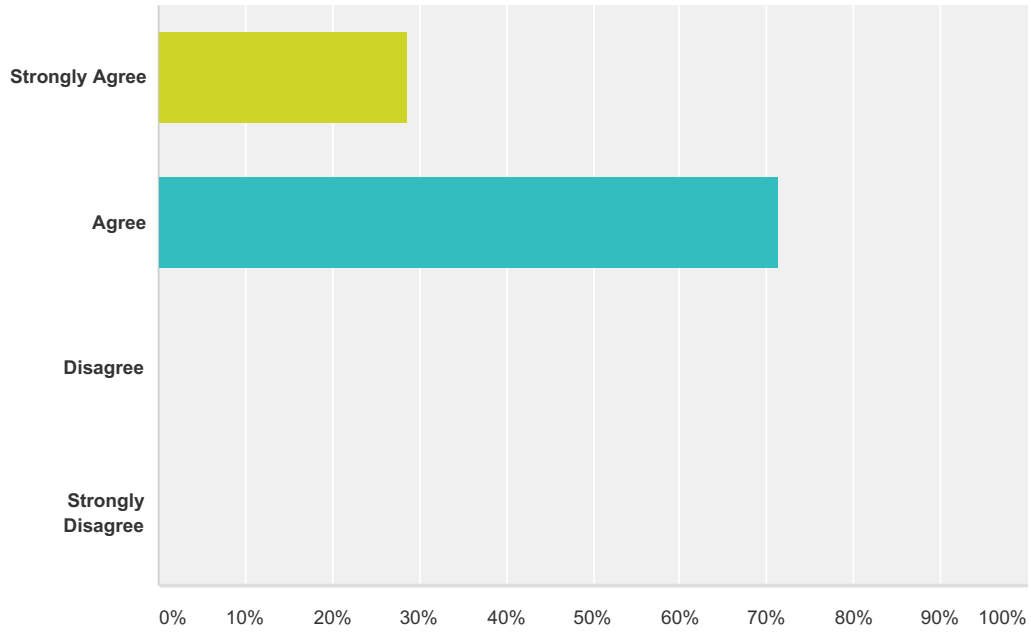


Answer Choices	Responses
Family Member	76.47% 13
Friend or Significant Other	11.76% 2
Conservator or Guardian	41.18% 7
<b>Total Respondents: 17</b>	

FAMILY AND FRIENDS SURVEY

**Q3 I feel that Gilead Community Services adequately addresses barriers in the following areas: architecture, environment, attitudes, finances, employment, communication, transportation, technology, community integration, cultural sensitivity, or other areas.**

Answered: 14 Skipped: 3

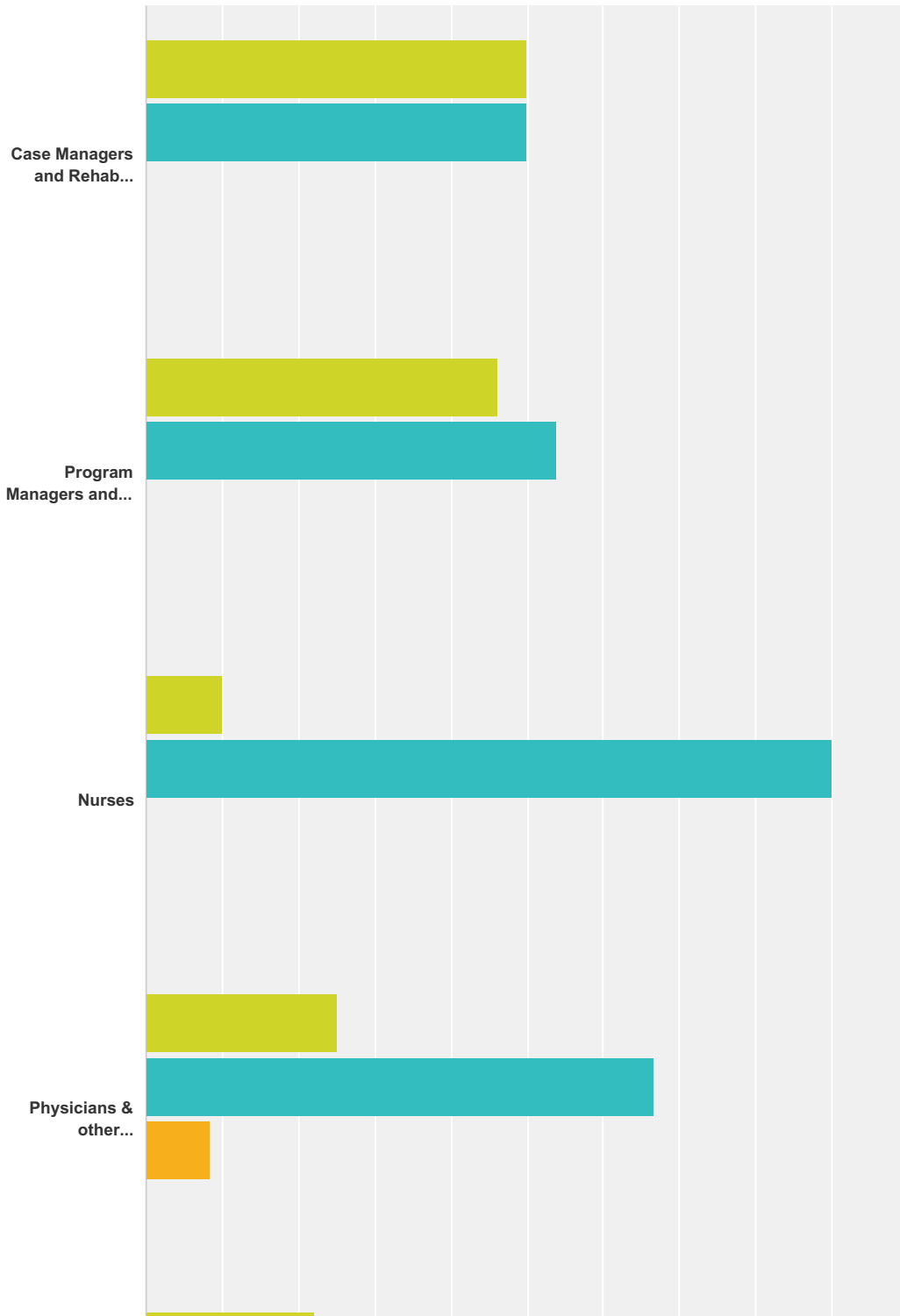


Answer Choices	Responses	Count
Strongly Agree	28.57%	4
Agree	71.43%	10
Disagree	0.00%	0
Strongly Disagree	0.00%	0
<b>Total</b>		<b>14</b>

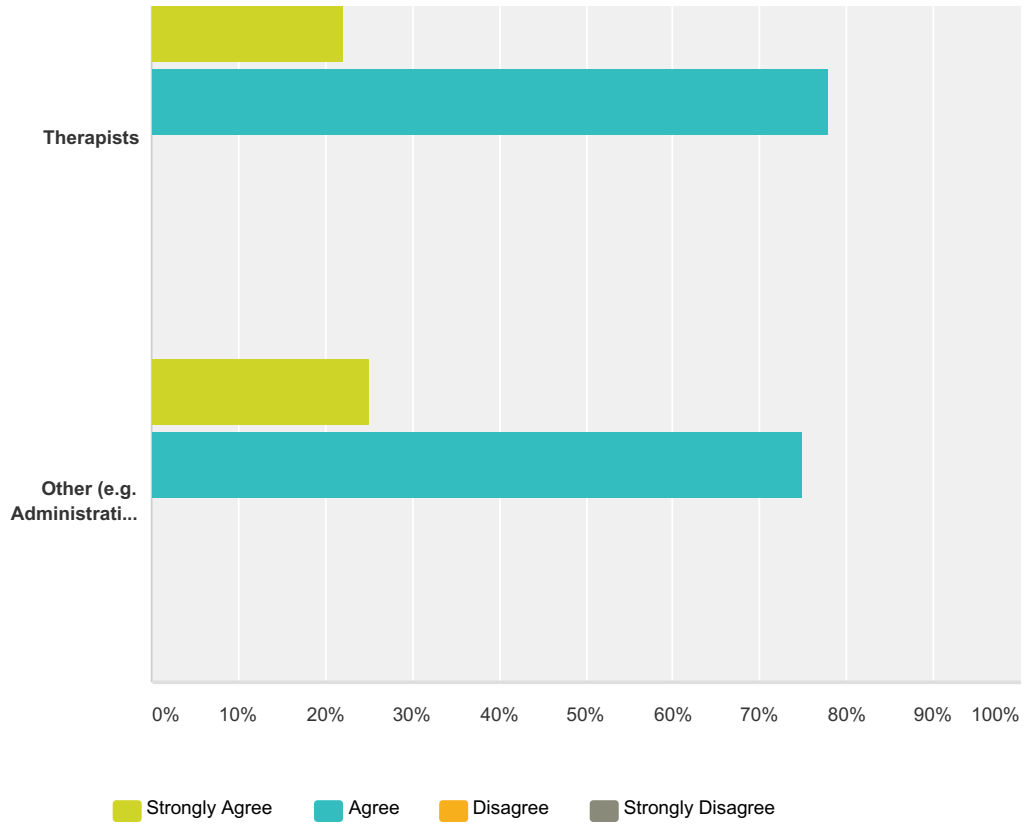
FAMILY AND FRIENDS SURVEY

**Q4 I am satisfied with the availability, adequacy, & consistency of communication with the following Gilead staff (in areas such as treatment progress, medication changes, staff assignments, incidents, & other communications):**

Answered: 14 Skipped: 3



## FAMILY AND FRIENDS SURVEY

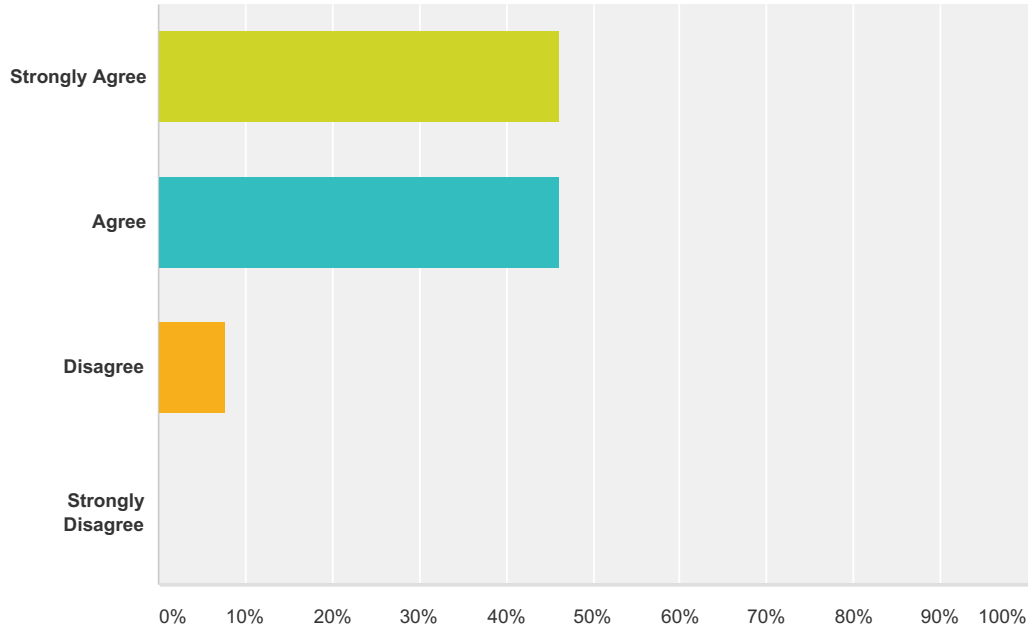


	Strongly Agree	Agree	Disagree	Strongly Disagree	Total
Case Managers and Rehab Counselors	50.00% 7	50.00% 7	0.00% 0	0.00% 0	14
Program Managers and Program Directors	46.15% 6	53.85% 7	0.00% 0	0.00% 0	13
Nurses	10.00% 1	90.00% 9	0.00% 0	0.00% 0	10
Physicians & other Prescribers	25.00% 3	66.67% 8	8.33% 1	0.00% 0	12
Therapists	22.22% 2	77.78% 7	0.00% 0	0.00% 0	9
Other (e.g. Administration, etc.)	25.00% 3	75.00% 9	0.00% 0	0.00% 0	12

FAMILY AND FRIENDS SURVEY

**Q5 Gilead asks for my input on the Treatment Plan of my family member or friend, invites me to treatment meetings, considers my suggestions, and monitors adherence to the Treatment Plan.**

Answered: 13 Skipped: 4

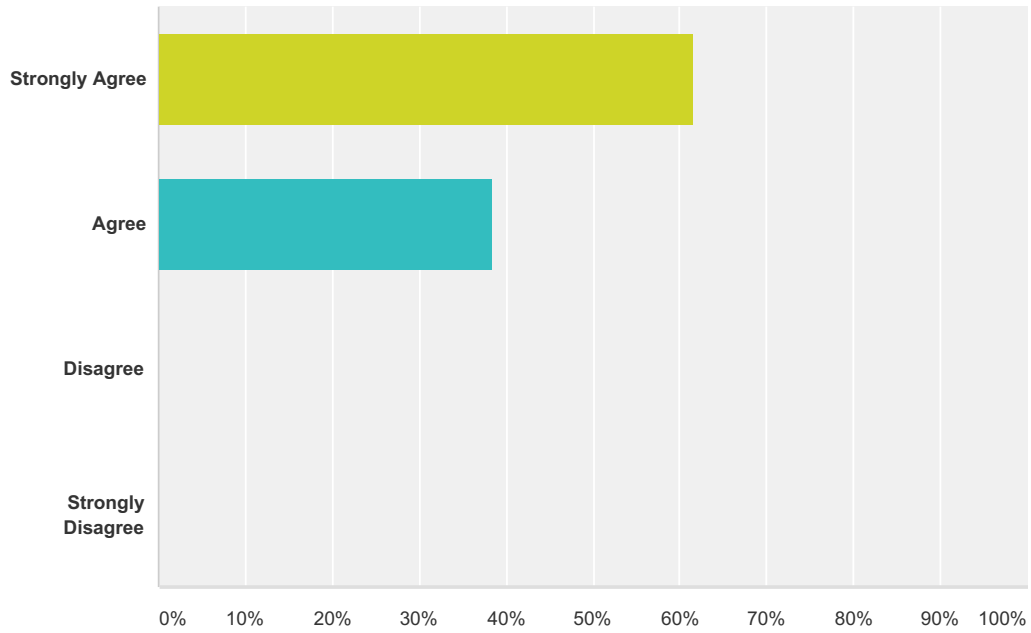


Answer Choices	Responses	
Strongly Agree	46.15%	6
Agree	46.15%	6
Disagree	7.69%	1
Strongly Disagree	0.00%	0
<b>Total</b>		<b>13</b>

FAMILY AND FRIENDS SURVEY

**Q6 Gilead staff follows through on providing agreed-upon services.**

Answered: 13 Skipped: 4



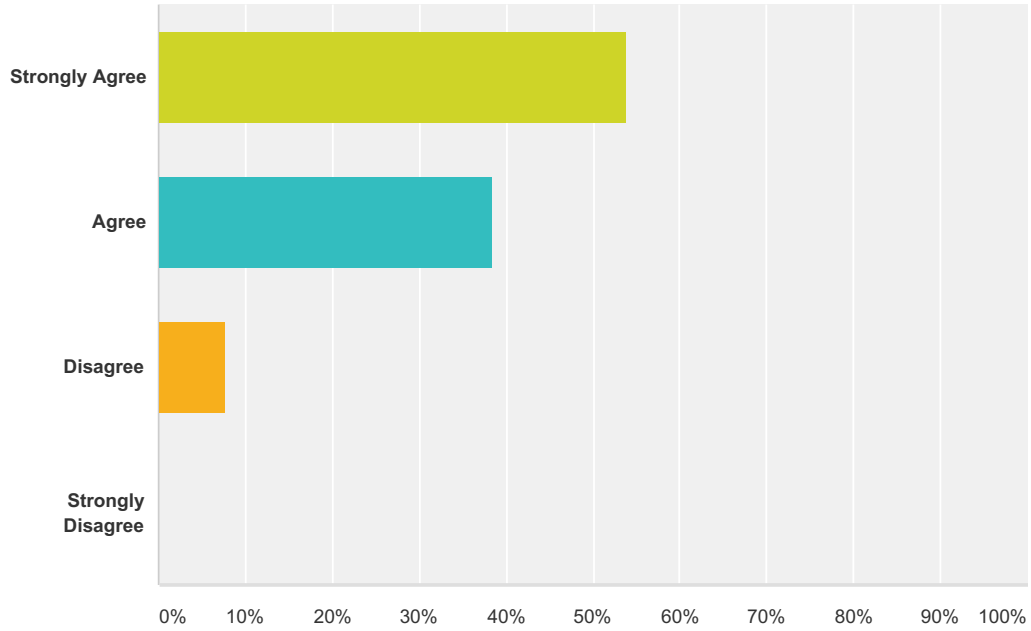
Answer Choices	Responses	
Strongly Agree	61.54%	8
Agree	38.46%	5
Disagree	0.00%	0
Strongly Disagree	0.00%	0
<b>Total</b>		<b>13</b>



FAMILY AND FRIENDS SURVEY

**Q7 Gilead staff decisions regarding my family member or friend are appropriate and timely.**

Answered: 13 Skipped: 4

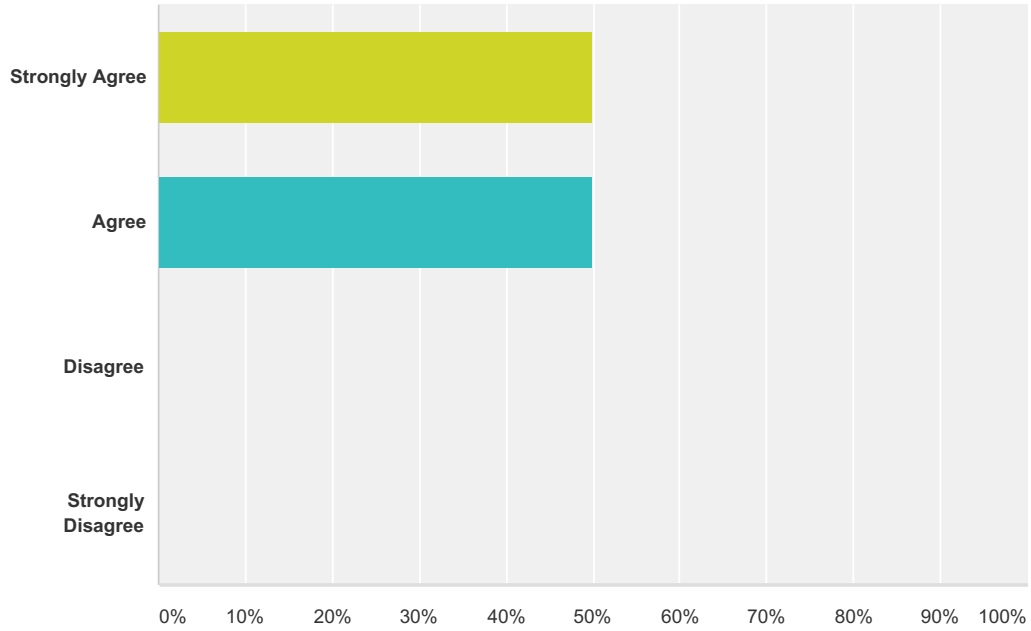


Answer Choices	Responses	
Strongly Agree	53.85%	7
Agree	38.46%	5
Disagree	7.69%	1
Strongly Disagree	0.00%	0
<b>Total</b>		<b>13</b>

FAMILY AND FRIENDS SURVEY

**Q8 Gilead staff have the appropriate knowledge and skills to provide effective services.**

Answered: 12 Skipped: 5

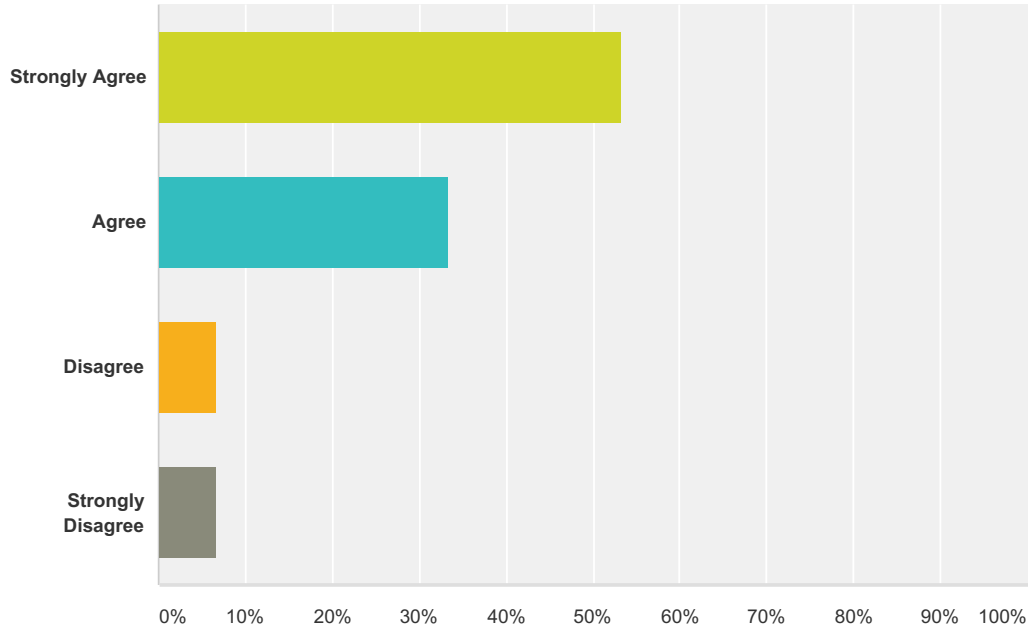


Answer Choices	Responses	Count
Strongly Agree	50.00%	6
Agree	50.00%	6
Disagree	0.00%	0
Strongly Disagree	0.00%	0
<b>Total</b>		<b>12</b>

FAMILY AND FRIENDS SURVEY

**Q9 My family member or friend's quality of life has improved due to the services received from Gilead.**

Answered: 15 Skipped: 2

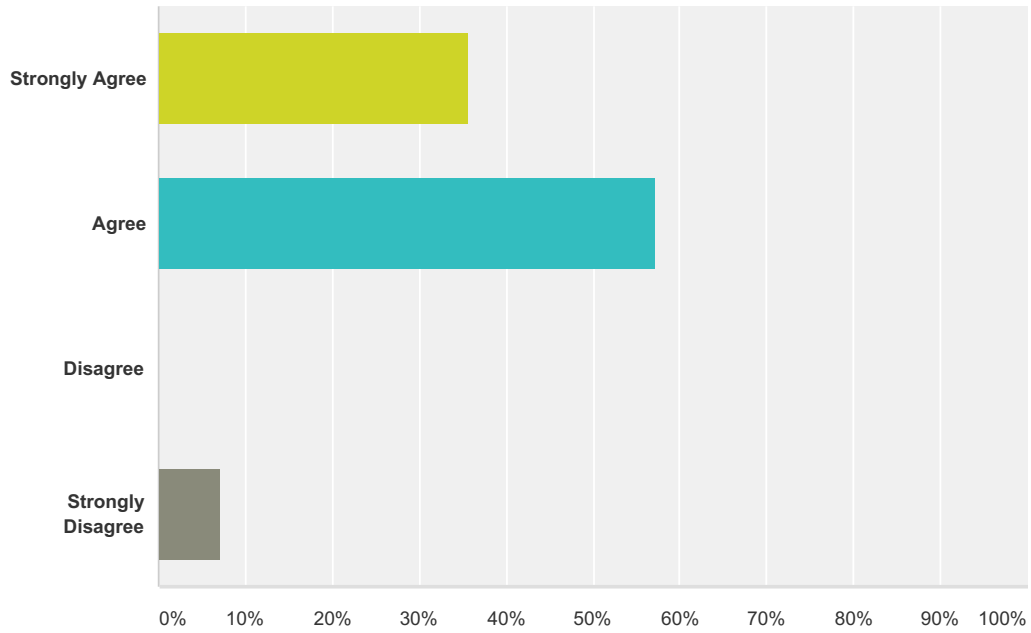


Answer Choices	Responses	
Strongly Agree	53.33%	8
Agree	33.33%	5
Disagree	6.67%	1
Strongly Disagree	6.67%	1
<b>Total</b>		<b>15</b>

FAMILY AND FRIENDS SURVEY

**Q10 Gilead succeeds in its mission to provide "...high quality health care and recovery support services in the home and community to improve mental health, physical well being, independence, and community integration..."**

Answered: 14 Skipped: 3

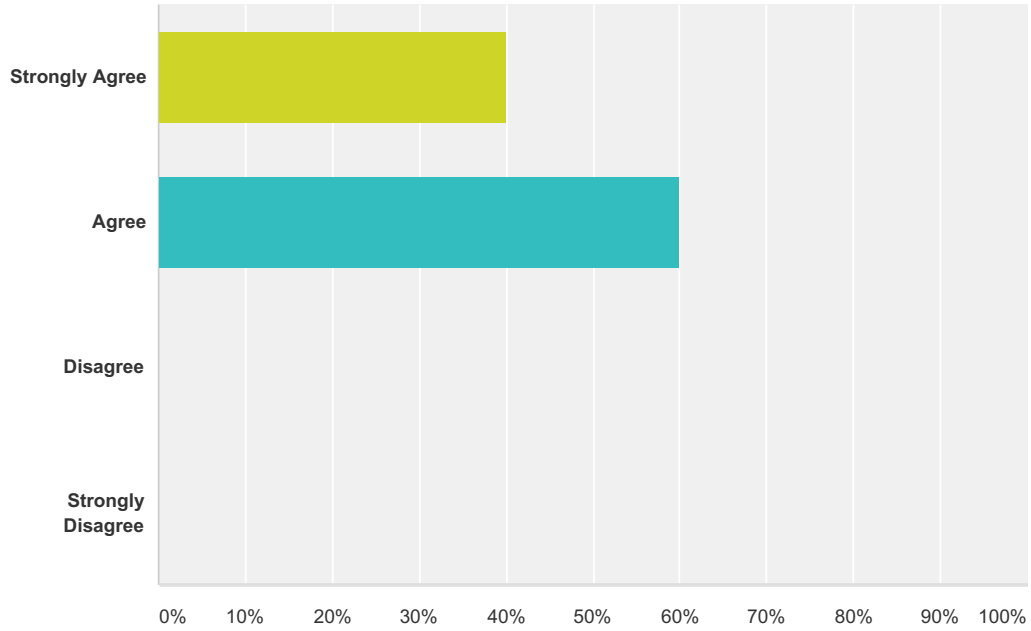


Answer Choices	Responses	Count
Strongly Agree	35.71%	5
Agree	57.14%	8
Disagree	0.00%	0
Strongly Disagree	7.14%	1
<b>Total</b>		<b>14</b>

FAMILY AND FRIENDS SURVEY

**Q11 Overall, I am satisfied with the services my family member or friend is receiving from Gilead.**

Answered: 15 Skipped: 2



Answer Choices	Responses	
Strongly Agree	40.00%	6
Agree	60.00%	9
Disagree	0.00%	0
Strongly Disagree	0.00%	0
<b>Total</b>		<b>15</b>

FAMILY AND FRIENDS SURVEY

**Q12 Please enter your name, if desired  
(OPTIONAL):**

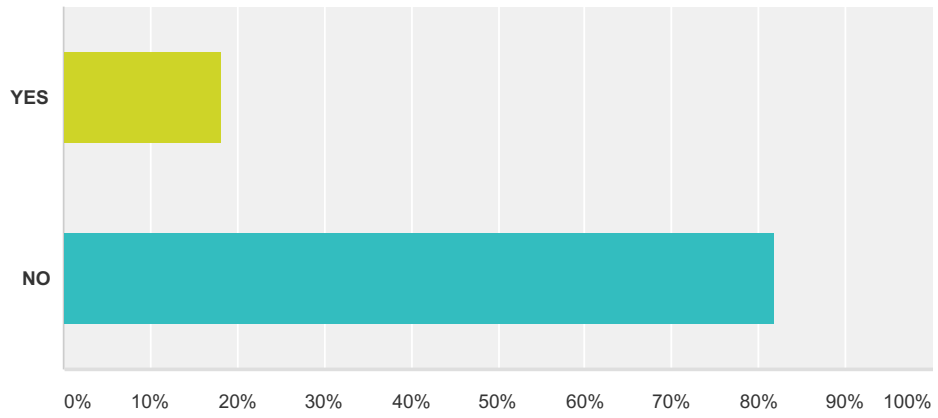
Answered: 12 Skipped: 5

Answer Choices	Responses
Your Name:	100.00% 12
Agency Name:	0.00% 0
Address:	0.00% 0
Address 2:	0.00% 0
City/Town:	0.00% 0
State:	0.00% 0
ZIP:	0.00% 0
Country:	0.00% 0
Email Address:	0.00% 0
Phone Number:	0.00% 0

FAMILY AND FRIENDS SURVEY

**Q13 Would you like to be contacted by Gilead regarding your survey responses?**

Answered: 11 Skipped: 6



Answer Choices	Responses	
YES	18.18%	2
NO	81.82%	9
<b>Total</b>		<b>11</b>

FAMILY AND FRIENDS SURVEY

**Q14 If you would be interested in receiving these survey notifications through email in the future, please provide your email address. Your email address will not be shared with anyone outside of Gilead Community Services [OPTIONAL].**

Answered: 2 Skipped: 15

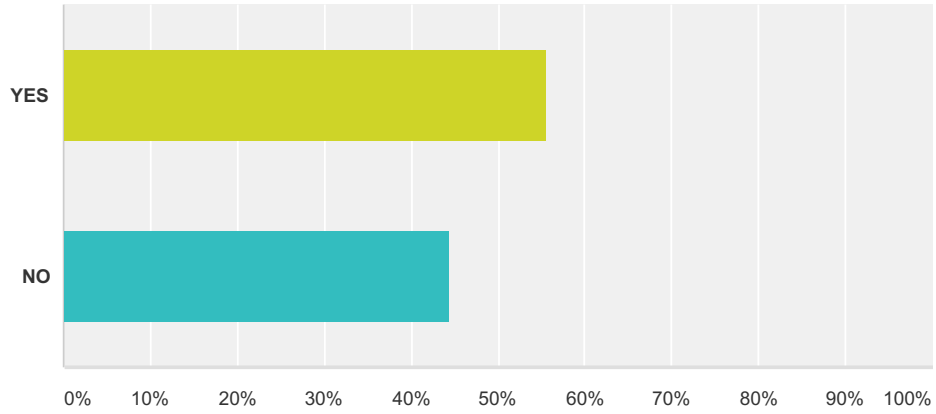
Answer Choices	Responses
Name:	0.00% 0
Company:	0.00% 0
Address:	0.00% 0
Address 2:	0.00% 0
City/Town:	0.00% 0
State:	0.00% 0
ZIP:	0.00% 0
Country:	0.00% 0
Email Address:	100.00% 2
Phone Number:	0.00% 0



FAMILY AND FRIENDS SURVEY

**Q15 Are you interested in learning more about volunteering, attending events, or other ways to get involved?**

Answered: 9 Skipped: 8



Answer Choices	Responses	
YES	55.56%	5
NO	44.44%	4
<b>Total</b>		<b>9</b>

FAMILY AND FRIENDS SURVEY

**Q16 Name of your family member, friend, or significant other [OPTIONAL]:**

Answered: 10 Skipped: 7