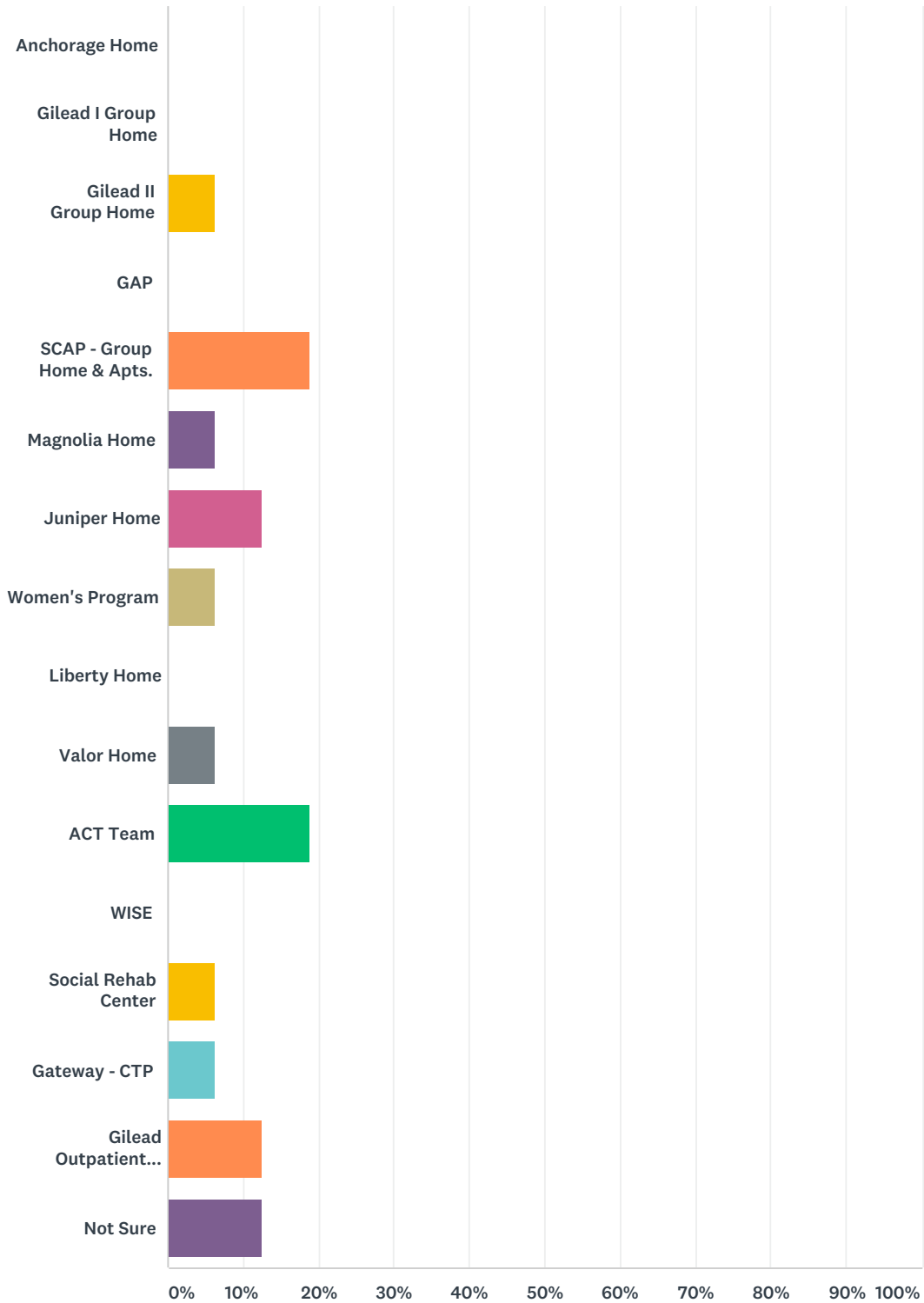


Q1 Please indicate all Gilead Community Services' Programs that your family member or friend is involved in (Check ALL that apply):

Answered: 16 Skipped: 0



ANSWER CHOICES

RESPONSES

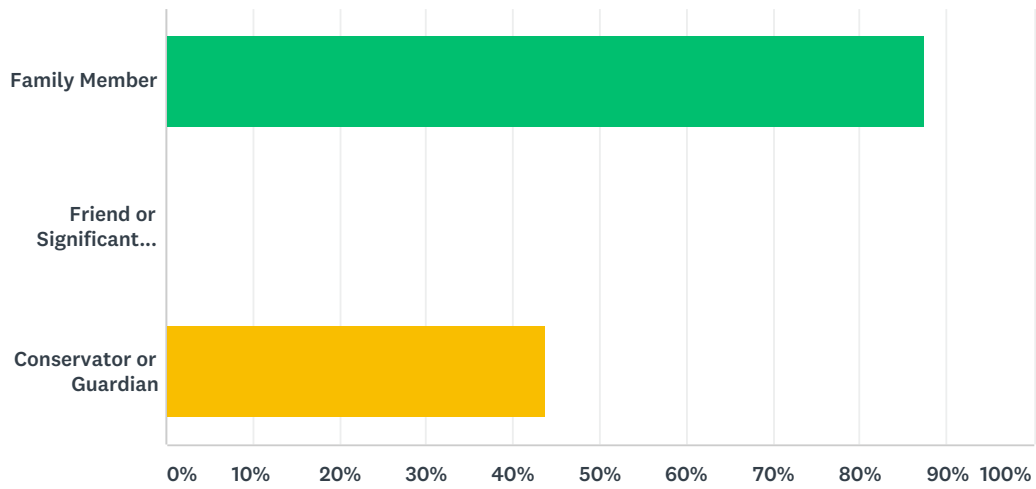
FAMILY AND FRIENDS SURVEY

SurveyMonkey

Anchorage Home	0.00%	0
Gilead I Group Home	0.00%	0
Gilead II Group Home	6.25%	1
GAP	0.00%	0
SCAP - Group Home & Apts.	18.75%	3
Magnolia Home	6.25%	1
Juniper Home	12.50%	2
Women's Program	6.25%	1
Liberty Home	0.00%	0
Valor Home	6.25%	1
ACT Team	18.75%	3
WISE	0.00%	0
Social Rehab Center	6.25%	1
Gateway - CTP	6.25%	1
Gilead Outpatient Clinics	12.50%	2
Not Sure	12.50%	2
Total Respondents: 16		

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

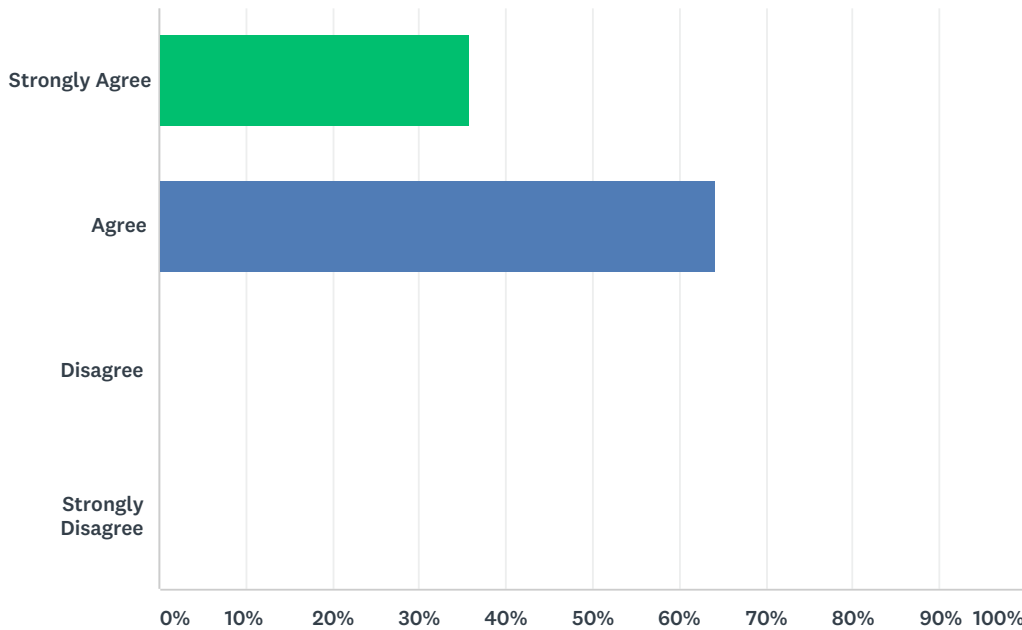
Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES
Family Member	87.50% 14
Friend or Significant Other	0.00% 0
Conservator or Guardian	43.75% 7
Total Respondents: 16	

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.

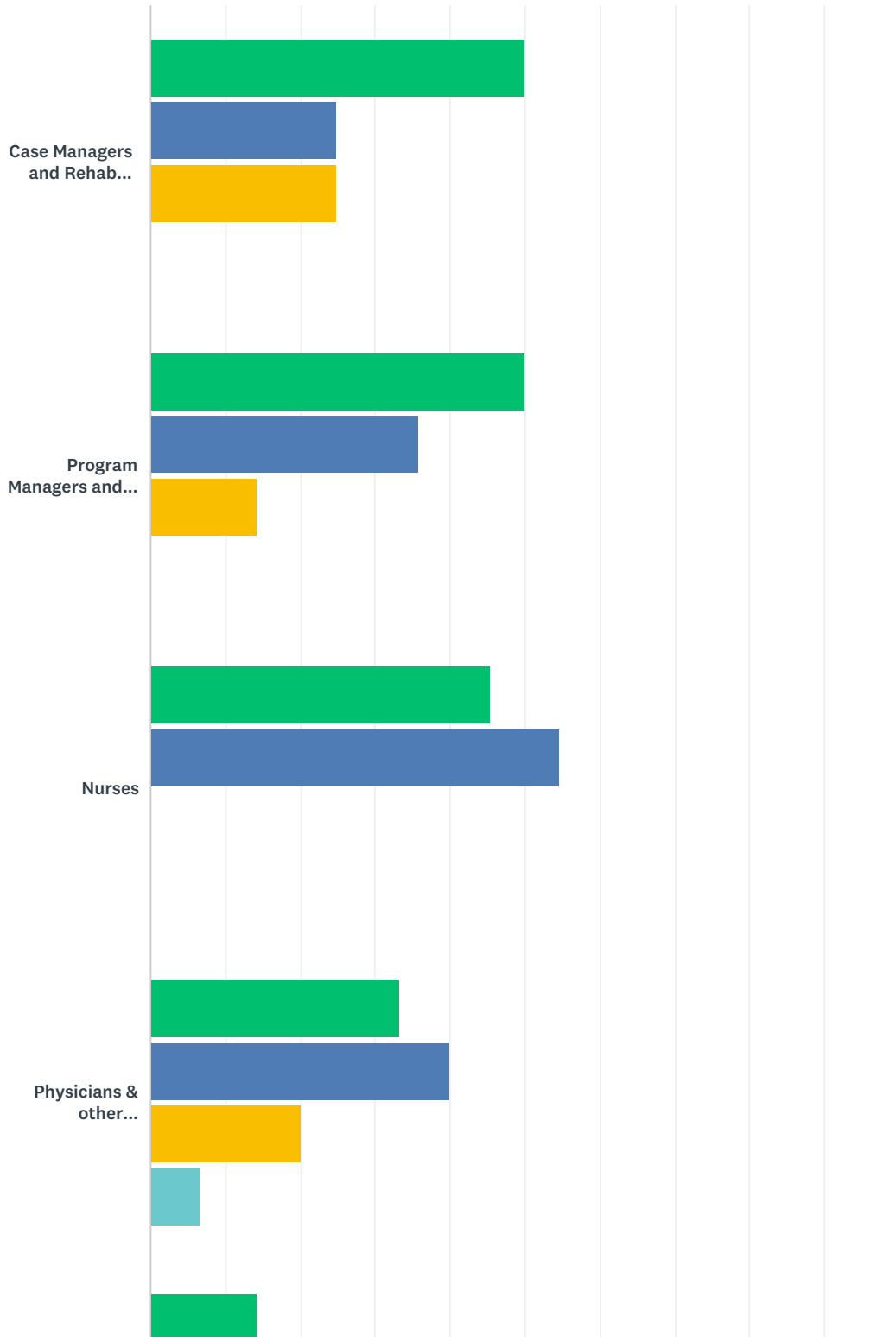
Answered: 14 Skipped: 2

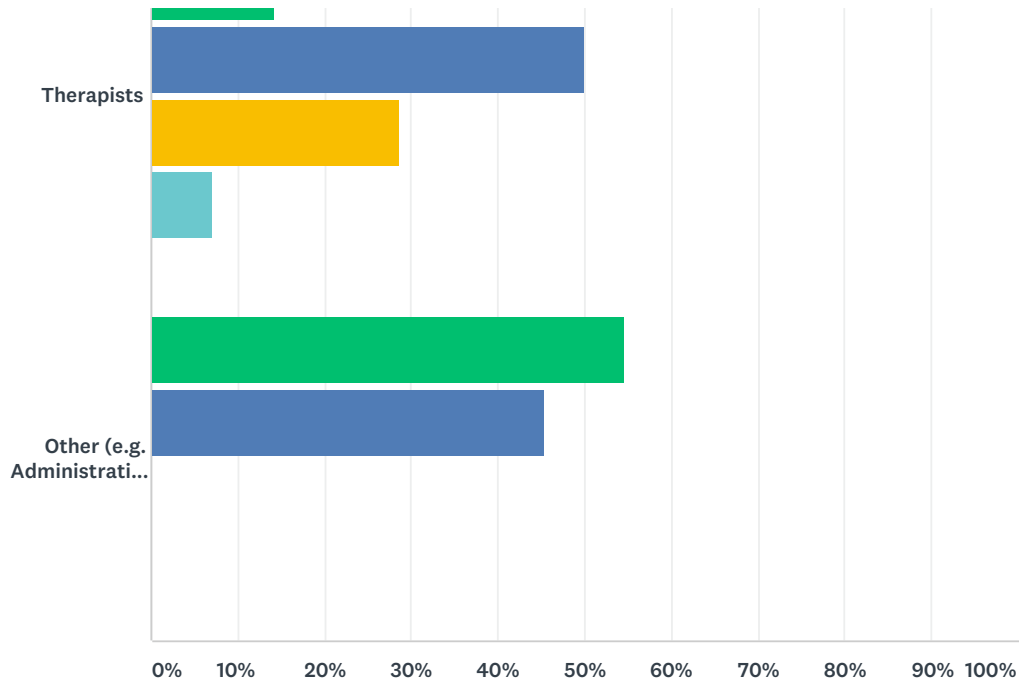


ANSWER CHOICES	RESPONSES
Strongly Agree	35.71% 5
Agree	64.29% 9
Disagree	0.00% 0
Strongly Disagree	0.00% 0
TOTAL	14

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: 16 Skipped: 0



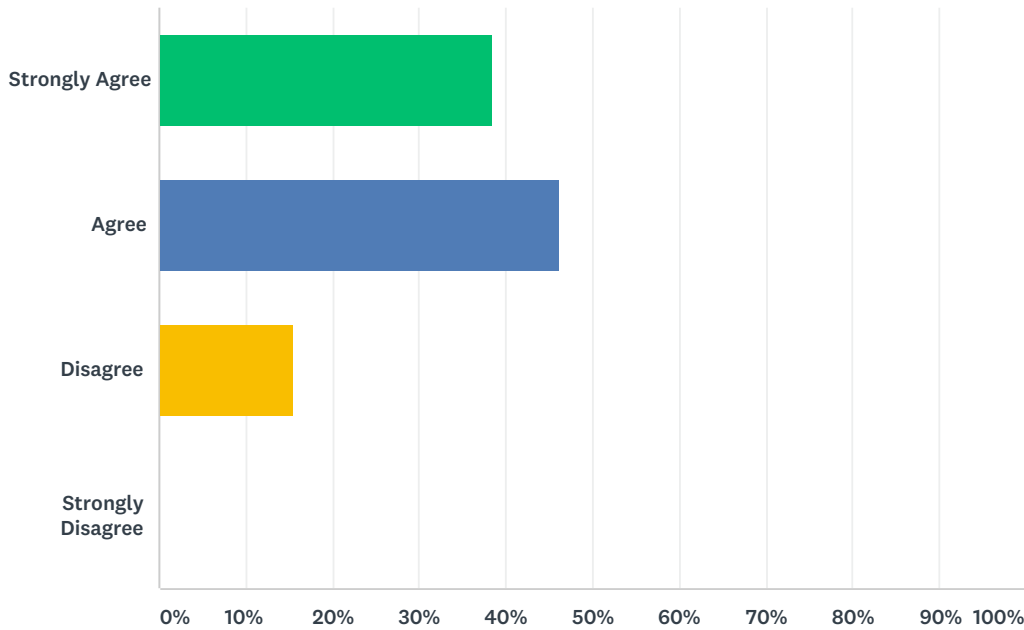


■ Strongly Agree
 ■ Agree
 ■ Disagree
 ■ Strongly Disagree

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
Case Managers and Rehab Counselors	50.00% 8	25.00% 4	25.00% 4	0.00% 0	16
Program Managers and Program Directors	50.00% 7	35.71% 5	14.29% 2	0.00% 0	14
Nurses	45.45% 5	54.55% 6	0.00% 0	0.00% 0	11
Physicians & other Prescribers	33.33% 5	40.00% 6	20.00% 3	6.67% 1	15
Therapists	14.29% 2	50.00% 7	28.57% 4	7.14% 1	14
Other (e.g. Administration, etc.)	54.55% 6	45.45% 5	0.00% 0	0.00% 0	11

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.

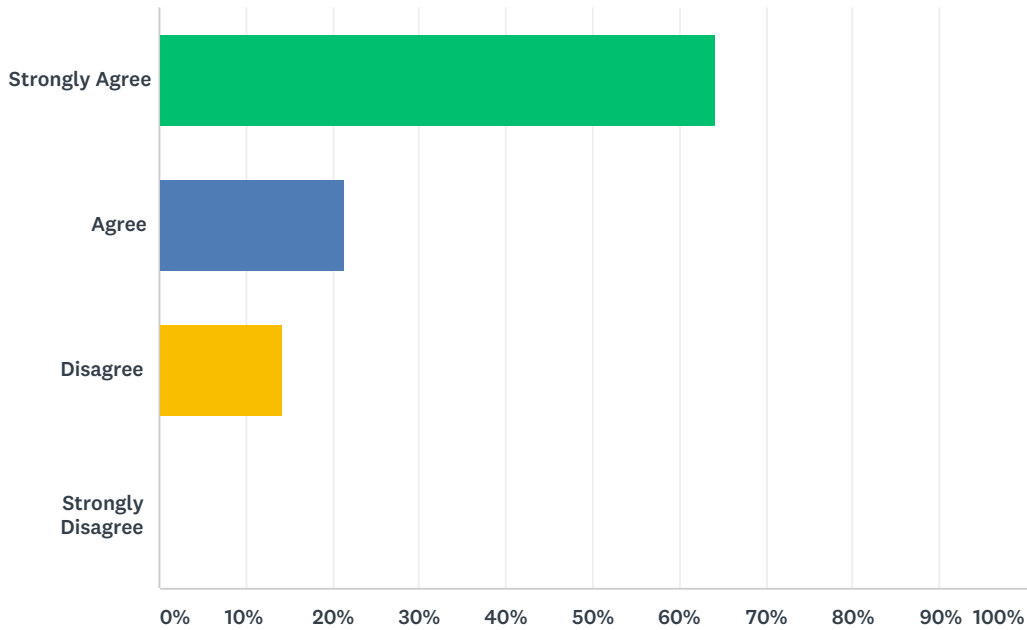
Answered: 13 Skipped: 3



ANSWER CHOICES	RESPONSES	
Strongly Agree	38.46%	5
Agree	46.15%	6
Disagree	15.38%	2
Strongly Disagree	0.00%	0
TOTAL		13

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

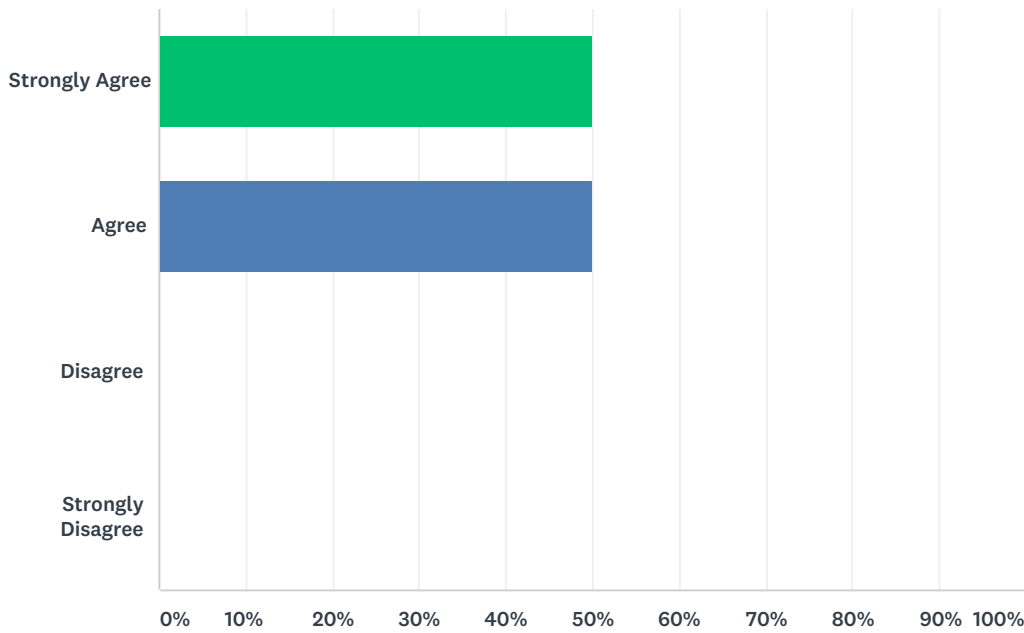
Answered: 14 Skipped: 2



ANSWER CHOICES	RESPONSES
Strongly Agree	64.29% 9
Agree	21.43% 3
Disagree	14.29% 2
Strongly Disagree	0.00% 0
TOTAL	14

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

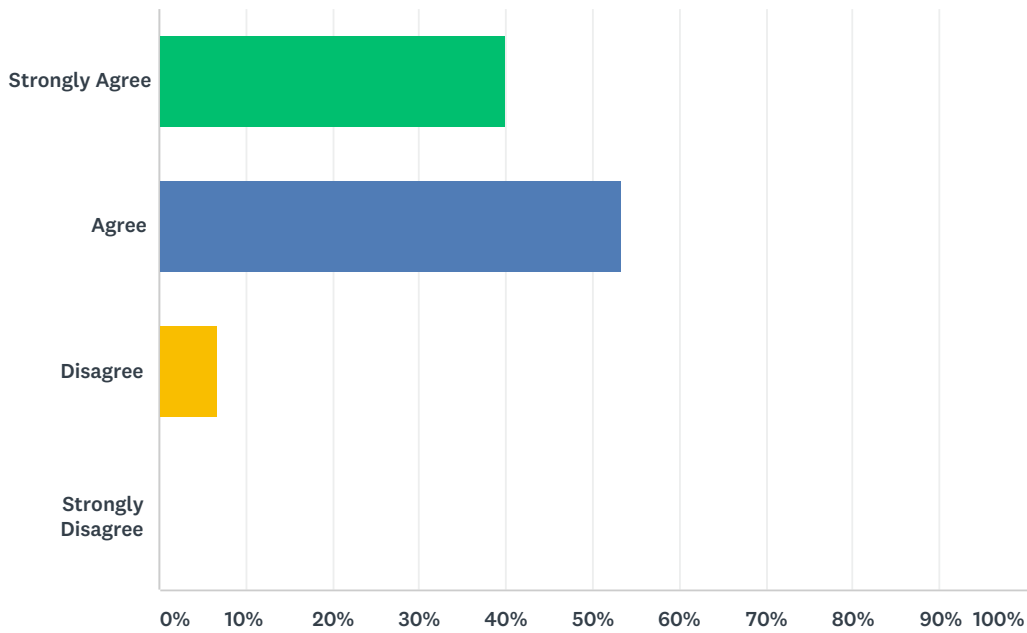
Answered: 14 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly Agree	50.00%	7
Agree	50.00%	7
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		14

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

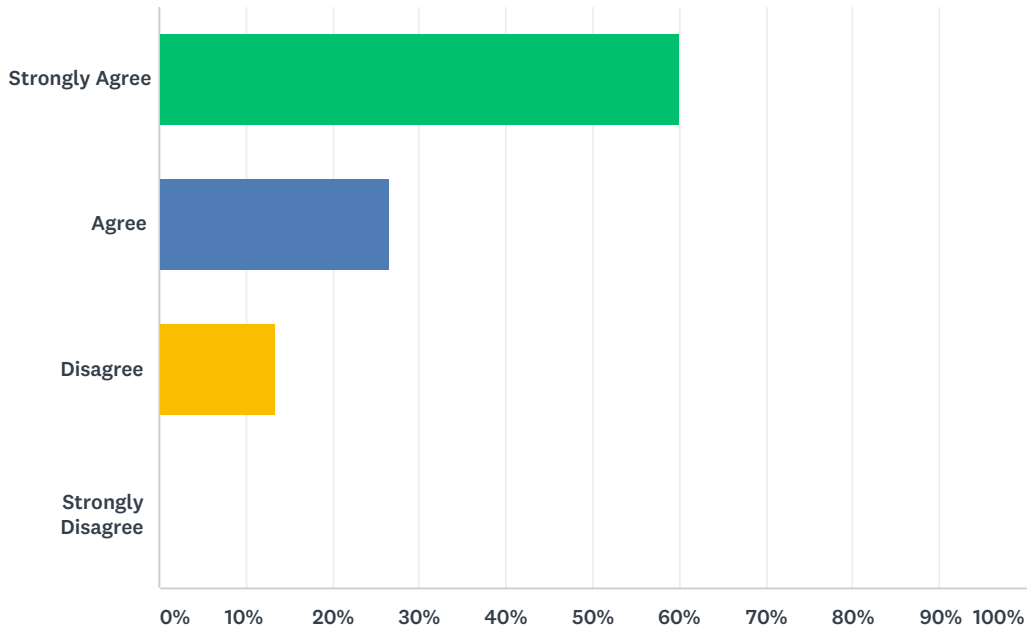
Answered: 15 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly Agree	40.00%	6
Agree	53.33%	8
Disagree	6.67%	1
Strongly Disagree	0.00%	0
TOTAL		15

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

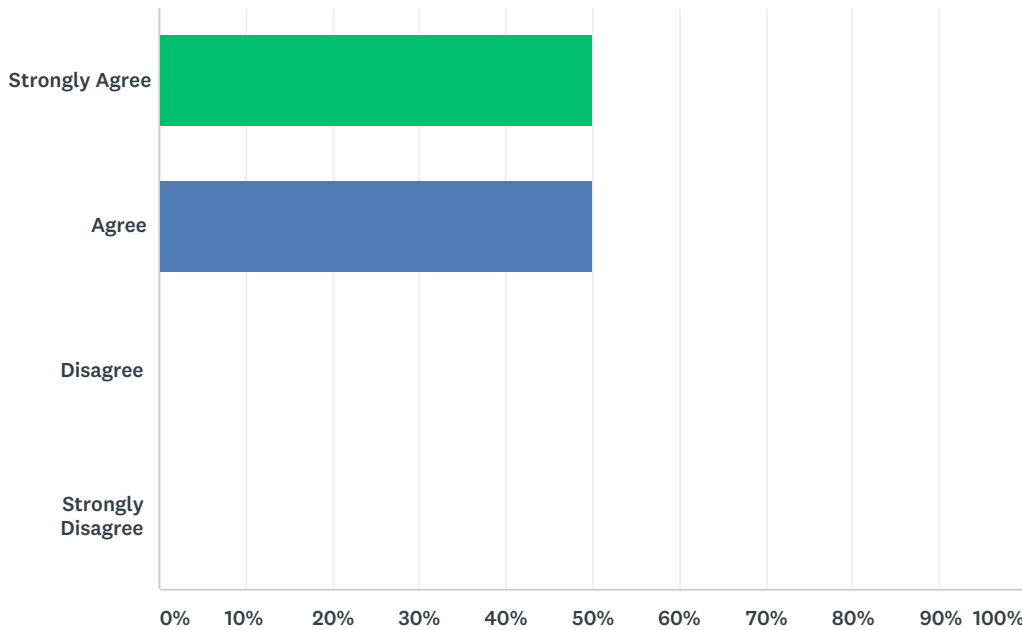
Answered: 15 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly Agree	60.00%	9
Agree	26.67%	4
Disagree	13.33%	2
Strongly Disagree	0.00%	0
TOTAL		15

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..."

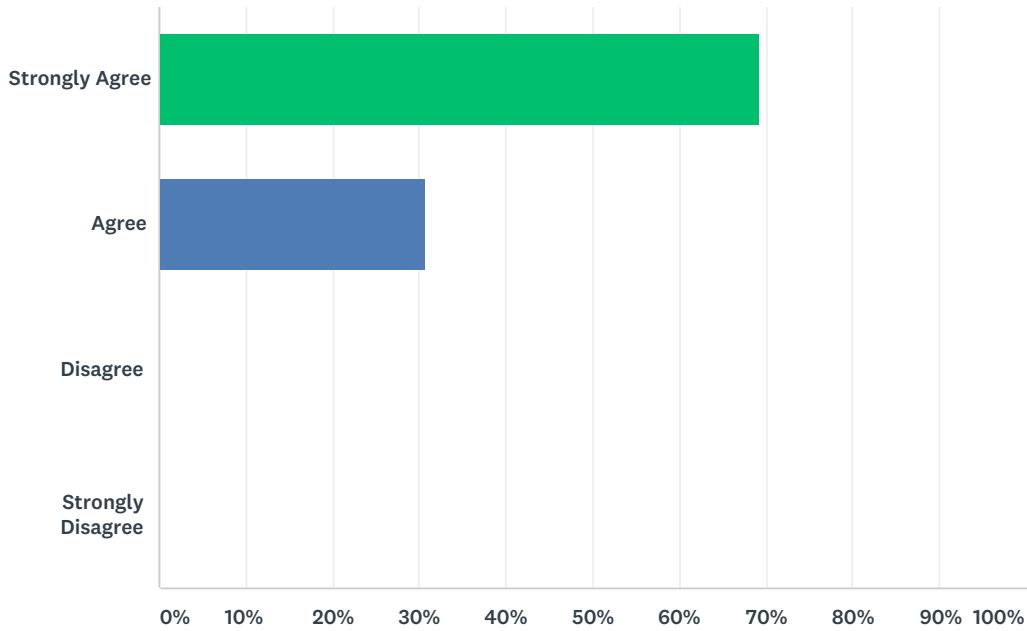
Answered: 14 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly Agree	50.00%	7
Agree	50.00%	7
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		14

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

Answered: 13 Skipped: 3



ANSWER CHOICES	RESPONSES	
Strongly Agree	69.23%	9
Agree	30.77%	4
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		13

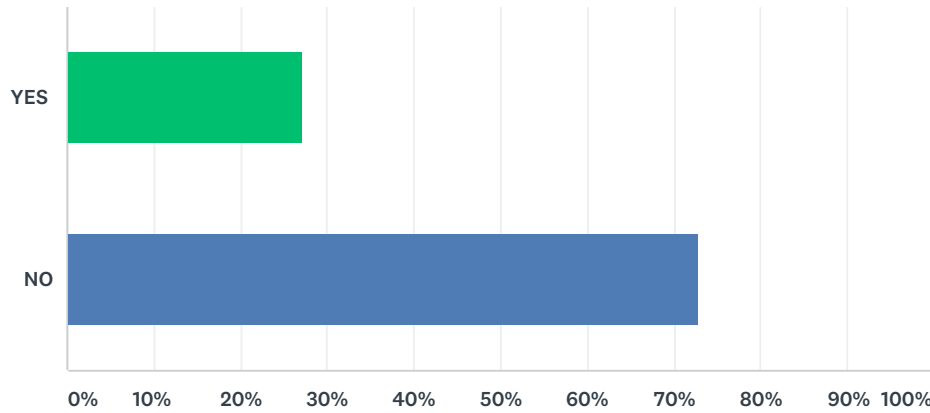
Q12 Please enter your name, if desired (OPTIONAL):

Answered: 9 Skipped: 7

ANSWER CHOICES	RESPONSES	
Your Name:	100.00%	9
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

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

Answered: 11 Skipped: 5



ANSWER CHOICES	RESPONSES	
YES	27.27%	3
NO	72.73%	8
TOTAL		11

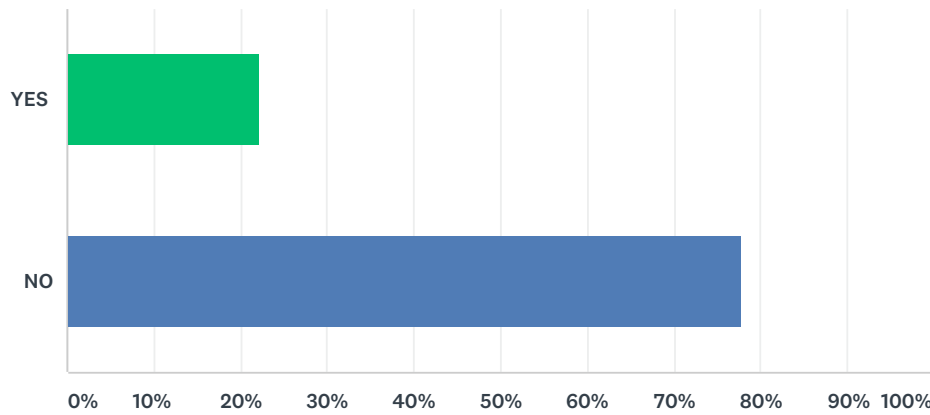
Q14 If you would be interested in receiving these survey notifications through email in the future, please provide your email address. Your email address will not be shared with anyone outside of Gilead Community Services [OPTIONAL].

Answered: 4 Skipped: 12

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%	4
Phone Number:	0.00%	0

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

Answered: 9 Skipped: 7



ANSWER CHOICES	RESPONSES	
YES	22.22%	2
NO	77.78%	7
TOTAL		9

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

Answered: 9 Skipped: 7