

Marin HIV/AIDS Care Council Exit Interview

Thank you for your service to the people living in Marin County with HIV / AIDS. The generous gift of your time, concern, and positive energy was greatly appreciated. The Co-Chairs and Members of the Marin Care Council welcome your feedback. Please take 10 minutes to complete the Exit Interview Questionnaire. Thank you again for all your efforts, including your feedback.

1. What is your primary reason for leaving the Marin Care Council?

2. Please rate the Care Council's ability to serve the people of Marin County living with HIV/AIDS.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
Ineffective/Poor Highly Effective/Exceptional

3. What did you like *most* about the Care Council?

4. What did you like *least* about the Care Council?

5. What would you change or improve to make the Care Council better?

6. Please rate your over all experience as a Council Member.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
Frustrating/Difficult/Upsetting Good/Enjoyable/Satisfying

**7. Did your service on the Care Council turn out to be what you expected?
Yes / No (Please explain.)**

(over)

- 8. Did you receive enough training to effectively do your work?
Yes / No. (If No, what training would you have liked or needed and what effect would that have had?)**

- 9. Did you receive the support you needed to do your work?
Yes / No (Please explain).**

- 10. During your service did you receive encouragement and feel connected to the group? Yes / No. (If No, how could that have been improved?)**

- 11. Do you have any tips or suggestions to help us find your replacement?**

- 12. In the future would you consider working with the Care Council again? Yes / No**

- 13. Would you recommend working with the Care Council to your friends, family, or other contacts?
Yes / No (If Yes, please give name & phone number of any person we may contact based on your referral.)**

- 14. Any additional comments?**