

CLIENT EXPERIENCE SURVEY

To our clients...

We are asking for your help in evaluating our services at the Beatrice Wilson Health Centre. We want to know what you think about how we are doing and what we could do better. We want your honest opinions. Please note that your answers will be kept confidential. Your services will not be affected in anyway.

_		YES		SOMET	IMES		NO
1.	Were you involved as much as you wanted to be in decisions about your care?						
2.	Were you satisfied with the quality of care that was provided to you?						
3.	Did staff explain your care and service to you in a way you could understand?						
4.	Did you feel safe to ask questions?						
5.	Did staff treat you with courtesy and respect?						
6.	Did you feel that staff listened to you carefully?						
7.	Do you feel your cultural values and beliefs were respected?						
8.	Did you receive your results/answers to your questions in a timely manner?						
9.	When you left, did you have a good understanding of the things you needed to do to manage your health?						
10.	Did staff answer all your questions and concerns?						
11.	If you needed treatment again, would you choose to come back to	Ye	es	Μ	laybe		No
	this facility?		(Ci	(Circle one)			
12.	How would you rate the services you are receiving at this facility?	Poor	Fa	Fair		bd	Very Good
13.	In general, how would you rate your health?	Poor	Fa	Fair		Good	
14.	What is your sex/gender?	Male	-	Female		Otł	-
15.	What is your age?	0-18	18-2		-45	46-64	65 +
16.	What language are you most comfortable speaking?	English		Cree	French		Other
17.	Is there anything else you would like to tell us about? Do you have a have improved your experience?	ny sugges	tions	for cha	ange	s that	may

Ekosi, thank you for taking the time in helping us to better meet your overall wellness needs. Please feel free to discuss this with Laverne Constant our Quality & Safety Coordinator at any time that is convenient to you.