

Survey For Clients

Hello Everyone!

If you are currently receiving services at the West Elgin Community Health Centre, we are asking for your help to evaluate our services and programs. 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:







- Your name does not appear on the questionnaire
- Your answers are kept confidential.
- Your specific answers will not be shared with the staff.
- Whether you answer these questions will not affect the service you receive here.

As you answer these questions, please keep in mind the programs and services you have received over the past year. Please include the following:

- Appointments with health care providers
- Community support services and programs.
- Health Education, Let's Connect Programs, Nutrition Groups/Workshops, Community Special Events, Primary Health Care Services.

For the questions below, please check (✓) the box under the “face” that shows your response. For example, if you “strongly agree”, check the box under the two smiley faces. For some questions, you may answer that you “Don’t Know” or that the question does not apply to you—“Not Applicable.”

For the following questions please check off according to the following symbols:

	STRONGLY AGREE
	AGREE
	NEUTRAL – NEITHER AGREE NOR DISAGREE
	DISAGREE
	STRONGLY DISAGREE
	DONT KNOW
N/A	NOT APPLICABLE

OVERALL

1. Overall, I am satisfied with the services at WECHC.					
2. I am satisfied with the hours of operation?					
If not, please comment					
3. I would refer a family member or friend to WECHC.					
Why or why not?					

ACCESS

						?	N/A
4. The services are provided in a language that is comfortable for me.							
5. The services are sensitive to my culture.							
6. The services are delivered in a way that accommodates my physical disability.							
7. The staff help me get the services I need at WECHC or in my community.							

COMMUNICATION

	😊😊	😊	😐	😞	😞😞	?	N/A
8. The staff are easy to talk to and encourage me to ask questions.							
9. The staff explain things in a way I can understand.							
10. I know how to make a suggestion or complaint.							
11. The Reception staff are able to answer/re-direct my questions about programs and services.							
12. If not, please comment.							
	😊😊	😊	😐	😞	😞😞	?	N/A
13. I know that staff will ask me before sharing confidential information about me outside WECHC.							

QUALITY

	😊😊	😊	😐	😞	😞😞	?	N/A
14. The staff give me information that I can use to improve my health and well-being.							
	😊😊	😊	😐	😞	😞😞	?	N/A

15. I am asked to give input into the services I use.							
16. The services provided by WECHC meet my needs.							
IMPACT							
	😊😊	😊	😐	😞	😞😞	?	N/A
17. I feel my quality of life is better because of the services I received from WECHC.							
18. The services helped me with things I was worried about.							
19. The services have helped me improve my well-being.							

GENERAL QUESTIONS					
	😊😊	😊	😐	😞	😞😞
20. This survey gave me the chance to express my opinions about WECHC.					
21. The survey was about the right length.					

22. What is the WECHC doing well?

23. What would you like to see different? How can we improve?

24. How do you usually find information about health centre programs?

- ¹ Posters at WECHC
- ² Talking to health centre staff
- ³ Website (www.wechc.on.ca)
- ⁴ Health Centre newsletter
- ⁵ Local newspapers
- ⁶ I am not aware of WECHC programs

Other. Please Comment:

About You

Finally, we would like to ask some questions about you.

Your answers will help us to understand the results of this survey so that we can better meet your needs. All your answers will be confidential. Of course, if you don't want to answer any or all of these questions you don't have to. However, we would greatly appreciate any information you can give us.

25. How many years have you been receiving services from our organization?

- ¹ Less than 3 months
- ² 3 to 6 months
- ³ 6 to 12 months
- ⁴ 12 to 24 months
- ⁵ 2 to 5 years
- ⁶ 5 to 10 years
- ⁷ 10 or more years

26. In general, how would you rate your overall health now?

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

27. Do you require access to services in a language other than English or French?

- Yes, please specify _____
- No

28. What is your age now?

- 12 to 18
- 19 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

29. What is the highest level of school that you have completed. It is:

- 8th grade or less
- Some high school, but did not graduate
- High school graduate
- Some post-secondary education (2 years or less)
- College/University diploma or degree

30. Are you... ?

- Male
- Female

31. What is your household's source of income?

- no income
- social assistance
- retirement pension
- other pension
- employment income; if so, was it?
 - Less than \$15,000
 - \$15,000 to \$19,999
 - \$20,000 to \$29,999
 - \$30,000 to \$39,999
 - \$40,000 to \$49,999
 - \$50,000 to \$59,999
 - \$60,000 and over
- other income.

32. I have used/been involved in the following services:

- Friendly Visiting
- Meals on Wheels
- Seniors Congregate Dining
- Supportive Housing
- Nutrition Presentations
- Sewing Stories
- Wee Exercise
- Youth Services at WECHC: boys/girls summer groups, divorce/separation, behavioural management, etc.
- Youth Services at WESS: anger management, art therapy, self esteem, Medical Services, Dietitian etc.
- Off-site Youth Services: drop in and recreation at Centre Ice Teen Centre.
- Health Presentation: ie. Heart Health, Breast Health, Asthma etc.
- Community Special Events
- Nutrition/Cooking Classes
- Seniors Volunteer Transportation
- Smoking Cessation
- Grow with Baby
- Prenatal Programs
- Parents and Tots Matter
-

33. I am a patient of a Doctor or a Nurse Practitioner.

- Yes
- No

34. In the past year I have had an appointment with other primary health care providers

- | | | |
|------------------------------|------------------------------|-----------------------------|
| Chiroprapist (for foot care) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Registered Dietitian | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Counsellor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nurse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Thank you!

