



## Client Experience Survey

### I am completing this survey while attending:

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Clinic – PQ                            | <input type="checkbox"/> Pathways to Education           |
| <input type="checkbox"/> Medical Clinic – South Nepean                  | <input type="checkbox"/> Youth Programs                  |
| <input type="checkbox"/> Counselling                                    | <input type="checkbox"/> Community House Program         |
| <input type="checkbox"/> Children and Family Services                   | <input type="checkbox"/> ACTT                            |
| <input type="checkbox"/> First Words/Infant<br>Hearing/Blind-Low Vision | <input type="checkbox"/> Other (please specify)<br>_____ |
| <input type="checkbox"/> Employment Services                            |  |

**Service Location** (e.g. Richmond Road, Barrhaven, Lincoln Fields, Community House, (name) School, (name) other agency, etc.)

Location: \_\_\_\_\_

### Hello Everyone!

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 will be kept confidential.
- Your specific answers will not be shared with the staff.
- There will be no affect on the service you receive here if you decide not to answer these questions.

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

- Appointments with staff
- Groups and workshops
- Community garden, advisory groups, committees, action groups

For the questions below, please check the box under the “number” that indicates your response. For example, if you “strongly agree”, check the box under the number 1. For some questions, you may answer that you “Don’t Know” or that the question does not apply to you—“Not Applicable.”

1	Strongly Agree	😊😊
2	Agree	😊
3	Don’t Agree or Disagree	😐
4	Disagree	😞
5	Strongly Disagree	😞😞
?	Don’t Know	
N/A	Not applicable	

**Overall**

	1	2	3	4	5
2. Overall, I am satisfied with the programs and services provided by Pinecrest-Queensway Community Health Centre.					
3. I would refer a family member or friend to Pinecrest-Queensway Community Health Centre.					
Why or why not?					

**Access**

	1	2	3	4	5	?	N/A
4. I can get an appointment when I need one.							
5. The staff help me get the services I need.							
6. The programs and services are provided in a language that is comfortable for me.							
7. The programs and services are sensitive to my culture.							
8. The programs and services are delivered in a way that accommodates my disability.							

**Communication**

	1	2	3	4	5	?	N/A
9. The staff are easy to talk to and encourage me to ask questions.							
10. The staff explain things in a way I can understand.							
11. I know how to make a suggestion or complaint.							
12. The staff are open to my suggestions or complaints.							

**Quality**

	1	2	3	4	5	?	N/A
13. The staff give me information that I can use to improve my health and well-being.							
14. I am asked to give input into the programs and services I use.							
15. The programs and services are responsive to my needs.							

Impact							
	1	2	3	4	5	?	N/A
16. I feel my quality of life is better because of the programs and services I receive here.							
17. The programs and services helped me with things I was worried about.							
18. The programs and services have helped me improve my well-being.							

19. What is our centre doing well?

20. How can we improve what we are doing?

## 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 the needs of our clients/participants All of 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.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Less than 3 months | <input type="checkbox"/> 2 to 5 years     |
| <input type="checkbox"/> 3 to 6 months      | <input type="checkbox"/> 5 to 10 years    |
| <input type="checkbox"/> 6 to 12 months     | <input type="checkbox"/> 10 or more years |
| <input type="checkbox"/> 12 to 24 months    |   |

### 22. What services have you used at Pinecrest-Queensway Community Health Centre?

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Clinic – PQ                            | <input type="checkbox"/> Employment Services             |
| <input type="checkbox"/> Medical Clinic – South Nepean                  | <input type="checkbox"/> Pathways to Education           |
| <input type="checkbox"/> Counselling                                    | <input type="checkbox"/> Community Services              |
| <input type="checkbox"/> Children and Family Services                   | <input type="checkbox"/> ACTT                            |
| <input type="checkbox"/> First Words/Infant<br>Hearing/Blind-Low Vision | <input type="checkbox"/> Other (please specify)<br>_____ |

### 23. How would you rate your overall health now?

- |                                    |                               |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good      |                               |

### 24. What is your age?

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> 12 to 24 | <input type="checkbox"/> 55 to 64     |
| <input type="checkbox"/> 25 to 34 | <input type="checkbox"/> 65 to 74     |
| <input type="checkbox"/> 35 to 44 | <input type="checkbox"/> 75 and older |
| <input type="checkbox"/> 45 to 54 |                                       |

### 25. What is your cultural background? \_\_\_\_\_

### 26. Are you... ?

- Male  
 Female  
 Transgendered  
 Other \_\_\_\_\_

**27. Do you identify as a member of the Gay Lesbian Bixexual Trans Queer and Questioning Sexual Orientation and Gender Identity Communities?**

- Yes
- No
- Don't Know

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

- Yes. Please specify the language \_\_\_\_\_
- No

**29. What is the highest grade or level of school that you completed?**

- Grade 8 or less
- Some high school, but did not graduate
- High school graduate
- College/university diploma or degree
- Other (specify) \_\_\_\_\_
- No

**30. What is your household's source of income?**

- No income
- Social assistance
- Retirement pension
- Other pension
- Employment income
- Other income

**31. What is your household income?**

- 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

<b>General Questions</b>					
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
32. This survey gave me the chance to express my opinions.					
33. The survey was about the right length.					

**Any other comments:**

**Thank you!**