

## EAST END COMMUNITY HEALTH CENTRE CLIENT EXPERIENCE SURVEY

You are being invited to take part in this survey because you have recently had a visit at East End Community Health Centre. Your responses to the questions on this survey will help us improve the care we provide. There are six sections of the survey and it will take approximately 5 minutes to complete.

Participation in the survey is voluntary and all your responses to the survey questions will be kept confidential.

**A. Are you completing this survey for yourself or for another person?**

- I am completing this survey for myself
- I am completing this survey for another person

**B. If you are completing this survey for someone else, who are you completing it for?**

- I am completing this for a family member or friend
- I am completing this for the patient or client
- Other (*please specify your relationship with the patient, not your name*): \_\_\_\_\_

### Section 1: Contacting Us

<b>Q1.</b>	<b>How was the appointment made for the visit you just had?</b>
	<input type="radio"/> I didn't have an appointment – I just dropped-in ( <b>SKIP TO QUESTION Q2b</b> ) <input type="radio"/> I called and set it up <input type="radio"/> I set it up at my last visit <input type="radio"/> I emailed and set it up <input type="radio"/> You called me to set it up <input type="radio"/> Other ( <i>please specify</i> ): _____

		Poor	Fair	Good	Very Good	Excellent
<b>Q2.</b>	<b>Thinking about the visit you just had, on a scale of poor to excellent, how would you rate the following?</b>					
<b>a.</b>	The length of time it took between making your appointment and the visit you just had	<input type="radio"/>				
<b>b.</b>	Your <u>overall</u> experience accessing the centre	<input type="radio"/>				

## Section 2: Arriving and waiting at the Centre

Still thinking about the visit you just had...

<b>Q3.</b>	<b>How long did you wait in the reception area past your appointment time?</b>
	<input type="radio"/> Less than 5 minutes <input type="radio"/> 5 to 10 minutes <input type="radio"/> 11 to 20 minutes <input type="radio"/> 21 to 30 minutes <input type="radio"/> More than 30 minutes <input type="radio"/> I did not make an appointment

<b>Q4.</b>	<b>On a scale of poor to excellent, how would you rate the following ...?</b>	Poor	Fair	Good	Very Good	Excellent
<b>a.</b>	The hours that we are open	<input type="radio"/>				
<b>b.</b>	Your overall experience with our reception staff	<input type="radio"/>				
<b>c.</b>	The length of time you had to wait in the examination room before you spoke with the health care provider about the reason for your visit	<input type="radio"/>				

## Section 3: Your Appointment

Still thinking about this visit...

<b>Q5.</b>	<b>Thinking about the MAIN health care provider you spoke with during the visit, on a scale of poor to excellent, how would you rate this person on the following ...?</b>	Poor	Fair	Good	Very Good	Excellent
<b>a.</b>	They knew about your medical history	<input type="radio"/>				
<b>b.</b>	They listened to your concerns	<input type="radio"/>				
<b>c.</b>	They spoke using a language you could understand	<input type="radio"/>				
<b>d.</b>	They explained things in a way that was easy to understand	<input type="radio"/>				
<b>e.</b>	They were sensitive to your needs and preferences	<input type="radio"/>				
<b>f.</b>	They treated you with dignity and respect	<input type="radio"/>				
<b>g.</b>	They gave you clear instructions about what you need to do after your visit	<input type="radio"/>				
<b>h.</b>	Your overall experience speaking with the health care provider about the reason for your visit	<input type="radio"/>				

### Section 4: Your Overall Experience with this visit

Q6.	Thinking about this, visit, on a scale of poor to excellent, how would you rate...?	Poor	Fair	Good	Very Good	Excellent
a.	The overall cleanliness of the centre	<input type="radio"/>				
b.	The overall physical comfort of the centre	<input type="radio"/>				
c.	Your confidence in the doctor/ health care provider(s) you saw during the visit	<input type="radio"/>				
d.	Your confidence that your health information was treated with the level of privacy you expect	<input type="radio"/>				
e.	Your overall experience with the visit you had with us	<input type="radio"/>				

### Section 5: Your Experiences Visiting with us over the Last Year or So

The first couple of questions below are similar to ones asked earlier. However, instead of thinking about your most recent visit, we'd like you to think more broadly...about your experiences with us **OVER THE LAST YEAR OR SO**.

Q7.	The last time you were sick or were concerned you had a health problem...	
a.	Did you get an appointment on the date you wanted?	<input type="radio"/> Yes <input type="radio"/> No
b.	The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?	<input type="radio"/> Same day <input type="radio"/> Next day <input type="radio"/> 2-19 days (Enter the number of days: _____ ) <input type="radio"/> 20 or more days <input type="radio"/> Not applicable (don't know/ refused)

Q8.	When you see your doctor or nurse practitioner, how <u>often</u> do they or someone else in the office...?	Not applicable (don't know/ refused)	Never	Rarely	Sometimes	Often	Always
a.	Give you an opportunity to ask questions about recommended treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Involve you as much as you want to be in decisions about your care and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Spend enough time with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Q9.</b>	<b>On another issue, the last time when you needed medical care in the evening, on a weekend, or on a public holiday, how easy was it to get care without going to the emergency department?</b>	Very Difficult <input type="radio"/>	Somewhat Difficult <input type="radio"/>	Somewhat Easy <input type="radio"/>	Very Easy <input type="radio"/>	Not applicable <input type="radio"/>
------------	--	---	---	--	------------------------------------	---

<b>Q10.</b>	<b>I always feel comfortable and welcome at East End CHC</b>	<input type="radio"/> Yes	<input type="radio"/> No
-------------	--	---------------------------	--------------------------

**Section 6: Context/Demographics**

<b>Q11.</b>	<b>In general how would you rate your overall health?</b>	Poor <input type="radio"/>	Fair <input type="radio"/>	Good <input type="radio"/>	Very Good <input type="radio"/>	Excellent <input type="radio"/>
-------------	---	-------------------------------	-------------------------------	-------------------------------	------------------------------------	------------------------------------

<b>Q12.</b>	<b>How long have you been visiting us for your health care?</b>					
	<input type="radio"/> Less than six months <input type="radio"/> Between six and a year <input type="radio"/> Between one and three years <input type="radio"/> Between three and five years <input type="radio"/> Longer than five years					

<b>Q13.</b>	<b>Using your best guess, how many times did you visit us over the last year or so for your own medical care?</b>					
	<input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three <input type="radio"/> Four <input type="radio"/> Five or more					

<b>Q14.</b>	<b>Would you recommend our services to your family or friends? Check ONE only.</b>					
	<input type="radio"/> Definitely no <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Definitely yes					

**If you would like to provide additional feedback,  
please use the space below:**

**FEEDBACK (OPTIONAL)**

Thinking of your overall experience with our centre, what are ...?

**a.** Two things done particularly well:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

**b.** Two things that could be improved?

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Is there any additional information or feedback you would like to share with us that could help us improve the way we provide care?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for completing our survey.**