

**Client Care Experience
 Questionnaire
 Clinical Services**

We would like to know how we did today, so we can continue to make improvements to serve you better.

Please circle your level of satisfaction for each answer

1= Completely dissatisfied, 2= Dissatisfied, 3= Neither satisfied or dissatisfied, 4= Satisfied, 5= Very Satisfied

Enough Say about Care Treatment					
Question	Answer				
When you see your provider, how often do they or someone else in the office involve you as much as you want to be in decisions about your care and treatment?	1	2	3	4	5
When you see your provider, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?	1	2	3	4	5
Treated You with Dignity and Respect					
Was your privacy respected?	1	2	3	4	5
Did the services respect your cultural values and /or beliefs	1	2	3	4	5

Please complete both sides

Overall Care Provided					
Was the staff helpful and able to provide you with the information you needed	1	2	3	4	5
When you see your provider, how often do they or someone else in the office spend enough time with you?	1	2	3	4	5
Is the location of the Health Centre accessible?	1	2	3	4	5
Timely Access					
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 provider to when you actually SAW him/her or someone else in their office?	<p> <input type="checkbox"/> same day <input type="checkbox"/> next day <input type="checkbox"/> 2-19 days (enter number of days) <input type="checkbox"/> 20 or more days <input type="checkbox"/> not applicable (Don't know/ refused) </p>				

**These answers pertain to my care from the:
 (Please circle)**

<ul style="list-style-type: none"> • Physician • Physiotherapist • Nurse Practitioner • RN • Telemedicine • Dietitian • Foot Care Nurse • Family Therapist 	<p>Please write to us about any comments you wish to Make</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
--	--

You may remain anonymous, (do not sign the bottom) or you can be contacted by one of our staff if you would like to be able to discuss any of your care needs further:

Name of Staff: _____

Your Name: _____

Phone Number: _____

Thank you and please put the completed Questionnaire into the box in the front lobby.