

## Client Experience Survey 2021

You are being invited to take part in this survey because you have recently had a visit at Windsor Essex Community Health Centre (weCHC).

Your responses to the questions on this survey will help us improve the care we provide. It will take approximately 5-10 minutes to complete.

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

1. 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

2. Location / Program where you receive services:

- |   |  |
|---|--|
| <input type="radio"/> Diabetes Wellness | <input type="radio"/> Street Health / Hep C            |
| <input type="radio"/> Leamington        | <input type="radio"/> Teen Health                      |
| <input type="radio"/> Pickwick          | <input type="radio"/> Mobile Clinic                    |
| <input type="radio"/> Sandwich          | <input type="radio"/> Chronic Disease Management (CDM) |

3. How was your care provided?

- In Person
- By Phone
- Virtual (By Video)

#### 4. **Section 1: Contacting Us**

How was the appointment for your most recent visit made?

- |   |   |
|---|---|
| <input type="checkbox"/> I didn't have an appointment - I just dropped in | <input type="checkbox"/> I set it up at my last visit |
| <input type="checkbox"/> I called and set it up                           | <input type="checkbox"/> You called me to set it up   |
| <input type="checkbox"/> I emailed and set it up                          |   |

Other (please specify)



### 7. Section 3: Your Appointment

Thinking about the **MAIN** health care provider you spoke with during a visit, on a scale of poor to excellent, how would you rate this person on the following:

	Poor	Fair	Good	Very Good	Excellent
They knew about your medical history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They listened to your concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They spoke using a language you could understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They explained things in a way that was easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They were sensitive to your needs and preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They treated you with dignity and respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They gave you clear instructions about what you need to do after your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your overall experience speaking with the health care provider about the reason for your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. I feel comfortable and welcomed at weCHC.

- Strongly agree                       Disagree
- Agree                                       Don't know or do not wish to answer
- Neutral

9. Have you spoken to your doctor or nurse practitioner recently about cancer screening?

- No
- If yes, please check off all that apply:
- Breast Screening
- Cervical Screening
- Colorectal Screening

**10. Section 4: Your Overall Experience With Your Most Recent Visit**

Thinking about your most recent visit, on a scale of poor to excellent, how would you rate the following:

	Poor	Fair	Good	Very Good	Excellent	Not applicable (don't know or do not wish to answer)
The overall cleanliness of the centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The overall physical comfort of the centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your confidence in the doctor/ health care provider(s) you saw during the visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your confidence that your health information was treated with the level of privacy you expect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your overall experience with the visit you had with us	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Do you receive primary care at this site?

- Yes
- No - go to question 24
- Unsure

12. 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/client
- Other (please specify your relationship with the patient, not your name)

**13. Section 5: Your Experiences visiting with us over the last year or so**

**We'd like you to think more broadly...about your experiences with us OVER THE LAST YEAR OR SO**

The last time you were sick or concerned you had a health problem,

	Same Day	Next Day	2-19 days	20+ days	Don't know/Don't want to answer
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 centre?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If between 2-19 days, enter the number of days:

14. If you selected 2-19 days for the above question, how many days did it take to receive an appointment .

15. When you see your doctor or nurse practitioner, how often do they or someone else in the centre:

	Never	Rarely	Sometimes	Often	Always
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"/>
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"/>
Spend enough time with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Over the last year did you receive care from a health care provider at a location other than this centre?

- Yes
- No

17. Have you had a hospital admission within the last 12 months?

- Yes
- No
- Not applicable (don't know or do not wish to answer)

18. After discharge from the hospital, the centre booked/offered me an appointment?

- Within 48 hours
- More than 48 hours
- Did not feel I required an appointment
- Not applicable (don't know or do not wish to answer)

19. Thinking about the health care providers that you have seen (in person/virtually) at the different places you have received care over the last year or so:

	Never	Rarely	Sometimes	Often	Always
Did each seem to have your recent test or exam results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were they consistent in what they were telling you about your care and treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did they seem to work well together in caring for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. The last time when you needed medical care in the evening, on the weekend or on a public holiday, how easy was it to get care without going to the emergency department?

- Not Applicable
- Somewhat Difficult
- Very Easy
- Very Difficult
- Somewhat Easy

21. In general how would you rate your overall health?

- Poor
- Very Good
- Fair
- Excellent
- Good

22. How long have you been visiting us for your health care?

- This is my first visit
- Between one and three years
- Less than six months
- Between three to five years
- Between six months and a year
- Longer than five years

23. Using your best guess, how many times did you visit us over the last year or so for your own medical care?

One

Four

Two

Five or more

Three

24. Would you recommend our services to your family or friends?

Definitely Yes

Probably Yes

Definitely No

Probably No

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

Two things we have done particularly well

Two things that could be improved

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