



**REXDALE**  
COMMUNITY HEALTH CENTRE



## **REXDALE COMMUNITY HEALTH CENTRE**

### **Client Survey 2018 - 2019**

#### **Hello Everyone!**

We are asking 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 programs and services you have received over the past year. Please include the following:

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

## Client Survey 2016 - 2017

Please select the most appropriate response where applicable

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
1. I am able to get services in a language of my choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can get an appointment when I need one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The staff are easy to talk to and encourage me to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The staff always explain things in a way that is easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I know how to make a suggestion or complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Last time you were sick or needed medical attention, how quickly could you get an appointment to see a doctor, nurse or nurse practitioner at *Rexdale CHC*?

Same day	<input type="checkbox"/>
Next day	<input type="checkbox"/>
2 – 19 days (enter # of days)	
20 or more days	<input type="checkbox"/>
Not applicable ( don't know/refused )	<input type="checkbox"/>

7. The last time you needed medical care in the evening, on a weekends, or on a public holiday, how easy was to get a care without going to the emergency department?	Very Easy	Somewhat easy	Somewhat difficult	Very Difficult	Non applicable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.. The programs and services have helped me improve my health and well-being	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Rexdale CHC has a positive impact on my community	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Client Survey 2016 - 2017

10. I always feel comfortable and welcome at *Rexdale CHC*? Yes  No

Please explain your selection above:
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	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
<b>11. The staff help me connect to the services and programs I need at Rexdale CHC or in my community</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. The programs and services offered by Rexdale CHC meet my needs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. My health care provider always tells me about treatment options and involves me in decisions about the best treatment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. My health care provider always spends enough time with me</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Poor	Fair	Good	Very Good	Excellent
<b>15. The length of time you had to wait in the reception/waiting area</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Your overall experience with our reception staff.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>17. I would refer a family or friend to Rexdale CHC</b>	Strongly Agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neither agree nor disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>
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## Client Survey 2016 - 2017

	Excellent	Very good	Good	Fair	Poor	Not applicable
<b>18. Overall, how would you rate the care and services you received at Rexdale CHC?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19. What is your age group?**

13 - 25	<input type="checkbox"/>
26 - 55	<input type="checkbox"/>
55+	<input type="checkbox"/>

**20. In what language would you prefer to receive services at *Rexdale CHC*?** \_\_\_\_\_

**21. In terms of your sex/gender how do you identify yourself? Gender** \_\_\_\_\_

**22. How long have you been receiving services from Rexdale CHC?** \_\_\_\_\_

**23. Which services or programs offered by Rexdale CHC have you used within the past year? (Please select all that apply):**

- |   |  |
|---|--|
| Family Doctor/Nurse Practitioner <input type="checkbox"/> | Senior Program <input type="checkbox"/>              |
| Dietician <input type="checkbox"/>                        | Eating For Two <input type="checkbox"/>              |
| Diabetes Education Clinic <input type="checkbox"/>        | Children and family/Youth <input type="checkbox"/>   |
| Chiroprody <input type="checkbox"/>                       | Psychotherapy/Mental Health <input type="checkbox"/> |
| Physiotherapy <input type="checkbox"/>                    | Other Programs /Services <input type="checkbox"/>    |

**Thank you for your participation!**