



## Regional Primary Health Care Client Experience Survey

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Southern Health-Santé Sud is always trying to improve care, promote safety, and enhance quality of care for people who access our Regional Primary Health Care services. We would like you to tell us how we are doing by completing this survey. Your feedback will tell us how we can improve the care and services we provide.

Alternate formats of the Primary Health Care Client Experience Survey are available upon request. Please contact us at 1-800-742-6509 or at [info@southernhealth.ca](mailto:info@southernhealth.ca)

Please return the completed survey. When you finish the survey, as directed by your provider, please put it in the drop box at the Reception Desk or mail using the self-addressed stamped envelope provided. All surveys will be sent to the Regional Director – Primary Health Care or designate where responses will be reviewed. A report will be given to the Primary Health Care Leadership Team. An improvement plan will be made to address any issues or concerns that arise.

Your answers are anonymous and strictly confidential. The care and services that you receive will not be negatively affected by completion of this survey. Please answer the questions openly and honestly.

Thank you for your time and feedback.

Sincerely,

Regional Director – Primary Health Care



***Ce document est aussi disponible en français.  
S'il vous plaît faire demande auprès du personnel.***

Please check a box to show who is completing the survey.

- Client     
  Family Member     
  Friend     
  Client and Other

**1. What is your sex?**

- Male                     
  Female                     
  Other

**2. What is your year of birth?**

**3. Can you speak English or French well enough to conduct a conversation?**

- English only   
  French only   
  Both English and French   
  Neither English nor French

**4. What language do you speak most often at home?**

- English             
  French             
  Other (specify):

**5. What language(s), other than English or French, can you speak well enough to conduct a conversation?**

- None             
  Other (specify):

**6. How were French language services offered to you? (Please indicate all that apply.)**

- French-speaking staff wore a Hello/Bonjour pin
- There were signs in French
- Staff addressed me in both official languages
- Staff asked me if I wanted service in French
- Staff spoke to me in French
- I was given written information in French
- I had access to a French-speaking interpreter
- I was not offered any French-language services
- Other

**7. Please rate your overall experience in terms of the quality of the French language services you received. (Circle a number)**

I had a very poor experience

I had a very good experience.

- 1      2      3      4      5      6      7      8      9      10

**8. Which services did you receive? (Check all that apply)**

- Midwifery
- QuickCare Clinic
- Mobile Clinic
- Chronic Disease Education
- My Health Team
- Teen Clinic
- Family Doctor Finder
- Primary Health Care Centre
- Dietitian Services
- Other (please specify)

**9. Which Health Care Provider did you see? (Check all that apply)**

- Midwife
- Nurse Practitioner
- Primary Care Nurse
- Community Health Nurse
- Chronic Disease Education Nurse
- Licensed Practical Nurse
- Primary Care Connector
- Physician Assistant
- Dietitian
- Social Worker
- Other (please specify)

**10. How long did you wait to receive services/appointment?**

- Same day
- Less than one week
- Less than one month
- Other \_\_\_\_\_

**11. Upon arrival for your scheduled appointment, how long did you wait to see a Health Care Provider?**

- 1-14 minutes
- 15- 30 minutes
- Other
- Not applicable

**12. What was your type of appointment?**

- Individual (one on one with my provider)
- Group (workshop, class, etc.)

**13. The Health Care Provider involves you in decisions about your care.**

- 
- Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**14. The Health Care Provider consults with your family or caregiver in making decisions about your care.**

- 
- Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**15. Your care plan meets your needs.**

- 
- Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**16. Your Health Care Provider keeps you informed about changes in your services.**

Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**17. Your Health Care Provider keeps your family/caregiver informed about your care needs.**

Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**18. Your Health Care Provider explains your care and service in a way you are able to understand.**

Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**19. Your Health Care Provider informs you about other services and supports available in the community.**

Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**20. Your Health Care Provider arrives on time.**

Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**21. Your Health Care Provider has sufficient time to complete your care.**

Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**22. You feel safe and secure when meeting with your Health Care Provider.**

Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**23. Your Health Care Provider adapts when your needs change.**

Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**24. You are satisfied with your Health Care Provider.**

Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**25. Your Health Care Provider is knowledgeable about how to meet your care needs.**

Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**26. You feel free to ask your Health Care Provider questions.**

Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**27. Your Health Care Provider speaks to you with courtesy and respect.**

Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**28. Your Health Care Provider explains things in words you understand.**

Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**29. You are notified when your services need to be cancelled or rescheduled.**

- Agree     Somewhat Agree     Somewhat Disagree     Disagree     Not Applicable

**30. How often are your Health Care Provider services cancelled or rescheduled?**

- Never  
 Sometimes  
 Frequently  
 Other

**31. You seek care from another Health Care Provider when your appointment is cancelled or rescheduled.**

- Not Applicable  
 Where (please specify)

**32. Are you satisfied with the distance you travel to see your Health Care Provider?**

- Yes  
 No (please specify)

**33. Your preferred time to see a Health Care Provider is. (Check all that apply)**

- Monday – Friday  
 Saturday  
 Sunday  
 Morning  
 Afternoon  
 Evening

**Three things you like best about the services you received are:**

1
2
3

**Three things you would like to change about the services you received are:**

1
2
3

**We welcome any other comments you may have:**


**Thank you very much for taking the time to complete this survey.**

**Your feedback is valued and very much appreciated!**