



Place PCH Label Here  
Include Mailing Address,  
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PCH Contact Name on Label

Southern Health-Santé Sud is always trying to improve care, promote safety and enhance the quality of life for people who live in a Personal Care Home. We would like you to tell us how we are doing by completing a survey. Your feedback will tell us how we can improve the care and services we provide.

If you would like some help completing the online survey or prefer a paper copy for completion, please let the nurse in charge or social worker know and they will ask a volunteer/non-direct care staff to help you.



<https://forms.office.com/r/ucfGag>

Please complete the survey by **June 30, 2024**. All data collected will be reviewed by the Personal Care Home Program. A report will be given to each Personal Care Home. The report will be shared at your Resident Family Council meeting. A plan will be made with input from the Resident Family Council to address any issues or concerns that arise.

To complete this survey in French simply choose the **français** option from the drop-down menu at the top of the survey.

Your answers are anonymous and strictly confidential. The care and services that you or your loved one currently receive(s) will not be negatively affected by the completion of this survey. Please answer the questions openly and honestly.

Thank you for your time and feedback.

Sincerely,

Stephanie Rozsa & Marianne Woods  
Directors, Personal Care Homes – East & West  
Southern Health-Santé Sud



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

**Please check a box to show who is doing the survey:**

- I am a resident       I am the family member/representative of a resident
- 

**1. What is your (resident’s) age?**

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- 60 years and younger       61 to 90 years       91 years and older

**2. In what language can you communicate? (may select multiple languages)**

- English    French    Indigenous, please specify dialect \_\_\_\_\_    Michif
- German    Ukrainian    Czech    Hungarian    Belgian    Flemish    Polish
- Dutch    Spanish    other, please specify \_\_\_\_\_

**If you chose “French” as part of Question 2, please continue with the following questions. If not, proceed to Question 10.**

**3. *In what official language are you most comfortable receiving health care services?***

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- English only    French only    Bilingual (English and French)

**During Most Health Care Experiences:**

**4. I was greeted as follows:**

- English only
- French only
- Bilingually (English and French)

**5. I received my services as follows:**

- English (my official language of choice)
- French (my official language of choice)
- English only (although my official language of choice is French)

**6. I received resources such as forms or printed information as follows:**

- English (my official language of choice)
- French (my official language of choice)
- English only (although my official language of choice is French)
- n/a (I did not receive such resources)

**7. Bilingual staff was visibly identified (e.g. bilingual nametag, Hello/Bonjour badge)**

- Yes
- No
- I did not notice.

**8. Bilingual signage was visible on site:**

- Yes
- No
- I did not notice

**9. Please rate your (resident's) overall experience in terms of the quality of the French language services you received. (circle a number with 1 being lowest and 10 being highest)**

I had a very poor experience

I had a very good experience.

1   2   3   4   5   6   7   8   9   10

**10. Staff members take the time to talk with me (the resident).**

- 
- All of the time     Most of the time     Some of the time     Never

**11. Staff members treat me with respect and kindness.**

- 
- All of the time     Most of the time     Some of the time     Never

**12. Staff members respect my privacy (e.g. door closed during care).**

- 
- All of the time     Most of the time     Some of the time     Never

**13. Staff members respect my language and cultural traditions.**

- 
- All of the time     Most of the time     Some of the time     Never

**14. Staff members respect my spiritual/religious choices.**

- 
- All of the time     Most of the time     Some of the time     Never

**15. Staff members are courteous, approachable and friendly.**

- 
- All of the time     Most of the time     Some of the time     Never

**16. I am given the opportunity to participate in decisions regarding my care.**

- 
- All of the time     Most of the time     Some of the time     Never

**17. Family/representatives are given the opportunity to participate in decisions regarding my care as appropriate.**

- 
- All of the time     Most of the time     Some of the time     Never

**18. I feel that staff members respect my choices.**

- 
- All of the time     Most of the time     Some of the time     Never

**19. Staff members keep me informed of changes in my condition/treatment.**

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- All of the time     Most of the time     Some of the time     Never

**20. Staff members give good explanations about care and treatment.**

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- All of the time     Most of the time     Some of the time     Never

**21. I feel that staff members respond to my concerns or complaints in a timely fashion.**

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- All of the time     Most of the time     Some of the time     Never

**22. I feel that changes in my health and care needs are responded to in a timely fashion.**

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- All of the time     Most of the time     Some of the time     Never

**23. I am comfortable bringing concerns to a staff member.**

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- All of the time     Most of the time     Some of the time     Never

**24. I am satisfied with the medical care I receive from the doctor/nurse practitioner/physician assistant.**

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- All of the time     Most of the time     Some of the time     Never

**25. Staff members provide good physical care (e.g. bathing, help with dressing).**

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- All of the time     Most of the time     Some of the time     Never

**26. Staff members provide good emotional support (e.g. provide comfort or reassurance when I am worried).**

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- All of the time     Most of the time     Some of the time     Never

**27. Staff members are knowledgeable about my health and care needs.**

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- All of the time     Most of the time     Some of the time     Never

**28. I feel that staff who care for me know me well.**

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- All of the time     Most of the time     Some of the time     Never

**29. Staff members help me if I am in pain or uncomfortable.**

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- All of the time     Most of the time     Some of the time     Never

**30. I feel this is a safe place to live.**

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- All of the time     Most of the time     Some of the time     Never

**31. I feel that staff members are knowledgeable about how to use equipment.**

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- All of the time     Most of the time     Some of the time     Never

**32. I feel that staff members use equipment safely.**

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- All of the time     Most of the time     Some of the time     Never

**33. Now that COVID-19 restrictions are loosening, I feel that there are enough activities to do.**

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- All of the time     Most of the time     Some of the time     Never

**34. I feel at home here, in this long-term care community.**

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- All of the time     Most of the time     Some of the time     Never

**35. I am treated the way I want to be treated.**

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- All of the time     Most of the time     Some of the time     Never

**36. I feel that I can express my feelings and opinions.**

- All of the time     Most of the time     Some of the time     Never

**37. Staff offer me assistance with my meals (e.g. offering to cut up food, assisting me to eat).**

- All of the time     Most of the time     Some of the time     Never     N/A

**38. I am given enough time to eat.**

- All of the time     Most of the time     Some of the time     Never

**39. I feel that I am given enough to eat with my meals and snacks.**

- All of the time     Most of the time     Some of the time     Never

**40. I feel that my menu offers a variety of quality, nutritious food.**

- All of the time     Most of the time     Some of the time     Never

**41. I have the opportunity to meet with a dietitian to discuss my nutrition care plan.**

- Yes     No     I don't know

**42. I feel that my visitors are welcome.**

- All of the time     Most of the time     Some of the time     Never

**43. Please rate your (resident's) overall experience at this personal care home. (select a number with 1 being lowest and 10 being highest)**

I had a very poor experience

I had a very good experience.

- 1    2    3    4    5    6    7    8    9    10

**44. Three things I like best about this Personal Care Home are:**

1	
2	
3	

**45. Three things I would like to change about this Personal Care Home are:**

1	
2	
3	

**Thank you very much for taking the time to complete this survey. Your feedback is valued and very much appreciated!**

This publication is available in alternate formats upon request.



[www.southernhealth.ca](http://www.southernhealth.ca)