



CLIENT EXPERIENCE SURVEY

DATE: _____

- South Centennial Manor
- Rosedale
- Villa Minto

- Anson General Hospital – CCC
- Bingham Memorial Hospital – CCC
- Lady Minto Hospital - CCC

Please take a moment to answer the following questions with your loved one, or on their behalf.
Comments are welcome, and can be included on the back of this page.

Please leave the survey with Reception staff.

	Resident	Family on behalf of Resident	Family
Who is filling out this Survey?	●	●	●
Were you served in the official language you are most comfortable?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you received services in French, were you satisfied with the services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Why?		

For each item identified below, circle the number that best corresponds to your degree of agreement. If you do not know the answer, please leave the question blank.

Description of Survey Item	Scale					N/A
	Totally Disagree		Totally Agree			
1. You and your loved ones received a warm welcome and had everything explained to you when you first came.	1	2	3	4	5	
2. You and your loved ones are always welcomed and treated with kindness and respect.	1	2	3	4	5	
3. You and your loved ones are encouraged to participate in discussions about your care.	1	2	3	4	5	
4. Staff respect your day to day routines and habits without rushing you.	1	2	3	4	5	
5. The home offers a variety of food that is flavourful.	1	2	3	4	5	
6. The home offers a variety of food that is culturally appropriate.	1	2	3	4	5	
7. Your room is clean	1	2	3	4	5	
8. Your personal items are respected.	1	2	3	4	5	
9. Staff regularly wash their hands and there is information available to encourage others to properly wash their hands.	1	2	3	4	5	
10. You and your visitors are informed about infection and how to control them.	1	2	3	4	5	
11. All areas, including common areas are clean	1	2	3	4	5	
12. All areas, including common areas are welcoming	1	2	3	4	5	
13. Staff smile and laugh during their day.	1	2	3	4	5	
14. Your information is shared with only the right people, at the right time and in a way that is easy to understand.	1	2	3	4	5	
15. You have been informed of who to bring compliments, comments and or complaints to for resolution.	1	2	3	4	5	
16. Staff offer activities to you and your loved ones that are based on physical and cognitive ability, wishes and desires	1	2	3	4	5	
17. You and your loved ones are encouraged to participate in activities that are based on physical and cognitive ability, wishes and desires	1	2	3	4	5	
18. As necessary, the home asks service providers to assist in your care	1	2	3	4	5	
19. You and your loved ones can speak to staff when you need to	1	2	3	4	5	
20. You and your loved ones can speak to physicians when you need to	1	2	3	4	5	
21. At all times you and your loved ones feel safe.	1	2	3	4	5	
22. Continence care products are appropriate and of good quality.	1	2	3	4	5	
23. Team members wear their name tags	1	2	3	4	5	
24. Team members identify themselves when providing services.	1	2	3	4	5	
Comments:						

You can also complete this survey online by this link:

<https://www.surveymonkey.com/r/KDWCWH9>

