

# Client Feedback Survey

Your feedback helps us to provide better service. All answers are anonymous. You can also fill this survey out on our website ([www.nwhu.on.ca](http://www.nwhu.on.ca)) or send us an email with your comments at [talkpublichealth@nwhu.on.ca](mailto:talkpublichealth@nwhu.on.ca).

**STATEMENT**

- |          |   |   |                                      |  |                                   |  |
|----------|---|---|--------------------------------------|--|-----------------------------------|--|
| <b>1</b> | The amount of time it took to get the service was acceptable.                                   | Strongly Disagree<br><input type="checkbox"/> | Disagree<br><input type="checkbox"/> | Neither Disagree nor Agree<br><input type="checkbox"/> | Agree<br><input type="checkbox"/> | Strongly Agree<br><input type="checkbox"/> |
| <b>2</b> | The time and location of the service was convenient.  | Strongly Disagree<br><input type="checkbox"/> | Disagree<br><input type="checkbox"/> | Neither Disagree nor Agree<br><input type="checkbox"/> | Agree<br><input type="checkbox"/> | Strongly Agree<br><input type="checkbox"/> |
| <b>3</b> | I was treated well by health unit staff. They were friendly, courteous, helpful and respectful. | Strongly Disagree<br><input type="checkbox"/> | Disagree<br><input type="checkbox"/> | Neither Disagree nor Agree<br><input type="checkbox"/> | Agree<br><input type="checkbox"/> | Strongly Agree<br><input type="checkbox"/> |
| <b>4</b> | The health unit staff person had the knowledge and skills to help me.                           | Strongly Disagree<br><input type="checkbox"/> | Disagree<br><input type="checkbox"/> | Neither Disagree nor Agree<br><input type="checkbox"/> | Agree<br><input type="checkbox"/> | Strongly Agree<br><input type="checkbox"/> |
| <b>5</b> | I was satisfied with the quality of the service I received.                                     | Strongly Disagree<br><input type="checkbox"/> | Disagree<br><input type="checkbox"/> | Neither Disagree nor Agree<br><input type="checkbox"/> | Agree<br><input type="checkbox"/> | Strongly Agree<br><input type="checkbox"/> |
| <b>6</b> | Overall, I got the information and /or service that I needed.                                   | Strongly Disagree<br><input type="checkbox"/> | Disagree<br><input type="checkbox"/> | Neither Disagree nor Agree<br><input type="checkbox"/> | Agree<br><input type="checkbox"/> | Strongly Agree<br><input type="checkbox"/> |

Survey continues on reverse side.

Any additional comments:

If you want us to respond to your comments, you can talk to a staff person or please leave your name, address, phone number or email address.

Name

Address

Preferred method of contact (phone number, email address)

Personal information is collected under the authority of the *Health Protection and Promotion Act* and related legislation in accordance with the *Personal Health Information Protection Act* and/or the *(Municipal) Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request for feedback. For more information contact the Northwestern Health Unit at 1-800-830-5978 or see the privacy statement on our website at [www.nwhu.on.ca](http://www.nwhu.on.ca).

Adapted from Rand Health Visit-Specific Satisfaction Instrument (VSO-9).

