

Wendat Community Programs End of Service Survey – Services for Seniors – Transition

NAME: (optional)	DATE:
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Thank you for helping us to improve our service by completing this survey.

Instructions: Think about the services that you/your family member have received from Wendat. Please indicate your level of satisfaction with each of the following statements by checking the box which best represents your opinion.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Overall, I am satisfied with					_
the services received from					
Wendat					
Services were available at					
times when most needed					
My calls were returned in a					
timely fashion					
Staff shared what they were					
doing to assist in the goals					
of service					
My questions were					
answered					
I felt that I was included in					
decisions as to care					
Wishes about who is and is					
not informed related to					
treatment were respected					
I believe that the service					
provided met my/my family					
member's needs					

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1	Additional	comments

Please return to: Zina Thomson RPN, Program Supervisor

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