Instructions: Think about the services that you have received from Wendat's Support for Independent Living Program and complete the survey below with your opinion of this service. Rate each question below using the scale strongly agree, agree, natural, disagree or strongly disagree.								
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable		
Staff here believe that I can grow, change and recover.	0	$\circ$	0	0	$\circ$	0		
Staff help me to obtain information I need so that I can take charge of managing my illness.	0	0	0	0	0	0		
I am treated with dignity & respect by staff.	0	0	0	0	0	0		
I, not staff, decide my rehabilitation goals.	0	0	0	0	0	0		
I would recommend this agency to a friend or family member.	0	0	0	0	0	0		
I deal more effectively with daily problems.	0	$\circ$	0	0	0	$\circ$		
Staff encourage me to take responsibility for how I live my life.	0	0	0	0	0	0		
I feel I have say about what kind of care I receive.	0	0	0	0	0	0		
My housing situation has improved.	0	0	0	0	0	0		
I am better able to deal with crisis.	0	0	0	0	0	0		
Please answer the questions below with regards to COVID-19 and current practices.								
It was easy to access virtual care at this organization.	0	0	0	0	0	0		
During my virtual appointment, I was able to see the healthcare provider clearly.	0	0	0	0	0	0		
During my virtual appointment, I was able to hear the healthcare provider clearly.	0	0	0	0	0	0		
I believe virtual mental health and/or addiction care is just as effective as in-person healthcare.	0	0	0	0	0	0		

CONSUMER SURVEY-SFILP

Name:			CONSUMER SURVEY-SFILP			
Date:						
Please rate your overall	satisfaction with the	service received on th	e scale of 1-5 belo	w.		
Not at all Satisfied		Satisfied		Very Satisfied		
1	2	3	4	5		
Written Answers:						
1. What has been the Support for Independe	-		ou have received	I through the		
1a. What has been the	e least helpful?					
2. With regards to CO	/ID-19, what would	d improve the service	es offered by this	s program?		
3. Have you seen your telephone, video, ema  ☐ Yes ☐ No	=		an in-person in th	ne last year? (ie.		
3a. Do you <b>prefer</b> to re email/secure messagin		speak with your prov	ider using teleph	one, video or		
□ Yes □ No						
☐ Sometimes						
If sometimes, please e	xplain below:					
4. Did you have other	support services a	vailable to you durin	g COVID-19?			
5. If you have been according Smart Phone	cessing our virtual	services, how do you	u access this serv	ice? (circle one)		
<ul> <li>Computer</li> </ul>						

o Tablet

Name:		CONSUMER SURVEY-SFILP
Date:_		
0	Public Access Computer	
0	Other:	

8. Any other comments/suggestions?