

Wendat Community Programs Consumer Survey – Services for Seniors – Day Program

NAME: DATE:

Thank you for helping us to improve our service by completing this survey.

Instructions: Think about the services that you are receiving/have received from **Wendat Day Program**.

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
Day Program is available at times that are good for me					
Activities planned were of interest to me					
I was asked for my opinion in the planning for activities					
Day Program areas were suitable for seniors' activities					
I received satisfactory answers to my questions					
Staff were courteous					
My privacy was respected by the staff					
My dignity was maintained					
Overall, I am satisfied with the activities and services offered by the Wendat Day Program					

1	. Did/do you feel supported by your care team? (your care team is the staff at Wendat)

- 2. (a) Have you seen your provider or received services other than in-person in the last year? (video calls, virtual meetings, phone calls)
 - o Yes
 - o No

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0	Yes	
Э	No	
C	Sometimes:	

(b) Do you prefer to receive services or speak with your provider using telephone,

3. Additional comments:

Please return to: info@wendatprograms.com

Or Mail to,

Program Supervisor, Services for Seniors

Wendat Community Programs

The Lorna Tomlinson Residence for Seniors

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