



SIoux LOOKOUT  
**Meno Ya Win**  
HEALTH CENTRE

## Mental Health and Addictions Program Client Experience Survey

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Your hospital experience is a top priority for us and each member of our team is committed to compassionate, high-quality and culturally safe care. We understand that as a patient, family member or community member, coming to the hospital can be a stressful time. Our team is here to help make sure the needs of our patients and family members come first.

Please take a few minutes to complete a Patient Satisfaction Survey. The survey gives us important feedback about the care you received at the hospital.

Your completed survey can be placed in any of the survey boxes that can be found at various locations around the hospital, given to any staff member, or returned to us by mail to:

Administration Department - Surveys  
Sioux Lookout Meno Ya Win Health Centre  
#1 Meno Ya Win Way, P.O. Box 909  
Sioux Lookout, ON P8T 1B4

If you have any questions about your care or any other aspect of your stay, please ask your nurse, doctor or another member of your care team.



## Mental Health and Addictions Program Client Experience Survey

1. Which of our programs did you attend today?

- Outpatient Withdrawal
- Wellness and Recovery Centre
- Counselling

2. Who completed this survey?

- Client
- Parent/Guardian
- Caregiver
- Spouse/Partner
- Escort
- Other (please specify)

3. How long did it take you to get an appointment with the program?

- Less than a day
- 1 - 7 days
- 1 - 2 weeks
- More than 2 weeks

4. How long have you been receiving care with this program?

- Less than 1 week
- 1 - 4 weeks
- 1 - 3 months
- 4 - 12 months
- 1 - 5 years
- Over 5 years
- I don't know

5. Please identify which of the following community services you are aware of (check all that apply).

- Mental Health and Addictions Program hours of operation
- Emergency Department
- 24 Hour Crisis Response
- Kids Help Phone
- Prenatal Program
- Wellness and Recovery Centre
- Northwestern Health Unit Needle Exchange
- Out of the Cold Shelter
- Nursing Station services in your home community
- Other (please specify)

6. What supports do you have in your community (check all that apply)?

- Parents/children/siblings
- Spouse/romantic partner
- Friends
- Social workers/other social service workers
- None
- I don't know
- Other (please specify)

7. The following questions are about your experiences around the program or service:

	Always	Usually	Sometimes	Never
Are you kept waiting a long time when you have appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often is the area where you receive services clean?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often are the common areas (hallway, lobby, etc.) clean?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel safe when you are here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you given enough privacy when discussing your issues or treatment with staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Do you feel that you have been treated unfairly for any of the following reasons?

- Age
- Sex/gender
- Race/ethnic background
- Spiritual/religious beliefs
- Sexual orientation
- Language
- Financial situation
- A disability you have
- I was not treated unfairly

9. Apart from talking to your nurse, doctor or treatment team, do you know how to make a complaint at this hospital?

- Yes
- No

If yes, to whom would you make a complaint?

10. Please answer the following questions about your experience with the Mental Health and Addictions Program staff:

	Always	Usually	Sometimes	Never
Do staff return your phone calls within a reasonable amount of time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the staff introduce themselves to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the staff explain their role before they offered care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you involved as much as you want in decisions about your treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were your individual needs, preferences, and cultural values respected in your treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that you are treated with courtesy and respect by Mental Health and Addictions staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that staff support your improvement and recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do staff tell you about other services and supports available in the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that enough care is taken of any physical health problems you have (diabetes, weight gain, heart disease)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please answer the following questions about your experience with the Mental Health and Addictions Program:

	Definitely	For the most part	Somewhat	Not at all	I don't know/Not applicable
Do you understand your care plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do staff clearly explain the purpose of medication?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do staff clearly explain possible medication side effects?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that you can refuse treatment (for example, medications)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a result of your care with this program, do you feel better prepared to deal with daily problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a result of your care with this program or service, do you feel more ready to accomplish the things you want to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, are you being helped by your care with this program or service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What is your sex/gender?

- Male
- Female
- Transsexual/Transgender
- I identify as

13. What is your age?

- 0 - 11 Years
- 12 - 18 years
- 19 - 24 years
- 25 - 44 years
- 45 to 64 years
- 65 years or older

14. If you needed treatment again, would you choose to come back to this program or service?

- Definitely
- Probably
- Maybe
- No

15. Would you recommend the Mental Health and Addictions Program of the Sioux Lookout Meno Ya Win Health Centre to friends and family?

- Definitely Yes
- Probably Yes
- Probably No
- Definitely No
- Unsure

16. Using any number from 1 - 10, where 1 is the WORST health centre possible, and 10 is the BEST health centre possible, how would you rate the program?

1 - WORST	2	3	4	5	6	7	8	9	10- BEST
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. What would have made your experience with this program or service better?

18. What has been a positive part of your experience with this program or service?