



Thank you for taking time to look at our survey sampling.

This survey is a sample of one used in 2011 with a Long Term Care provider within Canada focused on Clients of their Day Program. An edited version was also distributed to the Family members of the Day Program clients.

For each statement, circle the number that best represents your experience with the Long Term Care Day Program your Family member uses/visits/is affiliated with. Please answer every question, and mark only **one answer** choice **per question**. Please note this survey is printed on both sides of the page.

CLIENT - DAY PROGRAM

Accessibility

Statement	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Not Applicable
1. I am getting my care in the location I prefer (for example: town, neighbourhood).	1	2	3	4	5	6	NA

Compassion & Respect

2. I am treated with respect by staff.	1	2	3	4	5	6	NA
3. Staff take into account my likes and dislikes when they provide my care.	1	2	3	4	5	6	NA
4. Staff know and understand me as a person.	1	2	3	4	5	6	NA
5. Staff work with me to meet my needs.	1	2	3	4	5	6	NA
6. I get privacy when I need it.	1	2	3	4	5	6	NA

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Independence / Choice

	Statement	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Disagree	Not Applicable
7.	Staff encourage me to be independent and to do as much as I can for myself.	1	2	3	4	5	6	NA
8.	I participate in decisions about my care needs. (e.g. assistance with dressing, bathing etc.)	1	2	3	4	5	6	NA
9.	I have choices about things that matter to me.	1	2	3	4	5	6	NA
10.	There are enough activities to keep me busy and occupied.	1	2	3	4	5	6	NA

Assistance & Support

11.	Staff respond promptly when I need help.	1	2	3	4	5	6	NA
12.	I have confidence that actions will be taken to address my complaints/concerns.	1	2	3	4	5	6	NA
13.	I feel supported by staff when I am in distress.	1	2	3	4	5	6	NA
14.	Staff tell me about the care and services that are available.	1	2	3	4	5	6	NA
15.	I feel safe with staff at all times.	1	2	3	4	5	6	NA

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Provision of Care

	Statement	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Disagree	Not Applicable
16.	The care I receive makes me feel good.	1	2	3	4	5	6	NA
17.	I am satisfied with the care that I am receiving from my health care team.	1	2	3	4	5	6	NA

Overall Satisfaction

18.	I feel a sense of belonging with where I am.	1	2	3	4	5	6	NA
19.	Overall, I am satisfied with the quality of care/service that I am receiving.	1	2	3	4	5	6	NA
20.	I would recommend this Organization to someone who needed care.	1	2	3	4	5	6	NA

21. I have attended the day program for:

___ Less than one year ___ One to two years ___ Three to five years ___ Six to ten years ___ More than ten years

22. What I like best about the day program is:

23. What, if anything could be improved at the day program?

24. The location that I am a Day Program Client is: _____.

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If you would like further information on this survey tool,
Please contact us.

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