



Organizational Culture Group

Creating Compassion Focused Service Cultures

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 Family members of their Day Program clients. And edited version was also distributed to the Clients of the Day Program.

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.

FAMILY Members of DAY PROGRAM CLIENTS

Accessibility

Statement		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Not Applicable
1.	The admission process to the day program was clearly explained.	1	2	3	4	5	6	NA
2.	The location of the day program is convenient for me to visit.	1	2	3	4	5	6	NA

Compassion & Respect

3.	I feel welcomed by staff when I visit.	1	2	3	4	5	6	NA
4.	I am treated with respect by staff.	1	2	3	4	5	6	NA
5.	Staff treats my relative with respect.	1	2	3	4	5	6	NA
6.	Staff takes into account my relative's likes and dislikes when they provide his/her care.	1	2	3	4	5	6	NA
7.	Privacy is provided to my relative when they need it.	1	2	3	4	5	6	NA

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Communication

Statement		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Not Applicable
8.	I am informed about care and services that are available.	1	2	3	4	5	6	NA
9.	I am informed when there is a change in my relative's health or medical condition.	1	2	3	4	5	6	NA
10.	The care team involves the family in planning care.	1	2	3	4	5	6	NA

Assistance

11.	My relative gets help quickly from staff when needed.	1	2	3	4	5	6	NA
12.	Staff responds quickly if I have a complaint/concern.	1	2	3	4	5	6	NA
13.	My relative gets the help they need during mealtimes.	1	2	3	4	5	6	NA

Environment

14.	The common areas where my relative attends the day program are pleasant and welcoming.	1	2	3	4	5	6	NA
15.	The variety of food on the menu is good.	1	2	3	4	5	6	NA
16.	The quality of food served during mealtimes is good.	1	2	3	4	5	6	NA
17.	My relative is safe at the day program.	1	2	3	4	5	6	NA
18.	Overall, I am satisfied with the place where my relative attends the day program.	1	2	3	4	5	6	NA

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Provision of Care

	Statement	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Not Applicable
19.	The care team involves the family in planning care.	1	2	3	4	5	6	NA
20.	I am satisfied with the way medications are given by the staff.	1	2	3	4	5	6	NA
21.	Services (i.e. Physiotherapy, Occupational Therapy, Dietitian, Podiatrist, etc.) are provided to my relative when needed.	1	2	3	4	5	6	NA
22.	The care my relative receives makes them feel good.	1	2	3	4	5	6	NA

Independence / Choice

23.	Staff helps my relative to do as much as they can for themselves.	1	2	3	4	5	6	NA
24.	My relative has choices about things that matter to them.	1	2	3	4	5	6	NA
25.	Staff encourages my relative to participate in leisure and social activities.	1	2	3	4	5	6	NA
26.	There are sufficient opportunities for my relative to participate in activities they enjoy.	1	2	3	4	5	6	NA

Overall Satisfaction

27.	Overall, I am satisfied with the quality of care/service that my relative is receiving.	1	2	3	4	5	6	NA
28.	I would recommend this Organization to someone who needed care.	1	2	3	4	5	6	NA

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29. My relative has attended the day program:

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

30. What I like best about this day program is:

31. What, if anything could be improved at this day program?

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

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