



Non-Registered Family Member/Significant Other/Supporter Survey

Please indicate the extent to which you agree or disagree with each of the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
Access/Entry to Services					
1. Services were available at times that were good for me.	1	2	3	4	N/A
2. The location of services was convenient for me.	1	2	3	4	N/A
3. From the start I felt welcome.	1	2	3	4	N/A
4. I received enough information about the programs and services available to me.	1	2	3	4	N/A
Services Provided					
5. Responses to my crises or urgent needs were provided when needed.	1	2	3	4	N/A
6. I was referred or had access to other services when needed (including alternative approaches).	1	2	3	4	N/A
Participation/Rights					
7. If I had a serious concern, I would know how to make a formal complaint to this organization.	1	2	3	4	N/A
Therapists/Support Workers/Staff					
8. I found staff knowledgeable and competent.	1	2	3	4	N/A
9. I was treated with respect by program staff.	1	2	3	4	N/A
10. Staff were sensitive to my cultural needs (e.g., language, ethnic background, race).	1	2	3	4	N/A
11. Staff understood and responded to my needs and concerns.	1	2	3	4	N/A
Environment					
12. Overall, I found the facility welcoming, inclusive, and comfortable (e.g., entrance, waiting room, décor, posters, your room if applicable).	1	2	3	4	N/A

13. Overall, I found the program space clean and well maintained (e.g., meeting space, bathroom, your room if applicable).	1	2	3	4	N/A
14. I was given private space when discussing personal issues with staff.	1	2	3	4	N/A
15. I felt safe in the facility at all times.	1	2	3	4	N/A
16. The program accommodated my needs related to vision, mobility, hearing, learning, etc.	1	2	3	4	N/A
Overall Experience					
17. If a friend were in need of similar help I would recommend this service.	1	2	3	4	N/A

18. Please feel free to make any comments or suggestions on how our services could be improved.

Please return completed survey to:

Canadian Mental Health Association, Hamilton Branch
131 John St. S.
Hamilton, ON L8N 2C3
email: info@cmhahamilton.ca
fax: 905-667-0393

<p>Thank You for Supporting this Feedback Process!!!</p>
