



Your Care Experience at START

Thank you for taking the time to complete this survey. We are interested in finding out what this experience was like for you. Your responses will help us to improve our services.

The survey is completely voluntary and anonymous. You will not be asked to provide your name or any other personal information. At all times, your personal information is protected under the BC Freedom of Information and Protection of Privacy Act.

For Staff Use Only				
<input type="checkbox"/> Survey Not Completed <i>(please elaborate):</i>				
Month / Year of Survey: _____				
1. Did the admission process run smoothly?				
<input type="radio"/> Not at all	<input type="radio"/> Somewhat	<input type="radio"/> For the most part	<input type="radio"/> Definitely	
2. Were you able to talk with program staff as much as you wanted?				
<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Usually	<input type="radio"/> Always	
3. Were your individual needs, preferences and values respected?				
<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Usually	<input type="radio"/> Always	
4. Do you feel like the START staff involved you in the development of your treatment plan?				
<input type="radio"/> Not at all	<input type="radio"/> Somewhat	<input type="radio"/> For the most part	<input type="radio"/> Definitely	
5. Were your family members or support persons involved in your care as much as you wanted?				
<input type="radio"/> Not at all	<input type="radio"/> Somewhat	<input type="radio"/> For the most part	<input type="radio"/> Definitely	
<input type="radio"/> I did not wish for them to be involved	<input type="radio"/> I did not have a family or support person			
6. When you asked questions, did you get answers you could understand?				
<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Usually	<input type="radio"/> Always	
7. Was your treatment explained in a way that you could understand?				
<input type="radio"/> Not at all	<input type="radio"/> Somewhat	<input type="radio"/> For the most part	<input type="radio"/> Definitely	<input type="radio"/> N/A
8. Were you treated with dignity and respect by all START program staff?				
<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Usually	<input type="radio"/> Always	
9. Do you feel confident that your aftercare plan will help you achieve your ongoing recovery goals?				
<input type="radio"/> Not at all	<input type="radio"/> Somewhat	<input type="radio"/> For the most part	<input type="radio"/> Definitely	
10. Overall, were you helped by your involvement with START?				
<input type="radio"/> Not at all	<input type="radio"/> Somewhat	<input type="radio"/> For the most part	<input type="radio"/> Definitely	
11. Overall, how would you rate the quality of care and services you received?				
<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Very Good	<input type="radio"/> Excellent
12. Would you recommend the START program to a friend or family member? <input type="radio"/> YES <input type="radio"/> NO				

OPTIONAL but APPRECIATED:

We invite you to share anything about your personal experience with START

Anything you want to share regarding your experience with the START team?

Things you liked about this program, what worked well for you?

Things you did not like about this program, what did not work for you?

Suggestions or things you would change about this program:

Thank you for taking the time to complete this survey!

**Please tightly fold your completed survey and post in the returned survey container
at the START reception desk.**

**If you wish to speak to someone about the care that you received, please contact
Vancouver Coastal Health Authority's Patient Care Quality Office at 1-877-993-9199 (toll-free).**