

Are you a Family Member or Supporter of someone receiving care from START?

*We want to hear from you!
Your feedback will help us improve the quality of care and services we deliver.*

Please answer these questions based on your experience with services at START
Taking part in this survey is completely voluntary and anonymous.
You will not be asked for your name or personal information.

When completing this survey, please keep in mind that...

Care team includes doctors, nurses, psychiatrists/psychologists, social workers/counselors, occupational therapists, and other health care professionals at START

Contact includes in-person conversations, family meetings, telephone calls, or email correspondence

1. How much contact have you had with members of your family member/ friend's care team?					
<input type="radio"/> In person contact 5+ times	<input type="radio"/> In person contact 3-4 times				
<input type="radio"/> In person contact 1-2 times	<input type="radio"/> Phone/ written contact only	<input type="radio"/> No contact			
2. When you visit START, are members of the care team welcoming?					
<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Usually	<input type="radio"/> Always	<input type="radio"/> I haven't visited the clinic	
3. Do members of the care team treat you with respect?					
<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Usually	<input type="radio"/> Always	<input type="radio"/> I haven't spoken with the care team	
4. Do you feel like your opinions and ideas are heard by...					
	Not at all	Somewhat	For the most part	Definitely	N/A
Doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other care team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Are you involved in treatment decisions about your family member/ friend as much as you want?					
<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 don't need to be involved					
6. Are you provided with information about your family member/ friend's treatment plan in a way that you can understand?					
<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Usually	<input type="radio"/> Always		
<input type="radio"/> I don't need this information in order to provide support					
7. When you have questions, do you feel comfortable asking members of the care team?					
<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Usually	<input type="radio"/> Always	<input type="radio"/> I haven't had any questions	

8. Do members of the care team respond to you in a timely way?					
<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always <input type="radio"/> Not applicable					
9. Have members of the care team provided you with enough information about...					
	Yes, I received enough info	I received some info, but not enough	I didn't receive any info	I didn't need this info in order to provide support	
Your family member/ friend's illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Their treatment options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community resources for him/ her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community/ online resources for you <i>(eg. support groups, family/individual therapy, family toolkit, respite services, newsletters, coping booklet, helpful websites)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Info on family/supporter rights <i>(eg. representation agreement, informed consent, disclosure form)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10. Were you told who to contact if your family member/ friend was in crisis?					
<input type="radio"/> Yes <input type="radio"/> No, I was not told <input type="radio"/> No, I did not need this information					
11. As a result of the program, have you been helped to:					
	Not at all	Somewhat	For the most part	Definitely	N/A
Better support your family member/ friend					
Deal more effectively with challenges of being a family member/ supporter					
12. Overall, how would you rate the quality of care and services provided by the program?					
<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Very Good <input type="radio"/> Excellent					
13. What part of START has been most important or helpful for you?					
14. Do you have any suggestions on how we can improve START?					

Thank you for your feedback.

Please place completed surveys in the survey drop box located by reception.

If you wish to submit a compliment or complaint about our services, you can also contact the Vancouver Coastal Health Authority Patient Care Quality Office at 1-877-993-9199 (toll-free).