



NEAR NORTH PALLIATIVE CARE NETWORK

347 Sherbrooke Street, Suite 302, North Bay, Ontario, P1B 2C1
 Phone: (705) 497-9239 1-800-287-9441 Fax: (705) 497-1039
 Mattawa: 705-744-3771 Sturgeon Falls: 705-753-5771
 E-mail: office@nnpcn.com Website: www.nnpcn.com

NNPCN BEREAVEMENT SERVICES
 INDIVIDUAL - GROUP - DAY PROGRAM SESSIONS
CLIENT EVALUATION OF SERVICES

Dear Client,

Congratulations for having completed your Bereavement Support Individual - Group - Day Program Sessions with Near North Palliative Care Network! Please let us know your opinion about our services. Your comments will be used to improve our program. **Your answers are absolutely confidential*. You don't have to identify yourself.** Please make sure to put your answered questionnaire in the envelope that comes with it, and leave it at the Office Desk. Thank you very much for your participation!

The NNPCN Bereavement Support Services Team

<p>NNPCN BEREAVEMENT SUPPORT SERVICES INDIVIDUAL - GROUP - DAY PROGRAM SESSIONS CLIENT SATISFACTION SURVEY</p>						
<p>Please circle the number that corresponds to your level of agreement Strongly Disagree = 1 Disagree = 2 Neutral = 3 Agree = 4 Strongly Agree = 5 Not Applicable (N/A) = 6</p>						
Overall, I am satisfied with the services I received	1	2	3	4	5	N/A
The sessions I received met my expectations	1	2	3	4	5	N/A
My facilitator(s) and I worked well together and I felt supported	1	2	3	4	5	N/A
The information and resources provided during my sessions were very helpful	1	2	3	4	5	N/A
Overall, I feel that the services I received were beneficial to my wellbeing	1	2	3	4	5	N/A
I would definitely recommend the Bereavement and Grief support services to my friends, and family	1	2	3	4	5	N/A

QUESTIONS AND SUGGESTIONS:

1. OFFICE. Please tell us how the Office can serve you better. Any comments on how to improve the quality of our Office services to our clients?

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2. LOCATION. Please tell us how difficult/easy it was for you to come to your sessions in terms of transportation. Is our location convenient to you?

3. SETTINGS. Please tell us how we can improve the quality of our settings for your physical comfort and wellbeing: Reception, session room, meeting room, parking lot, access to the facility, washroom, kitchen, lending Library, etc.

4. SESSIONS. Please tell us how we can improve the quality of our Bereavement and Grief Sessions.

5. CONTENT/SUPPORT MATERIAL. Please tell us how we can improve the quality of our content/handouts and support material for the sessions. Anything you would suggest or add to it? (I.e. audio, visual, topics, etc.)

6. FACILITATOR(S). Please tell us how we can improve the way we facilitate our sessions. Any suggestions to your facilitator(s)?

7. ADDITIONAL COMMENTS AND SUGGESTIONS. Please let us know any other aspects not covered in the questions above that would be important to improve the quality of our services to you.

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11 Evaluation of Services (CLIENT) - 21/03/2015



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YOUR TESTIMONIAL (OPTIONAL)

Would you like to leave your impressions about your sessions, and to recommend our services to future clients?

If so, please WRITE a small Testimonial in the space below. It will be published on our website and may also be selected to appear in our brochures. Due to the small space in brochures, only a few testimonials from clients are occasionally selected. Please notice that this is an **optional** voluntary contribution: you choose to participate in it just if you want to.

Don't forget to sign your consent to post your Testimonial on our website. You can choose to have your name posted with your testimonial, or to remain anonymous, as "NNPCN Bereavement Services Client."

I consent that my testimonial be published on Near North Palliative Care Website.

Please sign my Testimonial as "NNPCN Bereavement Services Client" (your name will **not** show under your Testimonial in our website or brochures).

Yes, show my name under my Testimonial (your name will show under your Testimonial in our website or brochures)

Name (please print):

Date:

Signature:

THANK YOU!

YOUR TESTIMONIAL:

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