



Wendat Community Programs  
End of Service Survey – Services for Seniors – Transition

**NAME:** (optional)

**DATE:**

**Thank you for helping us to improve our service by completing this survey.**

*Instructions:* Think about the services that you/your family member have received from Wendat. Please indicate your level of satisfaction with each of the following statements by checking the box which best represents your opinion.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Overall, I am satisfied with the services received from Wendat					
Services were available at times when most needed					
My calls were returned in a timely fashion					
Staff shared what they were doing to assist in the goals of service					
My questions were answered					
I felt that I was included in decisions as to care					
Wishes about who is and is not informed related to treatment were respected					
I believe that the service provided met my/my family member's needs					

1. Additional comments:

**Please return to:**  
**Zina Thomson RPN, Program Supervisor**  
**Wendat Community Programs, Services for Seniors**  
**44 Dufferin St. Penetanguishene, ON L9M 1H4**  
**Fax: (705) 355-1026**