

Please fill in the circle that best describes how you feel about the care and services that your family member receives at Regional Mental Health Care London or the Southwest Centre for Forensic Mental Health Care. Please focus on the most recent or current inpatient stay when answering the questions. If your family member has been recently discharged, please focus on the most recent stay when answering the questions. Please note that this survey can be completed by a family member or a friend.

LIVING ENVIRONMENT

The following questions ask about the facility's living environment.

1. Does your family member's room meet his/her specific needs?
 Yes Somewhat No Don't know Not Applicable
2. Does the layout of the facility meet your family member's needs?
 Yes Somewhat No Don't know Not Applicable
3. Is there a comfortable place for you to visit with your family member?
 Yes Somewhat No Don't know Not Applicable
4. Do you feel there are enough activities for your family member?
 Yes Somewhat No Don't know Not Applicable

5. Do you have any comments you wish to make about the living environment?

COMMUNICATION WITH STAFF

The following questions ask about family-staff communication and relationships.

6. How would you rate staff at keeping you informed about your family member?
 Excellent Very Good Good Fair Poor Don't know Not Applicable
7. How would you rate staff at involving you in planning your family member's care?
 Excellent Very Good Good Fair Poor Don't know Not Applicable
8. How would you rate staff's politeness and courtesy towards you?
 Excellent Very Good Good Fair Poor Don't know Not Applicable
9. How would you rate staff at responding patiently to your questions and concerns?
 Excellent Very Good Good Fair Poor Don't know Not Applicable
10. Do you feel welcome on the unit?
 Excellent Very Good Good Fair Poor Don't know Not Applicable



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11. How are staff at appreciating your help?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

12. How would you rate your relationship with the staff?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

13. How would you rate the facility at keeping track of your family member's personal belongings (for example: clothing, wallets, dentures, etc.)?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

14. Do you have any comments you wish to make about the communication with staff?

QUALITY AND SERVICES

The following questions ask about certain aspects of the quality of care and services provided.

15. How would you rate the hygiene and cleanliness of the way things are done around here?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

16. How would you rate the facility at providing you with a way to deal with concerns or complaints you have?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

17. How is your comfort level with knowing that your family member is well taken care of when you are not there?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

18. How would you rate the staff at putting patients' needs first?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

19. How would you rate the staff at knowing your family member's care needs?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

20. How would you rate the quality of medical care?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

21. Do the staff follow-up with your requests?

- Yes Somewhat No Don't know Not Applicable

22. Do you know who to talk to in order to get information about your family member?

- Yes Somewhat No Don't know Not Applicable

23. Do you fear that staff might punish your family member because of something you say or do?

- Yes Somewhat No Don't know Not Applicable



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24. Do you have any comments you wish to make about the quality of care and services provided?

PATIENT CARE

The following questions ask about how your family member is cared for.

25. It is important to treat all patients with respect, to be patient with them and address them in an appropriate manner. How would you rate the facility in these areas?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

26. It is important that patients are treated according to their specific needs, are encouraged to be independent, and are offered appropriate activities. How would you rate the facility at providing this type of individualized care to your family member?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

27. Do you have any comments you wish to make about patient care?

OVERALL QUESTIONS

The following questions will provide us with an overall picture of how satisfied you are with this facility.

28. How would you rate the facility at taking care of your family member's needs?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

29. How would you rate the facility at maintaining your family member's dignity?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

30. Overall, how would you rate the quality of care and services provided?

- Excellent Very Good Good Fair Poor Don't know Not Applicable

31. If this type of care were required for another family member or friend, would you recommend this facility?

- Definitely Recommend Probably not Recommend Don't know
 Probably Recommend Definitely not Recommend

32. Have you told people that the care here is excellent?

- Yes No Do Not Know



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FAMILY SUPPORT SERVICES

The following questions will ask about family support services.

33. Are you aware of the family support services available through the Tillmann Family Resource Centre at Regional Mental Health Care London or the Southwest Centre for Forensic Mental Health Care?
 Yes Somewhat No Don't know Not Applicable
34. Did you or your loved one receive a copy of the Patient and Family Information booklet during their inpatient stay?
 Yes No Don't know
35. When you have sought help or information from staff, were you satisfied with the follow-up?
 I did not hear back from staff Did not make a request to staff
 I heard back from staff but they were unable to complete my request
 I heard back from staff and they were able to complete my request
36. In your opinion, what meaningful activities were missing that would have been helpful for your family member? [Select all that apply]
 Activities customized to your family member's interests
 Activities that involved physical exercise
 Activities that encouraged social interaction
 Activities that encouraged preparation for return to home and the community
 Activities that increased your family member's knowledge about recovery strategies
 Other
37. How would you rate the staff at meeting your needs for education?
 Excellent Very Good Good Fair Poor Don't know Not Applicable
38. How would you rate the staff at meeting your needs for support?
 Excellent Very Good Good Fair Poor Don't know Not Applicable
39. During your visits to the inpatient units did the staff use your name when addressing you while you were on the unit, or did they request to know your name?
 Yes Sometimes No Don't know Not Applicable
40. Do the actions that are taken by staff leave you feeling hopeful about your family member's future?
 Yes Sometimes No Don't know Not Applicable

41. Do you have any final comments?

Thank you for taking the time to complete this questionnaire. Please double check to make sure you answered all of the questions that you could. Then mail the questionnaire in the enclosed postage paid envelope. Remember to ask the facility about the results!



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