



SURVEY

Tell us About Your Experience

Circle the correct number to show the quality of services you received. Comments are optional.

Excellent **1** Very Good **2** Good **3** Fair **4** Poor **5** No Contact with the service **0**

Quality of Health Facility

How would you rate the overall quality of care and services that you received from the health centre, hospital, boarding home, or NIHB dental provider? Please indicate the type of health facility you received service from _____.

1 2 3 4 5 0

Comments: _____

Health Centre/Public Health/Family Practice Clinic/Hospital/Boarding Home/NIHB Dental Quality

How would you rate the overall quality of care and services that you received from the health facility?

1 2 3 4 5 0

Comments: _____

Admissions

How would you rate the information provided to you at the admissions (check-in) counter in terms of ease of getting admitted/checked-in, amount of time it took, and attention to your needs?

1 2 3 4 5 0

Comments: _____

Your Nurses

How would you rate the skill, caring and concern shown by nurses, attention to your condition, information provided and response to your calls?

1 2 3 4 5 0

Comments: _____

Your Boarding Home Staff

How would you rate the skill, caring and concern shown by boarding home staff, attention to your needs, information provided and assistance with transportation to/from health facility?

1 2 3 4 5 0

Comments: _____

Your NIHB Dentist

How would you rate the skill, caring and concern shown by the dentist, attention to your condition and information provided?

1 2 3 4 5 0

Comments: _____

Your NIHB Dental Hygienist

How would you rate the skill, caring and concern shown by the dental hygienist, attention to your condition and information provided?

1 2 3 4 5 0

Comments: _____

Your Doctors

How would you rate the skill, caring and concern shown by doctors, attention to your condition, information provided, ease of seeing doctors, and teamwork amongst doctors?

1 2 3 4 5 0

Comments: _____

Information

How would you rate the openness of health staff in answering questions and keeping family and friends informed about your condition?

1 2 3 4 5 0

Comments: _____

Family and Friends

How would you rate the treatment of family and visitors by staff, adequacy of visiting hours, and facilities for visitors?

1 2 3 4 5 0

Comments: _____

Your Involvement

How would you rate you and your family's involvement in the planning and decision making for your care?

1 2 3 4 5 0

Comments: _____

Discharge

How would you rate the information provided on what to do after leaving the health facility, and condition of care after discharge?

1 2 3 4 5 0

Comments: _____

Good Experiences

Please tell us about the positive experiences you had during your visit to the health facility. As well, please indicate the type of facility: boarding home, hospital, NIHB dental clinic, health centre, public health, or family practice clinic.

Areas of Improvement

Please provide us with suggestions to improve your visit at our health facility. As well, please indicate the type of facility: boarding home, hospital, NIHB dental clinic, health centre, public health, or family practice clinic.

Please email, or mail back your survey to the Office of Patient Relations. You can also drop the survey off to your closest health centre in a sealed envelope marked (OPR Survey) with our address, and the Department of Health will forward your confidential survey to the following address.

Contact Us

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For more information go to:

🌐 www.patientrelations.gov.nu.ca