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Client Experience Survey for Integrated Home and Community Care CESI-HCC

EQUITY

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	Not Applicable
1. My care provider(s) listened when I was speaking to them						
2. My care provider(s) respected my personal preferences						
3. My care provider(s) spoke to me in a respectful way						
4. During care, I was free from discrimination (For example: treated fairly regardless of disability, gender, race, age, etc.)						
5. My care provider(s) ensured I had personal privacy during care interactions (For example: during bathing or talking about personal information)						
6. During care I felt safe from harm (For example: physical, emotional, financial, sexual)						
7. My care provider(s) used practices to prevent spread of illness (For example: washed hands, put on gloves and masks when needed)						
8. My care provider(s) arranged for care as soon as a need came up						
9. My care provider(s) made an effort to provide care at times that were suitable to me						
10. My care provider(s) were easy to contact when I needed help						
11. My care provider(s) explained things in a way that was easy to understand						
12. My care provider(s) ensured I had the items I needed for my care (For example: food, clothing, medications, supplies, equipment)						

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LIFE CARE

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	Not Applicable
13. My care provider(s) helped ensure my physical health needs were met (For example: pain, wounds, shortness of breath)						
14. My care provider(s) ensured I got all the help I needed with my personal care routine (For example: dressing, bathing, going to the bathroom)						
15. My care provider(s) ensured I had the help I needed with household activities (For example: preparing meals, doing laundry, house cleaning)						
16. My care provider(s) showed me how to be safe when moving around my home and/or community						
17. My care provider(s) gave me information about ways I could participate in my community (For example: online or in-person programs or groups)						
18. My care provider(s) gave me information about public and/or private transportation options I needed						
19. My care provider(s) supported my mental well-being (For example, my positive mood, self-confidence, and managing life situations)						
20. My care provider(s) supported my spiritual well-being (For example, finding meaning, having confidence in the future, accepting what comes)						
21. I received the care and support I needed						
22. My care provider(s) taught me how to carry out routine care (For example: change a bandage, do exercises, take medications)						

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	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	Not Applicable
23. My care provider(s) recognized my mental, emotional, physical, social, and spiritual needs						
24. My care matched my changing goals						

RELATIONAL CARING

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	Not Applicable
25. My care provider(s) worked with me to plan my care						
26. My care provider(s) were kind to me						
27. My care provider(s) were patient with me (For example: I did not feel rushed)						
28. My care provider(s) earned my trust						
29. My care provider(s) made it comfortable for me to share my concerns about care						
30. When I had concerns about my care, they were resolved						

CONTINUITY

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	Not Applicable
31. One care provider ensured my overall care experience was well organized						
32. My care provider(s) shared information about my care with everyone involved (For example: care providers in my home, family doctor, and/or family caregiver)						

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	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	Not Applicable
33. My care provider(s) gave me all the information I needed to feel prepared for each home care visit (For example: who was coming, why they were coming, and when they were coming)						
34. My care provider(s) worked well together						
35. Most of the time I had the same care provider(s)						
36. My care provider(s) followed-up with me (For example: linked me to other care and/or found answers to my questions)						

GLOBAL SATISFACTION QUESTIONS

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	Not Applicable					
37. I would recommend [---] to my friends and/or family											
38. Using any number from 0 to 10, where 0 is the worst care at home possible and 10 is the best care at home possible, what number would you use to rate your care?	0	1	2	3	4	5	6	7	8	9	10
39. Do you have any suggestions for how your care could be improved?											