We want to know what you think about our programs and services and how we can make them better. Please complete this survey if you have used our programs and services at least one time before today.

Please read the following before you begin:

- We gather information from you for improving the quality of our programs and services.
- The survey is voluntary. The information you provide will be anonymous and kept confidential.
- The survey usually takes 10-15 minutes to complete.
- Ask a volunteer if you need help with the survey.
- Your desire not to participate will NOT affect your access to our programs and services.

Thank you for your participation!

Do you agree to proceed?

☒ Yes       ☐ No (Thank you very much.)
Questions about Access Alliance Programs and Services

1. How long have you been using Access Alliance programs and services? (E.g. months or years)

2. Which services or programs offered by Access Alliance have you used? Select all that apply.

- Primary care services (e.g., seeing a doctor, nurse practitioner, or nurse)
- Dietician programs/services
- Social worker/counselling services
- Settlement services
- Peer Outreach services (including PIPA)
- Green Access/ Enviro-Leaders Academy
- Youth programs
- Child and Family programs
- Scarborough Cycles
- LGBTQ+ programs
- Senior programs
- Other programs or services not mentioned (please specify):

3. How did you hear about programs and services of Access Alliance?

- Family/ friend
- Peer Outreach Worker
- School Health Clinic
- Community Dining Program
- Social media (e.g., Facebook, twitter)
- Website
- E-mail alerts
- Flyers
- Monthly Calendar
- Other (Please specify):

4. Which of our locations do you visit most often? Check one only.

- AccessPoint on Danforth
- AccessPoint on Jane
- 340 College St
- 91 Barrington Ave

5. Is this location easy for you to get to?  

- Yes
- No

6. Do the hours of service at this location meet your needs?  

- Yes
- No

   6a. If NO, what is the best time for you to come for programs/services or appointments?

7. In your overall experience, are you able to adequately access our services?

- Strongly Disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly agree
7a. If you disagree, please provide your suggestions as to how we can improve accessibility at Access Alliance Services?

8. Have you used any of our primary care services over the last year or so (e.g. Doctors, Nurse Practitioner)?

☐ Yes ☐ No

If YES, please think about your experiences with our primary care services OVER THE LAST YEAR OR SO when answering question #9 and #10.

If NO, please go directly to question #11.

9. The last time you were sick or were concerned you had a health problem…..

<table>
<thead>
<tr>
<th></th>
<th>Did you get an appointment on the date you wanted?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Did you get an appointment on the date you wanted?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>b.</td>
<td>How many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?</td>
<td>☐ Same Day ☐ Next Day ☐ 2-19 Days (enter # of days:_______) ☐ 20 or more days ☐ Not applicable (don’t know/ refused)</td>
</tr>
</tbody>
</table>

10. When you see your doctor or nurse practitioner, how often do they or someone else in the office…?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Give you an opportunity to ask questions about recommended treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>b. Involve you as much as you want to be in decisions about your care and treatment</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>c. Spend enough time with you</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>
11. Please read each statement below and select the one response that best shows your opinion:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How often can you get an appointment when you need one? <em>If you attend any program where an appointment is not required, you can answer ‘always’.</em></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. How often are you able to get services in a language of your choice?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. How often do the programs and services offered by Access Alliance meet your needs?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. How often do the staff members explain things in a way that is easy to understand?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. How often do the staff help you connect to the services and programs you need at Access Alliance or in your community?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. How often do you find the staff easy to talk to and encourage you to ask questions?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

12. Please read each statement below and select one answer that tells us how you feel:

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither disagree Nor agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Staff members treat me with dignity and respect.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. The programs and services respect my culture.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. The programs and services respect my spiritual or religious beliefs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. I trust staff to keep my personal information confidential.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. I know how to make a suggestion or complaint.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. The programs and services have helped me improve my health and well-being.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Access Alliance has a positive impact on my community.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

g i. Please explain how the programs and services of Access Alliance have positively impacted your community:
13. I always feel comfortable and welcome at Access Alliance:  Yes □  No□  

13a. If No, Please tell us the reason(s) that you do not always feel comfortable or welcome at our centre:

14. Overall, how would you rate the care and services you received at Access Alliance?

□ Poor  □ Fair  □ Good  □ Very Good  □ Excellent

15. Would you recommend our services to your family or friends? Check ONE only.

□ Definitely no  □ Probably no  □ Probably yes  □ Definitely yes

16. Do you have any suggestions for how we can make our programs and services better for you?

•

•

•

17. What new or additional programs and services would you suggest Access Alliance to offer?

•

•

•
Questions about You

18. What was your year of birth? _________

19. What is your gender? Check ONE only
   - Female
   - Intersex
   - Male
   - Trans-Female to Male
   - Trans-Male to Female
   - Two-Spirit
   - Other, Please Specify: ______________
   - Prefer Not to Answer
   - Do not know

20. What is your sexual orientation?
   - Bisexual
   - Gay
   - Heterosexual (“Straight”)
   - Lesbian
   - Queer
   - Two-Spirit
   - Other, please specify: ______________
   - Prefer Not to Answer
   - Do not know

21. Were you born in Canada?
   - Yes
   - No
   - Prefer not to answer
   - Do not know

   21a. If no, what YEAR did you arrive in Canada? _________

22. What language would you feel most comfortable speaking in with your healthcare provider? Check ONE only.
   - Amharic
   - Arabic
   - American Sign Language
   - Bengali
   - Chinese (Cantonese)
   - Chinese (Mandarin)
   - Czech
   - Dari (Old Persian)
   - English
   - Farsi (Persian)
   - French
   - Greek
   - Hindi
   - Hungarian
   - Italian
   - Karen/Sgaw
   - Korean
   - Nepali
   - Polish
   - Portuguese
   - Punjabi
   - Russian
   - Serbian
   - Slovak
   - Somali
   - Spanish
   - Tagalog
   - Tamil
   - Tigrinya
   - Turkish
   - Twi
   - Ukrainian
   - Urdu
   - Vietnamese
   - Other, specify: ______________
   - Prefer not to answer
   - Do not know

23. What was your total annual family income before taxes last year? Check ONE only.
   - $0 to $14,999
   - $15,000 to $19,999
   - $20,000 to $24,999
   - $25,000 to $29,999
   - $30,000 to $34,999
   - $35,000 to $39,999
   - $40,000 to $59,999
   - $60,000 or over
   - Prefer not to answer
   - Do not know

24. How many people (including you) does this income support? _________ Person(s)
   - Prefer not to answer
   - Do not know
25. Which of the following best describes your racial or ethnic group? Check ONE only.

- Asian - East (e.g., Chinese, Japanese, Korean)
- Asian - South (e.g. Indian, Pakistani, Sri Lankan)
- Asian - South East (e.g., Malaysian, Filipino, Vietnamese)
- Black - African (e.g., Ghanaian, Kenyan, Somali)
- Black - Caribbean (e.g. Barbadian, Jamaican)
- Black - North American (e.g., Canadian, American)
- First Nations
- Indian - Caribbean (e.g., Guyanese with origins in India)
- Indigenous/Aboriginal
- Inuit
- Latin American (e.g., Argentinean, Chilean, Salvadoran)
- Metis
- Middle Eastern (e.g., Egyptian, Iranian, Lebanese)
- White - European (E.g., English, Italian, Portuguese, Russian)
- White - North American (e.g., Canadian, American)
- Mixed heritage, Please specify: _________________________
- Other(s), Please specify: _____________________________
- Prefer not to answer
- Do not know

26. What is your highest level of education? Check ONE only.

- Less than a high school diploma
- High school diploma/equivalent
- College certificate or diploma, trade, vocational or technical school, CEGEP
- University (including a professional or graduate) degree
- PhD or equivalent
- Other (please specify): ________________  Prefer not to answer  Do not know

27. What is your current immigration status? Check ONE only.

- Canadian Citizen
- Permanent Resident
- Refugee Claimant
- Currently Applying for Humanitarian and Compassionate process
- Live-In Caregiver
- Temporary Foreign Worker Program or Seasonal Agricultural Worker Program
- Non-Status
- Other (please specify): ________________________________
- Prefer Not to Answer
- Do not know

Thank you for your participation!