Midland Women's Health Care Place Inc.

Midland Women's Health Care Place Counselling Evaluation

Please indicate the service you have received today:

☐ PND (Child/Children 0-4 years) ☐ Women's Health Program/General

Date:_____**Facilitator/Counsellor:**_____

Your Name (Optional): _____

The information requested on this form is to help us maintain the quality of our services. The information you provide will be kept private and confidential. ***Thank you for your assistance.***

For each of the questions below, please indicate 1 to 5 - 1 representing a low level and 5 representing a high level.

OVERALL HEALTH

Did your health improve as a result of attending counselling?

Not at all 1----------2----------3----------4----------5 Improved a lot

☐ N/A

MENTAL WELLBEING

Do you feel better about yourself since attending counselling?

Not at all 1----------2----------3----------4----------5 Improved a lot

☐ N/A

SKILLS

Have you learned something new from your interactions with us?

Not at all 1----------2----------3----------4----------5 Improved a lot

☐ N/A

SOCIAL INCLUSION

Are you feeling more connected to your community?

Not at all 1----------2----------3----------4----------5 Improved a lot

RELATIONSHIP WITH COUNSELLOR

I did not feel heard, understood and respected 1----------2----------3----------4----------5 I felt heard, understood and respected

☐ N/A

GOALS & TOPICS

We did not work on or talk about what I wanted to 1---------2----------3----------4----------5 We worked on and talked about what I wanted to

☐ N/A

INFORMATION / REFERRALS

I didn't find the information/ referrals provided sufficient or relevant 1----------2---------3----------4----------5 I found the information/referrals provided sufficient & relevant

☐ N/A

OVERALL SATISFACTION

How would you rate your overall satisfaction with the services you received at MWHCP?

Not at all satisfied 1----------2----------3----------4----------5 Very satisfied

☐ N/A

PLEASE TURN OVER AFTER COMPLETING THIS PAGE.

Any comments or feedback

_____
_____
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Office Use Only: Date Entered_____ By Initial_____