

# Consumer Feedback Form

Dear Client:

We find it helpful to know what you think about the services you received at Nova Scotia Hearing and Speech Centres. Your comments and observations will assist us in providing high-quality clinical services that are responsive to your needs.

**Our Vision: Prevalence and impact of hearing, speech and language disorders is reduced.**

*Every person deserves a voice.  
Every voice deserves to be heard.*

**The following services have been received by:**

Me  My child  A member of my family  Other  (please specify) \_\_\_\_\_

Hearing Test  Hearing Aids  Balance Test   
 Speech/Language  Swallowing  Autism

1. Once referred, the wait time for services was acceptable. Yes  No

2. Was this your first visit? Yes  No

3. I am aware that NSHSC is a provincial program, which is separate from this hospital/facility. Yes  No

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
4. The Centres' environment was safe, clean, pleasant and accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The staff considered my special needs (age, culture, education, handicapping condition, eyesight, hearing, etc.) when serving me, and were courteous, helpful, and respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The clinician was prepared, organized and on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The clinician provided me with all the information I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The amount of service I received was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am satisfied with the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there ways to make our services better? Please specify. \_\_\_\_\_

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\_\_\_\_\_

Do you have any particular comments, questions, or concerns regarding the service(s) you received?

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Will you allow us to use your comments in NSHSC publications (e.g. Annual Reports, Brochures, Web site, etc.)?

Yes  No

Will you allow us to include your name?  Yes  No

**OPTIONAL: Your name and address:**

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**The Nova Scotia Hearing and Speech Foundation**, with the support of the community, provides financial support to Nova Scotia Hearing and Speech Centres making it possible to deliver important programs, purchase essential equipment and expand services.

Would you be interested in receiving information about the Nova Scotia Hearing and Speech Foundation? Yes  No

Contact Information: Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ or

Mailing Address: \_\_\_\_\_

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**Once you have completed this form, please forward it to the staff at the NSHSC site you visited. If you prefer, you may send it directly to NSHSC Provincial Centre at the address below:**

NSHSC Provincial Centre  
Attn: Administrative Assistant  
5657 Spring Garden Road  
Suite 401, Box 120  
Halifax, NS B3J 3R4

**Thank you for taking the time to complete this evaluation form. We appreciate your feedback.**