

## **Adjusted Hours - Client Feedback Form**

Please help us improve your experience at the Health Centre by answering a few quick questions. Your feedback will help us better understand how our hours and services impact your care and well-being. This survey should take only a few minutes to complete, and your input is valuable in ensuring we meet your needs. Thank you for your time!

What service or program do you use at the Health Centre? (OPTIONAL))	
Were you able to see this summer?	your provider or access programs and services when you needed to
☐ Yes	
□ No	
Did you access servic	es at the following times? Please check all that apply.
☐ Thursday between 9	9:00 – 10:30 am
☐ Evening clinic betwe	een 4:00 –6:00 pm at any of our locations
<del>-</del>	ours had an impact on your overall health & wellbeing?
<ul><li>Negative Impact</li><li>Positive Impact</li></ul>	
☐ No Impact	
☐ Not Sure	
i Not Sui c	
Please provide any ac	dditional feedback or suggestions: