

## **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 this summer?	to see your provider or access programs and services when you needed to
☐ Yes	
□ No	
Did you access	services at the following times? Please check all that apply.
☐ Thursday bet	ween 9:00 – 10:30 am
<ul><li>Evening clinic</li></ul>	between 4:00 –6:00 pm at any of our locations
_ 5	
Have the adjus	sted hours had an impact on your overall health & wellbeing?
☐ Negative Imp	pact
☐ Positive Impa	act
☐ No Impact	
☐ Not Sure	
Please provide	any additional feedback or suggestions: