

CLIENT SATISFACTION SURVEY

In January 2009, the ALS Society of New Brunswick administered a satisfaction survey to its clients. With a 40 per cent return rate, this survey was valuable in completing our strategic plan.

This survey is for completion by the family member (or members) of the ALS client at this address, and/or by the primary caregiver. Your response is appreciated prior to March 1, 2010.

Your responses will provide us with further direction so that we may ensure that we are meeting the needs of both our clients and their family members & caregivers.

**YOU DO NOT NEED TO IDENTIFY YOURSELF IN ANY WAY.
YOUR ANSWERS AND ANY COMMENTS YOU MAKE ARE CONFIDENTIAL.**

GENERAL INFORMATION

We recognize that you may have different priorities depending on a number of factors including: the stage of the disease, the rate of disease progression, geographical location, the availability of family care, etc. With this in mind we would like to obtain some general information about you without identifying who you are. This will allow us to better understand the survey results.

1. You are responding as:

- an ALS family member
- another ALS caregiver

2. How long has it been since their ALS diagnosis? _____

3. Estimate the time interval between their first symptoms and their initial diagnosis: _____

4. What, if anything have you been told about their rate of progression? (i.e. fast/slow/average/moderate/not sure) _____

5. What is your geographical location? (area or county) _____

On behalf of the ALS Society of New Brunswick, we thank you for the time you have taken to fill out this survey. It is a valuable tool to ensure that the Society is able to meet your current needs and expectations and to ensure that we are able to meet your future expectations.

MEDICAL CARE

1. How do you rate the quality of service they have received?
- Excellent

 Good

 Poor
 Very Good

 Fair
2. What would you recommend for improvement? (check all that apply)
- Better access and/or parking
 GP's more familiar with ALS
 Integration between team members
 More advanced confirmation of appointment
 More ALS clinic doctors
 More frequent appointments to be aware of the progression of the disease
 Home visits by psychologists
 More information on progress to the family
 Regular, schedule appointments
 Sensitivity to reality of home dynamics when giving advice

THERAPY SERVICES AND OUTREACH CARE

1. Are they regularly followed up by non-medical professional staff?
- Yes
 No
2. If yes, which non-medical practitioners do they regularly see? [check all that apply]
- Staff of ALS Outreach Team

 Occupational Therapist
 Social Worker

 Physiotherapist
 Registered Dietician

 Speech-Language Pathologist
3. Who follows up their non-medical professional care?
- Community-Health Unit Staff
 ALS Outreach Team
 Other
4. How important is this to you?
- Very important
 Somewhat important
 Not important
5. How do you rate the quality of service they have received?
- Excellent

 Fair
 Very Good

 Poor
 Good

EQUIPMENT SUPPORT

- How are you satisfying your equipment needs? [check all that apply]

<input type="checkbox"/> Self Purchased	<input type="checkbox"/> ALS Society or Easter Seals
<input type="checkbox"/> Self Rented	<input type="checkbox"/> Extended Benefits Plan
- How do you rate the quality of service you have received? [speed of equipment service and repair, quality of equipment]

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor
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- What would you recommend for improvement? (check all that apply)
 - Availability of newer equipment
 - more equipment
 - more information on what to look for
 - shorter wait-lists and wait-times
 - more user-friendly communication devices
 - Other _____

COUNSELLING

- Have you been receiving professional counselling?
 - Yes
 - No
- How important is this to you?
 - Very important
 - Somewhat important
 - Not important
- How do you rate the quality of service you have received?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	

FINANCES, FINANCIAL PLANNING & ADVICE

- Have you been receiving financial planning service and advice for such things as disability insurance, tax claims for equipment, personal planning?
 - Yes
 - No
- How important is this to you?
 - Very important
 - Somewhat important
 - Not important

SUPPORT GROUPS

1. Do you have access to a support group in your area?
 - Yes
 - No

2. How important is this to you?
 - Very important
 - Somewhat important
 - Not important

3. Would you be interested in attending an Support Group for ALS caregivers/family members?
 - Yes
 - No

4. Indicate the type of support group that would interest you. [Check all that apply]
 - Support group for ALS clients, family and caregivers
 - Support group for ALS family members and caregivers only
 - Support group which meets in person
 - Support Group which meets via teleconference

5. Would you be willing to travel to attend a support group?
 - Yes
 - No

6. If you are not interested in attending a support group - would you like to talk one on one to other ALS families, so that you could share experiences?
 - Yes
 - No

REGIONAL CARE

1. How far must you travel from your home to receive care? _____

2. How difficult is it for you to travel for medical care?
 - Very difficult
 - Somewhat difficult
 - Not difficult

3. How important is it for you to have such services close to home?
 - Very important
 - Somewhat important
 - Not important

INTERNET SUPPORT

1. Are you using the Internet to try to find information about ALS?
 Yes
 No
2. Have you visited the ALS Canada or ALS New Brunswick websites?
 Yes
 No
3. Have you found the ALS New Brunswick website to be helpful?
 Yes
 No

RESEARCH INTO ALS

1. How aware are you of ALS research being conducted in NB, elsewhere in Canada and around the world, and how and when it might affect you?
 Very aware
 Moderately aware
 Not very aware
2. How aware do you feel you are of clinical trials underway related to ALS, and how to participate in them?
 Very aware
 Moderately aware
 Not very aware
3. How important is this to you?
 Very important
 Somewhat important
 Not important

QUESTIONS ABOUT THE ALS SOCIETY OF NEW BRUNSWICK

1. My experiences with the ALS Society of New Brunswick have been:

- Very positive
- Somewhat positive
- Neutral
- Somewhat negative
- Negative

2. Membership to the ALS Society of New Brunswick. . .

- Is beneficial to me
- Neither beneficial, or not
- Is not very beneficial

3. The most important role of the ALS Society of New Brunswick is, in my opinion:

- | | |
|---|--|
| <input type="checkbox"/> organizing equipment and support | <input type="checkbox"/> raising awareness of ALS |
| <input type="checkbox"/> fundraising | <input type="checkbox"/> providing educational materials |
| <input type="checkbox"/> research | <input type="checkbox"/> providing support/outreach |

CLIENT SERVICES

The ALS Society of New Brunswick has a client services committee comprised of volunteers. To help us improve the efficiency and effectiveness of this committee please answer the following questions:

1. Has a volunteer or representative from the ALS Society of New Brunswick ever contacted you with regard to our services? _____

2. Would you welcome contact from one of our representatives or volunteers? (This would allow us to better service your needs/concerns?) _____

3. Is there a better time for our volunteers to contact the family?

- Immediately upon registration
- One month after registration
- Six months after registration
- Never

PRIORITIES

Please rank the following in your order of priority (1 = highest priority, 10 = lowest priority)

- | | |
|------------------------------------|-------------------------|
| _____ Counselling | _____ Research into ALS |
| _____ Equipment Support | _____ Regional Care |
| _____ Finances, Financial Planning | _____ Support Groups |
| _____ Internet Support | _____ Therapy Services |
| _____ Medical Care | _____ Outreach Support |