

Population and Public Health Individual and Family Client Feedback Form (Families First)

Please share your experiences with Public Health services in Winnipeg. Your feedback will be used to improve Public Health services and programs. Your feedback is anonymous.

1.	How long have y	ou been receiving	g Families First	services? (Check one	:)
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Less than 6 months

- More than 6 months but less than one year
 - More than two years

Other: _____

2. Is there anything that gets in the way of your visits?

□ Family member ill

More than one year but less than two

- □ Nothing gets in the way □ Unable to reschedule visits when
- □ Time not convenient □ Other appointments
- missed/cancelled

3.	Please check the boxes that best describe your experience. Overall	Strongly	Agree	Disagree	Strongly
	the Families First team (i.e., Families First Home Visitor and Public	Agree	•	•	Disagree
	Health Nurse)				
a.	Provides me with information and services that I need				
b.	Provides me with information that is clear and easy to understand				
C.	Shares information that helps build on my parenting skills				
d.	Understands my family's needs				
e.	Is friendly and polite				
f.	Respects me in making my own choices and decisions				
g.	Helps me understand how children grow & develop				
h.	Sees strengths in me that I didn't know I had				
i.	Encourages me to use my own skills and resources to solve problems				
j.	Lets me decide what goals I want to work toward				
k.	Connects me with services that are helpful for me and my family				

- 4. Is the Families First program different from what you expected?
 - \Box Yes

No

Please explain:



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5.	What do you like most about the Families First program and why?						
6.	What do you like least a	about the Families First pro	gram and why? _				
7.	Is there anything else yo	ou think we should know?					
		you with the Families First	Very Satisfied	Satisfied	Dissatisfied	Very dissatisfied	
k	program?						
8.	What is your postal cod	e?					
9.	What is your age? Less than 15 15-19	□ 20-24 □ 25-30		30-39 Greater than	40	prefer not to answer	
		nk you for sharing your fe o someone about your experie		-		-926-7825 or email	

Office Use Only: Community Area/Team: _____Filled in by: ___Client ___ Staff ___ Volunteer ___Translator ____ Neighborhood (based on cross ref to 6 dig PC) _____