

About our services

Are you aware of the Hospice Centre Wellness Programs?

- Yes No Not sure

The following identifies the types of wellness centre programs at The Hospice. Please check the boxes for any program you may be INTERESTED IN or have PARTICIPATED IN.

INTERESTED IN	PARTICIPATED IN	
<input type="checkbox"/>	<input type="checkbox"/>	Physical and mental wellness (e.g. fitness, yoga, meditation, Thai Chi, Qi Gong)
<input type="checkbox"/>	<input type="checkbox"/>	Arts and crafts (e.g. knitting, beading, healing through art)
<input type="checkbox"/>	<input type="checkbox"/>	Legacy work (e.g. pottery, life stories)
<input type="checkbox"/>	<input type="checkbox"/>	Education (e.g. Spanish lessons, guitar)
<input type="checkbox"/>	<input type="checkbox"/>	Socialization (e.g. Jammin' for Wellness, coffee house, card club, bingo)
<input type="checkbox"/>	<input type="checkbox"/>	Support groups and workshops (e.g. Living through chronic pain, Mind Matters, Road Ahead, Coping with Caregiving, Are you Sleeping?, Relaxation techniques)
<input type="checkbox"/>	<input type="checkbox"/>	Energy programs (Reiki, Radiant Touch, Therapeutic Touch)

If you do not participate in Hospice Centre Wellness programs, please check all boxes that apply:

- | | |
|--|---|
| <input type="checkbox"/> I am not aware of what is available | <input type="checkbox"/> I am not motivated |
| <input type="checkbox"/> I do not want to participate in any programs | <input type="checkbox"/> I do not have the time |
| <input type="checkbox"/> I do not have transportation | <input type="checkbox"/> I have work, home, child/ parent or other responsibilities |
| <input type="checkbox"/> There are language barriers for me | <input type="checkbox"/> Other, Please specify: _____ |
| <input type="checkbox"/> There are no programs offered that meet my needs | |
| <input type="checkbox"/> I require child care and there is none available for me | |

Are you interested in attending any of the following programs in the future at The Hospice? Check all that apply

- Nutrition (e.g. cooking for health, nutrients series, cooking for one)
- Physical wellness (e.g. exercise, stretching)
- Emotional and spiritual wellness (e.g. meditation, mindfulness)
- Complementary Programs (e.g. aroma therapy, herbal gardening)
- Socialization (e.g. social club)
- Skills development (e.g. practicing self-compassion, coping)
- Education (e.g. sexuality and intimacy, or on any topic – please identify below)

Other: _____

Who would you like to lead the programs?

- Hospice Staff or certified instructors Community person from a specific cultural or faith group. Please provide an example
- Volunteer
- Other: _____

If you were to attend a wellness centre program at The Hospice, what day of the week and time of day works best?

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Thursday | |
| <input type="checkbox"/> Friday | |
| <input type="checkbox"/> Weekend (Saturday) | |
| <input type="checkbox"/> I do not want to attend a wellness centre program | |

How long would you prefer the program to last? What is the group size you prefer?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> 45 minutes | <input type="checkbox"/> 1-5 people |
| <input type="checkbox"/> 45 minutes – 1 hour | <input type="checkbox"/> 5-10 people |
| <input type="checkbox"/> 1-1 ½ hours | <input type="checkbox"/> 10-15 people |
| <input type="checkbox"/> 1 ½ - 2 hours | |

If you currently attend one-on-one sessions (individual sessions), would you be interested in attending a group session which addresses the same challenges you discuss in the individual session?

- Yes No Not sure

I would be interested in attending Wellness Centre Programs in Leamington/Erie Shores when they become available.

- Yes No Not sure

The Hospice offers free community speaker series. Is there a topic you would like to hear about?

- Yes, please specify: _____
- No
- Maybe

How do you prefer to find out about Hospice programming and events?

- | | |
|--|--|
| <input type="checkbox"/> Hospice calendar / flyer in the mail | <input type="checkbox"/> Hospice Website |
| <input type="checkbox"/> Social media (Facebook, Twitter etc.) | <input type="checkbox"/> Community Bulletin Boards |
| <input type="checkbox"/> Email | <input type="checkbox"/> Community Program Guide |
| <input type="checkbox"/> Other: _____ | |

Do you attend wellness programs elsewhere?

- Yes – please indicate the type of program and where
- _____
- _____

- No

If you do not participate in Wellness Centre programs or individual sessions, how do you get the support you need?

- | | |
|---|--|
| <input type="checkbox"/> Family / Friends | <input type="checkbox"/> I do not have any support |
| <input type="checkbox"/> Faith Community | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Individual or Group sessions from another agency | _____ |



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How can we improve our **Wellness Centre Programs** for you? What new programs would be of interest to you?

Do you have anything else that you would like to share with us at this time, about our wellness centre programs and how they could better support you?

If you would like to learn about the results from this survey or would like someone to follow-up with you, please provide us with your contact information

Name _____
Address _____
Phone _____
Email _____

If you have any children 16 years of age or younger, please answer the following questions

What age are your children?
 4-7 years
 8-10 years
 11-13 years
 14-16 years

What time of day would be optimal for wellness centre programs to be offered?
 Morning
 Afternoon
 After school
 Other: _____

Which of the following types of programs are you most interested in for your children?
Please check all that apply:
 Grief/Bereavement support groups (e.g. sibling support group, self-care support group, living with grief, grief class for children)
 Socialization (e.g. fun time for kids, Lakeshore cinema movie time, Lego club, children's art class)
 Physical Activities (e.g. Kids kicking cancer)
 Individual counselling

Please take a moment to help us improve your experience at The Hospice. We are doing a needs assessment to understand what Wellness Centre Programs you enjoy and what you may like to do at The Hospice in the future.

When you have completed the survey, please mail it back to us in the envelope provided. All responses will remain anonymous unless you choose to provide us with your contact information at the end of the survey.

Information about you.

Who is completing this survey?

- Client
- Caregiver
- Both – you are completing this survey together

What is your gender?

- Male
- Female
- Other
- Prefer not to answer

What is your ethnicity/origin?

- Canadian
- Native Canadian
- British
- French
- Italian
- African
- Middle Eastern
- East Indian
- Asian
- German
- Australian/New Zealand
- Eastern European
- South/Central American
- Other: _____

What Languages do you speak? (check all that apply)

- English
- French
- Spanish
- Italian
- Polish
- Mandarin
- Cantonese
- Arabic
- Punjabi
- Other: _____

What is your age? Please check the correct box. If two people are completing this survey, you may check more than one box if necessary.

- Younger than 18
- 18-40 years
- 40-65 years
- 65-80 years
- Over 80 years

What municipality do you reside in?

- Windsor
- LaSalle
- Tecumseh
- Essex
- Kingsville
- Amherstburg
- Lakeshore
- Leamington (including Pelee Island)

What is your marital status?

- Single, never married
- Married or common law
- Widowed, divorced or separated

Thank you for your participation!

The Wellness Centre Programs & the Centre of Excellence