

Onkwehón:we Midwives Collective 891 Island Road, Akwesasne ON K6H5R7 P. 613-938-2229 F. 613-932-5080 eFax 1-613-902-3511

Dear WEH! Initiative Client:

The Onkwehonwe Midwives Collective is dedicated to your satisfaction of services received in the Women's Equity in Health (WEH!) Initiative. We would appreciate your input on your experience with this program. This survey is confidential and private, only OMC Staff (who are bound by confidentiality) will review and will use for the purpose of improvement of the WEH Initiative.

	1.	Which Practitioner(s) did you visit?					
	2.	Were your immediate health concerns addressed?					
	3. Did you receive any new diagnosis?						
4. Were your health concerns resolved?							
	5.	If you visited multiple practitioners, which did you appreciate the most?					
	6.	Are you planning on continuing visits with the Practitioner, after the	WEH! Init	iative?_			
			Absolutely	Sort of	Not Really	Absolute Not	
1		Vas the Intake Process & Participation process of the WEH! Initiative asily navigated?			Really	Not	
2	V	Vere your expectations of the visit/practitioner met?					
3	Н	ow likely are you to visit the Practitioner after the WEH! Program?					
4	Н	ow likely are you to recommend the Practitioner to others?					
5		low likely are you to recommend the WEH! Initiative to other yomen?					
		you say that your involvement in the WEH! Initiative has improved your ay(s)?	ur quality	of life?	If yes,	in	
Plea	ase	list any additional comments or ways we can improve our WEH! Initiat	tive.				