



First Nations Health Authority
Health through wellness

FNHA Health Benefits Client Satisfaction Survey

FNHA is committed to quality improvement and we want to hear from you! This purpose of this survey is for you, as a client of Health Benefits, with the opportunity to provide feedback on the quality of service received in your most recent experience. Survey data will be used to improve Health Benefits services for BC First Nations. This survey should only take 5 minutes of your time.

Today's Date (MM/DD/YY): _____ / _____ / _____

"I confirm that I am 19 years or older" Required to proceed

Who are you responding to this survey on behalf of?

Myself A minor for whom I am the parent or guardian Another adult who requires assistance

PART 1

Satisfaction with your Recent Health Benefits Experience

What was your most recent experience with Health Benefits in regards to? (Select one)

- | | |
|---|---|
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Medical Supplies & Equipment |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Vision Care | <input type="checkbox"/> Eligibility and/or BC Medical Service Plan (MSP) |
| <input type="checkbox"/> Medical Transportation | |

How long ago was your most recent experience with Health Benefits?

- | | |
|---|--|
| <input type="checkbox"/> Less than 3 months ago | <input type="checkbox"/> 7-12 months ago |
| <input type="checkbox"/> 3-6 months ago | <input type="checkbox"/> More than 12 months ago |

Claim was covered to my expectation.

- Yes No I'm not sure / still in process Not applicable

If you answered no, is there anything you would like to tell us about the experience?

Who were you in contact with regarding your claim?

- First Nations Health Authority representative (e.g. Claim Assessor, Benefit Service Representative)
- Local First Nations health service organization staff
- Benefit provider only (e.g. pharmacist, optometrist, dentist)
- Pacific Blue Cross
- I'm not sure
- Prefer not to answer

If you answered "Local First Nations health service organization staff" to above:

What is the name of the First Nations health service organization you received services from regarding your claim?

Complete the following if you received service from FNHA or a local First Nation health service organization:

Measures of satisfaction	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
It was easy to get in contact with a representative						
The representative was knowledgeable						
The representative was committed to helping me						
The representative was respectful						

All respondents please complete the following:

Measures of satisfaction	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
My claim (or request) was processed quickly						
It was easy to find the information I was looking for						
I was satisfied with the service overall from Health Benefits						

Did your recent experience change your level of satisfaction with the program overall?

- Satisfaction increased significantly
- Satisfaction increased somewhat
- No change in satisfaction
- Satisfaction decreased somewhat
- Satisfaction decreased significantly
- Not applicable

What is one thing we could do to improve customer service? *(Optional)*

What is one thing we are doing well in terms of customer service? *(Optional)*

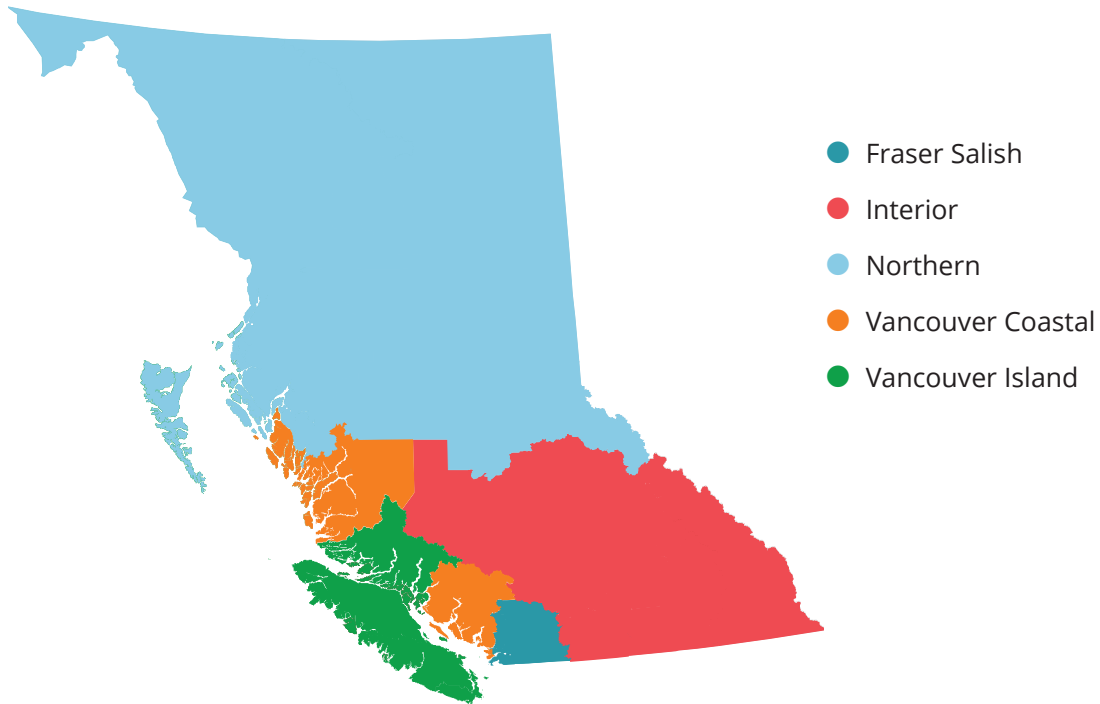
Do you have any additional comments or questions? *(Optional)*

PART 2

Some information about you to provide context for your response (Optional)

In which region do you live?

- | | | |
|--|--|---|
| <input type="checkbox"/> Fraser Salish | <input type="checkbox"/> Vancouver Coastal | <input type="checkbox"/> Northern |
| <input type="checkbox"/> Interior | <input type="checkbox"/> Vancouver Island | <input type="checkbox"/> Prefer not to answer |



What are the first three digits of your home address postal code? (Optional): _____

Which age group are you in?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> 18 years or younger | <input type="checkbox"/> 30 - 39 years | <input type="checkbox"/> 50 - 64 years | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 19 - 29 years | <input type="checkbox"/> 40 - 49 years | <input type="checkbox"/> 65+ years | |

How did you hear about this survey?

- | | |
|--|--|
| <input type="checkbox"/> FNHA website | <input type="checkbox"/> Local First Nations health service organization |
| <input type="checkbox"/> FNHA e-blast newsletter | <input type="checkbox"/> Band office or local administration office |
| <input type="checkbox"/> FNHA representative | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> FNHA Facebook page | <input type="checkbox"/> Prefer not to answer |

Thank you for completing the survey!

**YOU CAN
SEND US
YOUR PAPER
COPY BY:**

MAIL: First Nations Health Authority
First Nations Health Benefits program
540-757 West Hastings Street
Vancouver, BC V6C 1A1

FAX: 1-888-299-9222

E-MAIL: HealthBenefits@fnha.ca