**is engaging YOU to help determine the clinical health care services needed at Trenton Memorial Hospital (TMH) now and into the future. Provincial budgets to hospitals are being reduced. It is essential that QHC understand the current priority needs of YOUR community.**

**All completed surveys can be dropped off at City Hall or mailed to the address at the bottom of page 2.**

**SURVEY:**

1. Are you Male 🞎 Female 🞎
2. How many live in your household, in the following age groups:

\_\_\_ < 20 years \_\_\_ 41 - 60 years of age

\_\_\_ 21 - 40 years of age \_\_\_ 61 and up

1. Are you a member of the Military? Active 🞎 or Retired 🞎 - N/A 🞎

4. What is your postal code: \_\_\_\_\_\_\_\_\_\_

5. What distance would you consider reasonable to travel to receive routine Health Care Services?

🞎 < 5 km 🞎 6 - 10 km 🞎 11 - 25 km 🞎 26 - 35 km 🞎 over 35 km

6. What health care services do you believe are essential to have located at TMH?

🞎 24/7 Emergency 🞎 Diagnostic Imaging (CT, Ultrasound, x-ray, etc.)

🞎 Oncology 🞎 Dialysis

🞎 In-patient hospital beds 🞎 Cardiology (ECG, Holter Monitor etc.)

🞎 Same Day Surgery 🞎 In-Patient Surgery

🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Please list your top 10 services that you would like to see available for you and your family at Trenton Memorial Hospital: (they can be already there or not)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. If you or a family member received medical care at another hospital in the last 12-months while living closest to TMH, what was the reason?

* Specialist was available only there
* Specific care needed was not available at TMH

🞎 My Family Doctor made the decision for me

🞎 We were more familiar with the other hospital

🞎 We were seeking a second opinion

🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Would you utilize the following services if they were available at TMH (🗸 all that apply)?

🞎 Women’s Health and Wellness Centre 🞎 Veteran’s Services

🞎 Hospice/Palliative Care 🞎 Dialysis

🞎 Mental Health Counseling (addictions, PTSD etc.)🞎 Sleep Clinic

 🞎 Rehab/Occupational-Physiotherapy 🞎 Pain Management

 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. What should a hospital’s role be, compared to the role of other providers in the community (such as the Community Access Centre, Family Health Team (family physicians), Health Link, VON, Community Health Centre etc.)?

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**Other Remarks**: Is there anything we have not asked - that you would like to suggest to the volunteers of “Our TMH”? Is there anything about TMH you would like to comment on, or health care services that you would like to add.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **for taking the time to complete this survey.**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (if you are willing to let us communicate with you this way to help us save costs on postage)

*****is committed to protecting your privacy and safeguarding your personal information. Information collected is for only our purposes and will not be sold or shared with any third parties.*  

 c/o Betty Clost, 130 Henry St., Trenton, ON K8V 3T9

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