



Your Voice Matters

Have your Voice heard!

Fill out our consumer/client survey

Please print and scan/e-mail, fax
or mail results

For more info call or visit us online at
www.mentalhealthandaddictions.com

Tel: (705) 444-1844
Tel: (705) 446 3535
Tel: (705) 446-3218
Fax: (705)-444-4782

E-mail:
csp1@bellnet.ca
csp2@bellnet.ca

43 Elgin Street
Collingwood, ON
L9Y 3L6
Canada

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1. Do you feel that mental health and addiction services are adequate in your area?

(YES) (NO)

2. Rate the quality of life you are able to have in your area with your mental health / addictions challenges:

(Excellent) (Good) (Fair) (Poor)

3. Do you feel that you have suitable voices in the mental health/addictions systems and your treatment/ recovery?

(YES) (NO)

4. What services do you feel in your area are lacking?

(Doctors) (Peers) (Counsellors) (Info) (Housing)
(Life Skills) (Relationship programs) (Financial)
(Family supports) (Transportation)(Employment)
(Social activities)

5. Are wait times for services acceptable?

(Excellent) (Good) (Fair) (Poor)

6. What services or programs will best serve your needs?

(Counselling) (1 on 1) (Groups) (Workshops)
(Family supports)(recreational programs)

7. Are you currently employed or actively looking for employment?

(YES) (NO)

8. Are you currently dealing with?

(Mental health) (Addictions)

9. What supports are you currently receiving?

(Counselling) (1 on 1) (Groups) (Workshops)
(Family supports)(recreational programs)(Life Skills) (Housing)(Relationship programs)
(Financial) (Transportation)

10. Has your mental Health or Addiction lead to the need for a ER visit in the past?

(6 months) (1 year) (3 Years)