

# Accessibility at UHN

University Health Network (UHN) is committed to providing a respectful, accessible and inclusive environment for everyone.

**You may choose to take part or not take part in this Accessibility Feedback Survey.**

Your care at UHN will not be affected in any way whether you choose to fill out this survey or not.

**How we will use the information you share with us:**

If you choose to take part in this feedback survey, do not write anything on the survey that may identify you. UHN will keep the information you share confidential. We will only share what you tell us with teams at UHN. No one will be able to identify you from the information in our reports. The information you share in this survey will help UHN improve our services for future patients and visitors who live with disabilities.

Thank you for taking the time to fill in this feedback survey.

1. Do you self-identify as a person with a disability?

- Yes
- No \* If you do not self-identify as a person with a disability, you do not have to take part in this survey.
- Not Sure

2. Please let us know if you are:

- Patient
- Family Member of Patient
- Friend of Patient
- Visitor
- Community Member

Do not write anything on this survey that may identify you.

Please enter today's date:

3. What is your type of disability? (Check as many as may apply to you)

- Deaf, Deafened or Hard of Hearing
- Intellectual Disability
- Development Disability
- Learning Disability
- Mental Illness
- Speech or Communication
- Blind, Low Vision or Vision Impairment

Physical Disability, be specific:

Mobility Disability, be specific:

No Visible Disability, be specific:

Other, be specific:

In what area(s) do you need to be accommodated?

4. What hospital and department do you work in?

Princess Margaret Cancer Centre Enter Dept:

Toronto General Hospital Enter Dept:

Toronto Rehabilitation Institute -  
Enter Dept:

- Bickle Centre
- Lyndhurst Centre
- Rumsey Centre
- University Centre

Toronto Western Hospital Enter Dept:

Other

5. Did you find it easy to get around in the hospital or department where you visited or were given care?

- Yes
- No

If you answered "No", please tell us why?

Not Sure: Please tell us why?

6. Do you use an assistive device or assistive devices?

- Yes
- No

If so, what type of assistive device?

Were you able to use your own assistive device at UHN?

Yes

No

If no, why were you not able to use your own assistive device at UHN?

7. Do you use a support person?

Yes

No

Were you able to be accompanied by your support person at UHN?

Yes

No

If no, why were you not able to be accompanied by your support person at UHN?

8. Do you use a service animal?

Yes

No

9. Was your service animal able to accompany you at UHN?

Yes

No

If no, why was your service animal not able to accompany you at UHN?

10. Were you able to find and use an accessible washroom? (check as many as apply)

Yes, easy to find

No, not easy to find

Yes, accessible to use

No, not accessible to use

I did not use the washroom

Does not apply to me as I can use a regular washroom

11. Were the services during your visit respectful and helpful for people with disabilities?

Yes

No

If "No", please tell us more:

Not sure, please explain:

12. As a person who has a disability, do you know that UHN's emergency evacuation plan is available in alternate formats, upon request?

Yes

No

13. Do you have any other comments or suggestions to help us improve Accessibility at UHN?

## Thank you for completing this feedback survey!

This survey aligns with the principles of the Accessibility for Ontarian Disability Act, 2005



You may submit the form electronically or mail the completed survey to:  
University Health Network  
Toronto Western Hospital  
Diversity and Mediation Services  
399 Bathurst St., Room MP5-323  
Toronto, ON  
M5T 2S8