**French Language Services Experience Survey**

The purpose of this survey is to inform (insert name of health service provider) regarding your experience as a patient or caregiver with respect to services received in French. We would like to learn more about how you felt in order to improve the French language services offered to patients.

**Which department or service did you visit ?** (Modify to include your departments and the services you offer)

▢ Operating room

▢ Chemotherapy

▢ Medical Imagery

▢ Laboratory

▢ Nutrition

▢ Physiotherapy

▢ Specialised services

▢ Telemedicine

▢ Respiratory therapy

▢ Emergency

▢ Other (Please specify)

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

**1. In which language did you receive the following services?** (You can modify the options to reflect your departments or the services you offer)

|  |  |  |  |
| --- | --- | --- | --- |
| **Point of contact** | **Language** | | |
|  | French | English | French and English |
| Reception / Registration | ▢ | ▢ | ▢ |
| Healthcare services | ▢ | ▢ | ▢ |

**2. How did you feel about the language used to provide care at each of the following points of contact? You can check more than one answer.** (You can modify the options to reflect your departments or the services you offer)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Point of contact** | **Emotions** | | | | | | |
|  |  |  |  |  |  |  |  |
|  | Good | At Ease | Indifferent | Afraid | Disappointed | Frustrated | Other |
| Reception / Registration | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | \_\_\_\_\_\_\_\_\_ |
| Healthcare service | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | \_\_\_\_\_\_\_\_\_ |

**3. Did the language used during your care allow you to:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | Most of the time | A little bit | Not really | Not at all |
| To understand well | ▢ | ▢ | ▢ | ▢ | ▢ |
| To be well understood | ▢ | ▢ | ▢ | ▢ | ▢ |

**4. What is** (insert name of health service provider) **doing well in relation to the provision of services in French?**

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

**5. How could** (insert name of health service provider) **improve its offer of services in French?**

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

**6. Rate your overall experience regarding our French-language services on the following scale.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Good | At Ease | Indifferent | Affraid | Disappointed | Frustrated | Other  \_\_\_\_\_\_\_\_ |

------------------------------

*Optional:* If you would like to be contacted to discuss how (insert name of HSP) can further improve French language services, please enter your contact information below.

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Thank you for your collaboration**