**French Language Services Experience Survey**

The purpose of this survey is to inform (insert name of long-term care home) regarding your experience as a resident 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 residents.

**In which section of the long-term care home do you or does your loved on live in?** (If this question is relevant, please write the neighbourhoods’, wings or units’ names)

▢ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

▢ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

▢ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

▢ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a resident or a caregiver?**

▢ Resident

▢ Caregiver

**1. In which language do you or does your loved one receive services?**

|  |  |  |
| --- | --- | --- |
| **Language** | | |
| French | English | French and English |
| ▢ | ▢ | ▢ |

**2. How do you or does your loved one feel about the language used to provide services? You can check more than one answer.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Emotions** | | | | | | |
|  |  |  |  |  |  |  |
| Good | At Ease | Indifferent | Afraid | Disappointed | Frustrated | Other |
| ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | \_\_\_\_\_\_\_\_\_ |

**3. Does the language used allow you or your loved one:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 long-term care home) **doing well in relation to the provision of services in French?**

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

**5. How could** (insert name of long-term care home) **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  \_\_\_\_\_\_\_\_ |

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

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

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

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

**Thank you for your collaboration.**