



### French Language Services Experience Survey

The purpose of this survey is to inform the Canadian Mental Health Association Cochrane-Timiskaming Branch (CMHA-CT) regarding your experience as a client or caregiver with respect to services received in French. We would like to learn more about how you felt to improve the French language services offered to patients.

#### Which program / service did you receive?







<input type="checkbox"/> Addictions Services	<input type="checkbox"/> Assertive Community Treatment Team (ACTT)
<input type="checkbox"/> Behavioural Supports Ontario	<input type="checkbox"/> Case Management
<input type="checkbox"/> Concurrent Disorders	<input type="checkbox"/> Consumer Survivor
<input type="checkbox"/> Developmental Disabilities Service	<input type="checkbox"/> Early Intervention Psychosis
<input type="checkbox"/> Housing Services	<input type="checkbox"/> Justice Support Services
<input type="checkbox"/> Primary Care	<input type="checkbox"/> Senior's Mental Health Program
<input type="checkbox"/> Social Recreation	<input type="checkbox"/> Other (Please specify)

Specify other:	
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#### 1. In which language did you receive the following services?

Point of contact	French	English	French and English
Reception			
Intake			
Healthcare services (primary care)			
Other 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.

Point of contact	Good 	At Ease 	Indifferent 	Afraid 	Disappointed 	Frustrated 
Reception						
Intake						
Healthcare services (primary care)						
Other services						

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

	Yes	Most of the time	A little bit	Not really	Not at all
Understand well					
Be well understood					

**4. What is CMHA-CT doing well in relation to the provision of services in French?**

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**5. How could CMHA-CT improve its offer of services in French?**

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

Good	At ease	Indifferent	Afraid	Disappointed	Frustrated	Other
						

<b>If other please explain.</b>	
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*Optional:* If you would like to be contacted to discuss how CMHA-CT can further improve French language services, please enter your contact information below.

Name :	
Telephone :	
Email :	

**Thank you for your collaboration!**