

## FEEDBACK — PERSONAL FOLLOW-UP

Monthly questionnaire for monitoring, listening and improving personal support

|                   |                       |
|-------------------|-----------------------|
| Month: .....      | Site: CARTHAGE & BÊTA |
| Full name : ..... | Supervisor : .....    |

### 1. Relationships, environment and safety

Are you experiencing any difficulties with residents? ☐ No ☐ Yes Please specify:

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Do the equipment, materials or the CARTHAGE & BÊTA sites continue to provide you with comfort and safety? ☐ Yes ☐ No Please specify:

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Are you still satisfied with the internal duties assigned to you? ☐ Yes ☐ No Please specify:

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Are you experiencing any difficulties with visitors, guests or external persons? ☐ No ☐ Yes  
Please specify:

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Site: CARTHAGE & BÊTA • Suite du questionnaire

## 2. Specific situations, suggestions and continuity of commitment

Regarding the “Saturday Night” initiative, do you currently feel comfortable with this situation?  
☐ Yes ☐ No Please specify:

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Do you have any suggestions for improving your personal support and follow-up?

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Regarding the association and its missions, in which your participation is a daily asset, do you still wish to continue receiving support? ☐ Yes ☐ No Please specify:

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## 3. Identification and validation

Staff identification number / identification plate:

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Additional comments from the supervisor:

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Signature of staff member / resident:

Date:

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|  |  |
|--|--|

Signature of supervisor / steward or deputy:

Date:

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Internal follow-up document intended to collect feedback from staff / residents and support continuous improvement within the Associative League.