## **Survey of the Frum Community**

Hello. We're conducting a survey on behalf of the Frum community. The Rabbonim have recently authorized this survey in a public letter. We hope this project will help our community grow, and help us provide more services to those who need them. We would really appreciate your cooperation. It is completely confidential, and takes less than five minutes to complete. Do you have the time now? May I begin?

Secti						
1.	Which Shul do you belong to?					
2a.	Are you Ashkenazi or Sephardi? o Ashke	nazi o Seph	ardi			
2b.	Is your spouse Ashkenazi or Sephardi? o	Ashkenazi c	Sephardi			
3.	Including yourself, please tell me the ages of all the people living in your household. An					
	also please tell me if they are male or female.					
	Age GenderAge GenderAge Gende					
	(have you included children who are away s	tudying?)				
4.	Does that mean you havepeople	in your househo	ld, including you	ırself?		
5.	Do you presently need any childcare assistant	nce? o Yes	o No			
6.	If any of your children required hospitalization, where would you generally send them					
	[Read choices; Check as many as apply]					
	o St. Justine Hospital o Montreal Children's Hospital					
	o Other Specify:					
7.	In your home are there:	Yes	<u>No</u>			
	Physically disabled children?	0	0			
	Intellectually handicapped children?	O	O			
8.	Would you like anyone to contact you regarding any of your special needs with regard to					
	children?					
	o Yes o No o Not applicable					
Secti	on II					
9.	Are there Holocaust Survivors in your house	ehold?				

If yes, how many? \_\_\_\_\_

o Yes

o No

10.	Are you a caregiver for a spouse? o Yes o No
11.	Do you need any help to take care of your own or your spouse's daily activities? o Yes o No o Not applicable
12.	What activities?
13.	Could you or your spouse use any of the following services:
	o financial assistance o housekeeping assistance
	o meals on wheels o transportation assistance
	o socialization programs o Not applicable
14.	Would you like someone to contact you regarding any of your needs or those of your spouse?  o Yes o No o Not applicable
Section	on III
15a.	Do you have any elderly parents who live in this city? o Yes o No
15b.	Are you a caregiver for a parent? o Yes o No
16.	Do you need any help to take care of your parent(s) with their daily activities, such as shopping, cooking or transportation?  o Yes o No
17.	What services do your elderly parent(s) who live in this city currently need?:
	o financial assistance o housekeeping assistance
	o meals on wheels o transportation assistance
	o socialization programs o none
Section	on IV
18.	Except for Medicare renewal, have you contacted a CLSC in the last five years?
	o Yes o No
19.	How many married children do you have who have left home, and who:  are still living in Montreal?  are living outside Montreal?
20.	Would you yourself use the following services if provided in a Frum setting?
	o budget counseling o parenting group
	o family counseling o employment / career counseling
	o other, please specify

## Section V

## Ask the following only if respondent (or the spouse) is Sephardic:

What is your (your spouse's) mother tongue?				
What language is spoken mostly in your home?				
o French o English o Hebrew o Other				
In which religious affiliation were you (your spouse) brought-up?				
o Ultra-Orthodox				
o Observant Sephardi				
o Traditional Sephardi				
o Secular				
o Other: Specify:				
Which of the following communities would you say you (your spouse) feel close to:				
[Read choices][Answer as many as apply]				
Yeshivah / Chassidic Ashkenazi Communityo				
Yeshivah / Chassidic Sephardi Community	0			
The Sephardic Community	0			
The General Jewish Community	0			
Any other?				

Thank you very much for your help. Your responses will help us to serve you better.

Frum:30-00-50035