



TRANSFORMATION

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# Patient Experiences Survey

**Transforming and Improving Community-Based Healthcare**



INSTITUT DE RECHERCHE  
**BRUYÈRE**  
RESEARCH INSTITUTE



**DALHOUSIE  
UNIVERSITY**  
*Inspiring Minds*



**a place of mind**

We are collecting information on patients' experiences of healthcare to describe the quality of healthcare in this region.

This place where you get care has agreed to take part in this study.

You are being invited to take part in this survey because you came here to get care today AND because this is your main place of care.

Before you answer, please remember:

- You have the choice to fill in the questionnaire or not, you can even stop answering at any point
- Your choice will not affect how well you are treated here
- No one here will know who answered this questionnaire
- There are no "right" or "wrong" answers - we only want your opinion

**1. Why did you come here today?** *Check all that apply*

- Routine examination/annual examination
- Follow-up of a health problem/pregnancy follow-up
- New health problem
- An urgent but minor health problem
- Prescription renewal
  
- Many issues to discuss
- Other, please specify: \_\_\_\_\_

**2. How long was the delay between making this appointment and your visit today?**

- I had a walk-in appointment
- 1 to 2 days
- Between 2 days and 1 week
- 1 to 2 weeks
- 2 to 4 weeks
- 4 to 6 weeks
- More than 6 weeks

**3. How acceptable is this wait?**

- Not at all acceptable
- Not very acceptable
- Moderately acceptable
- Acceptable
- Very acceptable

**The last few pages have more questions about today's visit. For now, please tell us about your usual care here and answer the final questions after your visit.**

**About your overall care experiences at this place of care**

**4. Is there a health professional who knows you best at this clinic?** *Check one only*

- No → *Go to question 5*
- Yes

**If yes, is this person:**

- A family doctor or general practitioner
- A nurse practitioner
- A specialist doctor
- A nurse
- Some other health professional,  
please specify: \_\_\_\_\_

**4a. Is that the person you saw today?**

- Yes
- No

**4b. Would you say this person is responsible for most of your healthcare?**

- Yes
- No, someone else is responsible
- No, no one in particular

**5. When you come here, how often do you see or speak to the person you prefer?**

- Never or almost never
- Some of the time
- A lot of the time
- Always or almost always
- This is not my main place of care

**The next sections are about the care that you got here at this place or clinic.**

**6. How many visits have you had here in the last 12 months?**

- More than 10 visits
- 6 to 10 visits
- 4 to 6 visits
- 2 to 3 visits
- 1 visit (today only)

Think about being able to get the healthcare or advice you need here at this place.

**7. Based on your experience in this time period, how easy is it for you to get health advice here over the phone?**

- Not at all easy
- Not very easy
- Moderately easy
- Easy
- Very easy
- Does not apply to me

**8. Were there times when you had difficulty getting the healthcare or advice you needed?**

- No —→ *Go to question 9*
- Yes, once
- Yes, several times

**If yes, what type of difficulties did you experience?** *Check all that apply*

- Difficulty contacting a physician
- A specialist was unavailable
- Difficulty getting an appointment
- Do not have personal/family physician
- Waited too long to get an appointment
- Waited too long in the waiting room
- Service not available at time required
- Service not available in the area
- Transportation problems
- Cost issues
- Language problems
- Did not feel comfortable with the available doctor or nurse
- Did not know where to go (i.e., information problems)
- Unable to leave the house because of a health problem
- Other, please specify: \_\_\_\_\_

**These next questions are about the care you get from your usual family doctor or nurse practitioner (herein referred to as nurse) at this place.**

**9. What language(s) do you usually speak with your usual family doctor or nurse?** *Check all that apply*

- English
- French
- Another language, please specify: \_\_\_\_\_

**10. How well does your family doctor or nurse seem to know about your whole medical history?**

- Hardly at all
- A little
- Moderately
- A lot
- Totally

**11. Does your family doctor or nurse seem to know about what worries you most about your health?**

- Hardly at all
- A little
- Moderately
- A lot
- Totally

**12. Does your family doctor or nurse seem to know about your responsibilities at work or home?**

- Hardly at all
- A little
- Moderately
- A lot
- Totally

**13. Does your family doctor or nurse seem to know about your personal values?**

- Hardly at all
- A little
- Moderately
- A lot
- Totally

**14. How much would you say that your family doctor or nurse knows you as a person?**

- Not at all
- A little
- A fair amount
- Very much

**15. How often does your family doctor or nurse ask your permission before touching or examining you?**

- Never or rarely
- Sometimes
- Often or very often

**16. How often does your family doctor or nurse seem open to talking about sensitive issues for example grief, mental health problems or abuse experiences?**

- Never or rarely
- Sometimes
- Often or very often
- Does not apply to me

**A treatment plan is a set of actions your family doctor or nurse recommends to manage your health problem. Think about how well your family doctor or nurse adapted your treatment plans to your personal needs over the last 12 months.**

**17. Does your family doctor or nurse ask if you felt you could do the recommended treatment plan?**

- No
- Yes, sometimes
- Yes, often
- I did not have any treatment

**18. When there are treatment choices, does your family doctor or nurse ask you what treatment you would prefer?**

- No
- Yes, sometimes
- Yes, often
- I did not have any treatment choices

**19. How often does your family doctor or nurse explore how manageable treatments would be for you?**

- Not at all
- A little
- Mostly
- Completely
- No treatments have been prescribed

**20. Does your family doctor or nurse tell you about side effects you might get from a medicine?**

- No
- Yes, sometimes
- Yes, often or always
- I don't take any medicines

**21. How often does your family doctor or nurse tell you what could happen if you don't take the medicine they prescribe for you?**

- Never
- Rarely
- Sometimes
- Often
- Always
- I haven't been prescribed any medicines

**Think about what your family doctor or nurse does when you need care from other places.**

**22. How much does your family doctor or nurse help you get the healthcare you need from other places?**

- No help at all
- A little
- Moderately
- Quite a lot
- A great deal

**23. How much does your family doctor or nurse contact other health professionals about your care?**

- Not at all
- A little
- Moderately
- A lot
- A great deal

**24. How much does your family doctor or nurse keep in contact with you even when you receive care in other places?**

- Not at all
- A little
- Moderately
- A lot
- Always

**About all the care at this place**

**25. Who do you see at this place to manage your health concerns?** *Check all that apply*

- Only my usual doctor
- Other family doctor or general practitioner
- A specialist doctor
- A nurse
- A nurse practitioner or specialist nurse
- A nutritionist or a dietician
- A physiotherapist or an occupational therapist
- A psychologist or a social worker
- Indigenous healer
- Complementary/Alternative healer (e.g., acupuncturist,                      chiropractor, etc.), please specify: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

**We refer to ALL the different types of people you checked in the previous question as the “healthcare team”, even if you see just one person.**

**26. In the last 12 months, has the healthcare team here provided everything you need to help you manage your health concerns?**

- No not at all
- No not really
- Yes, to some extent
- Yes, mostly
- Yes, definitely
- No, I haven’t needed such support

**27. Were you encouraged to go to a specific group or class to help you manage your health concerns?**

- No, not at all
- No, not really
- Maybe, not sure
- Yes, sometimes
- Yes, always
- This is not available in my area
- No, I haven’t needed such support



**28. Who here at this place talks to you about the impact of healthy and non-healthy foods on your health?**

*Check all that apply*

- My usual family doctor
- A nurse
- Someone else, please specify: \_\_\_\_\_
- No one

**29. Who here at this place talks to you about the importance of exercise or an active lifestyle?**

*Check all that apply*

- My usual family doctor
- A nurse
- Someone else, please specify: \_\_\_\_\_
- No one

**30. Who here at this place talks to you about the impact of tobacco use on your health?**

*Check all that apply*

- My usual family doctor
- A nurse
- Someone else, please specify: \_\_\_\_\_
- No one
- Does not apply to me

**31. Who here at this place talks to you about alcohol or drug use or abuse? *Check all that apply***

- My usual family doctor
- A nurse
- Someone else, please specify: \_\_\_\_\_
- No one
- Does not apply to me

**32. Who here at this place talks to you about ways to handle family conflicts that may arise from time to time? *Check all that apply***

- My usual family doctor
- A nurse
- Someone else, please specify: \_\_\_\_\_
- No one
- Does not apply to me

**33. Who here at this place talks to you about prevention of accidents in the home (falls, burns from hot water) or at work? *Check all that apply***

- My usual family doctor
- A nurse
- Someone else, please specify: \_\_\_\_\_
- No one

**34. Does the healthcare team here help you feel that your everyday activities, such as diet and lifestyle, make a difference to your health?**

- No, not at all
- No, not really
- Yes, to some extent
- Yes, definitely

**35. Does the healthcare team here give you a sense of control over your health?**

- No, not at all
- No, not really
- Yes, to some extent
- Yes, definitely

**36. Does the healthcare team here help you feel that sticking with your treatment would make a difference?**

- No, not at all
- No, not really
- Yes, to some extent
- Yes, definitely
- Does not apply to me

**37. Does the healthcare team here help you feel confident about your ability to take care of your health?**

- No, not at all
- No, not really
- Yes, to some extent
- Yes, definitely

**38. In the past 12 months, were there times when the healthcare team here did not seem to work well together?**

- Never or rarely
- Sometimes
- Often or very often
- Does not apply to me

**39. In the past 12 months, were there times when the healthcare team here told you different things (that didn't make sense together) about your health?**

- Never or rarely
- Sometimes
- Often or very often
- Does not apply to me

**40. Were there times when the healthcare team here did not seem to know who should be doing what in your healthcare?**

- Never or rarely
- Sometimes
- Often or very often
- Does not apply to me

## About your health

In this section, we ask about various aspects of your health. First, for each heading in **BOLD** below, please check the one box that best describes your health TODAY.

### **41. MOBILITY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

### **42. SELF-CARE**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

### **43. USUAL ACTIVITIES** (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

### **44. PAIN / DISCOMFORT**

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

### **45. ANXIETY / DEPRESSION**

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

Think about your general state of health over the last 4 weeks.

**46. In general, would you say your health is:**

- Poor
- Fair
- Good
- Very good
- Excellent

**47. In general, how would you rate the health of your teeth and mouth?**

- Poor
- Fair
- Good
- Very good
- Excellent

**48. The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?**

a. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

b. Climbing **several** flights of stairs?

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

**49. During the past 4 weeks, have you had any of the following problems with your work or other daily activities **as a result of your physical health**?**

a. Accomplished **less** than you would like.

- No, none of the time
- Yes, a little of the time
- Yes, some of the time
- Yes, most of the time
- Yes, all of the time

b. Were limited in the kind of work or other activities?

- No, none of the time
- Yes, a little of the time
- Yes, some of the time
- Yes, most of the time
- Yes, all of the time

**50. During the past 4 weeks, have you had any of the following problems with your work or other daily activities **as a result of your emotional problems** (such as feeling depressed or anxious)?**

a. Accomplished **less** than you would like.

- No, none of the time
- Yes, a little of the time
- Yes, some of the time
- Yes, most of the time
- Yes, all of the time

b. Didn't do work or other activities as **carefully** as usual?

- No, none of the time
- Yes, a little of the time
- Yes, some of the time
- Yes, most of the time
- Yes, all of the time

51. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

**These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.**

52. **How much of the time during the past 4 weeks:**

a. Have you felt calm and peaceful?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

**How much of the time during the past 4 weeks:**

b. Did you have a lot of energy?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

**How much of the time during the past 4 weeks:**

c. Have you felt downhearted and blue?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

53. During the past 4 weeks, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

**Now, we'd like to ask you some questions about how your health may have changed.**

54. Compared to one year ago, how would you rate your **physical health** in general now?

- Much better
- Slightly better
- About the same
- Slightly worse
- Much worse

55. Compared to one year ago, how would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) now?

- Much better
- Slightly better
- About the same
- Slightly worse
- Much worse

### About your chronic health conditions

56. For each of the following conditions, please indicate if you have the condition “Yes” or “No”. Check “Yes” only for conditions being confirmed by a doctor or for which you are taking prescribed drugs.

*Check all that apply*

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)
<input type="checkbox"/>	<input type="checkbox"/>	Depression or anxiety
<input type="checkbox"/>	<input type="checkbox"/>	Chronic musculoskeletal conditions causing pain or limitation
<input type="checkbox"/>	<input type="checkbox"/>	Osteoarthritis and other arthritis (e.g. rheumatoid)
<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	<input type="checkbox"/>	Asthma, chronic obstructive pulmonary disease or chronic bronchitis
<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular disease (angina, previous myocardial infarction, atrial fibrillation, lower limbs circulation problems)
<input type="checkbox"/>	<input type="checkbox"/>	Heart failure (including heart valve disease or replacement)
<input type="checkbox"/>	<input type="checkbox"/>	Stroke and transient ischemic attacks (TIA)

- Stomach problem (reflux or peptic ulcer symptoms)
- Colon problem (chronic inflammatory disease or irritable bowel syndrome)
- Chronic liver disease
- Diabetes
- Thyroid disorder

No Yes

- Any cancer in the previous 5 years (including melanoma but not other skin cancers)
- Chronic kidney disease or failure
- Chronic urinary problem
- Dementia or Alzheimer's
- Cholesterol problem (hyperlipidemia)
- Obesity
- Other: specify \_\_\_\_\_
- Other: specify \_\_\_\_\_

For these next questions, choose the number that best describes how confident you feel about managing your health in each of these situations. (Please mark "NA" if this does not apply to you)

**57. How confident are you that you can keep the fatigue caused by your health condition from interfering with the things you want to do?**

- Not confident at all Totally confident NA
- 
- 1 2 3 4 5 6 7 8 9 10

**58. How confident are you that you can keep the physical discomfort or pain of your health condition from interfering with the things you want to do?**

- Not confident at all Totally confident NA
- 
- 1 2 3 4 5 6 7 8 9 10

**59. How confident are you that you can keep the emotional distress caused by your health condition from interfering with the things you want to do?**

- Not confident at all Totally confident NA
- 
- 1 2 3 4 5 6 7 8 9 10

**60. How confident are you that you can keep any other symptoms or health problems you have from interfering with things you want to do?**

Not confident at all Totally confident NA

1    2    3    4    5    6    7    8    9    10  

**61. How confident are you that you can do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?**

Not confident at all Totally confident NA

1    2    3    4    5    6    7    8    9    10  

**62. How confident are you that you can do things other than just taking medication to reduce how much your illness affects your everyday life?**

Not confident at all Totally confident NA

1    2    3    4    5    6    7    8    9    10  

**63. If you needed it, how many persons, family or friends, could help you with activities of daily living (e.g. dressing, driving)?**

- None
- One
- More than one

**64. How many persons, family or friends, show you love and affection when you need it?**

- None
- One
- More than one

**65. With how many persons, family or friends, can you freely share good time with?**

- None
- One
- More than one

**66. With how many persons, family or friends, can you freely confide in or talk about yourself or your problems?**

- None
- One
- More than one

**67. In the past month, how many hours have friends or family helped you manage your health condition, including time in your home and travelling to medical appointments?**

\_\_\_\_\_ hours

- Not needed



**68. In general, how easy is it for you to get healthcare information by yourself when you need it (e.g., through internet, books, etc.)?**

- Not at all easy
- Not very easy
- A bit easy
- Moderately easy
- Very easy

**These next few questions asks you about your experiences with any out of pocket health care costs**

**69. Thinking about the past 12 months, were there times when you found it hard to get healthcare services because of the loss of income it involves?**

- Never or rarely
- Sometimes
- Often or very often

**70. In the past 12 months, were there times when you found it hard to get healthcare because of the additional costs? (parking, travel, babysitting, etc.)**

- Never or rarely
- Sometimes
- Often or very often

**71. In the past 12 months, were there times when you did not buy prescription medicines because of their costs?**

- Never or rarely
- Sometimes
- Often or very often
- I don't take any medicines

**72. In the past 12 months, were there times when you did not get laboratory tests or exams because of their costs?**

- Never or rarely
- Sometimes
- Often or very often
- No lab tests or exams were recommended

**73. In the past 12 months, were there times when you did not get recommended services that aren't covered by Medicare because of their costs (such as physiotherapy, psychotherapy, dietetic...)?**

- Never or rarely
- Sometimes
- Often or very often
- I did not need any of these services

**74. In the past 12 months, did you ever pay directly for any services you got here?**

- No
- Yes

**If yes, was it:** *Check all that apply*

- Opening a file
  - Filling in forms
  - Getting a sick note
  - Medical services not covered by Medicare
  - Medicine or shots
  - Administration costs, please specify:
- 

**75. How much did it cost you in total over the past 12 months?**

\$ \_\_\_\_\_

**Now thinking about the past 3 months: approximately how much did you spend out of pocket in the following areas? Please check the best category AND tell us the amount.**

**76a. Medicines prescribed by a health professional**

- I was not prescribed any medicines
- \$0
- \$1-100: Please specify: \$ \_\_\_\_\_
- \$101-200: Please specify: \$ \_\_\_\_\_
- \$201-500: Please specify: \$ \_\_\_\_\_
- >\$500: Please specify: \$ \_\_\_\_\_

**76b. Laboratory tests prescribed by a health professional**

- I was not prescribed any laboratory tests
- \$0
- \$1-100: Please specify: \$ \_\_\_\_\_
- \$101-200: Please specify: \$ \_\_\_\_\_
- \$201-500: Please specify: \$ \_\_\_\_\_
- >\$500: Please specify: \$ \_\_\_\_\_

**76c. Mental health services/psychological care (such as counselling, psychotherapy)**

- I did not use psychological care services
- \$0
- \$1-100: Please specify: \$ \_\_\_\_\_
- \$101-200: Please specify: \$ \_\_\_\_\_
- \$201-500: Please specify: \$ \_\_\_\_\_
- >\$500: Please specify: \$ \_\_\_\_\_

**76d. Physical health services (such as physiotherapy, chiropractor, deep tissue massage)**

- I was not prescribed physical health services
- \$0
- \$1-100: Please specify: \$ \_\_\_\_\_
- \$101-200: Please specify: \$ \_\_\_\_\_
- \$201-500: Please specify: \$ \_\_\_\_\_
- >\$500: Please specify: \$ \_\_\_\_\_

**About your experiences with any kind of care in other places**

This section asks about healthcare you got in other places in the last 12 months.

**77. Other than people seen here, who else have you seen in the past 12 months to manage your health condition?**

*Check all that apply*

- Only my usual doctor
- Other family doctor or general practitioner
- A specialist doctor
- A nurse
- A nurse practitioner or specialist nurse
- A nutritionist or a dietician
- A physiotherapist or an occupational therapist
- A psychologist or a social worker
- Indigenous healer
- Complementary/Alternative healer (e.g., acupuncturist, chiropractor, etc.),  
please specify: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_
- I don't get any care in other places

**78. In the last 12 months, have you had enough support from local services or organizations to help you to manage your health concerns?**

- No, not at all
- No, not really
- Yes, to some extent
- Yes, definitely
- No, I haven't needed such support

**Think about the care you received from ALL the persons you saw in ALL the places you received care over the past 12 months.**

**79. Were there times when the person you were seeing did not know your most recent medical history?**

- Never or rarely
- Sometimes
- Often or very often

**80. Were there times when the person you were seeing did not have access to your recent tests or exam results?**

- Never or rarely
- Sometimes
- Often or very often

**81. Were there times when the person you were seeing did not know about changes in your treatment that another person recommended?**

- Never or rarely
- Sometimes
- Often or very often

**82. Were there times when you had to repeat information that should be in your medical record?**

- Never or rarely
- Sometimes
- Often or very often

**83. In the last 12 months, have you been given the wrong medication or wrong dose by a doctor, nurse, or pharmacist?**

- Yes
- No, not that I know of

**84. In the last 12 months, have you been given incorrect results for a diagnostic or lab test?**

- Yes
- No, not that I know of

**Home care**

**In this section we ask about persons who have *been paid* to come to your home to help you with medical or personal care in the past 3 months.**

85. In the **past 3 months**, about how many times was someone (such as a nurse or physiotherapist) paid to come to help you with your medical care?

- Zero times, I did not need help
- 1 time or more: Please specify how many:  
\_\_\_\_\_times

86. In the **past 3 months**, about how many times was someone paid to come to help you with your personal care such as help with bathing or preparing a meal, not meals-on-wheels?

- Zero times, I did not need help
- 1 time or more: Please specify how many:  
\_\_\_\_\_times

87. In **past 3 months**, about how many times was someone paid to help you with housework you could not do because of your health condition?

- Zero times, I did not need help
- 1 time or more: Please specify how many:  
\_\_\_\_\_times

### Tell us about yourself

**Please give us some information about you. This will help us learn how well we are caring for people like you.**

**88. What is your date of birth?**

Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

**89. Are you:**

- Male
- Female
- Transgender, transsexual, or a person with a \_\_\_\_\_ history of transitioning sex

**90. a. Your height:**

\_\_\_\_\_ cm or \_\_\_\_\_ft \_\_\_\_\_inches

**b. Your weight:**

\_\_\_\_\_ kg or \_\_\_\_\_ pounds

**91. Were you born in Canada?**

- Yes → *Go to question 93*
- No ↓

**If no, in what year did you first come to  
Canada to live? \_\_\_\_\_**

**92. In what country were you born?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> China         | <input type="checkbox"/> Hungary             | <input type="checkbox"/> Poland         |
| <input type="checkbox"/> France        | <input type="checkbox"/> India               | <input type="checkbox"/> Sri Lanka      |
| <input type="checkbox"/> Portugal      | <input type="checkbox"/> Italy               | <input type="checkbox"/> Germany        |
| <input type="checkbox"/> Greece        | <input type="checkbox"/> Jamaica             | <input type="checkbox"/> United Kingdom |
| <input type="checkbox"/> Guyana        | <input type="checkbox"/> Netherlands/Holland |   |
| <input type="checkbox"/> United States | <input type="checkbox"/> Hong Kong           | <input type="checkbox"/> Philippines    |
| <input type="checkbox"/> Vietnam       | <input type="checkbox"/> Other: _____        |   |

**93. Are you an Aboriginal person?**

- No
- Yes, First Nations (North American Indian)
  - Status
  - Non-Status
- Yes, Métis
- Yes, Inuk/Inuit

94. **You may belong to one or more racial or cultural groups on the following list. Check all that apply**

**Are you... ?**

- White
- South Asian (e.g., East Indian, Pakistani, Sri Lankan)
- Chinese
- Black
- Filipino
- Latin American
- Arab
- Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian)
- West Asian (e.g., Iranian, Afghan)
- Korean
- Japanese
- Other group, please specify: \_\_\_\_\_

95. **What language(s) do you usually speak at home?**

*Check all that apply*

- English
- French
- Another language, please specify: \_\_\_\_\_

96. **What best describes your current civil status:**

- Married or living with a partner
- Separated
- Divorced
- Widowed
- Never married

97. **Which of the following best describes the highest level of education you have completed?**

- Did not complete secondary school or high school
- Completed secondary school or high school
- Had some university education or completed a community college, technical college, or postsecondary program (e.g. trade, technical or vocational school, CEGEP)
- Completed a bachelor's degree (e.g. B.A., B.Sc., B.S.N.)
- Completed a graduate or professional degree (MD, DDS, DMD, DVM, OD, PhD)

98. **Which of the following describes what you are doing at present? If more than one of these applies to you, please check the main ONE only**

- Employed full time (including self-employed or on a work training program; 30 hours or more each week)
- Employed part time (including self-employed or on a work training program; under 30 hours each week)
- Unemployed
- Full-time education at school, college or university
- Unable to work due to a long-term sickness or disability
- Looking after your home/family
- Retired from paid work
- Doing something else

**99. What phrase best describes your financial situation?**

- Poor
- Very tight
- Tight
- Modestly comfortable
- Comfortable
- Very comfortable

**100. Please estimate in which of the following groups your total 2014 household income fell?**

- Less than \$5,000
- \$5,000 to less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$30,000
- \$30,000 to less than \$40,000
- \$40,000 to less than \$50,000
- \$50,000 to less than \$60,000
- \$60,000 to less than \$70,000
- \$70,000 to less than \$80,000
- \$80,000 to less than \$90,000
- \$90,000 to less than \$100,000
- \$100,000 to less than \$150,000
- \$150,000 and over

**About the health system**

**101. How confident are you that you can get the services you need at a doctor's office, clinic or community health centre without having to go to the emergency room of a hospital?**

- Not confident at all Totally confident
- 
- 1    2    3    4    5    6    7    8    9    10

**102. On a scale of 1-10, how confident are you in your provincial healthcare system?**

- Not confident at all Totally confident
- 
- 1    2    3    4    5    6    7    8    9    10

**About the visit that you just had**

**Questions 103-116 are about the visit you had today.**

*Please answer all questions even if they seem repetitive.*

**103. How helpful did you find the front office staff?**

- Not at all helpful
- Not very helpful
- Fairly helpful
- Very helpful

**104. Did the front office staff treat you with courtesy and respect?**

- No, not at all
- No, not really
- Yes, a little
- Yes, mostly
- Yes, completely

**105. How long did you wait in the waiting room today?**

- Less than 5 minutes
- 5 to 10 minutes
- 11 to 15 minutes
- 16 to 30 minutes
- 31 to 60 minutes
- 61 to 90 minutes
- 91 to 120 minutes
- More than 120 minutes


**106. Did you speak to a family doctor today?**

- Yes, my usual family doctor
- Yes, another family doctor
- No, another type of health professional  
Please specify \_\_\_\_\_

**107. If you saw a family doctor, did you have trust in the family doctor you spoke to?**

- Yes, definitely
- Yes, to some extent
- No, not at all
- Don't know/can't say

**108. Did you have a visit with any other healthcare professional at the clinic today?**

- No — *Go to question 110*
- Yes — 

**Please specify:** *Check all that apply*

- Other family doctor or general practitioner
- A specialist
- A nurse
- A nurse practitioner
- A nutritionist or a dietician
- A physiotherapist or an occupational therapist
- A psychologist or a social worker
- Complementary/Alternative healer (e.g., acupuncturist, chiropractor, registered massage therapist, etc.),  
please specify: \_\_\_\_\_

- Other, please specify: \_\_\_\_\_



**108a. Did you have trust in this other person you saw or spoke to?**

- Yes, definitely
- Yes, to some extent
- No, not at all
  
- Don't know/can't say

**109. How long did your consultation last? (include all the health professionals you saw here today)**

\_\_\_\_\_ Total mins

**In the next questions, we refer to the person you saw today as “the family doctor or nurse practitioner (nurse)” because that is the usual case.**

**110. How good was the family doctor or nurse at giving you enough time?**

- Very poor
- Poor
- Fair – neither good nor poor
- Good
- Very good

**111. How good was the family doctor or nurse at listening to you?**

- Very poor
- Poor
- Fair – neither good nor poor
- Good
- Very good

**112. How good was the family doctor or nurse at explaining tests and treatments?**

- Very poor
- Poor
- Fair – neither good nor poor
- Good
- Very good

**113. How good was the family doctor or nurse at involving you in decisions about your care?**

- Very poor
- Poor
- Fair – neither good nor poor
- Good
- Very good

**114. After seeing the family doctor or nurse today, how much do you know about your problem(s) or illness:**

- Less than before the visit
- About the same as before the visit
- A little more than before the visit
- Much more than before the visit

**115. After seeing the family doctor or nurse today, how confident are you to deal with your problem(s) or illness?**

- Less than before the visit
- About the same as before the visit
- A little more than before the visit
- Much more than before the visit

**116. After seeing the family doctor or nurse today, how confident are you about keeping yourself healthy?**

- Less than before the visit
- About the same as before the visit
- A little more than before the visit
- Much more than before the visit

**That concludes our survey.**

***Thank you!***