

New Brunswick | Conseil de la santé Health Council | du Nouveau-Brunswick

Engage. Evaluate. Inform. Recommend. Engager. Évaluer. Informer. Recommander.

NEW BRUNSWICK HOME CARE SURVEY

MARKING INSTRUCTIONS:

Please **fill in or place a check** *in the circle* that best describes your experiences with home care services. If you wish, a friend, family member or volunteer can complete this survey on your behalf. Thank you!

In this survey, home care services will be divided into 2 sections.

Section 1 will refer to home care services received from the Extra-Mural Program that can be provided by a registered nurse, licensed practical nurse, social worker, physiotherapist, occupational therapist, speech language pathologist, respiratory therapist, dietitian, or rehabilitation assistant.

Section 2 will refer to home care services received from home support workers to help with bathing, dressing, grooming, feeding, transferring, home cleaning, laundry, meal preparation, or respite/relief care.

If you have never received these home care services, please fill in the circle below and return this questionnaire using the pre-paid envelope. This will help us keep track of the number of questionnaires that may have been sent by mistake. Thank you.

O1 I have never received these home care services

1. Please indicate if you are completing this survey ...

- O₁ About your own home care services
- O2 On behalf of the patient, and we will be completing the survey together
- O₃ I will be answering all questions on behalf of the patient

SECTION 1: HOME CARE SERVICES YOU HAVE RECEIVED FROM THE EXTRA-MURAL PROGRAM

In this section, home care includes health care services that can be provided by a nurse, social worker, physiotherapist, occupational therapist, speech language pathologist, respiratory therapist, dietitian, or rehabilitation assistant.

2. Please choose the statement that best describes your situation:

- O₁ I have not yet received any Extra-Mural services, but I will \rightarrow Go to Question 44
- O_2 I stopped receiving Extra-Mural services more than 2 months ago \rightarrow Go to Question 4
- O₃ I stopped receiving Extra-Mural services within the last 2 months
- O₄ I am currently receiving Extra-Mural services

3. Have you received home care services from any of the following health professionals in the last 2 months? Please select all that apply:

- O1 Nurse
- O₂ Physiotherapist
- O₃ Occupational therapist
- O₄ Speech language pathologist
- O₅ Respiratory therapist

- O₆ Social worker
- O7 Dietitian
- O₈ Rehabilitation assistant
- O₆₆ Other (please specify:
- (
- O_{66} Other (please spinor) O_{0} Not applicable

4. Did Extra-Mural services start as soon as you thought you needed them?

- O1 Yes
- O₂ No
- O₀ Not applicable
- O₈ Do not know

LA	NGUAGE OF SERVICE
5.	You have the right to be served in either English or French. Of these two languages, which is your preference?
	O ₁ English O ₂ French O ₃ No preference
6.	When you first started receiving home care services from the Extra-Mural Program, did someone from the program offer to give you these services in the language (English or French) of your choice?
	O_1 Yes O_2 No O_0 Not applicable O_8 Do not know
7.	In the last 2 months, how often did you receive the Extra-Mural services you needed in the language (English or French) of your choice?
	$ \begin{array}{cccc} O_1 & \text{Never} & O_2 & \text{Sometimes} & O_3 & \text{Usually} & O_4 & \text{Always} \\ O_0 & \text{Not applicable} & O_8 & \text{Do not know} \end{array} $
8.	a) Do you prefer to receive Extra-Mural services in a language other than English or French?
	O ₁ Yes, Wolastoqey O ₂ Yes, Mi'kmaq O ₆₆ Yes, other (please specify:) O ₀ No → Go to Question 9
	b) If you answered YES to the previous question: In the last 2 months, how often did you receive the Extra- Mural services you needed in your preferred language?
	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
WH	IEN YOU FIRST STARTED RECEIVING SERVICES
9.	Did you receive Extra-Mural services after a visit to a hospital or rehabilitation center?
0.	O_1 Yes O_2 No \rightarrow Go to Question 11 O_8 Do not know \rightarrow Go to Question 11
10.	If you answered YES to the previous question: Did the staff at the hospital or rehabilitation center explain to you what services you would be receiving from the Extra-Mural Program?
	O_1 Yes O_2 No O_0 Not applicable O_8 Do not know
11.	Does your personal family doctor or nurse practitioner seem informed and up-to-date about your Extra- Mural services?
	O_1 Yes O_2 No O_8 Do not know
	O ₀ Not applicable / I do not have a family doctor or nurse practitioner
12.	When you first started receiving Extra-Mural services, did someone from the program talk with you about how to set up your home so you can move around safely?
	O_1 Yes O_2 No O_0 Not applicable O_8 Do not know
13.	When you first started receiving Extra-Mural services, did someone from the program talk with you about all the prescription and over-the-counter medicines you were taking?
	O_1 Yes O_2 No O_0 Not applicable O_8 Do not know
14.	When you first started receiving Extra-Mural services, did someone from the program ask to <u>see</u> all the prescription and over-the-counter medicines you were taking?
	O1 Yes O2 No O0 Not applicable O8 Do not know
15.	Please indicate the extent to which you agree or disagree with the following statement: "When I first started receiving Extra-Mural services, the staff allowed me to set my goals and priorities."
	O_1 Strongly disagree O_2 Disagree O_3 Neutral O_4 Agree O_5 Strongly agree O_6 Not applicable O_8 Do not know

SEF	RVICES	RECEIVED	IN THE	LAS	T 2 MONTH	S						
		on is for Ext oths ago, go				ved ir	n the last 2	e months	. If you s	stopped r	eceivin	g services more
16.	Did yo	u receive E	xtra-Mu	ral se	ervices fron	n mo	re than on	e persor	n in the l	last 2 moi	nths?	
	O1 `	Yes	O ₂	No		O ₈	Do not kn	ow				
17.		last 2 montl ent you got			n did Extra-	Mura	al staff see	em inforn	ned and	up-to-dat	te about	t all the care or
	-	Never Not applicab	le	_	Sometimes Do not kno		O ₃	Usually		O ₄	Always	1
18.	In the Mural		hs, how	oftei	n have you	recei	ived confli	icting or	differen	t informa	tion fro	m different Extra-
		Never Not applicab	le		Sometimes Do not kno		O ₃	Usually		O ₄	Always	1
19.	In the	last 2 mont	hs, how	ofter	n did Extra-	Mura	al staff do	each of t	the follo	wing:		
	a) Trea	at you as ge	ently as	poss	ible?							
	-	Never Not applicab	le		Sometimes Do not kno		O ₃	Usually		O ₄	Always	1
	b) Exp	lain things	in a way	that	was easy t	to un	derstand?	•				
	-	Never Not applicab	le	_	Sometimes Do not kno		O ₃	Usually		O ₄	Always	1
	c) List	en carefully	to you	?								
		Never Not applicab	le	_	Sometimes Do not kno		O ₃	Usually		O ₄	Always	1
	d) Trea	at you with	courtes	y and	l respect?							
		Never Not applicab	le		Sometime: Do not kno		O ₃	Usually		O ₄	Always	i
20.		care possil										the best home f in the last 2
	hom	Worst ne health e possible										Best home health care possible
		0	1	2	3	4	5	6	7	8	9	. 10
		0	0	0	0	0	0	0	0	0	0	0
21.		last 2 mont e select all t			eceive Extr	a-Mu	ral service	es in any	of the f	ollowing	ways?	
	O1 \$	Services pro	vided in	your	home							
		Information p				ne						
		Information p Information p										
	0.4						easure hear	rt rate, blo	ood pres	sure, oxyg	gen leve	ls, temperature, or
		Services deli	vered in	any	other form (pleas	e specify:)

22.	In the last 2 months, did you contact the office of the Extra-Mural Program to get help or advice?
	O ₁ Yes O ₂ No \rightarrow Go to Question 24 O ₈ Do not know \rightarrow Go to Question 24
23.	If you answered YES to the previous question: When you contacted this program's office, did you always receive the help or advice you needed?
	O_1 Yes O_2 No O_0 Not applicable O_8 Do not know
24.	How much time per visit, on average, did you spend with Extra-Mural staff in the last 2 months?
	O ₁ Less than 30 minutes O ₄ 2 hours or more
	O ₂ 30 minutes to less than 1 hour O ₀ Not applicable
	O_3 1 hour to less than 2 hours O_8 Do not know
25	In the last 2 months, how often did you receive Extra-Mural services, on average?
23.	
	O_1 Every day O_5 Once a month O_2 A few times a week O_6 Only once in the last 2 months
	O2A few times a weekO6Only once in the last 2 monthsO3Once a weekO0Not applicable
	O_4 2 or 3 times a month O_8 Do not know
26.	How satisfied are you with the number of times you received Extra-Mural services in the last 2 months?
	O ₁ Very dissatisfied O ₂ Somewhat dissatisfied O ₃ Neither dissatisfied O ₄ Somewhat nor satisfied O ₄ Somewhat satisfied O ₅ Very satisfied O ₅ Very satisfied
	O_0 Not applicable O_8 Do not know
27.	In the last 2 months, have you needed Extra-Mural services but there were limits, reductions or cancelled visits due to the COVID-19 pandemic?
	O_1 Yes O_2 No O_0 Not applicable O_8 Do not know
28.	In the last 2 months, how often did Extra-Mural staff do each of the following to protect your health and safety during the COVID-19 pandemic:
	a) Wear a mask?
	O_1 Never O_2 Sometimes O_3 Usually O_4 Always
	O_0 Not applicable O_8 Do not know
	h) Maintain 6 fact (2 matroa) concration distance from others when possible?
	b) Maintain 6 feet (2 metres) separation distance from others <u>when possible</u> ?
	O_1 Never O_2 Sometimes O_3 Usually O_4 Always
	O_0 Not applicable O_8 Do not know
	c) Wash their hands before providing person-to-person care?
	O ₁ Never O ₂ Sometimes O ₃ Usually O ₄ Always
	O_0 Not applicable / Staff was wearing gloves O_8 Do not know
29.	In the last 2 months, did you feel that the Extra-Mural staff has taken your health and safety seriously during the COVID-19 pandemic?
	 O1 Yes, definitely O2 Yes, somewhat O3 No (Please specify if not related to Question 28:) O0 Not applicable O8 Do not know
20	
	In the least 2 menths, did you have any problems with the Extre March staff
30.	In the last 2 months, did you have any problems with the Extra-Mural staff?
30.	In the last 2 months, did you have any problems with the Extra-Mural staff? O_1 Yes O_2 No O_0 Not applicable O_8 Do not know

31.		king of the serv ces help you st				n the	e Extra-Mura	l Pro	gram in	the last 2 mo	onths, did these
	O ₁	Yes	O ₂	No		O ₀	Not applicat	ole	O ₈	Do not know	
32.		king of the serv that could have							gram in	the last 2 mo	onths, is there anything
	O ₁	Yes, please sp	ecify:								
				_							
				_							·····
	0.	No	0.	– Not	t applicable	0.	Do not know				
								v			
SEF	RVICE	S RECEIVED IN	ITHE	LAS	ST 12 MONTH	IS					
33.	Pleas	se indicate the	exten	t to v	which you aç	gree	or disagree	with	the follo	owing stateme	ents:
	a) In	the last 12 mor	nths, t	he E	Extra-Mural s	taff	gave me the	infor	mation	I needed to ta	ke care of myself.
		Strongly disagr Not applicable	ee		Disagree Do not knov		Neutral	O ₄	Agree	O ₅	Strongly agree
	b) In	the last 12 mor	nths, t	he E	Extra-Mural s	taff	kept me well	-info	rmed at	out my progr	ess.
		Strongly disagr Not applicable			Disagree Do not knov		Neutral	O ₄	Agree	O ₅	Strongly agree
		the last 12 mor amily and friend		he E	Extra-Mural s	taff	and I discus	sed ti	he type	of information	n they could share with
		Strongly disagr Not applicable	ee		Disagree Do not knov		Neutral	O ₄	Agree	O ₅	Strongly agree
		the last 12 mor wanted when t				nds v	who help me	with	my car	e were given t	the information that
		Strongly disagr Not applicable			Disagree Do not knov		Neutral	O ₄	Agree	O ₅	Strongly agree
34.		e last 12 month or mistake as						eve tl	nat you	were harmed	because of a medical
	O1	Yes, please sp	ecify:								
				_							
				_							
				_							
	O ₂	No	O ₀	Not	t applicable	O ₈	Do not know	V			
35.		e last 12 month ented with bette							ondition	that you feel	could have been
	O ₁	Yes How many time	es?			lo	O ₀	No	t applica	able O ₈	Do not know
36.		e last 12 month d have been pre									condition that you feel
		Yes How many time			O2 N				t applica	•	Do not know

37.	In the last 12 months, did	you have a language pro	blem with Extra-Mu	al staff?
	O ₁ Yes Please specify:	O ₂ No	O ₀ Not applica	
38.	In the last 12 months, was into account?	there a time when Extra	Mural staff did not t	ake your spiritual or cultural values
	O ₁ Yes	O ₂ No	O ₀ Not applica	ble O ₈ Do not know
39.	In the last 12 months, have types of services available		I services, but there	were limits or reductions in the
	O ₁ Yes	O ₂ No	O ₀ Not applica	ble O ₈ Do not know
40.	In the last 12 months, have duration of services or the			were limits or reductions in the
	O ₁ Yes	O ₂ No	O ₀ Not applica	ble O ₈ Do not know
41.	Do you know who to conta	nct if you want to make a	complaint about yo	ur Extra-Mural services?
	O ₁ Yes	O ₂ No	O ₈ Do not kno	W
42.	Would you recommend the	e Extra-Mural Program to	your family or frier	ds if they needed home health care?
	O ₁ Definitely no O ₈ Do not know	O ₂ Probably no	O ₃ Probably yes	O ₄ Definitely yes
43.				vices you got from the Extra-Mural improved your experience?
SEC	CTION 2: HOME CARE SERV	/ICES YOU HAVE RECEI	VED FROM HOME S	UPPORT WORKERS
acti				a home support worker to help with cleaning, laundry, meal preparation,
44.	Please choose the stateme	ent that best describes y	our situation:	
	O ₁ I have not vet receive	d any home support servic	es but I will → Go to	Question 71

- O_1 I have not yet received any home support services, but I will \rightarrow Go to Question 71 O_2 I stopped receiving home support services more than 2 months ago \rightarrow Go to Question 46 O_3 I stopped receiving home support services within the last 2 months O_4 I am currently receiving home support services

45.	Have you received any of the following services from a home support worker in the last 2 months? Please select all that apply:
	O ₁ Bathing O ₆ Transferring (from place to place inside the home)
	O ₂ Grooming or dressing O ₇ Relief to family, friends or volunteers who help you (respite care)
	O ₃ Meal preparation O ₈ Help with errands, such as shopping, banking or doctor's appointment
	O_4 Housekeeping (cleaning, laundry) O_{66} Other (please specify:)
	O_5 Feeding or nutrition care O_0 Not applicable
46.	Did home support services start as soon as you thought you needed them?
	O_1 Yes O_2 No O_0 Not applicable O_8 Do not know
47.	Before you started receiving home support services, how easy or difficult was it to get information about these services in New Brunswick?
	$\begin{array}{llllllllllllllllllllllllllllllllllll$
LAN	IGUAGE OF SERVICE
48.	You have the right to be served in either English or French. Of these two languages, which is your preference?
	O_1 English O_2 French O_3 No preference
49.	When you first started receiving home support services, did someone offer to give you these services in the language (English or French) of your choice?
	O_1 Yes O_2 No O_0 Not applicable O_8 Do not know
50.	In the last 2 months, how often did you receive home support services you needed in the language (English or French) of your choice?
	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
51.	a) Do you prefer to receive home support services in a language other than English or French?
	O_1 Yes, Wolastoqey O_2 Yes, Mi'kmaq O_{66} Yes, other (please specify:) O_0 No → Go to Question 52
	b) If you answered YES to the previous question: In the last 2 months, how often did you receive the home support services you needed in your preferred language?
	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
SEF	RVICES RECEIVED IN THE LAST 2 MONTHS
	s section is for home support services received in the last 2 months. If you stopped receiving services more n 2 months ago, go to Question 64a.
52.	Did you receive home care services from more than one home support worker in the last 2 months?
-	O_1 Yes O_2 No O_8 Do not know
53.	In the last 2 months, how often did home support workers seem informed and up-to-date about all the care you received at home?
	O_1 Never O_2 Sometimes O_3 Usually O_4 Always
	O_0 Not applicable O_8 Do not know

In the last 2 m	onths, how	v often d	lid hom	ne suppor	rt worke	rs do ea	ch of th	ne followin	g:		
a) Treat you a	s gently as	possibl	e?								
O₁ Never O₀ Not appl	icable				O ₃	Usually		O ₄	Always		
b) Explain thi	ngs in a wa	y that w	as easy	y to unde	rstand?						
O ₁ Never O ₀ Not appl	icable				O ₃	Usually		O ₄	Always		
c) Listen care	fully to you	l ?									
O ₁ Never O ₀ Not appl	icable				O ₃	Usually		O ₄	Always		
d) Treat you w	vith courtes	sy and re	espect?	?							
O ₁ Never O ₀ Not appl	icable				O ₃	Usually		O ₄	Always		
possible, wha	t number w										s
									Be		
•		2	3	4	5	6	7	8	9	•	
0	0	0	Õ	0	0	Õ	0	0	0	0	
In the last 2 m	onths, how	v often d	lid you	receive h	nome su	pport se	ervices,	on averag	je?		
O ₁ Every da	iy				O ₅	Once a	month				
								e last 2 mo	nths		
		ı									
How satisfied	are you wi	th the nu	umber	of times y	you rece	eived ho	me sup	port servi	ces in the	a last 2 months	s?
O ₁ Very	O ₂			O ₃ Neit	her dissa	atisfied (D₄ Som	ewhat	O ₅ Ver	v satisfied	
dissatisti	ea	dissatis		nor	satisfied		satis	fied			
						rvices bu	ut there	were limi	ts, reduct	ions or	
O ₁ Yes						able	O ₈	Do not kno	WC		
					rt worke	rs do ea	ch of th	ne followin	ig to prot	ect your healt	h
•	•		punden								
O ₁ Never		O2 S	ometim	ies	O ₃	Usually		O ₄	Always		
O ₀ Not appl	icable	O ₈ D	o not k	now							
b) Maintain 6	feet (2 metr	res) sepa	aration	distance	from ot	hers <u>wh</u>	en pos	sible?			
		~ ~			~			~	Alwaya		
O ₁ Never	icablo	_	ometim		O ₃	Usually		O_4	Always		
O ₀ Not appl			o not k	now				O ₄	Aiways		
		O ₈ D ore provi	o not k	now erson-to-	person				Always		
	a) Treat you as O_1 Never O_0 Not appl b) Explain thin O_1 Never O_0 Not appl c) Listen care O_1 Never O_0 Not appl d) Treat you w O_1 Never O_0 Not appl Using any nur possible, what in the last 2 m O_1 Every da O_2 A few tim O_3 Once a w O_4 2 or 3 tim How satisfied O_1 Very O_4 2 or 3 tim How satisfied O_1 Very O_3 Once a w O_4 2 or 3 tim How satisfied O_1 Very O_1 Not appl In the last 2 m cancelled visit O_0 Not appl In the last 2 m cancelled visit O_1 Yes In the last 2 m cancelled visit O_1 Never O_1 Never O_1 Never O_1 Never O_1 Never O_1 Never O_1 Never O_2 Not appl In the last 2 m cancelled visit	a) Treat you as gently as O1 Never O Not applicable b) Explain things in a way O1 Never O Not applicable c) Listen carefully to you O1 Never O0 Not applicable d) Treat you with courtes O1 Never O0 Not applicable Using any number from O possible, what number way in the last 2 months? Worst home care possible O 1 O 0 In the last 2 months, how O1 Every day O2 A few times a week O3 Once a week O4 2 or 3 times a month How satisfied are you with O1 Very O2 A few times a week O3 Once a week O3 Once a week O4 2 or 3 times a month How satisfied are you with O1 Very O2 Not applicable O 1 O 2 In the last 2 months, hav cancelled visits due to the O1 Yes O1 Never O1 Yes O2 Not applicable O3 Not applicable O3 Not applicable O4 Not applicable O5 Not applicable O3 Not applicable O4 Not applicable O5 Not applicable O4 Not applicable O5 Not applicable O4 Not applicable O5 Not applicable O4 Not applicable O5 Not applicable O5 Not applicable O5 Not applicable O5 Not applicable O5 Not applicable D Maintain 6 feet (2 metre	a) Treat you as gently as possible O1 Never O2 S O0 Not applicable O3 D b) Explain things in a way that we O1 Never O2 S O0 Not applicable O3 D c) Listen carefully to you? O1 Never O2 S O0 Not applicable O3 D d) Treat you with courtesy and re O1 Never O2 S O0 Not applicable O3 D d) Treat you with courtesy and re O1 Never O2 S O0 Not applicable O3 D d) Treat you with courtesy and re O1 Never O2 S O0 Not applicable O3 D Using any number from 0 to 10, we possible, what number would you in the last 2 months? Worst home care possible 0 1 2 O 0 0 In the last 2 months, how often d O1 Every day O2 A few times a week O3 Once a week O4 2 or 3 times a month How satisfied are you with the ne O1 Very O2 Somew O1 Very O2 Somew O2 Somew O1 Not applicable O3 D0 not f In the last 2 months, have you ne cancelled visits due to the COVID O1 Yes O2 No In the last 2 months, have you ne cancelled visits due to the COVID O1 Yes O2 No In the last 2 months, have you ne cancelled visits due to the COVID O1 Yes O2 No In the last 2 months, have you ne cancelled visits due to the COVID O1 Yes O2 No In the last 2 months, have you ne cancelled visits due to the COVID O1 Yes O2 No In the last 2 months, have you ne cancelled visits due to the COVID O1 Yes O2 No In the last 2 months, have you ne cancelled visits due to the COVID O1 Never O2 S O0 Not applicable O3 D0 not f D) Maintain 6 feet (2 metres) separation D) Maintain 6 feet (2 metres) separation	a) Treat you as gently as possible? O1 Never O Not applicable D) Explain things in a way that was easy O1 Never O Not applicable O N	a) Treat you as gently as possible? O1 Never O2 Sometimes O3 Not applicable O3 Do not know b) Explain things in a way that was easy to under O1 Never O2 Sometimes O3 Not applicable O3 Do not know c) Listen carefully to you? O1 Never O2 Sometimes O3 Not applicable O3 Do not know d) Treat you with courtesy and respect? O1 Never O2 Sometimes O3 Not applicable O3 Do not know Using any number from 0 to 10, where 0 is the w possible, what number would you use to rate the in the last 2 months? Worst home care possible O1 2 3 4 O 0 0 0 0 0 In the last 2 months, how often did you receive R O1 Every day O2 A few times a week O3 Once a week O4 2 or 3 times a month How satisfied are you with the number of times y O1 Very O1 Very O2 Somewhat O Not applicable O3 DO not know In the last 2 months, have you needed home support O1 Yery O3 Not applicable O3 DO not know In the last 2 months, have you needed home support O1 Yery O2 Not applicable O3 DO not know In the last 2 months, have you needed home support O1 Yery O2 Not applicable O3 DO not know In the last 2 months, have you needed home support O1 Yery O1 Yery O2 Not applicable O3 DO not know In the last 2 months, have you needed home support O1 Yery O2 Not applicable O3 DO not know In the last 2 months, how often did home support and safety during the COVID-19 pandemic? O1 Yery O3 Not applicable O3 DO not know In the last 2 months, how often did home support and safety during the COVID-19 pandemic? O1 Never O3 Not applicable O3 DO not know	a) Treat you as gently as possible? 0	a) Treat you as gently as possible? 0, Not applicable 0, Do not know 0, Usually 0, Not applicable 0, Do not know 0, Usually b) Explain things in a way that was easy to understand? 0, Not applicable 0, Sometimes 0, Usually 0, Not applicable 0, Do not know 0, Usually 0, Usually 0, Not applicable 0, Do not know 0, Usually 0, Not applicable 0, Do not know 0, Usually 0, Not applicable 0, Do not know 0, Usually 0, Not applicable 0, Do not know 0, Usually 0, Not applicable 0, Do not know 0, Usually 0, Not applicable 0, Do not know 0, Usually 0, Not applicable 0, Do not know 0, Usually 0, Not applicable 0, Do not know 0, Usually Using any number from 0 to 10, where 0 is the worst home care possible, what number would you use to rate the services you here in the last 2 months? 0, O 0, Not applicable 0, 1 2 3 4 5 6 0, 1 2 3 4 5 6 0 0 0 1 1 2<	a) Treat you as gently as possible? 0, Not applicable 0, Sometimes 0, Usually 0, Not applicable 0, Do not know 0, Usually b) Explain things in a way that was easy to understand? 0, Not applicable 0, Do not know 0, Not applicable 0, Do not know 0, Usually 0, Verention 0, Not applicable 0, Do not know 0, Usually 0, Verention 0, Not applicable 0, Do not know 0, Usually 0, Verention 0, Not applicable 0, Do not know 0, Usually 0, Verention 0, Not applicable 0, Do not know 0, Usually 0, Verention 0, Not applicable 0, Do not know 0, Usually 0, Verention 0, Not applicable 0, Do not know 0, Usually 0, Verention 0, Not applicable 0, Do not know 0, Usually Verention 0, Not applicable 0, Do not know 0, Usually Verention 0, Not applicable 0, Not applicable 0, Not applicable 0, Not applicable 0, Not applicable 0, Not applicable 0, Not applicable 0, Not applicable 0, Not applicable 0, Very 2, Sometines	a) Treat you as gently as possible? Or Never Or Not applicable Or N	O1 Never O2 Sometimes O3 Usually O4 Always O1 Explain things in a way that was easy to understand? O3 Usually O4 Always O1 Never O2 Sometimes O3 Usually O4 Always Using any number from 0 to 10, where 0 is the worst home care possible and 10 is the best possible, what number would you use to rate the services you have received from home supossible, what	a) Treat you as gently as possible? Or Never Or Never Or Not applicable Or Not Applic

60.	In the last 2 months, did you feel that home support workers have taken your health and safety seriously during the COVID-19 pandemic?
	O_1 Yes, definitely O_2 Yes, somewhat O_3 No (Please specify if not related to Question 59:) O_0 Not applicable O_8 Do not know
61.	In the last 2 months, how often were your home support visits scheduled at a time that was convenient for you?
	$\begin{array}{cccc} O_1 & \text{Never} & O_2 & \text{Rarely} & O_3 & \text{Sometimes} & O_4 & \text{Most of the time} & O_5 & \text{Always} \\ O_0 & \text{Not applicable} & O_8 & \text{Do not know} \end{array}$
62.	Thinking of the home support services you received in the last 2 months, did these services help you stay at home?
	O_1 Yes O_2 No O_0 Not applicable O_8 Do not know
63.	Thinking of the home support services you received in the last 2 months, is there anything else that could have been done to help you stay at home?
	O1 Yes, please specify:
	O ₂ No O ₀ Not applicable O ₈ Do not know
SEF	RVICES RECEIVED IN THE LAST 12 MONTHS
64.	In the last 12 months, do you or your family members believe that you were harmed because of an error or mistake as a result of home support services?
	O1 Yes, please specify:
	O_2 No O_0 Not applicable O_8 Do not know
65.	Please indicate the extent to which you agree or disagree with the following statement: "In the last 12 months, my family or friends who help with my care were given the information that they wanted when they needed it."
	$\begin{array}{ccccccc} O_1 & \text{Strongly disagree} & O_2 & \text{Disagree} & O_3 & \text{Neutral} & O_4 & \text{Agree} & O_5 & \text{Strongly agree} \\ O_0 & \text{Not applicable} & O_8 & \text{Do not know} & \end{array}$
66.	
66.	O_0 Not applicable O_8 Do not know
	O_0 Not applicable O_8 Do not knowIn the last 12 months, did you have a language problem with home support workers? O_1 Yes O_2 No O_2 No O_0 Not applicable O_8 Do not know
	O0 Not applicable O3 Do not know In the last 12 months, did you have a language problem with home support workers? O1 Yes O2 No O2 No O0 Not applicable O3 Do not know Please specify: In the last 12 months, was there a time when home support workers did not take your spiritual or cultural
67.	O0 Not applicable O3 Do not know In the last 12 months, did you have a language problem with home support workers? O1 Yes O2 NO Please specify: 0 In the last 12 months, was there a time when home support workers did not take your spiritual or cultural values into account?

69.	In the last 12 months, have you needed home support services, but there were limits or reductions in the
	duration of services or the number of hours available?

O₀ Not applicable

O₈ Do not know

O₁ Yes

70.

Is there anything else you would like to tell us about the home care services you rece	eived from home
support workers or do you have any suggestions for changes that would have impro	ved your experience?

 O_2 No

SECTION 3: CARE RECEIVED FROM FAMILY AND FRIENDS IN THE LAST 2 MONTHS

These next questions are about unpaid personal care, such as housekeeping, meal preparation or personal hygiene that you may have received from <u>family</u>, <u>friends or volunteers</u>. Do not include care received from home support workers.

- 71. In the last 2 months, did a friend, family member or volunteer help you with your home care?
 - O_1 Yes O_2 No \rightarrow Go to Question 75
- O_8 Do not know \rightarrow Go to Question 75

72. If you answered YES to the previous question: In the last 2 months, who has helped you the most with your home care? Please select all that apply:

- O₁ Husband, wife or common-law partner
- O₂ Mother or father
- O₃ Son or daughter
- O₄ Grandson or granddaughter
- O_5 Other family member

- O₆ Friend
- O7 Volunteer
- O₆₆ Other (please specify:
- O₀ Not applicable
- O₈ Do not know

73. If you answered YES to Question 71: In the last 2 months, how often did you get help with your home care from a friend, family member or volunteer? Please select all that apply:

O1	Every day	O_5	Once a month
O2	A few times a week	O_6	Only once in the last 2 months
O ₃	Once a week	O_{66}	Other (please specify:)
O_4	2 or 3 times a month	O ₀	Not applicable

O₈ Do not know

74. If you answered YES to Question 71: Have you received any of the following services from a friend, family member or volunteer in the last 2 months? Please check all that apply:

O ₁ Bathing	O_6	Transferring (from place to place inside the home)
O2 Grooming or dressing	O7	Help with errands, such as shopping, banking or doctor's appointment
O ₃ Meal preparation	O ₆₆	Other (please specify:)
O ₄ Housekeeping (cleaning, laundry) O ₅ Feeding or nutrition care		Not applicable Do not know

SECTION 4: ABOUT YOU [PATIENT WHO RECEIVED THIS QUESTIONNAIRE]										
75.	75. In general, would you say your health is…									
	-	Poor	-	Fair	O ₃	Good	O ₄	Very good	O5	Excellent
76.	In ae	eneral, would you	ı sav	your mental or er	notic	onal health is	S			
	_	Poor	-	Fair		Good		Very good	O5	Excellent
11.	healt		g be	st describes the li	mpac	ct of the COV	лр-19 ра	indemic on you	ir me	ental or emotional
	O ₁	Major negative impact	O ₂	Minor negative impact	O ₃	No impact	O ₄	Minor positive impact	O ₅	Major positive impact
78.				health professior				ith or treated y	ou fo	or any of the
		Arthritis				Stroke				
		Asthma					pressure	or hypertension		
	0.2	Emphysema or C	OPD	(chronic	011	A mood dis	order othe	er than depress	on, s	such as bipolar
	003	obstructive pulmo	onary	disease)		disorder, m	ania, mar	ic depression o	r dys	thymia
		Chronic pain Cancer				Gastric reflu	•	סא) or another form	ofde	amentia
		Diabetes				Anxiety	usease		oru	smentia
		Depression				High choles	terol			
	O ₀₈	Heart disease				Other (plea		/:)
79	How	confident are vo	u tha	at you can control	and	manage voi	ır health	condition?		
70.		-		-						fidant
		Not at all confide Not applicable		O ₂ Not very confi O ₈ Do not know	dent	O₃ Confi	dent	O₄ Very	/ con	ndent
80.		ch of the followin age your health o			mpao	ct of the CO	/ID-19 pa	Indemic on you	ır ab	ility to control and
	O ₁	Major negative	O ₂	Minor negative	0.	No impact	O4	Minor positive	0-	Major positive
		Impaci		Impaci	03	Νοιπρασι	U 4	impact	05	impact
		Not applicable	08	Do not know						
81.	-	ou live alone?		0 N		0	- <i>ć</i>			
	O_1	Yes		O ₂ No		O_9	Prefer no	ot to answer		
82.	What	t is the highest g	rade	or level of schoo	I that	t you have c	ompleted	1?		
		8 th grade or less				-		echnical school	diplo	ma / certificate
				ut did not graduate		5 Undergrad				
		High school or G Prefer not to ans			0	6 Post unive	ersity / gra	aduate level edu	catic	n
	O 9									
		vou identify oo		Notiona Mátia ar	d/or	Inuk/Inuit2				
83.				Nations, Métis ar						a to Outpation 94
83.	O ₁	Yes	First	O_2 No \rightarrow Go to	Que	stion 84 (→ G	o to Question 84
83.	O ₁	Yes	First		Que	stion 84 (→ G	o to Question 84
83.	O ₁ b) If <u>3</u> O ₁	Yes	First ES to	O_2 No → Go to the previous que	Que: stior	stion 84 (n, please sel Métis (ect all th			o to Question 84
83.	O ₁ b) If <u>3</u> O ₁	Yes you answered Yl I identify as First	First ES to	O_2 No → Go to the previous que ons O_2 l identit	Que: stior	stion 84 (n, please sel Métis (ect all th	at apply:		o to Question 84
83.	O ₁ b) If <u>3</u> O ₁	Yes you answered Yl I identify as First	First ES to	O_2 No → Go to the previous que ons O_2 l identit	Que: stior	stion 84 (n, please sel Métis (ect all th	at apply:		o to Question 84

84.	We know that people of different races do not have significantly different genetics. But our race still has important consequences, including how we are treated by different individuals and institutions. Which rac category best describes you? Please select all that apply:											
	O₁ Black (African, Afro-Caribbean, African Canadian descent)											
	O ₂ East/Southeast Asian (Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)											
	O ₃ indigenous (First Nations, Metis, indivinuit descent)											
	O ₄ Latino (Latin American, Hispanic descent)											
	O ₅ Middle Eastern (Arab, Persian, West Asian descent such as Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)											
	O_6 South Asian (South Asian descent such as East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)											
	O ₇ White (European descent)											
	O ₈ Another race category											
	O ₈₈ Do not know	O ₉	Prefer not to answer									
85.	85. a) Were you born in Canada?											
	O ₁ Yes → Go to Question 86		O ₂ No O ₉	Prefer r	not to answer → Go to Question 86							
	b) If you answered NO to the previous question: How many years have you lived in Canada?											
	O ₁ Less than 1 year O ₄ 10 years or more		1 year to less than 5 years Prefer not to answer	O ₃	5 years to less than 10 years							
86.	86. In which of the following 3 categories was your total household income before taxes in 2020?											
	O ₁ Less than \$25,000 O ₈ Do not know		\$25,000 to less than \$60,000 Prefer not to answer	O ₃	\$60,000 or more							
	Thank you for taking the time to complete this questionnaire! Your answers are greatly appreciated. Please use the enclosed pre-paid envelope and return this questionnaire to:											
Prairie Research Associates Inc. 500 – 363 Broadway Winnipeg, MB R3C 3N9												