



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.

- I have never received these home care services

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

- About your own home care services
 On behalf of the patient, and we will be completing the survey together
 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:

- I have not yet received any Extra-Mural services, but I will → **Go to Question 44**
 I stopped receiving Extra-Mural services more than 2 months ago → **Go to Question 4**
 I stopped receiving Extra-Mural services within the last 2 months
 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:

- | | |
|---|---|
| <input type="radio"/> Nurse | <input type="radio"/> Social worker |
| <input type="radio"/> Physiotherapist | <input type="radio"/> Dietitian |
| <input type="radio"/> Occupational therapist | <input type="radio"/> Rehabilitation assistant |
| <input type="radio"/> Speech language pathologist | <input type="radio"/> Other (please specify: _____) |
| <input type="radio"/> Respiratory therapist | <input type="radio"/> Not applicable |

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

- Yes
 No
 Not applicable
 Do not know

LANGUAGE OF SERVICE

5. You have the right to be served in either English or French. Of these two languages, which is your preference?
- ₁ English ₂ French 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?
- ₁ Yes ₂ No ₀ Not applicable 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?
- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know
8. a) Do you prefer to receive Extra-Mural services in a language other than English or French?
- ₁ Yes, Wolastoqey ₂ Yes, Mi'kmaq ₆₆ Yes, other (please specify: _____)
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?
- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

WHEN YOU FIRST STARTED RECEIVING SERVICES

9. Did you receive Extra-Mural services after a visit to a hospital or rehabilitation center?
- ₁ Yes ₂ No → Go to Question 11 ₈ Do not know → 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?
- ₁ Yes ₂ No ₀ Not applicable ₈ Do not know
11. Does your personal family doctor or nurse practitioner seem informed and up-to-date about your Extra-Mural services?
- ₁ Yes ₂ No ₈ Do not know
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?
- ₁ Yes ₂ No ₀ Not applicable 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?
- ₁ Yes ₂ No ₀ Not applicable ₈ Do not know
14. When you first started receiving Extra-Mural services, did someone from the program ask to see all the prescription and over-the-counter medicines you were taking?
- ₁ Yes ₂ No ₀ Not applicable ₈ 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."
- ₁ Strongly disagree ₂ Disagree ₃ Neutral ₄ Agree ₅ Strongly agree
₀ Not applicable ₈ Do not know

SERVICES RECEIVED IN THE LAST 2 MONTHS

This section is for Extra-Mural services received in the last 2 months. If you stopped receiving services more than 2 months ago, go to Question 33.

16. Did you receive Extra-Mural services from more than one person in the last 2 months?

- ₁ Yes ₂ No ₈ Do not know

17. In the last 2 months, how often did Extra-Mural staff seem informed and up-to-date about all the care or treatment you got at home?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

18. In the last 2 months, how often have you received conflicting or different information from different Extra-Mural staff?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

19. In the last 2 months, how often did Extra-Mural staff do each of the following:

a) Treat you as gently as possible?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

b) Explain things in a way that was easy to understand?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

c) Listen carefully to you?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

d) Treat you with courtesy and respect?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

20. Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from Extra-Mural staff in the last 2 months?

Worst home health care possible										Best home health care possible
0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. In the last 2 months, did you receive Extra-Mural services in any of the following ways? Please select all that apply:

- ₁ Services provided in your home
₂ Information provided over the telephone
₃ Information provided by email
₄ Information provided by video (virtual)
₅ A monitor placed in your home that can measure heart rate, blood pressure, oxygen levels, temperature, or weight
₆ Services delivered in any other form (please specify: _____)

22. In the last 2 months, did you contact the office of the Extra-Mural Program to get help or advice?

- ₁ Yes ₂ No → Go to Question 24 ₈ Do not know → 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?

- ₁ Yes ₂ No ₀ Not applicable ₈ Do not know

24. How much time per visit, on average, did you spend with Extra-Mural staff in the last 2 months?

- ₁ Less than 30 minutes ₄ 2 hours or more
₂ 30 minutes to less than 1 hour ₀ Not applicable
₃ 1 hour to less than 2 hours ₈ Do not know

25. In the last 2 months, how often did you receive Extra-Mural services, on average?

- ₁ Every day ₅ Once a month
₂ A few times a week ₆ Only once in the last 2 months
₃ Once a week ₀ Not applicable
₄ 2 or 3 times a month ₈ Do not know

26. How satisfied are you with the number of times you received Extra-Mural services in the last 2 months?

- ₁ Very dissatisfied ₂ Somewhat dissatisfied ₃ Neither dissatisfied nor satisfied ₄ Somewhat satisfied ₅ Very satisfied
₀ Not applicable 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?

- ₁ Yes ₂ No ₀ Not applicable 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?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

b) Maintain 6 feet (2 metres) separation distance from others when possible?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

c) Wash their hands before providing person-to-person care?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable / Staff was wearing gloves 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?

- ₁ Yes, definitely
₂ Yes, somewhat
₃ No (Please specify if not related to Question 28: _____)
₀ Not applicable
₈ Do not know

30. In the last 2 months, did you have any problems with the Extra-Mural staff?

- ₁ Yes ₂ No ₀ Not applicable ₈ Do not know

31. Thinking of the services you received from the Extra-Mural Program in the last 2 months, did these services help you stay at home?

₁ Yes ₂ No ₀ Not applicable ₈ Do not know

32. Thinking of the services you received from the Extra-Mural Program in the last 2 months, is there anything else that could have been done to help you stay at home?

₁ Yes, please specify: _____

₂ No ₀ Not applicable ₈ Do not know

SERVICES RECEIVED IN THE LAST 12 MONTHS

33. Please indicate the extent to which you agree or disagree with the following statements:

a) In the last 12 months, the Extra-Mural staff gave me the information I needed to take care of myself.

₁ Strongly disagree ₂ Disagree ₃ Neutral ₄ Agree ₅ Strongly agree
₀ Not applicable ₈ Do not know

b) In the last 12 months, the Extra-Mural staff kept me well-informed about my progress.

₁ Strongly disagree ₂ Disagree ₃ Neutral ₄ Agree ₅ Strongly agree
₀ Not applicable ₈ Do not know

c) In the last 12 months, the Extra-Mural staff and I discussed the type of information they could share with my family and friends.

₁ Strongly disagree ₂ Disagree ₃ Neutral ₄ Agree ₅ Strongly agree
₀ Not applicable ₈ Do not know

d) In the last 12 months, my family or friends who help me with my care were given the information that they wanted when they needed it.

₁ Strongly disagree ₂ Disagree ₃ Neutral ₄ Agree ₅ Strongly agree
₀ Not applicable ₈ Do not know

34. In the last 12 months, do you or your family members believe that you were harmed because of a medical error or mistake as a result of Extra-Mural services?

₁ Yes, please specify: _____

₂ No ₀ Not applicable ₈ Do not know

35. In the last 12 months, were you admitted to the hospital for a condition that you feel could have been prevented with better services from the Extra-Mural Program?

₁ Yes ₂ No ₀ Not applicable ₈ Do not know
How many times? _____

36. In the last 12 months, did you have to visit the hospital emergency department for a condition that you feel could have been prevented with better services from the Extra-Mural Program?

₁ Yes ₂ No ₀ Not applicable ₈ Do not know
How many times? _____

37. In the last 12 months, did you have a language problem with Extra-Mural staff?

- ₁ Yes ₂ No ₀ Not applicable ₈ Do not know
Please specify: _____

38. In the last 12 months, was there a time when Extra-Mural staff did not take your spiritual or cultural values into account?

- ₁ Yes ₂ No ₀ Not applicable ₈ Do not know

39. In the last 12 months, have you needed Extra-Mural services, but there were limits or reductions in the types of services available?

- ₁ Yes ₂ No ₀ Not applicable ₈ Do not know

40. In the last 12 months, have you needed Extra-Mural services, but there were limits or reductions in the duration of services or the number of hours available?

- ₁ Yes ₂ No ₀ Not applicable ₈ Do not know

41. Do you know who to contact if you want to make a complaint about your Extra-Mural services?

- ₁ Yes ₂ No ₈ Do not know

42. Would you recommend the Extra-Mural Program to your family or friends if they needed home health care?

- ₁ Definitely no ₂ Probably no ₃ Probably yes ₄ Definitely yes
₈ Do not know

43. Is there anything else you would like to tell us about the home care services you got from the Extra-Mural Program or do you have any suggestions for changes that would have improved your experience?

SECTION 2: HOME CARE SERVICES YOU HAVE RECEIVED FROM HOME SUPPORT WORKERS

In this section, home support includes personal care services provided by a home support worker to help with activities such as bathing, dressing, grooming, feeding, transferring, home cleaning, laundry, meal preparation, or respite/relief care.

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

- ₁ I have not yet received any home support services, but I will → Go to Question 71
₂ I stopped receiving home support services more than 2 months ago → Go to Question 46
₃ I stopped receiving home support services within the last 2 months
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:

- | | |
|---|---|
| <input type="radio"/> ₁ Bathing | <input type="radio"/> ₆ Transferring (from place to place inside the home) |
| <input type="radio"/> ₂ Grooming or dressing | <input type="radio"/> ₇ Relief to family, friends or volunteers who help you (respite care) |
| <input type="radio"/> ₃ Meal preparation | <input type="radio"/> ₈ Help with errands, such as shopping, banking or doctor's appointment |
| <input type="radio"/> ₄ Housekeeping (cleaning, laundry) | <input type="radio"/> ₆₆ Other (please specify: _____) |
| <input type="radio"/> ₅ Feeding or nutrition care | <input type="radio"/> ₀ Not applicable |

46. Did home support services start as soon as you thought you needed them?

- ₁ Yes ₂ No ₀ Not applicable 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?

- ₁ Very difficult ₂ Somewhat difficult ₃ Somewhat easy ₄ Very easy
₀ Not applicable ₈ Do not know

LANGUAGE OF SERVICE

48. You have the right to be served in either English or French. Of these two languages, which is your preference?

- ₁ English ₂ French 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?

- ₁ Yes ₂ No ₀ Not applicable 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?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

51. a) Do you prefer to receive home support services in a language other than English or French?

- ₁ Yes, Wolastoqey ₂ Yes, Mi'kmaq ₆₆ Yes, other (please specify: _____)
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?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

SERVICES RECEIVED IN THE LAST 2 MONTHS

This section is for home support services received in the last 2 months. If you stopped receiving services more than 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?

- ₁ Yes ₂ No 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?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

54. In the last 2 months, how often did home support workers do each of the following:

a) Treat you as gently as possible?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

b) Explain things in a way that was easy to understand?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

c) Listen carefully to you?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

d) Treat you with courtesy and respect?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

55. Using any number from 0 to 10, where 0 is the worst home care possible and 10 is the best home care possible, what number would you use to rate the services you have received from home support workers in the last 2 months?

- | Worst home care possible | | | | | | | | | | Best home care possible |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

56. In the last 2 months, how often did you receive home support services, on average?

- ₁ Every day ₅ Once a month
₂ A few times a week ₆ Only once in the last 2 months
₃ Once a week ₀ Not applicable
₄ 2 or 3 times a month ₈ Do not know

57. How satisfied are you with the number of times you received home support services in the last 2 months?

- ₁ Very dissatisfied ₂ Somewhat dissatisfied ₃ Neither dissatisfied nor satisfied ₄ Somewhat satisfied ₅ Very satisfied
₀ Not applicable ₈ Do not know

58. In the last 2 months, have you needed home support services but there were limits, reductions or cancelled visits due to the COVID-19 pandemic?

- ₁ Yes ₂ No ₀ Not applicable ₈ Do not know

59. In the last 2 months, how often did home support workers do each of the following to protect your health and safety during the COVID-19 pandemic:

a) Wear a mask?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

b) Maintain 6 feet (2 metres) separation distance from others when possible?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable ₈ Do not know

c) Wash their hands before providing person-to-person care?

- ₁ Never ₂ Sometimes ₃ Usually ₄ Always
₀ Not applicable / Home support worker was wearing gloves ₈ Do not know

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?

- ₁ Yes, definitely ₂ Yes, somewhat
₃ No (Please specify if not related to Question 59: _____)
₀ Not applicable 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?

- ₁ Never ₂ Rarely ₃ Sometimes ₄ Most of the time ₅ Always
₀ Not applicable ₈ Do not know

62. Thinking of the home support services you received in the last 2 months, did these services help you stay at home?

- ₁ Yes ₂ No ₀ Not applicable 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?

- ₁ Yes, please specify: _____

- ₂ No ₀ Not applicable ₈ Do not know

SERVICES 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?

- ₁ Yes, please specify: _____

- ₂ No ₀ Not applicable 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."

- ₁ Strongly disagree ₂ Disagree ₃ Neutral ₄ Agree ₅ Strongly agree
₀ Not applicable ₈ Do not know

66. In the last 12 months, did you have a language problem with home support workers?

- ₁ Yes ₂ No ₀ Not applicable ₈ Do not know
Please specify: _____

67. In the last 12 months, was there a time when home support workers did not take your spiritual or cultural values into account?

- ₁ Yes ₂ No ₀ Not applicable ₈ Do not know

68. In the last 12 months, have you needed home support services, but there were limits or reductions in the types of services available?

- ₁ Yes ₂ No ₀ Not applicable ₈ Do not know

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?

Yes

No

Not applicable

Do not know

70. Is there anything else you would like to tell us about the home care services you received from home support workers or do you have any suggestions for changes that would have improved your experience?

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 family, friends or volunteers. 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?

Yes

No → Go to Question 75

Do not know → 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:

Husband, wife or common-law partner

Friend

Mother or father

Volunteer

Son or daughter

Other (please specify: _____)

Grandson or granddaughter

Not applicable

Other family member

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:

Every day

Once a month

A few times a week

Only once in the last 2 months

Once a week

Other (please specify: _____)

2 or 3 times a month

Not applicable

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:

Bathing

Transferring (from place to place inside the home)

Grooming or dressing

Help with errands, such as shopping, banking or doctor's appointment

Meal preparation

Other (please specify: _____)

Housekeeping (cleaning, laundry)

Not applicable

Feeding or nutrition care

Do not know

SECTION 4: ABOUT YOU [PATIENT WHO RECEIVED THIS QUESTIONNAIRE]

75. In general, would you say your health is...

- O₁ Poor O₂ Fair O₃ Good O₄ Very good O₅ Excellent

76. In general, would you say your mental or emotional health is...

- O₁ Poor O₂ Fair O₃ Good O₄ Very good O₅ Excellent

77. Which of the following best describes the impact of the COVID-19 pandemic on your mental or emotional health?

- O₁ Major negative impact O₂ Minor negative impact O₃ No impact O₄ Minor positive impact O₅ Major positive impact

78. Has a doctor or any other health professional ever diagnosed you with or treated you for any of the following chronic health conditions? Please select all that apply:

- | | |
|---|---|
| <input type="radio"/> O ₀₁ Arthritis | <input type="radio"/> O ₀₉ Stroke |
| <input type="radio"/> O ₀₂ Asthma | <input type="radio"/> O ₁₀ High blood pressure or hypertension |
| <input type="radio"/> O ₀₃ Emphysema or COPD (chronic obstructive pulmonary disease) | <input type="radio"/> O ₁₁ A mood disorder other than depression, such as bipolar disorder, mania, manic depression or dysthymia |
| <input type="radio"/> O ₀₄ Chronic pain | <input type="radio"/> O ₁₂ Gastric reflux (or GERD) |
| <input type="radio"/> O ₀₅ Cancer | <input type="radio"/> O ₁₃ Alzheimer's disease or another form of dementia |
| <input type="radio"/> O ₀₆ Diabetes | <input type="radio"/> O ₁₄ Anxiety |
| <input type="radio"/> O ₀₇ Depression | <input type="radio"/> O ₁₅ High cholesterol |
| <input type="radio"/> O ₀₈ Heart disease | <input type="radio"/> O ₆₆ Other (please specify: _____) |

79. How confident are you that you can control and manage your health condition?

- O₁ Not at all confident O₂ Not very confident O₃ Confident O₄ Very confident
 O₀ Not applicable O₈ Do not know

80. Which of the following best describes the impact of the COVID-19 pandemic on your ability to control and manage your health condition?

- O₁ Major negative impact O₂ Minor negative impact O₃ No impact O₄ Minor positive impact O₅ Major positive impact
 O₀ Not applicable O₈ Do not know

81. Do you live alone?

- O₁ Yes O₂ No O₉ Prefer not to answer

82. What is the highest grade or level of school that you have completed?

- O₁ 8th grade or less O₄ College, trade, or technical school diploma / certificate
 O₂ Some high school, but did not graduate O₅ Undergraduate degree
 O₃ High school or GED O₆ Post university / graduate level education
 O₉ Prefer not to answer

83. a) Do you identify as First Nations, Métis and/or Inuk/Inuit?

- O₁ Yes O₂ No → Go to Question 84 O₉ Prefer not to answer → Go to Question 84

b) If you answered YES to the previous question, please select all that apply:

- O₁ I identify as First Nations O₂ I identify as Métis O₃ I identify as Inuk/Inuit
 O₀ Not applicable O₉ Prefer not to answer

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 race category best describes you? Please select all that apply:

- ₁ Black (African, Afro-Caribbean, African Canadian descent)
- ₂ East/Southeast Asian (Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- ₃ Indigenous (First Nations, Métis, Inuk/Inuit descent)
- ₄ Latino (Latin American, Hispanic descent)
- ₅ Middle Eastern (Arab, Persian, West Asian descent such as Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
- ₆ South Asian (South Asian descent such as East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- ₇ White (European descent)
- ₈ Another race category
- ₈₈ Do not know ₉ Prefer not to answer

85. a) Were you born in Canada?

- ₁ Yes → **Go to Question 86**
- ₂ No
- ₉ Prefer not to answer → **Go to Question 86**

b) If you answered NO to the previous question: How many years have you lived in Canada?

- ₁ Less than 1 year
- ₂ 1 year to less than 5 years
- ₃ 5 years to less than 10 years
- ₄ 10 years or more
- ₉ Prefer not to answer

86. In which of the following 3 categories was your total household income before taxes in 2020?

- ₁ Less than \$25,000
- ₂ \$25,000 to less than \$60,000
- ₃ \$60,000 or more
- ₈ Do not know
- ₉ Prefer not to answer

**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**