



## NEW BRUNSWICK HOME CARE SURVEY

For home care services received from the Extra-Mural Program

### 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!

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

- About your own home care services → **Go to Question 3**
- On behalf of the patient

**2. If you are completing this survey on behalf of someone else, which of the following best describes how you will be completing the survey?**

- We will be completing the survey together
- I will be answering all questions on behalf of the patient

### HOME CARE SERVICES YOU HAVE RECEIVED

In this survey, 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. If you have never received these 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 from the Extra-Mural Program

**3. 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 5**
- I stopped receiving Extra-Mural services within the last 2 months
- I am currently receiving Extra-Mural services

**4. 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                |

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

- Yes
- No
- Not applicable
- Do not know

## LANGUAGE OF SERVICE

6. You have the right to be served in either English or French. Of these two languages, which is your preference?
- <sub>1</sub> English                      <sub>2</sub> French                      <sub>3</sub> No preference
7. 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?
- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>0</sub> Not applicable                      <sub>8</sub> Do not know
8. 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?
- <sub>1</sub> Never                      <sub>2</sub> Sometimes                      <sub>3</sub> Usually                      <sub>4</sub> Always  
<sub>0</sub> Not applicable                      <sub>8</sub> Do not know
9. a) Do you prefer to receive Extra-Mural services in a language other than English or French?
- <sub>1</sub> Yes, Wolastoqey                      <sub>2</sub> Yes, Mi'kmaq                      <sub>66</sub> Yes, other (please specify: \_\_\_\_\_)  
<sub>0</sub> No → Go to Question 10
- 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?
- <sub>1</sub> Never                      <sub>2</sub> Sometimes                      <sub>3</sub> Usually                      <sub>4</sub> Always  
<sub>0</sub> Not applicable                      <sub>8</sub> Do not know

## WHEN YOU FIRST STARTED RECEIVING SERVICES

10. Did you receive Extra-Mural services after a visit to a hospital or rehabilitation center?
- <sub>1</sub> Yes                      <sub>2</sub> No → Go to Question 12                      <sub>8</sub> Do not know → Go to Question 12
11. 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?
- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>0</sub> Not applicable                      <sub>8</sub> Do not know
12. Does your personal family doctor or nurse practitioner seem informed and up-to-date about your Extra-Mural services?
- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>8</sub> Do not know  
<sub>0</sub> Not applicable / I do not have a family doctor or nurse practitioner
13. 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?
- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>0</sub> Not applicable                      <sub>8</sub> Do not know
14. 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?
- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>0</sub> Not applicable                      <sub>8</sub> Do not know
15. 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?
- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>0</sub> Not applicable                      <sub>8</sub> Do not know
16. 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."
- <sub>1</sub> Strongly disagree                      <sub>2</sub> Disagree                      <sub>3</sub> Neutral                      <sub>4</sub> Agree                      <sub>5</sub> Strongly agree  
<sub>0</sub> Not applicable                      <sub>8</sub> 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 34.

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

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>8</sub> Do not know

18. 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?

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

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

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

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

a) Treat you as gently as possible?

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

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

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

c) Listen carefully to you?

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

d) Treat you with courtesy and respect?

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

21. 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"/>

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

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

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

- <sub>1</sub> Yes                      <sub>2</sub> No → Go to Question 25                      <sub>8</sub> Do not know → Go to Question 25

24. 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?

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>0</sub> Not applicable                      <sub>8</sub> Do not know

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

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

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

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

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

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

28. 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?

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>0</sub> Not applicable                      <sub>8</sub> Do not know

29. 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?

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

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

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

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

- <sub>1</sub> Never                      <sub>2</sub> Sometimes                      <sub>3</sub> Usually                      <sub>4</sub> Always  
<sub>0</sub> Not applicable / Staff was wearing gloves                      <sub>8</sub> Do not know

30. 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?

- <sub>1</sub> Yes, definitely  
<sub>2</sub> Yes, somewhat  
<sub>3</sub> No (Please specify if not related to Question 29: \_\_\_\_\_)  
<sub>0</sub> Not applicable  
<sub>8</sub> Do not know

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

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>0</sub> Not applicable                      <sub>8</sub> Do not know

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

<sub>1</sub> Yes      <sub>2</sub> No      <sub>0</sub> Not applicable      <sub>8</sub> Do not know

**33. 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?**

<sub>1</sub> Yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sub>2</sub> No      <sub>0</sub> Not applicable      <sub>8</sub> Do not know

**SERVICES RECEIVED IN THE LAST 12 MONTHS**

**34. 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.**

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

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

<sub>1</sub> Strongly disagree    <sub>2</sub> Disagree    <sub>3</sub> Neutral    <sub>4</sub> Agree    <sub>5</sub> Strongly agree  
<sub>0</sub> Not applicable    <sub>8</sub> 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.**

<sub>1</sub> Strongly disagree    <sub>2</sub> Disagree    <sub>3</sub> Neutral    <sub>4</sub> Agree    <sub>5</sub> Strongly agree  
<sub>0</sub> Not applicable    <sub>8</sub> 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.**

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

**35. 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?**

<sub>1</sub> Yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sub>2</sub> No      <sub>0</sub> Not applicable      <sub>8</sub> Do not know

**36. 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?**

<sub>1</sub> Yes      <sub>2</sub> No      <sub>0</sub> Not applicable      <sub>8</sub> Do not know  
How many times? \_\_\_\_\_

**37. 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?**

<sub>1</sub> Yes      <sub>2</sub> No      <sub>0</sub> Not applicable      <sub>8</sub> Do not know  
How many times? \_\_\_\_\_

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

- Yes                                       No                                       Not applicable                                       Do not know  
Please specify: \_\_\_\_\_

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

- Yes                                       No                                       Not applicable                                       Do not know

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

- Yes                                       No                                       Not applicable                                       Do not know

41. 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?

- Yes                                       No                                       Not applicable                                       Do not know

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

- Yes                                       No                                       Do not know

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

- Definitely no                       Probably no                       Probably yes                       Definitely yes  
 Do not know

#### 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.

44. In the last 2 months, did a friend, family member or volunteer help you with your home care?

- Yes  
 No → Go to Question 47  
 Do not know → Go to Question 47

45. 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:

- |   |   |
|---|---|
| <input type="radio"/> Husband, wife or common-law partner | <input type="radio"/> Friend                        |
| <input type="radio"/> Mother or father                    | <input type="radio"/> Volunteer                     |
| <input type="radio"/> Son or daughter                     | <input type="radio"/> Other (please specify: _____) |
| <input type="radio"/> Grandson or granddaughter           | <input type="radio"/> Not applicable                |
| <input type="radio"/> Other family member                 | <input type="radio"/> Do not know                   |

46. If you answered YES to Question 44: 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:

- |  |  |
|--|--|
| <input type="radio"/> Every day            | <input type="radio"/> Once a month                   |
| <input type="radio"/> A few times a week   | <input type="radio"/> Only once in the last 2 months |
| <input type="radio"/> Once a week          | <input type="radio"/> Other (please specify: _____)  |
| <input type="radio"/> 2 or 3 times a month | <input type="radio"/> Not applicable                 |
| <input type="radio"/> Do not know          |  |

**ABOUT YOU [PATIENT WHO RECEIVED THIS QUESTIONNAIRE]**

**47. In general, would you say your health is...**

- O<sub>1</sub> Poor       O<sub>2</sub> Fair       O<sub>3</sub> Good       O<sub>4</sub> Very good       O<sub>5</sub> Excellent

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

- O<sub>1</sub> Poor       O<sub>2</sub> Fair       O<sub>3</sub> Good       O<sub>4</sub> Very good       O<sub>5</sub> Excellent

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

- O<sub>1</sub> Major negative impact       O<sub>2</sub> Minor negative impact       O<sub>3</sub> No impact       O<sub>4</sub> Minor positive impact       O<sub>5</sub> Major positive impact

**50. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which may prevent their full participation in society on an equal basis with others. Are you limited in the kinds or amount of activity you can do at home, work or otherwise because of a physical or mental condition, or a health problem?**

- O<sub>1</sub> No       O<sub>2</sub> Yes, sometimes       O<sub>3</sub> Yes, often       O<sub>9</sub> Prefer not to answer

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

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

- O<sub>1</sub> Not at all confident       O<sub>2</sub> Not very confident       O<sub>3</sub> Confident       O<sub>4</sub> Very confident  
 O<sub>0</sub> Not applicable       O<sub>8</sub> Do not know

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

- O<sub>1</sub> Major negative impact       O<sub>2</sub> Minor negative impact       O<sub>3</sub> No impact       O<sub>4</sub> Minor positive impact       O<sub>5</sub> Major positive impact  
 O<sub>0</sub> Not applicable       O<sub>8</sub> Do not know

**54. Do you live alone?**

- O<sub>1</sub> Yes       O<sub>2</sub> No       O<sub>9</sub> Prefer not to answer

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

- O<sub>1</sub> 8<sup>th</sup> grade or less       O<sub>4</sub> College, trade, or technical school diploma / certificate  
 O<sub>2</sub> Some high school, but did not graduate       O<sub>5</sub> Undergraduate degree  
 O<sub>3</sub> High school or GED       O<sub>6</sub> Post university / graduate level education  
 O<sub>9</sub> Prefer not to answer

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

- Yes                       No → Go to Question 57                       Prefer not to answer → Go to Question 57

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

- I identify as First Nations       I identify as Métis                       I identify as Inuk/Inuit  
 Not applicable                       Prefer not to answer

57. 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:

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

58. a) Were you born in Canada?

- Yes → Go to Question 59                       No                       Prefer not to answer → Go to Question 59

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

- Less than 1 year                       1 year to less than 5 years                       5 years to less than 10 years  
 10 years or more                       Prefer not to answer

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

- Less than \$25,000                       \$25,000 to less than \$60,000                       \$60,000 or more  
 Do not know                       Prefer not to answer

60. 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?

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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