



## NEW BRUNSWICK HOME CARE SURVEY

For home care services received from home support workers

### 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 ...

- <sub>1</sub> About your own home care services
- <sub>2</sub> On behalf of the patient, and we will be completing the survey together
- <sub>3</sub> I will be answering all questions on behalf of the patient

### HOME CARE SERVICES YOU HAVE RECEIVED

In this survey, 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. 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.

- <sub>1</sub> I have never received these home support services

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

- <sub>1</sub> I have not yet received any home support services, but I will → **Go to Question 28**
- <sub>2</sub> I stopped receiving home support services more than 2 months ago → **Go to Question 4**
- <sub>3</sub> I stopped receiving home support services within the last 2 months
- <sub>4</sub> I am currently receiving home support services

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

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

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

#### 5. Before you started receiving home support services, how easy or difficult was it to get information about these services in New Brunswick?

- <sub>1</sub> Very difficult
- <sub>2</sub> Somewhat difficult
- <sub>3</sub> Somewhat easy
- <sub>4</sub> Very easy
- <sub>0</sub> Not applicable
- <sub>8</sub> 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



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

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

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

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="radio"/> O <sub>1</sub> Very dissatisfied | <input type="radio"/> O <sub>2</sub> Somewhat dissatisfied | <input type="radio"/> O <sub>3</sub> Neither dissatisfied nor satisfied | <input type="radio"/> O <sub>4</sub> Somewhat satisfied | <input type="radio"/> O <sub>5</sub> Very satisfied |
| <input type="radio"/> O <sub>0</sub> Not applicable    | <input type="radio"/> O <sub>8</sub> Do not know           |   |   |   |

16. 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?

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

17. 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?

- |   |  |  |   |
|---|--|--|---|
| <input type="radio"/> O <sub>1</sub> Never          | <input type="radio"/> O <sub>2</sub> Sometimes   | <input type="radio"/> O <sub>3</sub> Usually | <input type="radio"/> O <sub>4</sub> Always |
| <input type="radio"/> O <sub>0</sub> Not applicable | <input type="radio"/> O <sub>8</sub> Do not know |  |   |

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

- |   |  |  |   |
|---|--|--|---|
| <input type="radio"/> O <sub>1</sub> Never          | <input type="radio"/> O <sub>2</sub> Sometimes   | <input type="radio"/> O <sub>3</sub> Usually | <input type="radio"/> O <sub>4</sub> Always |
| <input type="radio"/> O <sub>0</sub> Not applicable | <input type="radio"/> O <sub>8</sub> Do not know |  |   |

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

- |  |  |  |  |
|--|--|--|--|
| <input type="radio"/> O <sub>1</sub> Never   | <input type="radio"/> O <sub>2</sub> Sometimes | <input type="radio"/> O <sub>3</sub> Usually | <input type="radio"/> O <sub>4</sub> Always      |
| <input type="radio"/> O <sub>0</sub> Not applicable / Home support worker was wearing gloves |  |  | <input type="radio"/> O <sub>8</sub> Do not know |

18. 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<sub>1</sub> Yes, definitely       O<sub>2</sub> Yes, somewhat
- O<sub>3</sub> No (Please specify if not related to Question 17: \_\_\_\_\_)
- O<sub>0</sub> Not applicable       O<sub>8</sub> Do not know

19. In the last 2 months, how often were your home support visits scheduled at a time that was convenient for you?

- |   |  |  |   |   |
|---|--|--|---|---|
| <input type="radio"/> O <sub>1</sub> Never          | <input type="radio"/> O <sub>2</sub> Rarely      | <input type="radio"/> O <sub>3</sub> Sometimes | <input type="radio"/> O <sub>4</sub> Most of the time | <input type="radio"/> O <sub>5</sub> Always |
| <input type="radio"/> O <sub>0</sub> Not applicable | <input type="radio"/> O <sub>8</sub> Do not know |  |   |   |

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

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

21. 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?

- O<sub>1</sub> Yes, please specify: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- O<sub>2</sub> No       O<sub>0</sub> Not applicable       O<sub>8</sub> Do not know

## SERVICES RECEIVED IN THE LAST 12 MONTHS

22. 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?

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

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

23. Please indicate the extent 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."

<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

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

<sub>1</sub> Yes                              <sub>2</sub> No                      <sub>0</sub> Not applicable        <sub>8</sub> Do not know  
Please specify: \_\_\_\_\_

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

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

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

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

27. 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?

<sub>1</sub> Yes                              <sub>2</sub> No                      <sub>0</sub> Not applicable        <sub>8</sub> 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.

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

<sub>1</sub> Yes                      <sub>2</sub> No → Go to Question 32                      <sub>8</sub> Do not know → Go to Question 32

29. 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:

<sub>1</sub> Husband, wife or common-law partner                      <sub>6</sub> Friend  
<sub>2</sub> Mother or father    <sub>7</sub> Volunteer  
<sub>3</sub> Son or daughter    <sub>66</sub> Other (please specify: \_\_\_\_\_)  
<sub>4</sub> Grandson or granddaughter                                      <sub>0</sub> Not applicable  
<sub>5</sub> Other family member    <sub>8</sub> Do not know

30. If you answered YES to Question 28: 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:

<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>66</sub> Other (please specify: \_\_\_\_\_)  
<sub>4</sub> 2 or 3 times a month    <sub>0</sub> Not applicable  
<sub>8</sub> Do not know

**31. If you answered YES to Question 28: 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:**

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

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

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

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

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

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

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

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

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

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

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

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

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

**38. Do you live alone?**

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

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

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

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

- Yes                       No → Go to Question 41                       Prefer not to answer → Go to Question 41

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

41. 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

42. a) Were you born in Canada?

- Yes → Go to Question 43                       No                       Prefer not to answer → Go to Question 43

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

43. 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

44. 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?

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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