Primary Care Survey 2024

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

Languages: English, French

Hello, my name is ___ and I'm calling from xxx on behalf of the New Brunswick Health Council about the Primary Care Survey that you may have heard about.

The New Brunswick Health Council, or NBHC, is an independent organization that evaluates New Brunswick's health system by getting input from citizens, and then making recommendations to the Minister of Health.

Can I speak to the youngest person who is at least 18 years of age that is available?

The Primary Care Survey will ask about your experiences, in the last 12 months, with primary care services, such as visits with a personal family doctor or a personal nurse practitioner. The NBHC will share the results of this survey with the public, and this will help identify what is being done well and what could be done better. We are trying to reach out to as many residents in your community as possible.

This survey will take about 20 minutes to complete depending on your answers and can be done online. We can send you the link by email or text but if you prefer, you can do it on the phone. May I proceed with you now?

Page Block 2 Questions

Before sending the link, I just need to ask you 3 questions.

PCxLOS01
Would you prefer to answer in English or in French?

- ❍ 1 English
- ❍ 2 French

INFOxALL02
The NBHC collects data from citizens across the province so that we can report publicly on the health care experiences of New Brunswickers at the health zone level.

To make sure your responses are assigned to the appropriate area, we will need your postal code. Your postal code will be grouped with others when the survey results will be reported – **it will not be used to identify you personally.**

PCxPOC02

To begin, could you please provide your New Brunswick postal code?

_____
_____
_____
_____
_____

- ❑ -8 Prefer not to answer / I live outside New Brunswick
- ❑ -9 Do not know

PCxCOM01

What is the name of the city, town or village you live in? (where you receive your mail)

Please select from the list below:

- ❍ 1 Aberdeen
- ❍ 2 Acadieville
- ❍ 3 Addington
- ❍ 4 Allardville
- ❍ 5 Alma
- ❍ 6 Alnwick
- ❍ 7 Andover
- ❍ 8 Aroostook
- ❍ 9 Atholville
- ❍ 10 Balmoral
- ❍ 11 Bas-Caraquet
- ❍ 12 Bath
- ❍ 13 Bathurst
- ❍ 14 Beaubassin East
- ❍ 15 Belledune
- ❍ 16 Beresford
- ❍ 17 Bertrand
- ❍ 18 Big Hole Tract 8 (South Half)
- ❍ 19 Blacks Harbour
- ❍ 20 Blackville
- ❍ 21 Blissfield
- ❍ 22 Blissville
- ❍ 23 Botsford
- ❍ 24 Bouctouche
- ❍ 25 Bright
- ❍ 26 Brighton
- ❍ 27 Brunswick
- ❍ 28 Buctouche First Nation
- ❍ 29 Burton
- ❍ 30 Cambridge

- ❍ 31 Cambridge-Narrows
- ❍ 32 Campbellton
- ❍ 33 Campobello Island
- ❍ 34 Canning
- ❍ 35 Canterbury
- ❍ 36 Cap-Pelé
- ❍ 37 Caraquet
- ❍ 38 Cardwell
- ❍ 39 Carleton
- ❍ 40 Centreville
- ❍ 41 Charlo
- ❍ 42 Chatham
- ❍ 43 Chipman
- ❍ 44 Clarendon
- ❍ 45 Cocagne
- ❍ 46 Colborne
- ❍ 47 Coverdale
- ❍ 48 Dalhousie
- ❍ 49 Denmark
- ❍ 50 Derby
- ❍ 51 Saint Mary's First Nation
- ❍ 52 Dieppe
- ❍ 53 Doaktown
- ❍ 54 Dorchester
- ❍ 55 Douglas
- ❍ 56 Drummond
- ❍ 57 Dufferin
- ❍ 58 Dumbarton
- ❍ 59 Dumfries
- ❍ 60 Dundas
- ❍ 61 Durham
- ❍ 62 Edmundston
- ❍ 63 Eel Ground
- ❍ 64 Eel River Bar
- ❍ 65 Eel River Crossing
- ❍ 66 Eldon
- ❍ 67 Elgin
- ❍ 68 Esgenoôpetitj
- ❍ 69 Florenceville-Bristol
- ❍ 70 Fort Folly First Nation
- ❍ 71 Fredericton
- ❍ 72 Fredericton Junction
- ❍ 73 Gagetown
- ❍ 74 Gladstone
- ❍ 75 Glenelg
- ❍ 76 Gordon

- ❍ 77 Grand Bay-Westfield
- ❍ 78 Grand Falls
- ❍ 79 Grand Falls / Grand-Sault
- ❍ 80 Grand Manan
- ❍ 81 Grande-Anse
- ❍ 82 Greenwich
- ❍ 83 Hammond
- ❍ 84 Hampstead
- ❍ 85 Hampton
- ❍ 86 Hanwell
- ❍ 87 Harcourt
- ❍ 88 Hardwicke
- ❍ 89 Hartland
- ❍ 90 Harvey
- ❍ 91 Harvey York County
- ❍ 92 Haut-Madawaska
- ❍ 93 Havelock
- ❍ 94 Hillsborough
- ❍ 95 Hopewell
- ❍ 96 Huskisson
- ❍ 97 Indian Island
- ❍ 98 Indian Ranch
- ❍ 99 Inkerman
- ❍ 100 Johnston
- ❍ 101 Kars
- ❍ 102 Kedgwick
- ❍ 103 Kent
- ❍ 104 Kingsclear
- ❍ 105 Kingsclear First Nation
- ❍ 106 Kingston
- ❍ 107 Lac Baker
- ❍ 108 Lamèque
- ❍ 109 Le Goulet
- ❍ 110 Lepreau
- ❍ 111 Lincoln
- ❍ 112 Lorne
- ❍ 113 Maisonnette
- ❍ 114 Manners Sutton
- ❍ 115 Maugerville
- ❍ 116 McAdam
- ❍ 117 Meductic
- ❍ 118 Memramcook
- ❍ 119 Millville
- ❍ 120 Minto
- ❍ 121 Miramichi
- ❍ 122 Moncton

❍ 123 Musquash
❍ 124 Nackawic
❍ 125 Neguac
❍ 126 Nelson
❍ 127 New Bandon
❍ 128 New Maryland
❍ 129 Newcastle
❍ 130 Nigadoo
❍ 131 North Lake
❍ 132 Northampton
❍ 133 Northesk
❍ 134 Northfield
❍ 135 Norton
❍ 136 Notre-Dame-de-Lourdes
❍ 137 Oromocto
❍ 138 Oromocto First Nation
❍ 139 Pabineau First Nation
❍ 140 Paquetville
❍ 141 Peel
❍ 142 Pennfield
❍ 143 Perth
❍ 144 Perth-Andover
❍ 145 Petersville
❍ 146 Petitcodiac
❍ 147 Petit-Rocher
❍ 148 Plaster Rock
❍ 149 Pointe-Verte
❍ 150 Port Elgin
❍ 151 Prince William
❍ 152 Queensbury
❍ 153 Quispamsis
❍ 154 Metepenagiag First Nation
❍ 155 Rexton
❍ 156 Richibucto
❍ 157 Elsipogtog First Nation
❍ 158 Richmond
❍ 159 Riverside-Albert
❍ 160 Riverview
❍ 161 Rivière-Verte
❍ 162 Rogersville
❍ 163 Rothesay
❍ 164 Sackville
❍ 165 Saint Andrews
❍ 166 Saint Croix
❍ 167 Saint David
❍ 168 Saint George

- ❍ 169 Saint James
- ❍ 170 Saint John
- ❍ 171 Saint Martins
- ❍ 172 Saint Mary
- ❍ 173 Saint Marys
- ❍ 174 Saint Patrick
- ❍ 175 Saint Stephen
- ❍ 176 Saint-André
- ❍ 177 Saint-Antoine
- ❍ 178 Saint-Basile
- ❍ 179 Saint-Charles
- ❍ 180 Sainte-Anne
- ❍ 181 Sainte-Anne-de-Madawaska
- ❍ 182 Sainte-Marie-Saint-Raphaël
- ❍ 183 Saint-Isidore
- ❍ 184 Saint-Jacques
- ❍ 185 Saint-Joseph
- ❍ 186 Saint-Léolin
- ❍ 187 Saint-Léonard
- ❍ 188 Saint-Louis
- ❍ 189 Saint-Louis de Kent
- ❍ 190 Saint-Paul
- ❍ 191 Saint-Quentin
- ❍ 192 Salisbury
- ❍ 193 Shediac
- ❍ 194 Sheffield
- ❍ 195 Shippagan
- ❍ 196 Simonds (near Florenceville)
- ❍ 197 Simonds (near Saint Martins)
- ❍ 198 Southampton
- ❍ 199 Southesk
- ❍ 200 Springfield
- ❍ 201 Madawaska Maliseet First Nation
- ❍ 202 St. George
- ❍ 203 St. Martins
- ❍ 204 St. Stephen
- ❍ 205 Stanley
- ❍ 206 Studholm
- ❍ 207 Sussex
- ❍ 208 Sussex Corner
- ❍ 209 Tabusintac
- ❍ 210 Tide Head
- ❍ 211 Tobique First Nation
- ❍ 212 Tracadie
- ❍ 213 Tracy
- ❍ 214 Upham

- ❍ 215 Upper Miramichi
- ❍ 216 Wakefield
- ❍ 217 Waterborough
- ❍ 218 Waterford
- ❍ 219 Weldford
- ❍ 220 Wellington
- ❍ 221 West Isles
- ❍ 222 Westfield
- ❍ 223 Westmorland
- ❍ 224 Wickham
- ❍ 225 Wicklow
- ❍ 226 Wilmot
- ❍ 227 Woodstock
- ❍ 228 Woodstock First Nation
- ❍ 229 Other (specify): _____
- ❑ -9 Prefer not to answer

Section BLOCK 2: LANGUAGE PREFERENCE FOR SURVEY AND DEMOGRAPHIC INFO NEEDED FOR QUOTAS AND WEIGHTING

INFOxALL03

For all questions in this survey, if you don't know the answer or feel that it does not apply to you, you can say "I don't know". If there is a question that you are not comfortable answering, you can say "I prefer not to answer".

PHxGEN01

Which of the following best describes you?

- ❍ 1 Male
- ❍ 2 Female
- ❍ 3 Two Spirit
- ❍ 4 In another way, please specify: _____
- ❍ 999 Prefer not to answer

PHxAGE01

How old are you?

IF NECESSARY: This will always be reported as an age category and will not be used to identify you personally.

_____

- ❑ -8 Prefer not to answer
- ❑ -9 Do not know

PHxAGE02 *Show if Age avoidant (PHxAGE01 = <<catiDoNotRead>>Prefer not to answer,<<catiDoNotRead>>Do not know)*

In which age category are you?

- ❍ 1 17 or younger
- ❍ 2 18 to 24
- ❍ 3 25 to 34
- ❍ 4 35 to 44
- ❍ 5 45 to 54
- ❍ 6 55 to 64
- ❍ 7 65 to 74
- ❍ 8 75 or older
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

INFOxPROG *Show if Under 18 of age OR refused to provide age category ((PHxAGE01) OR (PHxAGE02 = 1,777,999))*

Thank you for your time, but we are looking for participants over the age of 18.

Section BLOCK 3: SELF-RATED HEALTH AND OVERALL EXPERIENCE WITH HEALTH CARE SERVICES

PHxHEP01

The following questions will be about your general health.

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

- ❍ 1 Poor
- ❍ 2 Fair
- ❍ 3 Good
- ❍ 4 Very good
- ❍ 5 Excellent
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PHxHEP02

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

- ❍ 1 Poor
- ❍ 2 Fair
- ❍ 3 Good
- ❍ 4 Very good
- ❍ 5 Excellent
- ❍ 777 Do not know

❍ 999 Prefer not to answer

PCxSAT0E

In general, what is your level of satisfaction with the health care services you have received in New Brunswick in the last 12 months?

❍ 1 Very dissatisfied
❍ 2 Somewhat dissatisfied
❍ 3 Neither satisfied nor dissatisfied
❍ 4 Somewhat satisfied
❍ 5 Very satisfied
❍ 666 I did not use health care services in the last 12 months/Does not apply
❍ 777 Do not know
❍ 999 Prefer not to answer

PCxLOS10

In which language are you most comfortable speaking when accessing health care services?

❍ 1 English
❍ 2 French
❍ 3 Both English and French equally
❍ 4 Mi'kmawi'simk/Mi'kmaq or Wolastoqey/Maliseet
❍ 5 Another language
❍ 999 Prefer not to answer

Page SECTION 4A: PERMANENT ATTACHMENT TO A PRIMARY CARE PROVIDER (PCP)

PHxACCFA

The following questions will be about your primary care provider. It is often the first point of entry to the health care system.

Do you have a personal family doctor?

A personal family doctor manages your medical file. This does not include specialists or doctors you would see at an after-hours clinic or a walk-in clinic. This does not include a temporary doctor who you may have consulted while waiting for a permanent family doctor, for example when using NB Health Link

IF NECESSARY: A personal family doctor is someone you would see if you need a check-up, want advice about a health problem, or when sick. NB Health Link is a new program aimed at providing access to primary health care for New Brunswickers who don't have a permanent family doctor or nurse practitioner. Under this program, citizens have access to the services of primary care providers as a temporary modality, until a permanent provider is available. Citizens can

self-refer to this program and register using the following link: https://nbhealthlink.ca/pages/registration/

- ❍ 1 Yes
- ❍ 0 No
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PHxACCNI *Show if Don't have a family doctor (PHxACCFA = 0,777,999,Not Answered)*

Do you have a personal nurse practitioner?

A personal nurse practitioner manages your medical file. This does not include specialty clinics or nurse practitioners you would see at an after-hours clinic or a walk-in clinic. This does not include a nurse practitioner at a private clinic. This does not include a temporary nurse practitioner who you may have consulted while waiting for a permanent nurse practitioner, for example when using NB Health Link

IF NECESSARY: A nurse practitioner is someone you would see if you need a check-up, want advice about a health problem, or when sick. Nurse practitioners can diagnose and treat common illnesses, they have the authority to order diagnostic tests, prescribe medications, and they can refer you to other medical services. NB Health Link is a new program aimed at providing access to primary health care for New Brunswickers who don't have a permanent family doctor or nurse practitioner. Under this program, citizens have access to the services of primary care providers as a temporary modality, until a permanent provider is available. Citizens can self-refer to this program and register using the following link: https://nbhealthlink.ca/pages/registration/

- ❍ 1 Yes
- ❍ 0 No
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxCOM02 *Show if Have primary care provider ((PHxACCFA = 1) OR (PHxACCNI = 1))*

Is your **family doctor/ nurse practitioner** located in the city or town where you live?

- ❍ 1 Yes
- ❍ 0 No
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxCOM03 *Show if Doctor not in same location as respondent (PCxCOM02 = 0)*

What is the name of the community, town or village where your **family doctor/ nurse practitioner** is located?

Please select from the list below

- ❍ 1 Aberdeen
- ❍ 2 Acadieville
- ❍ 3 Addington
- ❍ 4 Allardville

- ❍ 5 Alma
- ❍ 6 Alnwick
- ❍ 7 Andover
- ❍ 8 Aroostook
- ❍ 9 Atholville
- ❍ 10 Balmoral
- ❍ 11 Bas-Caraquet
- ❍ 12 Bath
- ❍ 13 Bathurst
- ❍ 14 Beaubassin East
- ❍ 15 Belledune
- ❍ 16 Beresford
- ❍ 17 Bertrand
- ❍ 18 Big Hole Tract 8 (South Half)
- ❍ 19 Blacks Harbour
- ❍ 20 Blackville
- ❍ 21 Blissfield
- ❍ 22 Blissville
- ❍ 23 Botsford
- ❍ 24 Bouctouche
- ❍ 25 Bright
- ❍ 26 Brighton
- ❍ 27 Brunswick
- ❍ 28 Buctouche First Nation
- ❍ 29 Burton
- ❍ 30 Cambridge
- ❍ 31 Cambridge-Narrows
- ❍ 32 Campbellton
- ❍ 33 Campobello Island
- ❍ 34 Canning
- ❍ 35 Canterbury
- ❍ 36 Cap-Pelé
- ❍ 37 Caraquet
- ❍ 38 Cardwell
- ❍ 39 Carleton
- ❍ 40 Centreville
- ❍ 41 Charlo
- ❍ 42 Chatham
- ❍ 43 Chipman
- ❍ 44 Clarendon
- ❍ 45 Cocagne
- ❍ 46 Colborne
- ❍ 47 Coverdale
- ❍ 48 Dalhousie
- ❍ 49 Denmark
- ❍ 50 Derby

- ❍ 51 Saint Mary's First Nation
- ❍ 52 Dieppe
- ❍ 53 Doaktown
- ❍ 54 Dorchester
- ❍ 55 Douglas
- ❍ 56 Drummond
- ❍ 57 Dufferin
- ❍ 58 Dumbarton
- ❍ 59 Dumfries
- ❍ 60 Dundas
- ❍ 61 Durham
- ❍ 62 Edmundston
- ❍ 63 Eel Ground
- ❍ 64 Eel River Bar
- ❍ 65 Eel River Crossing
- ❍ 66 Eldon
- ❍ 67 Elgin
- ❍ 68 Esgenoôpetitj
- ❍ 69 Florenceville-Bristol
- ❍ 70 Fort Folly First Nation
- ❍ 71 Fredericton
- ❍ 72 Fredericton Junction
- ❍ 73 Gagetown
- ❍ 74 Gladstone
- ❍ 75 Glenelg
- ❍ 76 Gordon
- ❍ 77 Grand Bay-Westfield
- ❍ 78 Grand Falls
- ❍ 79 Grand Falls / Grand-Sault
- ❍ 80 Grand Manan
- ❍ 81 Grande-Anse
- ❍ 82 Greenwich
- ❍ 83 Hammond
- ❍ 84 Hampstead
- ❍ 85 Hampton
- ❍ 86 Hanwell
- ❍ 87 Harcourt
- ❍ 88 Hardwicke
- ❍ 89 Hartland
- ❍ 90 Harvey
- ❍ 91 Harvey York County
- ❍ 92 Haut-Madawaska
- ❍ 93 Havelock
- ❍ 94 Hillsborough
- ❍ 95 Hopewell
- ❍ 96 Huskisson

❍ 97 Indian Island
❍ 98 Indian Ranch
❍ 99 Inkerman
❍ 100 Johnston
❍ 101 Kars
❍ 102 Kedgwick
❍ 103 Kent
❍ 104 Kingsclear
❍ 105 Kingsclear First Nation
❍ 106 Kingston
❍ 107 Lac Baker
❍ 108 Lamèque
❍ 109 Le Goulet
❍ 110 Lepreau
❍ 111 Lincoln
❍ 112 Lorne
❍ 113 Maisonnette
❍ 114 Manners Sutton
❍ 115 Maugerville
❍ 116 McAdam
❍ 117 Meductic
❍ 118 Memramcook
❍ 119 Millville
❍ 120 Minto
❍ 121 Miramichi
❍ 122 Moncton
❍ 123 Musquash
❍ 124 Nackawic
❍ 125 Neguac
❍ 126 Nelson
❍ 127 New Bandon
❍ 128 New Maryland
❍ 129 Newcastle
❍ 130 Nigadoo
❍ 131 North Lake
❍ 132 Northampton
❍ 133 Northesk
❍ 134 Northfield
❍ 135 Norton
❍ 136 Notre-Dame-de-Lourdes
❍ 137 Oromocto
❍ 138 Oromocto First Nation
❍ 139 Pabineau First Nation
❍ 140 Paquetville
❍ 141 Peel
❍ 142 Pennfield

- ❍ 143 Perth
- ❍ 144 Perth-Andover
- ❍ 145 Petersville
- ❍ 146 Petitcodiac
- ❍ 147 Petit-Rocher
- ❍ 148 Plaster Rock
- ❍ 149 Pointe-Verte
- ❍ 150 Port Elgin
- ❍ 151 Prince William
- ❍ 152 Queensbury
- ❍ 153 Quispamsis
- ❍ 154 Metepenagiag First Nation
- ❍ 155 Rexton
- ❍ 156 Richibucto
- ❍ 157 Elsipogtog First Nation
- ❍ 158 Richmond
- ❍ 159 Riverside-Albert
- ❍ 160 Riverview
- ❍ 161 Rivière-Verte
- ❍ 162 Rogersville
- ❍ 163 Rothesay
- ❍ 164 Sackville
- ❍ 165 Saint Andrews
- ❍ 166 Saint Croix
- ❍ 167 Saint David
- ❍ 168 Saint George
- ❍ 169 Saint James
- ❍ 170 Saint John
- ❍ 171 Saint Martins
- ❍ 172 Saint Mary
- ❍ 173 Saint Marys
- ❍ 174 Saint Patrick
- ❍ 175 Saint Stephen
- ❍ 176 Saint-André
- ❍ 177 Saint-Antoine
- ❍ 178 Saint-Basile
- ❍ 179 Saint-Charles
- ❍ 180 Sainte-Anne
- ❍ 181 Sainte-Anne-de-Madawaska
- ❍ 182 Sainte-Marie-Saint-Raphaël
- ❍ 183 Saint-Isidore
- ❍ 184 Saint-Jacques
- ❍ 185 Saint-Joseph
- ❍ 186 Saint-Léolin
- ❍ 187 Saint-Léonard
- ❍ 188 Saint-Louis

- ❍ 189 Saint-Louis de Kent
- ❍ 190 Saint-Paul
- ❍ 191 Saint-Quentin
- ❍ 192 Salisbury
- ❍ 193 Shediac
- ❍ 194 Sheffield
- ❍ 195 Shippagan
- ❍ 196 Simonds (near Florenceville)
- ❍ 197 Simonds (near Saint Martins)
- ❍ 198 Southampton
- ❍ 199 Southesk
- ❍ 200 Springfield
- ❍ 201 Madawaska Maliseet First Nation
- ❍ 202 St. George
- ❍ 203 St. Martins
- ❍ 204 St. Stephen
- ❍ 205 Stanley
- ❍ 206 Studholm
- ❍ 207 Sussex
- ❍ 208 Sussex Corner
- ❍ 209 Tabusintac
- ❍ 210 Tide Head
- ❍ 211 Tobique First Nation
- ❍ 212 Tracadie
- ❍ 213 Tracy
- ❍ 214 Upham
- ❍ 215 Upper Miramichi
- ❍ 216 Wakefield
- ❍ 217 Waterborough
- ❍ 218 Waterford
- ❍ 219 Weldford
- ❍ 220 Wellington
- ❍ 221 West Isles
- ❍ 222 Westfield
- ❍ 223 Westmorland
- ❍ 224 Wickham
- ❍ 225 Wicklow
- ❍ 226 Wilmot
- ❍ 227 Woodstock
- ❍ 228 Woodstock First Nation
- ❍ 229 Other (specify): _____
- ❑ -8 Prefer not to answer

Page SECTION 4B: PRIMARY CARE PROVIDER (PCP) PRACTICE

Show if Have primary care provider ((PHxACCFA = 1) OR (PHxACCNI = 1))

PCxPCKOP

What kind of place does your **family doctor/ nurse practitioner** work in?

- ❍ 1 An office with one family doctor or nurse practitioner working in a solo practice
- ❍ 2 An office with several family doctors or nurse practitioners working independently of each other who may share one or more nurses
- ❍ 3 An office with several health care professionals working together as a team, that may include a family doctor, nurse practitioner, dietitian, nurse, social worker or psychologist
- ❍ 4 Other (specify): _____
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxPCCDE

How do you rate your ability to get care from your **family doctor/ nurse practitioner** during the evenings (after 5 pm) or on weekends when you need medical care? Would you say it was?

- ❍ 1 Service not offered outside clinic hours
- ❍ 2 Very difficult
- ❍ 3 Somewhat difficult
- ❍ 4 Somewhat easy
- ❍ 5 Very easy
- ❍ 666 Never tried to do this/Does not apply
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

Page SECTION 5A: CARE EXPERIENCE WITH PRIMARY CARE PROVIDER (PCP)

Show if Have primary care provider ((PHxACCFA = 1) OR (PHxACCNI = 1))

INFOxALL06

The following questions will be about consultations you may have had with your **family doctor/ nurse practitioner** in the last 12 months, based on your own personal health care needs.

For these questions, do not include consultations for other family members, such as a spouse, partner, child, parent, or other family member.

PCxUSEPV

In the last 12 months, did you consult with your **family doctor/ nurse practitioner** either in-person or virtually?

A virtual care consultation includes telephone, video, email, or text messaging.

A virtual care consultation does not include “making an appointment” or “confirming an appointment”.

- ❍ 1 Yes
- ❍ 0 No
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

Page SECTION 5A - (block under the same condition)

Show if Recently consulted with care provider (((PHxACCFA = 1) OR (PHxACCNI = 1)) AND (PCxUSEPV = 1))

PCxAPPPI

The following questions will be about the quality of care you received from your **family doctor/ nurse practitioner** in the last 12 months.

Thinking of the last 12 months, in general, how often did your **family doctor/ nurse practitioner**...

1. Spend enough time with you?
2. Explain things in a way that you could understand?
3. Involve you in decisions about your health care?
4. Help you coordinate or connect the care from other healthcare providers and places when you needed it?

- ❍ 1 Never
- ❍ 2 Rarely
- ❍ 3 Sometimes
- ❍ 4 Usually
- ❍ 5 Always
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxMGT04

Thinking of the last 12 months, in general, do you feel that you received the support you needed from your **family doctor/ nurse practitioner** to help you manage your health problems?

- ❍ 1 No
- ❍ 2 Yes, to some extent
- ❍ 3 Yes, definitely
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxNUMLI

Thinking of the last 12 months, have you been informed or seen a note that suggests limiting the number of problems you can discuss with your **family doctor/ nurse practitioner**?

- ❍ 1 No, I have never experienced that
- ❍ 2 Yes, to one problem per visit
- ❍ 3 Yes, to 2 problems per visit
- ❍ 4 Yes, to 3 problems per visit
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxSATLM

Thinking of the last 12 months, what was your level of satisfaction with the health care services you received from your **family doctor/ nurse practitioner**?

- ❍ 1 Very dissatisfied
- ❍ 2 Somewhat dissatisfied
- ❍ 3 Neither satisfied nor dissatisfied
- ❍ 4 Somewhat satisfied
- ❍ 5 Very satisfied
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

Page SECTION 5B: LAST CONSULTATION WITH PRIMARY CARE PROVIDER: MODALITY OF CONSULTATION, REASONS AND WAIT TIME

Show if Recently consulted with care provider (((PHxACCFA = 1) OR (PHxACCNI = 1)) AND (PCxUSEPV = 1))

PCxUSEEI

The following questions will be about the last consultation you had with your primary care provider.

Now think of the last time you consulted with your **family doctor/ nurse practitioner**, was this consultation …

IF NECESSARY: In person consultation includes consultation at his/her office, your home, an after-hours/walk-in clinic, hospital emergency department with your personal family doctor or nurse practitioner. Virtual consultation includes a consultation by telephone, video, email, text messaging or online chat.

- ❍ 1 In-person
- ❍ 2 Virtual
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxUSE

Thinking of the last time you consulted with your **family doctor/ nurse practitioner**, either in-person or virtually, was this for:

Select all that apply

- ❑ 1 Prescription renewal
- ❑ 2 A regular check-up that was scheduled in advance
- ❑ 3 A health concern or problem that needed medical care
- ❑ 777 Do not know
- ❑ 999 Prefer not to answer

PHxACCPB *Show if Health concern that needed care (PCxUSE_3 = 1)*

Thinking of the last time you consulted with your **family doctor/ nurse practitioner**, either in-person or virtually, how long did it take from when you first tried to make the appointment to when you actually consulted with him/her?

- ❍ 1 Same day
- ❍ 2 1 day
- ❍ 3 2 days
- ❍ 4 3 to 5 days
- ❍ 5 6 to 7 days
- ❍ 6 8 to 14 days (up to 2 weeks)
- ❍ 7 15 to 21 days (up to 3 weeks)
- ❍ 8 22 to 28 days (up to 4 weeks)
- ❍ 9 More than 4 weeks/More than a month
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

Page SECTION 5C:USE AND EXPERIENCE WITH OTHER HEALTH SERVICES WHEN PRIMARY CARE PROVIDER NOT AVAILABLE

Show if Have primary care provider ((PHxACCFA = 1) OR (PHxACCNI = 1))

INFOxTIA

The following questions will be about the use of other health care services in the last 12 months and your primary care provider was not available.

Thinking of the last 12 months, did you use any of the following services because your **family doctor/ nurse practitioner** was not available?

1. Hospital emergency department
2. After-hours clinic or a walk-in clinic
3. Virtual clinic using eVisitNB
4. Tele-Care 811

5. Consultation with a pharmacist
6. Consultation with a specialist
7. Consultation with an allied health professional (e.g. audiologist, psychologist, dietitian, occupational therapist, physiotherapist, social worker...) [IF NECESSARY: includes any consultation with an allied health professional in the public or private sectors.
8. Other services

❍ 1 Yes
❍ 0 No
❍ 777 Do not know
❍ 999 Prefer not to answer

PCxTIAOTxT01 *Show if INFOxTIA 8 Other services (INFOxTIA_h = 1)*

What other services did you use because your **family doctor/ nurse practitioner** was not available?

Please do not enter personally identifying information (e.g., name, email address, phone number, mailing address), as anything you enter may be shared with the sponsor of this research.

_____
_____
_____
_____
_____

INFOxSAT *Show if Used at least one service ((INFOxTIA_a = 1) OR (INFOxTIA_b = 1) OR (INFOxTIA_c = 1) OR (INFOxTIA_d = 1) OR (INFOxTIA_e = 1) OR (INFOxTIA_f = 1) OR (INFOxTIA_g = 1) OR (INFOxTIA_h = 1))*

What was your level of satisfaction with the health care services you received?

1. Hospital emergency department *(Show if INFOxTIA 1 Hospital emergency (INFOxTIA_a = 1))*
2. After-hours clinic or a walk-in clinic *(Show if INFOxTIA 2 After hours clinic (INFOxTIA_b = 1))*
3. Virtual clinic using eVisitNB *(Show if INFOxTIA 3 Virtual clinic (INFOxTIA_c = 1))*
4. Tele-Care 811 *(Show if INFOxTIA 4 Tele Care 811 (INFOxTIA_d = 1))*
5. Consultation with a pharmacist *(Show if INFOxTIA 5 Consultation pharmacist (INFOxTIA_e = 1))*
6. Consultation with a specialist *(Show if INFOxTIA 6 Consultation specialist (INFOxTIA_f = 1))*
7. Consultation with an allied health professional (e.g. audiologist, psychologist, dietitian, occupational therapist, physiotherapist, social worker...) [IF NECESSARY: includes any consultation with an allied health professional in the public or private sectors. *(Show if INFOxTIA 7 Consultation allied health prof (INFOxTIA_g = 1))*
8. <<PCxTIAOTxT01.text>> *(Show if INFOxTIA 8 Other services (INFOxTIA_h = 1))*

❍ 1 Very dissatisfied
❍ 2 Somewhat dissatisfied
❍ 3 Neither satisfied nor dissatisfied
❍ 4 Somewhat satisfied
❍ 5 Very satisfied
❍ 777 Do not know
❍ 999 Prefer not to answer

Section BLOCK 6: CITIZENS WHO DO NOT HAVE A PERMANENT PRIMARY CARE PROVIDER (PCP)

Page SECTION 6A: REGISTRATION, USE AND EXPERIENCE WITH NB HEALTH LINK

Show if No primary care provider ((PHxACCFA = 0,777,999,Not Answered) AND (PHxACCNI = 0,777,999))

INFOxALL10

NB Health Link is a new program aimed at providing access to primary health care for New Brunswickers who don't have a family doctor or nurse practitioner.

Under this program, citizens have access to the services of primary care providers as a temporary modality, until a permanent provider is available. NB Health Link is different from eVisit NB (Maple), My Health NB, and Tele Care 811.

PCxNODHI

Are you registered with NB Health Link that gives you access to consultations with a temporary family doctor or nurse practitioner?

IF NECESSARY: If you are not registered with NB Health Link, you can self-register to this program using the following link: https://nbhealthlink.ca/pages/registration/.

If you do not have a permanent family doctor or nurse practitioner, you may register for NB Health Link that gives you access to a temporary family doctor or nurse practitioner. More information about NB Health Link is available on this website: https://nbhealthlink.ca/

- ❍ 1 Yes
- ❍ 0 No
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxNODHL *Show if Registered with NB health link (PCxNODHI = 1)*

In the last 12 months, did you have an in-person or virtual medical appointment using NB Health Link?

- ❍ 1 Yes
- ❍ 0 No
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxSATLS *Show if Used NBhealthLink in past 12 months (PCxNODHL = 1)*

What was your level of satisfaction with the health care services you received from NB Health Link?

- ❍ 1 Very dissatisfied
- ❍ 2 Somewhat dissatisfied
- ❍ 3 Neither satisfied nor dissatisfied
- ❍ 4 Somewhat satisfied
- ❍ 5 Very satisfied
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

Page SECTION 6B: USE AND EXPERIENCE WITH HEALTH CARE SERVICES

Show if No primary care provider ((PHxACCFA = 0,777,999,Not Answered) AND (PHxACCNI = 0,777,999))

INFOxNOD

Thinking of the last 12 months, did you use any of the following services when you needed medical care?

1. Hospital emergency department
2. After-hours clinic or a walk-in clinic
3. Virtual clinic using eVisitNB
4. Tele-Care 811
5. Consultation with a pharmacist
6. Consultation with a specialist
7. Consultation with an allied health professional (e.g. audiologist, psychologist, dietitian, occupational therapist, physiotherapist, social worker...) [IF NECESSARY: includes any consultation with an allied health professional in the public or private sectors.
8. Other services

- ❍ 1 Yes
- ❍ 0 No
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxNODxT01 *Show if INFOxNOD 8 Other services (INFOxNOD_h = 1)*

(Show if CATI) What other services did you use?

Please do not enter personally identifying information (e.g., name, email address, phone number, mailing address

Please specify in the box below

_____
_____
_____
_____
_____

INFOxSAI *Show if No pcp Used at least one service ((INFOxNOD_a = 1) OR (INFOxNOD_b = 1) OR (INFOxNOD_c = 1) OR (INFOxNOD_d = 1) OR (INFOxNOD_e = 1) OR (INFOxNOD_f = 1) OR (INFOxNOD_g = 1) OR (INFOxNOD_h = 1))*

What was your level of satisfaction with the health care services you received?

1. Hospital emergency department *(Show if INFOxNOD 1 Hospital emerge (INFOxNOD_a = 1))*
2. After-hours clinic or a walk-in clinic *(Show if INFOxNOD 2 After hours clinic (INFOxNOD_b = 1))*
3. Virtual clinic using eVisitNB *(Show if INFOxNOD 3 Virtual clinic (INFOxNOD_c = 1))*
4. Tele-Care 811 *(Show if INFOxNOD 4 Tele Care 811 (INFOxNOD_d = 1))*
5. Consultation with a pharmacist *(Show if INFOxNOD 5 Consultation pharmacist (INFOxNOD_e = 1))*
6. Consultation with a specialist *(Show if INFOxNOD 6 Consultation specialist (INFOxNOD_f = 1))*
7. Consultation with an allied health professional (e.g. audiologist, psychologist, dietitian, occupational therapist, physiotherapist, social worker...) [IF NECESSARY: includes any consultation with an allied health professional in the public or private sectors. *(Show if INFOxNOD 7 Consultation allied health prof (INFOxNOD_g = 1))*
8. Other service: <<PCxNODxT01.text>> *(Show if INFOxNOD 8 Other services (INFOxNOD_h = 1))*

- ❍ 1 Very dissatisfied
- ❍ 2 Somewhat dissatisfied
- ❍ 3 Neither satisfied nor dissatisfied
- ❍ 4 Somewhat satisfied
- ❍ 5 Very satisfied
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

Section BLOCK 7: LANGUAGE OF SERVICE

PCxLOS02

The following questions will be about the language you prefer when receiving health care and the language in which you received the services.

Under the Official Languages Act, you have the right to be served in either English or French. Of these two languages, which is your preference when receiving health services?

- ❍ 1 English
- ❍ 2 French
- ❍ 3 No preference
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

Page BLOCK 7 Questions *Show if Have preferred language OR Don't know Refused (PCxLOS02 = 1,2,777,999)*

PCxLINFD *Show if Recently consulted with care provider (((PHxACCFA = 1) OR (PHxACCNI = 1)) AND (PCxUSEPV = 1))*

During your interaction(s) with your **family doctor/ nurse practitioner**, how often did you receive the services in the language you preferred?

- ❍ 1 Never
- ❍ 2 Sometimes
- ❍ 3 Usually
- ❍ 4 Always
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxLINHL *Show if Used NBhealthLink in past 12 months (PCxNODHL = 1)*

During your interaction(s) with **NB Health Link**, how often did you receive the services in the language you preferred?

- ❍ 1 Never
- ❍ 2 Sometimes
- ❍ 3 Usually
- ❍ 4 Always
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxLINED *Show if Used emergency department ((INFOxTIA_a = 1) OR (INFOxNOD_a = 1))*

During your interaction(s) with the **hospital emergency department**, how often did you receive the services in the language you preferred?

- ❍ 1 Never
- ❍ 2 Sometimes
- ❍ 3 Usually
- ❍ 4 Always
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxLINWC *Show if Used walkin clinic ((INFOxTIA_b = 1) OR (INFOxNOD_b = 1))*

During your interaction(s) with the **walk-in or after-hours clinic**, how often did you receive the services in the language you preferred?

- ❍ 1 Never
- ❍ 2 Sometimes
- ❍ 3 Usually

- ❍ 4 Always
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxLINVC *Show if Used virtual clinic ((INFOxTIA_c = 1) OR (INFOxNOD_c = 1))*

During your interaction(s) with **eVisit NB**, how often did you receive the services in the language you preferred?

- ❍ 1 Never
- ❍ 2 Sometimes
- ❍ 3 Usually
- ❍ 4 Always
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxLINTC *Show if Used tele care 811 ((INFOxTIA_d = 1) OR (INFOxNOD_d = 1))*

During your interaction(s) with **Tele-Care 811**, how often did you receive the services in the language you preferred?

- ❍ 1 Never
- ❍ 2 Sometimes
- ❍ 3 Usually
- ❍ 4 Always
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxLINPY *Show if Consultation with pharmacist ((INFOxTIA_e = 1) OR (INFOxNOD_e = 1))*

During your interaction(s) with the **pharmacist**, how often did you receive the service in the language you preferred?

- ❍ 1 Never
- ❍ 2 Sometimes
- ❍ 3 Usually
- ❍ 4 Always
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxLINSP *Show if Consultation with specialist ((INFOxNOD_f = 1) OR (INFOxTIA_f = 1))*

During your interaction(s) with the **specialist**, how often did you receive the services in the language you preferred?

- ❍ 1 Never
- ❍ 2 Sometimes

- ❍ 3 Usually
- ❍ 4 Always
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxLINAH *Show if Consultation with allied health professional ((INFOxTIA_g = 1) OR (INFOxNOD_g = 1))*

During your interaction(s) with an **allied health professional**, how often did you receive the services in the language you preferred?

- ❍ 1 Never
- ❍ 2 Sometimes
- ❍ 3 Usually
- ❍ 4 Always
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxLINOT *Show if Used other services ((INFOxNOD_h = 1) OR (INFOxTIA_h = 1))*

During your interaction(s) with the **other services**, how often did you receive the services in the language you preferred?

- ❍ 1 Never
- ❍ 2 Sometimes
- ❍ 3 Usually
- ❍ 4 Always
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

Section BLOCK 8: VIRTUAL CARE

INFOxALL12

The following questions will be about the last time you had a virtual consultation for your own personal medical care.

A virtual consultation refers to health care that was not provided in-person. A virtual consultation includes health care services, advice or information by any type of health professional that was provided by talking on the telephone, by video using a computer, tablet or telephone, or by email, text messaging, or online chat.

PCxVIR01

In the last 12 months, did you have a virtual consultation for your own personal medical care?

- ❍ 1 Yes
- ❍ 0 No
- ❍ 777 Do not know

❍ 999 Prefer not to answer

PCxVIR02 *Show if Virtual consultation in past 12 months (PCxVIR01 = 1)*

Thinking of the last time you had a virtual consultation with a health professional, who did you consult?

❍ 1 My personal family doctor
❍ 2 My personal nurse practitioner
❍ 3 A doctor or nurse practitioner using NB Health Link
❍ 4 A doctor or nurse practitioner using eVisitNB
❍ 5 A mental health professional
❍ 6 A specialist
❍ 7 A doctor or nurse at a specialty clinic
❍ 8 Tele-Care 811 (eight-one-one)
❍ 9 Or other health professional, please specify _____
❍ 777 Do not know
❍ 999 Prefer not to answer

PCxVIR03 *Show if Virtual consultation in past 12 months (PCxVIR01 = 1)*

Thinking of the last time you had a virtual consultation, how did you connect with this health professional?

❍ 1 Talking on the telephone
❍ 2 By video using a computer, tablet or telephone
❍ 3 By email
❍ 4 By text messaging
❍ 5 Online chat
❍ 6 Other, please specify _____
❍ 777 Do not know
❍ 999 Prefer not to answer

INFOxVIR04x06 *Show if Virtual consultation in past 12 months (PCxVIR01 = 1)*

Thinking of the last time you had a virtual consultation, please tell us how much you agree or disagree with the following statements:

1. I was able to connect with this health professional when I needed to.
2. I was able to communicate my health concerns or problems virtually as well as I would have in-person.
3. My health concerns or problems were addressed successfully.

❍ 1 Strongly disagree
❍ 2 Disagree
❍ 3 Neither agree nor disagree
❍ 4 Agree
❍ 5 Strongly agree
❍ 777 Do not know
❍ 999 Prefer not to answer

PCxVIR07 *Show if Virtual consultation in past 12 months (PCxVIR01 = 1)*

Thinking of the last time you had a virtual consultation, what was your level of satisfaction with the health care services you received from this health professional?

- ❍ 1 Very dissatisfied
- ❍ 2 Somewhat dissatisfied
- ❍ 3 Neither satisfied nor dissatisfied
- ❍ 4 Somewhat satisfied
- ❍ 5 Very satisfied
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

Section BLOCK 9: DIFFICULTIES IN RECEIVING HEALTH CARE SERVICES

PHxBAR

Now think of any difficulties you may have experienced in getting the health care services you needed in the last 12 months.

In the last 12 months, did you:

1. Need health care services, but it was not available in your area at the time you needed it?
2. Have transportation problems?
3. Find that you were unable to leave the house because of a health problem?
4. Have difficulty finding your way around the health care system?
5. Have to travel over 100 km (or 60 miles) to use a health service?
6. Skip a medical test, treatment, or follow up that was recommended by a doctor because of the cost?
7. Not fill a prescription for medicine, or skip doses of your medicine because of the cost?
10. Have a language barrier communicating with a health professional?
8. Have difficulty accessing a computer, tablet or smartphone for virtual care consultations, for example not owning one, or don't know how to use it?
9. Have difficulty accessing high-speed internet for virtual care consultations?

- ❍ 1 Yes
- ❍ 0 No
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

Section BLOCK 10: MENTAL HEALTH AND ADDICTIONS

PHxMHI04

The next questions will be about your mental health.

In the last 12 months, was there ever a time when you felt that you needed to see or talk to a doctor, nurse, or other health professional about your mental or emotional health or your use of alcohol or drugs?

IF NECESSARY: This includes things in your life that worry you or cause stress.

- ❍ 1 Yes
- ❍ 0 No
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PHxMHI05

In the last 12 months, did you see or talk to a doctor, nurse, or other health professional about your mental or emotional health or your use of alcohol or drugs?

IF NECESSARY: This includes things in your life that worry you or cause stress.

- ❍ 1 Yes
- ❍ 0 No
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PCxSATMS *Show if Received mental health help (((PHxMHI04 = 0) AND (PHxMHI05 = 1)) OR (((PHxMHI04 = 1) OR (PHxMHI04 = 777) OR (PHxMHI04 = 999)) AND (PHxMHI05 = 1)))*

Thinking of the most recent consultation, what was your level of satisfaction with the services you received from this health professional?

- ❍ 1 Very dissatisfied
- ❍ 2 Somewhat dissatisfied
- ❍ 3 Neither satisfied nor dissatisfied
- ❍ 4 Somewhat satisfied
- ❍ 5 Very satisfied
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PHxMHI06 *Show if Didn't recieve mh help despite needing it ((PHxMHI04 = 1) AND (PHxMHI05 = 0))*

In the last 12 months, why didn't you see or talk to a doctor, nurse or other health professional about your mental or emotional health, or about the use of alcohol or drugs?

1. Services were not available in my area
2. Waiting time for the services was too long
3. I was too busy
4. Services were not available at a convenient time for me, for example services are only available on weekdays
5. I could not afford the cost, or insurance did not cover enough
6. I didn't know how or where to get this kind of help
7. I was concerned about what others would think
8. I thought the problem would go away on its own
9. Other reason(s)

- ❍ 1 Yes
- ❍ 0 No
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PHxMHI06xT02 *Show if Other reasons not seeking help (PHxMHI06_i = 1)*

What are the other reasons why didn't you see or talk to a doctor, nurse or other health professional about your mental or emotional health, or about the use of alcohol or drugs?

Please do not enter personally identifying information (e.g., name, email address, phone number, mailing address), as anything you enter may be shared with the sponsor of this research.

_____
_____
_____
_____
_____

Section BLOCK 11: CHRONIC HEALTH CONDITIONS

PHxCHC

The following questions will be about your health status.

Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions?

IF NECESSARY: A chronic health condition is a health condition that is persistent and usually lasts more than 12 months.

1. Arthritis
2. Asthma

3. Chronic pain
4. Emphysema or COPD (chronic obstructive pulmonary disease)
5. Cancer
6. Diabetes
7. Depression
8. A mood disorder other than depression, such as bipolar disorder, mania, manic depression, or dysthymia
9. Heart disease
10. Stroke
11. High blood pressure or hypertension
12. Gastric Reflux (GERD)
13. High cholesterol
14. Anxiety

- ❍ 1 Yes
- ❍ 0 No
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PHxMGT01 *Show if At least one health condition ((PHxCHC_a = 1) OR (PHxCHC_b = 1) OR (PHxCHC_c = 1) OR (PHxCHC_d = 1) OR (PHxCHC_e = 1) OR (PHxCHC_f = 1) OR (PHxCHC_g = 1) OR (PHxCHC_h = 1) OR (PHxCHC_i = 1) OR (PHxCHC_j = 1) OR (PHxCHC_k = 1) OR (PHxCHC_l = 1) OR (PHxCHC_m = 1) OR (PHxCHC_n = 1))*

How confident are you that you can manage your health condition?

By manage your health condition, we mean knowing what to do to control symptoms, prevent flare-ups, or monitor your condition.

- ❍ 1 Not at all confident
- ❍ 2 Not very confident
- ❍ 3 Confident
- ❍ 4 Very confident
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PHxMED01

How many different prescription medications are you taking on a regular or ongoing basis?

IF NECESSARY: only medications that have been prescribed by a health care professional. Does not include over-the-counter medications and supplements.

Minimum: 0, Maximum: 100

_____ prescription medications

- ❑ -8 Prefer not to answer
- ❑ -9 Don't know

PHxMED02 *Show if At least one medication used (PHxMED01 >= 1)*

After I read the following statement, please tell me if you strongly agree, agree, disagree or strongly disagree.

"I know what each of my prescribed medications do."

- ❍ 1 Strongly disagree
- ❍ 2 Disagree
- ❍ 3 Neither agree nor disagree
- ❍ 4 Agree
- ❍ 5 Strongly agree
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

Section BLOCK 12: DEMOGRAPHICS

INFOxALL16

Before we reach the end of the survey, the following demographic questions will help us analyze the results of this survey.

Remember all your answers are confidential; this information will not be used to identify you personally.

PHxEDU01

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

- ❍ 1 8th grade or less
- ❍ 2 Some high school, but did not graduate
- ❍ 3 High school or GED
- ❍ 4 College, trade, or technical school diploma/certificate
- ❍ 5 Undergraduate degree
- ❍ 6 Post university/graduate level education
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PHxINC03

We will not ask you to give us your salary or income; however, to help with better planning for health services that meet citizens' needs, could you tell us in which of the following 3 categories was your total household income this year?

- ❍ 1 Less than $30,000
- ❍ 2 $30,000 to less than $60,000
- ❍ 3 $60,000 or more
- ❍ 777 Do not know
- ❍ 999 Prefer not to answer

PHxABO1

People with different backgrounds may have different experiences when accessing health services or programs. The following questions can help us understand how that may influence the way you are treated by individuals and institutions, and whether that may affect your health.

Do you identify with any of the following groups?

You may answer yes to more than one option.

1. Indigenous
   (First Nations, Mi'kmaq, Wolastoqewiyik, Maliseet, Passamaquoddy, Inuit, or Métis decent)
2. Persons with a disability or special need
3. 2SLGBTQIA+
   (Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual and plus sign which reflects the countless affirmative ways in which people choose to self-identify)
4. Immigrants, newcomers and refugees
   (persons not born in Canada)
5. Black
   (for example, African, African Canadian, Afro-Caribbean descent)
6. South Asian
   (for example, East Indian, Pakistani, Sri Lankan)
7. Filipino
8. Arab
9. Chinese
10. Latin American
    (for example, Hispanic or Latin American descent)
11. Southeast Asian
    (for example, Vietnamese, Cambodian, Laotian, Thai)
12. Korean
13. West Asian
    (for example, Iranian, Afghan, Turkish)
14. Japanese
15. White/Caucasian

❍ 1 Yes
❍ 0 No
❍ 777 Do not know
❍ 999 Prefer not to answer

INFOxIND *Show if Identify as indigenous (PHxABO1_a = 1)*

With which Indigenous group do you identify?

1. Mi'kmaq
2. Wəlastəkewiyik, Wolastoqiyik or Maliseet
3. Peskotomuhkati or Passamaquoddy
4. Inuit
5. Métis
6. Another First Nation in Canada

❍ 1 Yes
❍ 0 No
❍ 777 Do not know
❍ 999 Prefer not to answer

PCxABOOTxT01 *Show if Another First Nation (INFOxIND_f = 1)*

You mentioned another First Nation in Canada, please specify which one?

Please do not enter personally identifying information (e.g., name, email address, phone number, mailing address), as anything you enter may be shared with the sponsor of this research.

_____
_____
_____
_____
_____

❑ -8 Do not know
❑ -9 Prefer not to answer

PCxFNONR *Show if Identify as indigenous (PHxABO1_a = 1)*

Do you live in your First Nation community (on-reserve)?

❍ 1 Yes
❍ 0 No
❍ 777 Do not know
❍ 999 Prefer not to answer

Section Survey End

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

We have now reached the end of the survey.

On behalf of the New Brunswick Health Council, thank you for taking the time to complete this survey.