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

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

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 …

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

HOME CARE SERVICES YOU HAVE RECEIVED FROM HOME SUPPORT WORKERS

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 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.

- ○1 I have never received these home care services

2. 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 27**
- ○2 I stopped receiving home support services more than 2 months ago → **Go to Question 4**
- ○3 I stopped receiving home support services within the last 2 months
- ○4 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:

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

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

○1 Yes ○2 No ○0 Not applicable ○8 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?

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

LANGUAGE OF SERVICE

6. 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 services?

○₁ English ○₂ French ○₃ No preference

7. 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

8. During your interaction(s) with home support services in the last 2 months, how often did you receive the services in the language you preferred?

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

9. In the last 2 months, did you have a language problem with home support workers?

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

10. Is there anything you would like to add about the language of services you received?

_____

_____

_____

SERVICES RECEIVED IN THE LAST 2 MONTHS

If you stopped receiving services more than 2 months ago, go to Question 21.

11. 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

12. 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

13. 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

14. 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
○	○	○	○	○	○	○	○	○	○	○

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

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

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

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

17. 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

18. In the last 2 months, how often did home support workers keep you informed about when they would arrive at your home?

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

19. Thinking of the home care 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

20. 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

21. 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

22. 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

23. 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

24. 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

25. 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?

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

26. 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?

_____

_____

_____

_____

_____

_____

_____

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.

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

○1 Yes ○2 No → **Go to Question 31** ○8 Do not know → **Go to Question 31**

28. In the last 2 months, who has helped you the most with your home care? Please select all that apply:

○1 Husband, wife or common-law partner
○2 Mother or father
○3 Son or daughter
○4 Grandson or granddaughter
○5 Other family member
○6 Friend
○7 Volunteer
○66 Other (please specify: _____)
○0 Not applicable

29. In the last 2 months, how often did you receive help with your home care from a friend, family member or volunteer? Please select all that apply:

○1 Every day
○2 A few times a week
○3 Once a week
○4 2 or 3 times a month
○5 Once a month
○6 Only once in the last 2 months
○66 Other (please specify: _____)
○0 Not applicable

30. Have you received any of the following services from a friend, family member or volunteer in the last 2 months? Please select all that apply:

- ○1 Bathing
- ○2 Grooming or dressing
- ○3 Meal preparation
- ○4 Housekeeping (cleaning, laundry)
- ○5 Feeding or nutrition care
- ○6 Transferring (from place to place inside the home)
- ○7 Help with errands, such as shopping, banking or doctor's appointment
- ○66 Other (please specify: _____)
- ○0 Not applicable

ABOUT YOU [PATIENT WHO RECEIVED THIS QUESTIONNAIRE]

31. In general, how would you rate your overall health…

○1 Poor ○2 Fair ○3 Good ○4 Very good ○5 Excellent

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

○1 Poor ○2 Fair ○3 Good ○4 Very good ○5 Excellent

33. 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:

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

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

○1 Not at all confident ○2 Not very confident ○3 Confident ○4 Very confident
○0 Not applicable ○8 Do not know

35. Do you live alone?

○1 Yes ○2 No ○9 Prefer not to answer

36. Which of the following best describes you?

○1 Male ○2 Female ○3 Two spirit
○6 In another way (specify) : _____ ○9 Prefer not to answer

37. In which language are you most comfortable speaking when accessing services?

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

38. 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
- ○9 Prefer not to answer
- ○4 College, trade, or technical school diploma / certificate
- ○5 Undergraduate degree
- ○6 Post university / graduate level education

39. 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? Please select all that apply:

- ○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
- ○88 Do not know
- ○99 Prefer not to answer

40. 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
○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