



New Brunswick
Health Council

Engage. Evaluate. Inform. Recommend.

RESPONDENT: SOMEONE RESPONDING ON BEHALF OF CLIENT

CLIENT: CLIENT OF HOME CARE SERVICE, 16 OR OLDER

INTRODUCTION

Hello, my name is _____ from _____ and I'm calling on behalf of the New Brunswick Health Council. I'm calling from MQO Research about the Home Care Survey, to find out what people in New Brunswick think about their home care services.

***NOTE:** If a child answers, ask to speak to a parent or adult.*

1. **[16 OR OLDER:** May I speak with [CLIENT NAME] **15 OR YOUNGER:** Could I please speak with [CLIENT'S NAME]'s parent or guardian?]
 - 1 **CLIENT** COMES TO THE PHONE **CONTINUE TO I2**
 - 2 **CLIENT** NOT AVAILABLE.
ASK: Do you know when [CLIENT NAME] is expected back? Thank you. I will try and call again.
GO TO CALL SCHEDULER
 - 3 **SOMEONE OTHER THAN CLIENT** SAYS CLIENT NOT ABLE TO TALK ON THE PHONE DUE TO HEALTH REASONS
GO TO I4
 - 4 **CLIENT** SAYS HE/SHE IS NOT ABLE TO TALK ON THE PHONE DUE TO HEALTH REASONS **GO TO I4**
 - 5 **PARENT/GUARDIAN** COMES TO THE PHONE **GO TO I2 IF CHILD IS 17 OR YOUNGER, GO TO I3 IF CHILD IS 18 OR OLDER**
 - 6 **PARENT/GUARDIAN** NOT AVAILABLE **ASK:** Do you know when he or she is expected back? **GO TO CALL SCHEDULER AND ASK** 'Who should I ask for when I call back?]
 - 7 OTHER [no answer, refusal, busy signal, invalid number] **GO TO CALL SCHEDULER**
 - 8 NURSING HOME/SPECIAL CARE HOME. **TERMINATE**

IF NECESSARY: IF CLIENT IS 16 OR OLDER BUT PARENT INSISTS ON ANSWERING ON THEIR BEHALF, FOR ANY REASON, ENTER 5.

IF NECESSARY: IF PARENT VOLUNTEERS THAT THE **CHILD SHOULD ANSWER ON HIS OWN BEHALF**, CONTINUE ONLY IF CHILD IS AT LEAST 13. ASK FOR CHILD, ENTER 1 AND CONTINUE.

IF CHILD UNDER 13, EXPLAIN THAT WE CANNOT SURVEY ANY CHILDREN YOUNGER THAN 13.

******* REFER TO PRINTED MATERIAL IF SOMEONE ASKS FOR DETAILS ABOUT THE SURVEY, OR ABOUT THE NBHC*******

FIRST CLIENT/PARENT INTRODUCTION**PROGRAMMER NOTE: INSERT 'YOU' IF NOT A CHILD, ENTER 'CLIENT NAME' IF CLIENT UNDER 16**

12. **[YOU / CLIENT NAME]** may have been sent a letter recently giving information about the survey and saying that MQO RESEARCH would call on behalf of the New Brunswick Health Council.

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

The feedback from this survey will be used to help improve the services New Brunswickers receive at home. We are trying to reach out to as many residents in your local community as possible.

Please be assured that we are not selling or promoting any products or services but are simply interested in your opinions. The interview will take around **[25 minutes or more/20/40 BASED ON SURVEY TYPE=1,2,3]** depending on the services you receive. Your responses will be kept strictly confidential. Both the New Brunswick Health Council and MQO comply with privacy legislation and your individual comments will not be shared. Your answers will not change the services **[YOU / CLIENT NAME]** receive[s].

We understand it is an important time commitment, but we are very flexible in terms of time, and we will be happy to call back to finish at another time if **[YOU]** prefer.

Is now a good time for you? **IF SENSE HESITATION:** is now a good time where you can openly talk about your home care services? **[GO TO CALL SCHEDULER IF NOT A GOOD TIME, ASK FOR MOST CONVENIENT TIME]**

This call may be monitored for quality purposes.

1 CONTINUE TO SURVEY

2 **CLIENT** BUSY NOT AVAILABLE.

3 **CLIENT** SUGGESTS SOMEONE ELSE SHOULD ANSWER ON THEIR BEHALF

CONTINUE TO A1

GO TO CALL SCHEDULER

GO TO I4b

[IF NECESSARY: Home care includes clinical services that can be provided by a nurse, social worker, physiotherapist, occupational therapist, speech language pathologist, respiratory therapist, dietitian, rehabilitation support personnel, or pharmacist. Home care also includes personal care services provided by a home support worker to help with bathing, dressing, grooming, feeding, transferring, home cleaning, laundry, meal preparation, or respite/relief care.]

If a respondent questions the validity of the survey, the call, or MQO please state:

MQO Research has been conducting research studies in Canada and abroad for 30 years. We are a Gold Seal Member of the Canadian Marketing Research Intelligence Association (MRIA) which is responsible for regulating marketing research practices in Canada. MQO adheres very strictly to all guidelines of professionalism and privacy as outlined by the MRIA. This study is registered with the Association.

If you would like to contact the Market Research and Intelligence Association to verify the legitimacy of this research study or our company please call 1-800-554-9996 toll free and reference survey Number: 239

You may also call the New Brunswick Health Council at 1-877-225-2521 or visit their website for information on the survey at www.nbhc.ca

If a respondent asks about the New Brunswick Health Council:

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13. **[IF PARENT OF ADULT CHILD (18+) WANTS TO ANSWER ON BEHALF OF CHILD, IF I1=5 AND AGE=18 or older]** In order to continue with the interview, we need **[INSERT CLIENT NAME]**'s consent, to make sure he/she is aware and gives permission for us to interview you on his/her behalf since he/she is over 18. I would explain the reason for my call, and ask him/her to answer simply with a yes if he/she agrees. Is it possible for me to ask Mr./Mrs. **[INSERT CLIENT NAME]**?
- | | | |
|---|--|-----------------------------|
| 1 | CLIENT COMES TO THE PHONE | GO TO I7 |
| 2 | CLIENT NOT AVAILABLE.
ASK: Do you know when would be a good time to call back for [CLIENT NAME] ? Thank you. I will try and call again. | GO TO CALL SCHEDULER |
| 3 | CLIENT NOT ABLE TO TALK ON THE PHONE DUE TO HEALTH REASONS | THANK AND TERMINATE |
| 4 | PARENT HAS POWER OF ATTORNEY/SELF AUTHORIZED | THANK AND TERMINATE |
| 5 | OTHER [refusal, other] | GO TO CALL SCHEDULER |
14. **[IF CLIENT NOT ABLE TO TALK ON THE PHONE DUE TO HEALTH REASONS, IF I1=3 OR 4]** As mentioned, we are calling about the New Brunswick Health Council *Home Care Survey*. A letter was sent to **[INSERT CLIENT'S NAME]** recently to explain the study and to advise that we would be calling. This is an important study and we are trying to reach out to as many residents in your local community as possible. Is there someone else, someone other than the Home Care provider who visits the home, who could answer the survey on **[I1=4: YOUR BEHALF/I1=3: BEHALF OF 'INSERT CLIENT'S NAME']** like a relative or other caregiver? **[IF necessary:** would that be you?]
- | | | |
|---|-----|----------------------------|
| 1 | Yes | CONTINUE |
| 2 | No | THANK AND TERMINATE |
- 14b. **[IF I2=3 OR I4=YES]** And who would this be **[IF NEC: and what is your name]**?
- (ENTER FIRST NAME _____) **CONTINUE**
15. **[IF SOMEONE IS ANSWERING ON BEHALF OF ADULT CLIENT, IF I4=YES OR I2=3]** Thank you. Is **[INSERT RESPONDENT NAME FROM I4b]** available?
- | | | |
|---|--|--|
| 1 | On the phone or comes to the phone | GO TO I8 IF (I2=3 OR I1=4), ELSE GO TO I6 |
| 2 | Not available at the moment ASK: When is a good time to call back for [INSERT RESPONDENT NAME] ? | GO TO CALL SCHEDULER |
| 3 | OTHER [respondent refusal, other] | GO TO CALL SCHEDULER |
16. **[IF RESPONDENT IS ANSWERING ON BEHALF OF CLIENT]** In order to continue with the interview, we need **[INSERT CLIENT NAME]**'s consent, to make sure he/she is aware and gives permission for us to interview you on his/her behalf. I would explain the reason for my call, and ask him/her to answer simply with a yes if he or she agrees. Is it possible for me to ask Mr./Mrs. **[INSERT CLIENT NAME]**?
- | | | |
|---|--|-----------------------------|
| 1 | CLIENT COMES TO THE PHONE | CONTINUE |
| 2 | CLIENT NOT AVAILABLE.
ASK: Do you know when would be a good time to call back for [CLIENT NAME] ? Thank you. I will try and call again. | GO TO CALL SCHEDULER |
| 3 | CLIENT NOT ABLE TO TALK ON THE PHONE DUE TO HEALTH REASONS | THANK AND TERMINATE |
| 4 | OTHER [refusal, other] | GO TO CALL SCHEDULER |

17. Hello Mr./Mrs. **[INSERT CLIENT NAME]**. My name is _____ from _____ and I'm calling on behalf of the New Brunswick Health Council. I'm calling about the Home Care Survey, to find out what people in New Brunswick think about their home care services. You may have received a letter recently giving information about the survey. Now **[INSERT RESPONDENT'S NAME FROM I4b/YOUR PARENT]** has mentioned that you might be more comfortable having [him/her] answer on your behalf. We need you to tell us if you are ok with that? If you don't say anything at all, I will take that as a no and we will not be calling again. Do you give consent to have **[I1=3: INSERT RESPONDENT'S NAME/I1=5: THE PARENT I WAS JUST SPEAKING WITH]** answer these questions about your home care services on your behalf?

- | | | |
|---|---|----------------------------|
| 1 | Yes | GO TO I8 |
| 2 | No, someone else should answer
[ASK FOR NEW RESPONDENT NAME: _____] | GO TO I7b |
| 3 | No, I want to complete the survey on my own | GO TO I8 |
| 4 | No | Thank and TERMINATE |

17b. **[IF NEW RESPONDENT NAME GIVEN, I7=2]** Thank you. Is **[INSERT RESPONDENT NAME FROM I7-2]** available?

- | | | |
|---|---|-----------------------------|
| 1 | On the phone or comes to the phone | GO TO I8 |
| 2 | Not available at the moment [ASK: When is a good time to call back for [INSERT RESPONDENT NAME]??] | GO TO CALL SCHEDULER |
| 3 | OTHER [respondent refusal, other] | GO TO CALL SCHEDULER |

NOT A QUESTION: IDENTIFY IF THE SURVEY IS A CLIENT SURVEY, RESPONDENT SURVEY, OR PARENT SURVEY

PARENT SURVEY: LOGIC

CLIENT SURVEY: LOGIC

RESPONDENT SURVEY: LOGIC

SECOND INTRODUCTION**PROGRAMMER NOTE: INSERT 'YOU' IF CLIENT SURVEY, INSERT 'CLIENT'S NAME' IF RESPONDENT OR PARENT SURVEY**

18. **[YOU / CLIENT NAME]** may have been sent a letter recently giving information about the survey and saying that MQO RESEARCH would call on behalf of the New Brunswick Health Council.

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Please be assured that we are not selling or promoting any products or services but are simply interested in your opinions. The interview will take around **[25 minutes or more/20/40 BASED ON SURVEY TYPE=1,2,3]** depending on the services you receive. Your responses will be kept strictly confidential. Both the New Brunswick Health Council and MQO comply with privacy legislation and your individual comments will not be shared. Your answers will not change the services **[YOU / CLIENT NAME]** receive[s].

We understand it is an important time commitment, but we are very flexible in terms of time, and we will be happy to call back to finish at another time if **[YOU]** prefer.

Is now a good time for you? **IF SENSE HESITATION:** is now a good time where you can openly talk about your home care services? **[GO TO CALL SCHEDULER IF NOT A GOOD TIME, ASK FOR MOST CONVENIENT TIME]**

This call may be monitored for quality purposes.

[IF NECESSARY: Home care includes clinical services that can be provided by a nurse, social worker, physiotherapist, occupational therapist, speech language pathologist, respiratory therapist, dietitian, rehabilitation support personnel, or pharmacist. Home care also includes personal care services provided by a home support worker to help with bathing, dressing, grooming, feeding, transferring, home cleaning, laundry, meal preparation, or respite/relief care.]

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A. CLIENT CHARACTERISTICS

- A1. Would you prefer to conduct this interview in English or in French?
- 1 English
 - 2 French
- A2. **[IF PARENT SURVEY]** What is your relationship to **[CLIENT'S NAME]**? Are you his/her **[READ EACH]**
- 1 Parent
 - 2 Guardian
 - 3 Other family member
 - 4 Other
 - 5 *[VOL] I am not completing this survey on behalf of a child*

Just so that we all understand what we mean by 'HOME CARE', I will explain. Home care includes extra-mural services that can be provided by a nurse, social worker, physiotherapist, occupational therapist, speech language pathologist, respiratory therapist, dietitian, rehabilitation support personnel, or pharmacist. Home care also includes personal care services provided by a home support worker to help with bathing, dressing, grooming, feeding, transferring, home cleaning, laundry, meal preparation, or respite/relief care.

- A3. **[IF CLIENT IS 19 YEARS OF AGE OR YOUNGER]** **[HAVE YOU/HAS CLIENT NAME]** received home care services at the school, at home or both?
- | | | |
|---|----------------------------|----------------------------|
| 1 | At SCHOOL only | THANK AND TERMINATE |
| 2 | At home only | CONTINUE |
| 3 | Both at home and at school | CONTINUE |

[IF A3=3: This survey will relate to services received at home only.]

- A4. **[IF RESPONDENT OR PARENT SURVEY]** **NOTE TO INTERVIEWER: ASK ONLY IF NECESSARY.** Now, since you are completing this survey on behalf of **[CLIENT NAME]**, **[READ EACH]:**
- 1 Will you be completing the survey together
 - 2 Or will you be answering all survey questions on behalf of **[CLIENT NAME]**
 - 3 *[VOL] I am not completing this survey on behalf of someone else*

[FOR PARENT/RESPONDENT SURVEY: During the rest of the survey, the words "you", "your", "me" and "my" will pertain to **[CLIENT'S NAME]**

- A5. Just to confirm.... According to our records: **[CODE EACH YES OR NO or Don't know]**
- a. **[SHOW IF survey TYPE=1 or 3: Clinical or medical services only or both]** you received home health care services through the New Brunswick Extra-Mural program. Is that right?
 - b. **[SKIP THIS QUESTION UNTIL WE RECEIVE S.D. SAMPLE]** **SHOW IF survey TYPE=2 or 3: Home support services only or both]** you received home care services from a home support worker to help with your personal care. Is that right?
 - c. **[ASK ALL: UNTIL WE RECEIVE S.D. SAMPLE]** Did you receive home care services from a home support worker to help you with your personal care? **[IF NEEDED, READ DESCRIPTION OF HOME SUPPORT]**
GO TO SECTION E IF A5a=YES AND (A5b=YES OR SURVEY TYPE 1).
GO TO SECTION F IF a5b=YES, AND SURVEY TYPE =2
ELSE CONTINUE TO A6a OR A6b

A6a. **[ASK IF SURVEY TYPE=1,3 AND A5a=NO or DK]** In the last 2 months, did you get care or services at home from a nurse, social worker, physiotherapist, occupational therapist, speech language pathologist, respiratory therapist, dietitian, rehabilitation support personnel, pharmacist, or for any other type of clinical/medical care?

- 1 Yes **GO TO BLOCK E IF A5b=YES OR IF TYPE=1, GO TO A6b IF A5b=NO OR DK**
 2 No **GO TO BLOCK F IF A5b=YES OR IF A5c=YES, TERMINATE IF SURVEY TYPE=1 AND A5c=NO,DK; GO TO A6b IF A5b=NO,DK**
 8 Don't know/unsure **GO TO BLOCK F IF A5b=YES OR a5c=YES, TERMINATE IF SURVEY TYPE=1 AND A5c=NO,DK, GO TO A6b IF A5b=NO,DK**

A6b. **[ASK IF SURVEY TYPE=2,3 AND A5b=NO or DK]** In the last 2 months, did you get any type of care or services at home such as help with bathing, dressing, grooming, feeding, transferring, home cleaning, laundry, meal preparation, or did someone provide relief to family, friends or volunteers who help you with your home care?

- 1 Yes **GO TO BLOCK E IF A5a=YES OR IF A6a=YES, GO TO BLOCK F IF A6a = 2,8 or if SURVEY TYPE =2**
 2 No **GO TO BLOCK E IF A5a=YES OR IF A6a=YES, TERMINATE IF A5a AND A6a NOT YES**
 8 Don't know/unsure **GO TO BLOCK E IF A5a=YES OR IF A6a=YES, TERMINATE IF A5a AND A6a NOT YES**

E. CLIENTS RECEIVING CLINICAL/MEDICAL SERVICES

[IF A5b=YES OR A6b=YES OR A5c=YES: Since you received both types of services (Extra-Mural and home support), we will be asking you specific questions about both types of services, starting with Extra-Mural. This should take approximately 30 to 35 minutes]

Throughout the survey, if I ask you a question you do not feel comfortable answering, let me know and I will move to the next question.

Also, if you feel a question does not apply to your situation, just say "does not apply".

E0. I am going to read you a list of home health care providers from the Extra Mural program. Please tell me using YES or NO, if you received services from any of them in the last 2 months. [CODE ALL THAT APPLIES]

[REPEAT INTRO AS NECESSARY:] Did you receive services, at home, from a: [DO NOT RANDOMIZE a-i]

	Yes	No	DK
a. Nurse	1	2	8
b. Physiotherapist	1	2	8
c. Occupational therapist	1	2	8
d. Speech language pathologist	1	2	8
e. Respiratory therapist	1	2	8
f. Social worker	1	2	8
g. Dietitian	1	2	8
h. Rehabilitation support personnel	1	2	8
i. Pharmacist	1	2	8
j. Other (Specify): _____	1	2	8

**TERMINATE IF NO TO ALL a-j AND IF A5B not yes and A5c not yes and A6B not yes –
 TERMINATION CODE: 'DID NOT RECEIVE ANY SERVICES IN PAST 2 MONTHS'
 GO TO SECTION F IF NO TO ALL a-j AND A5B=YES OR A6B=YES or A5c=YES**

E-CLINICAL SERVICES (EXTRA-MURAL): START OF CARE

The questions in this section of the survey are based on the Extra-Mural care you got at home from **[List of responses from E0]**.

As you answer the questions in this survey, think only about your experience with the services they gave you.

- E1. Before you started getting home health care from the Extra-Mural Program, how easy or difficult was it to get information about Extra-Mural services? **[READ EACH]**
1. Very easy
 2. Easy
 3. Difficult
 4. Very difficult
 - 9 **[VOL]** Do not remember / Do not know
 - 10 **[VOL]** Does not apply [e.g. I did not try to get information about extra mural services]
- E2. Did Extra-Mural care start as soon as you thought you needed it? **[DO NOT READ]**
- 1 Yes
 - 2 No: Please explain _____
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply
- E3. 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? **[if necessary: for home health care services from Extra Mural]**?
- 1 English
 - 2 French
 - 3 **[VOL]** No preference
 - 8 **[VOL]** Don't know/no answer
- E4. When you first started getting Extra-Mural, did someone from the program offer to give you home health care services in the official language (English or French) of your choice?
- 1 Yes
 - 2 No
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply
- E5. **[IF NEC: When you first started getting Extra-Mural]** Did someone from the program tell you what care and services you would get?
- 1 Yes
 - 2 No
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply
- E6. **[IF NEC:When you first started getting Extra-Mural]** Did someone from the program talk with you about how to set up your home so you can move around safely?
- 1 Yes
 - 2 No

- 8 **[VOL]** Do not remember / Do not know
 9 **[VOL]** Does not apply

E7. When you first started getting Extra-Mural, did someone from the program talk with you about all the prescription and over-the-counter medicines you were taking?

- 1 Yes
 2 No
 8 **[VOL]** Do not remember / Do not know
 9 **[VOL]** Does not apply

E8. **[IF NEC:When you first started getting Extra-Mural]** Did someone from the program ask to see all the prescription and over-the-counter medicines you were taking?

- 1 Yes
 2 No
 8 **[VOL]** Do not remember / Do not know
 9 **[VOL]** Does not apply

E-CLINICAL SERVICES (EXTRA-MURAL): HOME CARE IN THE LAST 2 MONTHS
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The next questions are about the last 2 months of care.

E42. In the last 2 months, did you get Extra-Mural services through any of the following ways. You can answer with yes or no. **[READ AND RANDOMIZE a-b]**

	Yes	No	DK
a. Did you get services through visits at home	1	2	8
b. Did you get services over the telephone	1	2	8
c. Did you get services delivered in any other form?	1	2	8
If yes: please specify _____			

QUESTIONS E9-E11 MOVED TO THE END SECTION T

These next questions are about all the different staff from the Extra-Mural Program who gave you care in the last 2 months. Do not include care you got from family, friends or volunteers.

E12. Did you get Extra-Mural care from more than one person in the last two months?

- 1 Yes
 2 No **[GO TO E15]**
 8 Don't know/no answer **[GO TO E15]**

E13. In the last 2 months of care, how often did Extra-Mural providers seem informed and up-to-date about all the care or treatment you got at home? Would you say... **[READ EACH, CODE ONE]**

- 1 Never
 2 Sometimes
 3 Usually
 4 Always
 8 **[VOL]** Do not remember / Do not know
 9 **[VOL]** Does not apply

- E14. **[IF NEC: In the last 2 months of care]** How often have you received conflicting information from different Extra-Mural providers? **[IF NECESSARY: Conflicting means you received inconsistent or contradictory information]**
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply
- E15. **[IF NEC: In the last 2 months of care]** Did you and an Extra-Mural provider talk about pain?
- 1 Yes
 - 2 No
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply
- E16. In the last 2 months of care, did you take any new prescription medicine or change any of the medicines you were taking?
- 1 Yes
 - 2 No **[GO TO E20]**
 - 8 Don't know/No answer **[GO TO E20]**
- E17. **[IF NEC: In the last 2 months of care]** Did Extra-Mural providers talk with you about the purpose for taking your new or changed prescription medicines?
- 1 Yes
 - 2 No
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply [e.g. I did not take any new prescription medicines or change any medicines]
- E18. **[IF NEC: In the last 2 months of care]** Did Extra-Mural providers talk with you about when to take these medicines?
- 1 Yes
 - 2 No
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply [e.g. I did not take any new prescription medicines or change any medicines]
- E19. In the last 2 months of care, did Extra-Mural providers talk with you about the side effects of these medicines?
- 1 Yes
 - 2 No
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply [e.g. I did not take any new prescription medicines or change any medicines]

- E20. **[IF NEC: In the last 2 months of care]** How often did Extra-Mural providers keep you informed about when they would arrive at your home?
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply [e.g. *I don't have to be informed*]
- E21. **[IF NEC: In the last 2 months of care]** How much time per visit [*on average*] did you spend with your Extra-Mural providers? Would you say... **[READ EACH]**
- 1 Less than 30 minutes
 - 2 30 minutes to less than 1 hour
 - 3 1 hour to less than 2 hours
 - 4 2 hours to less than 3 hours
 - 5 3 hours or more
 - 8 **[VOL]** Do not remember / Do not know
- E22. Please answer the following questions with 'Never, Sometimes, Usually or Always'.
In the last 2 months of care, how often did Extra-Mural providers ... **[RANDOMIZE AND READ a-d] [REPEAT SCALE AS NECESSARY]**
- a. treat you as gently as possible?
 - b. explain things in a way that was easy to understand?
 - c. listen carefully to you?
 - d. treat you with courtesy and respect?
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply
- GO TO E27 IF E3=1-2, GO TO E28 IF E3=3,8**
- E27. In the last 2 months of care, how often did you get the Extra-Mural care you needed in the official language (English or French) of your choice? Would you say... **[READ EACH]**
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply

E28. We want to know your rating of your care from Extra-Mural providers.

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 providers in the last 2 months?

- 0 0 Worst home health care possible
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 Best home health care possible
- 98 **[VOL]** Do not know / Do not remember
- 99 **[VOL]** Does not apply

E - CLINICAL SERVICES (EXTRA-MURAL): HOME CARE PROGRAM

The next questions are about the office of the Extra-Mural Program.

E29. In the last 2 months of care, did you contact the Extra Mural office to get help or advice?

- 1 Yes
- 2 No **[GO TO E32]**
- 8 Don't know/no answer **[GO TO E32]**

E30. In the last 2 months of care, when you contacted the Extra Mural office did you always get the help or advice you needed?

- 1 Yes
- 2 No **[GO TO E32]**
- 8 **[VOL]** Do not remember / Do not know **[GO TO E32]**
- 9 **[VOL]** Does not apply [*e.g. I did not contact this program's office*] **[GO TO E32]**

E31. When you contacted the Extra Mural office, how long did it take for you to get the help or advice you needed?
[READ EACH, CODE ONE]

- 1 Within a few hours
- 2 Same day (but longer than a few hours)
- 3 1 to 5 days
- 4 6 to 14 days
- 5 More than 14 days
- 8 **[VOL]** Do not remember / Do not know
- 9 **[VOL]** Does not apply [*e.g. I did not contact this program's office*]

- E32. In the last 2 months of care, did you have any problems with the care you got from Extra Mural? **[DO NOT READ]**
- 1 Yes (**Specify, optional:** _____)
 - 2 No
 - 8 Don't know/No answer
- E33. In the last 2 months of care, did you have any problems with Extra Mural staff? **[DO NOT READ]**
- 1 Yes (**Specify, optional:** _____)
 - 2 No
 - 8 Don't know/No answer
- E34. Do you know who to contact if you want to make a complaint about your Extra Mural care? **[DO NOT READ]**
- 1 Yes
 - 2 No
 - 8 Don't know/No answer
- E35. Would you recommend Extra Mural to your family or friends if they needed home health care? Would you say **[READ EACH]**
- 1 Definitely no
 - 2 Probably no
 - 3 Probably yes
 - 4 Definitely yes
 - 8 **[VOL]** Do not know / Do not remember
 - 9 **[VOL]** Does not apply

<i>E-CLINICAL SERVICES (EXTRA-MURAL): CLIENT AND FAMILY CENTRED CARE</i>

- E36. Please tell me whether you agree or disagree with the following statements. Please answer with 'strongly disagree, disagree, neutral, agree or strongly agree'.
- a. Extra Mural staff allowed me to set my goals and priorities.
 - b. Extra Mural staff gave me the information I needed to take care of myself.
 - c. Extra Mural staff kept me well-informed about my progress.
 - d. Extra Mural staff and I discussed the type of information they could share with my family or friends.
- 1 Strongly disagree
 - 2 Disagree
 - 3 Neutral
 - 4 Agree
 - 5 Strongly agree
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply

- E37. Has Extra Mural staff ever given information to your family or friends that you did not agree for them to have?
[DO NOT READ]
- 1 Yes
 - 2 No
 - 8 **[VOL]** Don't know/no answer
 - 9 **[VOL]** Does not apply

- E38. Please tell me whether you agree or disagree with the following statement.

My family or friends who help with my care were given the information that they wanted when they needed it.
Would you say... **[READ EACH]**

- 1 Strongly disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly agree
- 8 **[VOL]** Do not remember / Do not know
- 9 **[VOL]** Does not apply

E: CLINICAL SERVICES (EXTRA-MURAL): MORE QUESTIONS ABOUT YOUR HOME CARE

- E39. How long have you been getting Extra-Mural services? **[READ EACH]**

- 1 2 months or less
- 2 More than 2 months but less than 6 months
- 3 More than 6 months but less than 1 year
- 4 More than 1 year
- 8 **[VOL]** Do not remember / Do not know

- E40. In the last 2 months, how often did you get Extra-Mural services, on average? Would you say... **[READ EACH]**

- 1 Every day
- 2 A few times a week *[VOL: from 2 times a week to 6 times a week]*
- 3 Once a week
- 4 Two or three times a month
- 5 Once a month
- 6 Only once in the last 2 months
- 8 **[VOL]** Do not remember / Do not know
- 9 **[VOL]** Does not apply *[e.g. I did not get home care services in the last 2 months]* **[Go to E42]**

- E41. How satisfied are you with the number of times you got Extra-Mural care in the last 2 months? **[READ EACH]**

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- 8 **[VOL]** Do not remember / Do not know
- 9 **[VOL]** Does not apply

- E43. Did you receive care from this program after a visit to a hospital or rehabilitation center? **[IF NECESSARY: 'visit' MEANS HAVING BEEN ADMITTED, THEN RELEASED FROM A HOSPITAL OR REHABILITATION CENTRE]**
- 1 Yes
 2 No **[GO TO E45]**
 8 Don't know/No answer **[GO TO E45]**
- E44. Did the staff at the hospital or rehabilitation center explain to you what services you would be getting from Extra Mural?
- 1 Yes
 2 No
 8 **[VOL]** Do not remember / Do not know
 9 **[VOL]** Does not apply
- E45. Does your personal family doctor or nurse practitioner seem informed and up-to-date about your Extra Mural care?
- 1 Yes
 2 No
 8 **[VOL]** Do not remember / Do not know
 9 **[VOL]** Does not apply: I do not have a personal family doctor or a nurse practitioner
 10 **[VOL]** Does not apply: I have not seen my personal family doctor or nurse practitioner since receiving home health care
- E46. Do you or your family members believe that you were harmed because of an error or mistake as a result of Extra-Mural care?
- 1 Yes
 2 No **[GO TO E48]**
 8 **[VOL]** Do not remember / Do not know **[GO TO E48]**
 9 **[VOL]** Does not apply **[GO TO E48]**
- E47. Please provide additional details on why you or your family members believe that you were harmed because of an error or mistake as a result of Extra-Mural care.
- Capture open-ended response*
-
-
- E48. Were you admitted to the hospital or had to visit the hospital emergency room during the time you were getting Extra-Mural care? **[if yes, ask: how many times?]** **[DO NOT READ]** **[IF NECESSARY: For any reason, not necessarily related to the Extra-Mural care.]**
- 1 Yes: capture # of times _____
 2 No
 8 **[VOL]** Do not remember / Do not know

E: CLINICAL SERVICES (EXTRA-MURAL): BARRIERS AND NEEDS ASSESSMENT

E51. Please answer the following questions with either yes or no. When answering, think of any difficulties you may have ever experienced in getting the Extra-Mural care you needed: **[READ AND RANDOMIZE a-e, ENTER YES/NO FOR EACH]**

- a. Have you ever had a problem getting the information you needed about Extra Mural services?
- b. Have you ever had a language problem with your Extra Mural provider?
- c. Was there ever a time when Extra Mural providers did not take your spiritual or cultural values into account?
- d. Have you ever needed Extra-Mural, but there were limits or reductions in the types of services or the type of care available?
- e. Have you ever needed Extra-Mural, but there were limits or reductions in the duration of services or the number of hours available?
- f. Have you experienced any other difficulties? [IF YES, SPECIFY]

- 1 Yes
- 2 No
- 8 Don't know/no answer

E54. Is there anything else you would like to say about the home health care you got from the New Brunswick Extra-Mural Program?

98 don't know/ nothing to say

GO TO SECTION F IF A5b=YES OR IF A6b=YES OR IF A5C=YES. OTHERWISE, GO TO SECTION T

F. HOME SUPPORT SERVICES: START OF CARE

[ASK IF A5a=YES OR A6a=YES or A5C=YES. We have finished with the questions about your home care services through the Extra Mural program.]

Now the following questions are about the home care services you received from a home support worker to help with your personal care. **[INTERVIEWER: REFER TO PRINT MATERIAL FOR DESCRIPTION IF NECESSARY]**

[IF SENSE HESITATION/TIRED: OFFER TO FINISH TOMORROW. ASK FOR THE BEST TIME TO CALL BACK]

F1. Thinking of the home care services you got from a home support worker in the last 2 months, who has provided these services? **[READ EACH, ENTER YES/NO FOR EACH]**

	YES	NO	DK
a. Did you receive home care services through an agency?	1	2	8
b. Did you receive private services from someone who does not work for an agency?	1	2	8

GO TO F2 IF F1a=YES. OTHERWISE, GO TO F3.

F2. **[IF F1a=YES]** What is the name of the agency [*or agencies*] that has provided home care services in the last 2 months?

Capture name of agency [or agencies]

F3. I will read you a list of home care services provided by home support workers. Please tell me using 'yes' or 'no' if you received any of those services in the last 2 months. **[READ EACH, DO NOT RANDOMIZE LIST, COE YES/NO FOR EACH]**

	Yes	No	DK
a. Bathing	1	2	8
b. Grooming or dressing	1	2	8
c. Meal preparation	1	2	8
d. Housekeeping (cleaning, laundry)	1	2	8
e. Feeding or nutrition care	1	2	8
f. Transferring (from place to place inside the home)	1	2	8
g. Relief to family, friends or volunteers who help you with your home care	1	2	8
h. Other: _____	1	2	8

[IF OTHER=YES, ASK: What other service did you receive? _____]

**GO TO T1 OF NO or DK TO ALL a-h AND IF (A5a=YES OR A6a=YES or A5c=yes) AND if yes to at least 1 in E0
TERMINATE IF NO TO ALL a-h AND IF (A5a not yes and if A6b not yes and A5c not yes)**

TERMINATE IF NO OR DK TO ALL a-h AND IF ALL IN E0=no, don't know or blank (not yes)

The questions in this section of the survey are based on the home support services **[List of responses from F3]**.

As you answer the questions in this survey, think only about your experience with these home care services.

NOTE TO PROGRAMMER: WHEN YOU SEE [FROM THIS AGENCY], INSERT 'From this agency' only if F1a=yes

- F4. Before you started getting home care services, how easy or difficult was it to get information about home care services in New Brunswick? Would you say... **[READ EACH, CODE ONE]**
- 1 Very easy
 - 2 Easy
 - 3 Difficult
 - 4 Very difficult
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply [*e.g. I did not try to get information about home care services*]
- F5. Did this home care start as soon as you thought you needed it?
- 1 Yes
 - 2 No: Please explain _____
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply
- F6. When you first started getting home care services [FROM THIS AGENCY], how easy or difficult was it to fill out all the necessary paperwork? Would you say... **[READ EACH]**
- 1 Very easy
 - 2 Easy
 - 3 Difficult
 - 4 Very difficult
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply
- F7. You have the right to be served in either English or French. Of these two languages, which is your preference? **[if necessary: for home care services]?**
- 1 English
 - 2 French
 - 3 **[VOL]** No preference **GO TO F9**
 - 8 **[VOL]** Don't know/no answer **GO TO F9**
- GO TO F9 IF F7=3 OR 8 (NO PREFERENCE FOR LANGUAGE)**
GO TO F8 IF F7=1-2
- F8. When you first started getting home care services [FROM THIS AGENCY], did someone offer to give you home care services in the official language (English or French) of your choice?
- 1 Yes
 - 2 No
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply
- F9. **[IF NEC: When you first started getting home care services [FROM THIS AGENCY]]** Did someone [FROM THE AGENCY] tell you what care and services you would get?
- 1 Yes
 - 2 No
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply

F: HOME SUPPORT SERVICES: HOME CARE IN THE LAST 2 MONTHS

F13. These next questions are about **[IF F1a=YES: all the different staff from the agency. IF F1a NOT YES: 'all the different home support workers']** who gave you home care services in the last 2 months. Do not include care you got from family, friends or volunteers.

Did you get home care services from more than one home support worker in the last two months?

- 1 Yes
- 2 No
- 8 Don't know / do not remember

F14. In the last 2 months of care, how often have each of the following happened. Please answer using 'Never, sometimes, usually or always'. **REPEAT SCALE IF NECESSARY**

- a. **[IF F13=1]** How often did home support workers [1=from this agency] seem informed and up-to-date about all the care you got at home?
- b. **[IF F13=1]** How often have you received conflicting information from different home support workers
- c. How often did home support workers [1=from this agency] keep you informed about when they would arrive at your home?
- d. How often did home support workers [1=from this agency] treat you as gently as possible?
- e. How often did home support workers [1=from this agency] explain things in a way that was easy to understand
- f. How often did home support workers [1=from this agency] listen carefully to you?
- g. How often did home support workers [1=from this agency] treat you with courtesy and respect?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 8 **[VOL]** Do not remember / Do not know
- 9 **[VOL]** Does not apply

GO TO F16 IF F7 = 3 OR 8 , CONTINUE IF F7=1 OR 2

F15. In the last 2 months of care, how often did you get the home care services you needed in the official language (English or French) of your choice? **[READ EACH]**

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 8 **[VOL]** Do not remember / Do not know
- 9 **[VOL]** Does not apply

- F16. We want to know your rating of your care from [1=this agency`s] home support workers. 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 your care from [1=this agency`s] home support workers in the last 2 months?
- 0 0 Worst home care possible
 - 1 1
 - 2 2
 - 3 3
 - 4 4
 - 5 5
 - 6 6
 - 7 7
 - 8 8
 - 9 9
 - 10 10 Best home care possible
 - 98 **[VOL]** Do not know / Do not remember
 - 99 **[VOL]** Does not apply

F: HOME SUPPORT SERVICES: HOME CARE AGENCY

- F17. How easy or difficult is it to contact [**INSERT IF F1a=YES`the agency`s office` , IF F1a not yes:`the home support worker]** to get help, information, or advice? Would you say... **[READ EACH, CODE ONE]**
- 1 Very easy
 - 2 Easy
 - 3 Difficult
 - 4 Very difficult
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply [*e.g. I have never called the agency`s/home support worker`s office*]
- F18. In the last 2 months of care, did you have any problems with the care you got [**IF F1a=YES: “through this agency”, IF F1a NOT YES: “from the home support worker”**]?
- 1 Yes (**Specify, optional:** _____)
 - 2 No
 - 8 **[VOL]** Don`t know / do not remember
- IF F1a NOT YES, GO TO F20**
- F19. In the last 2 months of care, did you have any problems with the agency staff?
- 1 Yes (**Specify, optional:** _____)
 - 2 No
 - 8 **[VOL]** Don`t know / do not remember
- F20. Do you know who to contact if you want to make a complaint about your home care services?
- 1 Yes
 - 2 No
 - 8 **[VOL]** Don`t know / do not remember

- F21. Would you recommend **[IF F1a=YES “this agency”, IF F1a NOT yes: “this home support worker”]** to your family or friends if they needed home care? Would you say... **[READ EACH]**
- 1 Definitely no
 - 2 Probably no
 - 3 Probably yes
 - 4 Definitely yes
 - 8 **[VOL]** Do not know / Do not remember
 - 9 **[VOL]** Does not apply

F: HOME SUPPORT SERVICES: CLIENT AND FAMILY CENTRED CARE

- F22. Please tell me whether you agree or disagree with the following statement.

[INSERT IF F1a=YES “The agency staff”, IF F1a NOT yes “The home support worker”] and I discussed the type of information they could share with my family or friends. Would you say.. **[READ EACH]**

- 1 Strongly disagree
 - 2 Disagree
 - 3 Neutral
 - 4 Agree
 - 5 Strongly agree
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Does not apply
- F23. Has **[INSERT IF F1a=YES “The agency staff”, IF F1a NOT yes “The home support worker”]** ever given information to your family or friends that you did not agree with for them to have?
- 1 Yes
 - 2 No
 - 8 **[VOL]** Don't know / do not remember
- F24. Please tell me whether you agree or disagree with the following statement.

My family or friends who help with my care were given the information that they wanted when they needed it. Would you say... **[READ EACH, CODE ONE]**

- 1 Strongly disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly agree
- 8 **[VOL]** Do not remember / Do not know
- 9 **[VOL]** Does not apply

F: HOME SUPPORT SERVICES: MORE QUESTIONS ABOUT YOUR HOME CARE

- F25. How long have you been getting home care services [IF F1a=YES, “from this agency”, IF F1a NOT YES: “from this home support worker”]? Would you say... [READ EACH, CODE ONE]
- 1 2 months or less
 - 2 More than 2 months but less than 6 months
 - 3 More than 6 months but less than 1 year
 - 4 More than 1 year
 - 8 [VOL] Do not remember / Do not know
- F26. In the last 2 months, how often did you get home care services [IF F1a=YES, “from this agency”, IF F1a NOT YES: “from this home support worker”], on average? Would you say... [READ EACH, CODE ONE]
- 1 Every day
 - 2 A few times a week [VOL: from 2 times a week to 6 times a week]
 - 3 Once a week
 - 4 Two or three times a month
 - 5 Once a month
 - 6 Only once in the last 2 months
 - 8 [VOL] Do not remember / Do not know
 - 9 [VOL] Does not apply [e.g. I did not get home care services in the last 2 months] [GO TO F28]
- F27. How satisfied are you with the number of times you got home care services [IF F1a=YES, “from this agency”, IF F1a NOT YES: “from this home support worker”] in the last 2 months? Would you say... [READ EACH, CODE ONE]
- 1 Very satisfied
 - 2 Satisfied
 - 3 Neither satisfied nor dissatisfied
 - 4 Dissatisfied
 - 5 Very dissatisfied
 - 8 [VOL] Do not remember / Do not know
 - 9 [VOL] Does not apply
- F28. Do you or your family members believe that you were harmed because of an error or mistake as a result of home care services [IF F1a=YES, “from this agency”, IF F1a NOT YES: “from this home support worker”]?
- 1 Yes
 - 2 No **GO TO F32**
 - 8 [VOL] Do not remember / Do not know **GO TO F32**
 - 9 [VOL] Does not apply **GO TO F32**
- F29. Please provide additional details on why you or your family members believe that you were harmed because of an error or mistake as a result of home care services [IF F1a=YES, “from this agency”, IF F1a NOT YES: “from this home support worker”]

Capture open-ended response

F: HOME SUPPORT SERVICES: BARRIERS AND NEEDS ASSESSMENT

F32. Please answer the following questions with either yes or no. When answering, think of any difficulties you may have ever experienced in getting the home care you needed: **[READ AND RANDOMIZE a-f, ENTER YES/NO FOR EACH]**

- a. Have you ever had a problem getting the information you needed about home care services?
- b. Have you ever had a language problem with your home support workers?
- c. Was there ever a time when home support workers did not take your spiritual or cultural values into account?
- d. Have you ever needed home care, but there were limits or reductions in the types of services or the type of care available?
- e. Have you ever needed home care, but there were limits or reductions in the duration of services or the number of hours available?
- f. Have you ever found the cost for home care services too high?
- g. Have you experienced any other difficulties with home care? **[IF YES, SPECIFY]** _____

- 1 Yes
- 2 No
- 8 Don't know/no answer

F33. Is there anything else you would like to say about the home care you got from **[insert if F1a=yes "this agency", IF F1a NOT 2 "this home support worker"]**?

98 don't know/ nothing to say

T: CLINICAL SERVICES AND HOME SUPPORT SERVICES: ABOUT YOU

T1. In general, how would you rate your overall health? Would you say... **[READ EACH, CODE ONE]**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 [VOL] Do not know

T2. In general, how would you rate your overall mental or emotional health? **[READ EACH, CODE ONE]**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 [VOL] Do not know

- E52. **[MOVED]** Has a Doctor or any health professional ever diagnosed you with or treated you for any of the following chronic health conditions? **[READ AND DO NOT RANDOMIZE LIST a-n – ENTER YES/NO FOR EACH]**
- a. Arthritis
 - b. Asthma
 - c. Chronic pain
 - d. Emphysema or COPD (chronic obstructive pulmonary disease)
 - e. Cancer
 - f. Diabetes
 - g. Alzheimer
 - h. Dementia
 - i. Depression
 - j. A mood disorder other than depression, such as bipolar disorder, mania, manic depression, or dysthymia
 - k. Heart disease
 - l. Stroke
 - m. High blood pressure or hypertension
 - n. Gastric reflux (GERD)
 - o. Have you ever been diagnosed with or been treated for any other chronic health condition? Please note that a chronic health condition is something that typically lasts more than 12 months, may require continuous treatment, and that is severe enough to create some limitations in usual activity. **[IF o=YES, SPECIFY _____]**
- 1 Yes
 - 2 No
 - 8 Don't know/no answer
- [IF YES TO AT LEAST ONE IN a-o, GO TO E53. IF NOT, GO TO E50]**
- E53. **[ASK IF CHRONIC CONDITION, IF ANY IN E52a–o=YES]** How confident are you that you can control and manage your health condition? **[READ EACH]**
- 1 Very confident
 - 2 Confident
 - 3 Not very confident
 - 4 Not at all confident
 - 8 **[VOL]** Do not know
 - 9 **[VOL]** Refused
- E50. **[MOVED]** Is there anything else that could have been done or provided to help you stay at home? **[DO NOT READ] [probe: Anything at all that could have helped you even *more* to stay at home and receive services or care at home?]**
- 1 Yes: Please explain (capture open-ended response) _____
 - 2 No
 - 8 **[VOL]** Do not remember / Do not know
- T3. Do you live alone?
- 1 Yes
 - 2 No
 - 7 Refuse

- E9. **[MOVED]** In the last 2 months of care, did a friend, family member or volunteer help you with your home care?
- 1 Yes
 - 2 No **[GO TO T4]**
 - 8 Don't know **[GO TO T4]**
- E10. In the last 2 months of care, who has helped you the most with your home care? **[DO NOT READ, CODE ONLY ONE. IF MORE THAN ONE, PROBE FOR "person who has helped the most"]**
- 10 Husband, wife or common-law partner
 - 11 Mother or father
 - 12 Son or daughter
 - 13 Grandson or granddaughter
 - 14 Other family member
 - 15 Friend
 - 16 Volunteer
 - 17 Other (Specify) _____
 - 98 Don't know/no answer
- E11. In the last 2 months of care, how often did you get help with your home care from a friend, family member or volunteer? Would you say... **[READ EACH, CODE ONE]**
- 1 Every day
 - 2 A few times a week [*VOL: from 2 times a week to 6 times a week*]
 - 3 Once a week
 - 4 Two or three times a month
 - 5 Once a month
 - 6 Only once in the last 2 months
 - 7 **[VOL]** Other (Specify _____)
 - 8 **[VOL]** Don't know/no answer
- T4. **[ASK IF CLIENT IS 18 OR OLDER]** What is the highest grade or level of school that you have completed? **[READ EACH, CODE ONE]**
- 1 8th grade or less
 - 2 Some high school, but did not graduate
 - 3 High school graduate or GED
 - 4 College, trade, or technical school diploma/certificate
 - 5 Undergraduate degree
 - 6 Post university/graduate level education
 - 8 **[VOL]** Do not remember / Do not know
 - 9 **[VOL]** Prefer not to answer
- T5. What language do you mainly speak at home?
- 1 English
 - 2 French
 - 3 First Nation, Indian, Métis, or Inuit
 - 4 Other: _____
 - 8 Don't know / no answer
 - 9 Prefer not to answer

T6. Are you an Aboriginal person, that is, North American Indian, Métis, or Inuit?

- 1 Yes
- 2 No
- 8 Don't know/no answer
- 9 Prefer not to answer

T7. **[ASK IF CLIENT AT LEAST 18]** We will not ask you to give us your salary or income, but could you tell us in which of the following three categories was your total household income before taxes in 2011: **[READ EACH, STOP IF RESPONDENT STOPS YOU]**

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

THANK YOU!

T10. **[BY OBSERVATION –** Who completed the majority (or all) of the survey?

- 1 Client
- 2 Parent of client
- 3 Someone else