



## NEW BRUNSWICK HOME CARE SURVEY

For home care services received from the Extra-Mural Program

### MARKING INSTRUCTIONS:

Please fill in  or place a check  in the circle that best describes your experiences with home care services. If you wish, a caregiver, friend, or family member can complete this survey on your behalf. Thank you!

In this survey, home care services include health care services that can be provided by a registered nurse, licensed practical nurse, social worker, physiotherapist, occupational therapist, speech language pathologist, respiratory therapist, dietitian, or rehabilitation assistant.

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

- <sub>1</sub> About your own home care service experience
- <sub>2</sub> On behalf of a child
- <sub>3</sub> On behalf of an adult

If the client receiving home care services is also receiving services at school, please note that this survey will only ask questions about services received at home. If this client has only received services at school, please fill in the circle below and return this questionnaire using the enclosed pre-paid envelope.

- <sub>1</sub> This client is only receiving Extra-Mural services at school

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

- <sub>1</sub> We will be completing the survey together
- <sub>2</sub> I will be answering all questions on behalf of the client
- <sub>3</sub> I am not completing this survey on behalf of anyone else

## YOUR EXPERIENCES WITH HOME CARE SERVICES

### 3. Have you received home care services from any of the following health professionals in the last 2 months? Please select all that apply:

- |  |  |
|--|--|
| <input type="radio"/> <sub>1</sub> Nurse                       | <input type="radio"/> <sub>6</sub> Social worker                 |
| <input type="radio"/> <sub>2</sub> Physiotherapist             | <input type="radio"/> <sub>7</sub> Dietitian                     |
| <input type="radio"/> <sub>3</sub> Occupational therapist      | <input type="radio"/> <sub>8</sub> Rehabilitation assistant      |
| <input type="radio"/> <sub>4</sub> Speech language pathologist | <input type="radio"/> <sub>9</sub> Other (please specify: _____) |
| <input type="radio"/> <sub>5</sub> Respiratory therapist       |  |

As you answer the questions in this survey, please think only about the home care services you have received from these health professionals.

### 4. Before you started getting home care services, how easy or difficult was it to get information about Extra-Mural services in New Brunswick?

- <sub>1</sub> Very easy
- <sub>2</sub> Somewhat easy
- <sub>3</sub> Somewhat difficult
- <sub>4</sub> Very difficult
- <sub>5</sub> Do not know / Do not remember/ Not applicable

5. **Did Extra-Mural services start as soon as you thought you needed it?**  
 O<sub>1</sub> Yes                       O<sub>2</sub> No                       O<sub>3</sub> Do not know / Do not remember / Not applicable
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?**  
 O<sub>1</sub> English                       O<sub>2</sub> French                       O<sub>3</sub> No preference
7. **When you first started getting Extra-Mural services, did someone from the program offer to give you home care services in the official language (English or French) of your choice?**  
 O<sub>1</sub> Yes                       O<sub>2</sub> No                       O<sub>3</sub> Do not know / Do not remember / Not applicable
8. **Did someone from the program tell you what care and services you would get?**  
 O<sub>1</sub> Yes                       O<sub>2</sub> No                       O<sub>3</sub> Do not know / Do not remember / Not applicable
9. **Did someone from the program talk with you about how to set up your home so you can move around safely?**  
 O<sub>1</sub> Yes                       O<sub>2</sub> No                       O<sub>3</sub> Do not know / Do not remember / Not applicable
10. **When you first started getting Extra-Mural services, did someone from the program talk with you about all the prescription and over-the-counter medicines you were taking?**  
 O<sub>1</sub> Yes                       O<sub>2</sub> No                       O<sub>3</sub> Do not know / Do not remember / Not applicable
11. **Did someone from the program ask to see all the prescription and over-the-counter medicines you were taking?**  
 O<sub>1</sub> Yes                       O<sub>2</sub> No                       O<sub>3</sub> Do not know / Do not remember / Not applicable
12. **In the last 2 months, did you receive Extra-Mural services in any of the following ways?  
Please select all that apply:**  
 O<sub>1</sub> Services through visits at home  
 O<sub>2</sub> Services over the telephone  
 O<sub>3</sub> Services delivered in any other form (please specify: \_\_\_\_\_)
13. **In the last 2 months, did a friend, family member or volunteer help you with your home care?**  
 O<sub>1</sub> Yes  
 O<sub>2</sub> No → **Go to Question 16**  
 O<sub>3</sub> Do not know / Do not remember / Not applicable → **Go to Question 16**
14. **In the last 2 months, who has helped you the most with your home care?**  
 O<sub>1</sub> Husband, wife or common-law partner                       O<sub>6</sub> Friend  
 O<sub>2</sub> Mother or father                       O<sub>7</sub> Volunteer  
 O<sub>3</sub> Son or daughter                       O<sub>8</sub> Other (please specify: \_\_\_\_\_)  
 O<sub>4</sub> Grandson or granddaughter                       O<sub>9</sub> Do not know/ Do not remember/ Not applicable  
 O<sub>5</sub> Other family member
15. **In the last 2 months, how often did you get help with your home care from a friend, family member or volunteer?**  
 O<sub>1</sub> Every day                       O<sub>5</sub> Once a month  
 O<sub>2</sub> A few times a week                       O<sub>6</sub> Only once in the last 2 months  
 O<sub>3</sub> Once a week                       O<sub>7</sub> Other (please specify: \_\_\_\_\_)  
 O<sub>4</sub> Two or three times a month                       O<sub>8</sub> Do not know / Do not remember/ Not applicable

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

**16. Did you get Extra-Mural services from more than one person in the last 2 months?**

- Yes
- No → **Go to Question 19**
- Do not know / Do not remember / Not applicable → **Go to Question 19**

**17. In the last 2 months, how often did Extra-Mural staff seem informed and up-to-date about all the care or treatment you got at home?**

- Never
- Sometimes
- Usually
- Always
- Do not know / Do not remember / Not applicable

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

- Never
- Sometimes
- Usually
- Always
- Do not know / Do not remember / Not applicable

**19. In the last 2 months, did you and Extra-Mural staff talk about pain?**

- Yes
- No
- Do not know / Do not remember / Not applicable

**20. In the last 2 months, did you take any new prescription medicine or change any of the medicines you were taking?**

- Yes
- No → **Go to Question 24**
- Do not know / Do not remember / Not applicable → **Go to Question 24**

**21. In the last 2 months, did Extra-Mural staff talk with you about the purpose for taking your new or changed prescription medicines?**

- Yes
- No
- Do not know / Do not remember / Not applicable

**22. In the last 2 months, did Extra-Mural staff talk with you about when to take these medicines?**

- Yes
- No
- Do not know / Do not remember / Not applicable

**23. In the last 2 months, did Extra-Mural staff talk with you about the side-effects of these medicines?**

- Yes
- No
- Do not know / Do not remember / Not applicable

**24. In the last 2 months, how often did Extra-Mural staff keep you informed about when they would arrive at your home?**

- Never
- Sometimes
- Usually
- Always
- Do not know / Do not remember / Not applicable

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

- Less than 30 minutes
- 30 minutes to less than 1 hour
- 1 hour to less than 2 hours
- 2 hours to less than 3 hours
- 3 hours or more
- Do not know / Do not remember / Not applicable

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

a) Treat you as gently as possible?

- O<sub>1</sub> Never                       O<sub>2</sub> Sometimes                       O<sub>3</sub> Usually                       O<sub>4</sub> Always  
 O<sub>5</sub> Do not know / Do not remember / Not applicable

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

- O<sub>1</sub> Never                       O<sub>2</sub> Sometimes                       O<sub>3</sub> Usually                       O<sub>4</sub> Always  
 O<sub>5</sub> Do not know / Do not remember / Not applicable

c) Listen carefully to you?

- O<sub>1</sub> Never                       O<sub>2</sub> Sometimes                       O<sub>3</sub> Usually                       O<sub>4</sub> Always  
 O<sub>5</sub> Do not know / Do not remember / Not applicable

d) Treat you with courtesy and respect?

- O<sub>1</sub> Never                       O<sub>2</sub> Sometimes                       O<sub>3</sub> Usually                       O<sub>4</sub> Always  
 O<sub>5</sub> Do not know / Do not remember / Not applicable

27. In the last 2 months, how often did you get the Extra-Mural services you needed in the Official language (English or French) of your choice?

- O<sub>1</sub> Never                       O<sub>2</sub> Sometimes                       O<sub>3</sub> Usually                       O<sub>4</sub> Always  
 O<sub>5</sub> Do not know / Do not remember / Not applicable

28. Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from Extra-Mural staff in the last 2 months?

- | Worst home health care possible |                       |                       |                       |                       |                       |                       |                       |                       |                       | Best home health care possible |  |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------|--|
| 0                               | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                             |  |
| <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          |  |

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

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

- O<sub>1</sub> Yes  
 O<sub>2</sub> No → Go to Question 32  
 O<sub>3</sub> Do not know / Do not remember / Not applicable → Go to Question 32

30. When you contacted this program's office, did you always get the help or advice you needed?

- O<sub>1</sub> Yes  
 O<sub>2</sub> No → Go to Question 32  
 O<sub>3</sub> Do not know / Do not remember / Not applicable → Go to Question 32

31. When you contacted this program's office, how long did it take for you to get the help or advice you needed?

- O<sub>1</sub> Within a few hours  
 O<sub>2</sub> Same day (but longer than a few hours)  
 O<sub>3</sub> 1 to 5 days  
 O<sub>4</sub> 6 to 14 days  
 O<sub>5</sub> Do not know / Do not remember / Not applicable

**32. In the last 2 months, did you have any problems with the care you got through this program?**

Yes       No       Do not know / Do not remember / Not applicable

**33. In the last 2 months, did you have any problems with the program staff?**

Yes       No       Do not know / Do not remember / Not applicable

**34. Do you know who to contact if you want to make a complaint about your home care services?**

Yes       No       Do not know / Do not remember / Not applicable

**35. Would you recommend this program to your family or friends if they needed home health care?**

Definitely no       Probably no       Probably yes       Definitely yes  
 Do not know / Do not remember / Not applicable

**36. Please indicate the extent to which you agree or disagree with each of the following statements:**

**a) The program staff allowed me to set my goals and priorities.**

Strongly disagree     Disagree     Neutral     Agree     Strongly Agree  
 Do not know / Do not remember / Not applicable

**b) The program staff gave me the information I needed to take care of myself.**

Strongly disagree     Disagree     Neutral     Agree     Strongly Agree  
 Do not know / Do not remember / Not applicable

**c) The program staff kept me well-informed about my progress.**

Strongly disagree     Disagree     Neutral     Agree     Strongly Agree  
 Do not know / Do not remember / Not applicable

**d) The program staff and I discussed the type of information they could share with my family and friends.**

Strongly disagree     Disagree     Neutral     Agree     Strongly Agree  
 Do not know / Do not remember / Not applicable

**37. Has the program staff ever given information to your family or friends that you did not agree for them to have?**

Yes       No       Do not know/ Do not remember/ Not applicable

**38. Please indicate the extent to which you agree or disagree with the following statement:**

**My family or friends who help me with my care were given the information that they wanted when they needed it.**

Strongly disagree     Disagree     Neutral     Agree     Strongly Agree  
 Do not know / Do not remember / Not applicable

**39. How long have you been getting Extra-Mural services?**

2 months or less  
 More than 2 months but less than 6 months  
 More than 6 months but less than 1 year  
 More than 1 year  
 Do not know / Do not remember / Not applicable

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

- <sub>1</sub> Every day <sub>5</sub> Once a month  
<sub>2</sub> A few times a week <sub>6</sub> Only once in the last 2 months  
<sub>3</sub> Once a week <sub>7</sub> Do not know/ Do not remember/ Not applicable  
<sub>4</sub> Two or three times a month

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

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

42. Did you receive services from this program after a visit to a hospital or rehabilitation center?

- <sub>1</sub> Yes  
<sub>2</sub> No → Go to Question 44  
<sub>3</sub> Do not know / Do not remember / Not applicable → Go to Question 44

43. Did the staff at the hospital or rehabilitation center explain to you what services you would be getting?

- <sub>1</sub> Yes <sub>2</sub> No <sub>3</sub> Do not know/ Do not remember/ Not applicable

44. Does your personal family doctor or nurse practitioner seem informed and up-to-date about your home care services?

- <sub>1</sub> Yes <sub>2</sub> No <sub>3</sub> Do not know/ Do not remember/ Not applicable

45. Do you or your family members believe that you were harmed because of an error or mistake as a result of Extra-Mural services?

- <sub>1</sub> Yes <sub>2</sub> No <sub>3</sub> Do not know/ Do not remember/ Not applicable

*If yes, please provide additional details in the space provided below on why you or your family members believe that you were harmed because of an error or mistake as a result of Extra-Mural services.*

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46. Were you admitted to the hospital or did you have to visit the hospital emergency room during the time you were getting Extra-Mural services?

- <sub>1</sub> Yes <sub>2</sub> No <sub>3</sub> Do not know/ Do not remember/ Not applicable  
How many times? \_\_\_\_\_

47. Thinking of the home care services you got through this program in the last 2 months, did these services help you stay at home?

- <sub>1</sub> Yes <sub>2</sub> No <sub>3</sub> Do not know/ Do not remember/ Not applicable

48. Please indicate whether you have experienced any of the following when getting the Extra-Mural services you needed:

a) Have you ever had a problem getting the information you needed about home care services?

- <sub>1</sub> Yes <sub>2</sub> No <sub>3</sub> Do not know/ Do not remember/ Not applicable

b) Have you ever had a language problem with home care staff?

- <sub>1</sub> Yes <sub>2</sub> No <sub>3</sub> Do not know/ Do not remember/ Not applicable

**c) Was there ever a time when home care staff did not take your spiritual or cultural values into account?**

- Yes                       No                       Do not know/ Do not remember/ Not applicable

**d) Have you ever needed Extra-Mural services, but there were limits or reductions in the types of services available?**

- Yes                       No                       Do not know/ Do not remember/ Not applicable

**e) Have you ever needed Extra-Mural services, but there were limits or reductions in the duration of services or the number of hours available?**

- Yes                       No                       Do not know/ Do not remember/ Not applicable

**f) Have you experienced any other difficulties?**

- Yes                       No                       Do not know/ Do not remember/ Not applicable

## ABOUT YOU

**49. In general, how would you rate your overall health?**

- Excellent                       Very good                       Good                       Fair                       Poor

**50. In general, how would you rate your overall mental or emotional health?**

- Excellent                       Very good                       Good                       Fair                       Poor

**51. Has a doctor or any other health professional ever diagnosed you with or treated you for any of the following chronic health conditions? Please select all that apply:**

- Arthritis     Stroke
- Asthma     High blood pressure or hypertension
- Emphysema or COPD (chronic obstructive pulmonary disease)                       A mood disorder other than depression, such as bipolar disorder, mania, manic depression or dysthymia
- Chronic pain     Gastric reflux (or GERD)
- Cancer     Alzheimer's
- Diabetes     Dementia
- Depression     Other (please specify: \_\_\_\_\_)
- Heart disease

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

- Very confident                       Confident                       Not very confident                       Not at all confident
- Do not know / Do not remember / Not applicable

**53. Is there anything else that could have been done to help you stay at home?**

- Yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- No
- Do not know/ Do not remember/ Not applicable

54. Do you live alone?

- Yes       No       Do not know/ Do not remember/ Not applicable

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

- 8<sup>th</sup> grade or less       College, trade, or technical school diploma/certificate  
 Some high school, but did not graduate       Undergraduate degree  
 High school or GED       Post university/graduate level education

56. What language do you mainly speak at home?

- English       First Nation, Indian, Métis, or Inuit  
 French       Other \_\_\_\_\_

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

- Yes       No       Prefer not to answer

58. In which of the following 3 categories was your total household income before taxes in 2014?

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

59. Is there anything else you would like to tell us about the home care services you got from the New Brunswick Extra-Mural Program or do you have any suggestions for changes that may have improved your experience?

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**Thank you for taking the time to complete this questionnaire! Your answers are greatly appreciated. Please use the enclosed pre-paid envelope and return this questionnaire to:**

IPSOS REID  
101-133 PRINCE WILLIAM STREET  
SAINT JOHN, NB E2L 2B5

