



NEW BRUNSWICK HOME CARE SURVEY

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 will be divided into 2 sections.

Section 1 will refer to services received from the Extra-Mural Program 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.

Section 2 will refer to home care services received from home support workers to help with bathing, dressing, grooming, feeding, transferring, home cleaning, laundry, meal preparation, or respite/relief care.

SECTION 1: HOME CARE SERVICES RECEIVED FROM THE EXTRA-MURAL PROGRAM

In this section, 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 ...

- ₁ About your own home care service experience
- ₂ On behalf of a child
- ₃ 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.

- ₁ 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?

- ₁ We will be completing the survey together
- ₂ I will be answering all questions on behalf of the client
- ₃ 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"/> Nurse | <input type="radio"/> Social worker |
| <input type="radio"/> Physiotherapist | <input type="radio"/> Dietitian |
| <input type="radio"/> Occupational therapist | <input type="radio"/> Rehabilitation assistant |
| <input type="radio"/> Speech language pathologist | <input type="radio"/> Other (please specify: _____) |
| <input type="radio"/> Respiratory therapist | |

As you answer the questions in this section, 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?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- Do not know / Do not remember/ Not applicable

5. Did Extra-Mural services start as soon as you thought you needed it?

- Yes
- No
- 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?

- English
- French
- 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?

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

8. Did someone from the program tell you what care and services you would get?

- Yes
- No
- 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?

- Yes
- No
- 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?

- Yes
- No
- 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?

- Yes
- No
- 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:

- Services through visits at home
- Services over the telephone
- Services delivered in any other form (please specify: _____)

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.

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

- Yes
- No → **Go to Question 16**
- Do not know / Do not remember / Not applicable → **Go to Question 16**

14. 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

15. 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

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

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

17. 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 21**
- Do not know / Do not remember / Not applicable → **Go to Question 21**

18. 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

19. 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

20. 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

21. 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

22. 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

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

a) Treat you as gently as possible?

- O₁ Never O₂ Sometimes O₃ Usually O₄ Always
 O₅ Do not know / Do not remember / Not applicable

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

- O₁ Never O₂ Sometimes O₃ Usually O₄ Always
 O₅ Do not know / Do not remember / Not applicable

c) Listen carefully to you?

- O₁ Never O₂ Sometimes O₃ Usually O₄ Always
 O₅ Do not know / Do not remember / Not applicable

d) Treat you with courtesy and respect?

- O₁ Never O₂ Sometimes O₃ Usually O₄ Always
 O₅ Do not know / Do not remember / Not applicable

24. 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?

- O₁ Never O₂ Sometimes O₃ Usually O₄ Always
 O₅ Do not know / Do not remember / Not applicable

25. 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"/> | <input type="radio"/> |

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

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

- O₁ Yes
 O₂ No → Go to Question 29
 O₃ Do not know / Do not remember / Not applicable → Go to Question 29

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

- O₁ Yes
 O₂ No → Go to Question 29
 O₃ Do not know / Do not remember / Not applicable → Go to Question 29

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

- O₁ Within a few hours
 O₂ Same day (but longer than a few hours)
 O₃ 1 to 5 days
 O₄ 6 to 14 days
 O₅ Do not know / Do not remember / Not applicable

29. 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

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

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

31. 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

32. 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

33. 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

34. 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

35. 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

36. 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

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

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

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

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

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

- ₁ Yes
₂ No → Go to Question 41
₃ Do not know / Do not remember / Not applicable → Go to Question 41

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

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

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

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

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

- ₁ Yes ₂ No ₃ 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.

43. 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?

- ₁ Yes ₂ No ₃ Do not know/ Do not remember/ Not applicable
How many times? _____

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

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

45. 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?

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

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

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

SECTION 2: HOME CARE SERVICES RECEIVED FROM HOME SUPPORT WORKERS

In this section, home care services include personal care services received from home support workers to help with bathing, dressing, grooming, feeding, transferring, home cleaning, laundry, meal preparation, or respite/relief care.

47. Please indicate if you are completing this survey ...

- O₁ About your own home care service experience
- O₂ On behalf of someone else

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

- O₁ We will be completing the survey together
- O₂ I will be answering all questions on behalf of the client
- O₃ I am not completing this survey on behalf of anyone else

YOUR EXPERIENCE WITH HOME CARE SERVICES

49. Thinking of the home care services you received from a home support worker in the last 2 months, who has provided these services?

- O₁ I received home care services through an agency
- O₂ I received home care services from someone who does not work for an agency → Go to Question 51
- O₃ Do not know / Do not remember / Not applicable → Go to Question 51

50. What was the name of the agency (or agencies) that provided you with home care services in the last 2 months?

51. Have you received any of the following services from a home support worker in the last 2 months? Please check all that apply:

- | | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> O ₁ Bathing | <input type="radio"/> O ₆ Feeding or nutrition care |
| <input type="radio"/> O ₂ Grooming or dressing | <input type="radio"/> O ₇ Transferring (from place to place inside the home) |
| <input type="radio"/> O ₃ Meal preparation | <input type="radio"/> O ₈ Relief to family, friends or volunteers who help you with your home care |
| <input type="radio"/> O ₄ Housekeeping (cleaning, laundry) | <input type="radio"/> O ₉ Other (please specify: _____) |

As you answer the questions in this section, please think only about experiences with these home care services.

52. Before you started getting home care services, how easy or difficult was it to get information about home care services in New Brunswick?

- O₁ Very easy
- O₂ Somewhat easy
- O₃ Somewhat difficult
- O₄ Very difficult
- O₅ Do not know / Do not remember/ Not applicable

53. Did home care services start as soon as you thought you needed it?

- O₁ Yes
- O₂ No
- O₃ Do not know / Do not remember / Not applicable

54. When you first started getting home care services, how easy or difficult was it to fill out all the necessary paperwork?

- O₁ Very easy
- O₂ Somewhat easy
- O₃ Somewhat difficult
- O₄ Very difficult
- O₅ Do not know / Do not remember / Not applicable

55. You have the right to be served in either English or French. Of these two languages, which is your preference?

- O₁ English
- O₂ French
- O₃ No preference

56. When you first started getting home care services, did someone offer to give you home care services in the official language (English or French) of your choice?

- O₁ Yes
- O₂ No
- O₃ Do not know / Do not remember / Not applicable

57. Did someone tell you what care and services you would get?

- O₁ Yes
- O₂ No
- O₃ Do not know / Do not remember / Not applicable

These next questions are about 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.

58. Did you get home care services from more than one home support worker in the last 2 months?

- O₁ Yes
- O₂ No → **Go to Question 61**
- O₃ Do not know / Do not remember / Not applicable → **Go to Question 61**

59. In the last 2 months, how often did home support workers seem informed and up-to-date about all the care you got at home?

- O₁ Never
- O₂ Sometimes
- O₃ Usually
- O₄ Always
- O₅ Do not know / Do not remember / Not applicable

60. In the last 2 months, how often have you received conflicting or different information from different home support workers?

- O₁ Never
- O₂ Sometimes
- O₃ Usually
- O₄ Always
- O₅ Do not know / Do not remember / Not applicable

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

- O₁ Never
- O₂ Sometimes
- O₃ Usually
- O₄ Always
- O₅ Do not know / Do not remember / Not applicable

62. In the last 2 months, how often did home support workers do each of the following:

a) Treat you as gently as possible?

- O₁ Never
- O₂ Sometimes
- O₃ Usually
- O₄ Always
- O₅ Do not know / Do not remember / Not applicable

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

- O₁ Never
- O₂ Sometimes
- O₃ Usually
- O₄ Always
- O₅ Do not know / Do not remember / Not applicable

c) Listen carefully to you?

- O₁ Never O₂ Sometimes O₃ Usually O₄ Always
 O₅ Do not know / Do not remember / Not applicable

d) Treat you with courtesy and respect?

- O₁ Never O₂ Sometimes O₃ Usually O₄ Always
 O₅ Do not know / Do not remember / Not applicable

63. In the last 2 months, how often did you get the home care services you needed in the Official language (English or French) of your choice?

- O₁ Never O₂ Sometimes O₃ Usually O₄ Always
 O₅ Do not know / Do not remember / Not applicable

64. 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 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	
<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"/>	

65. How easy or difficult is it to call your home support worker or the agency to get help, information or advice?

- O₁ Very easy
 O₂ Somewhat easy
 O₃ Somewhat difficult
 O₄ Very difficult
 O₅ Do not know / Do not remember/ Not applicable

66. In the last 2 months, did you have any problems with the care you got from your home support worker?

- O₁ Yes O₂ No O₃ Do not know / Do not remember / Not applicable

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

- O₁ Yes O₂ No O₃ Do not know / Do not remember / Not applicable

68. Would you recommend this home support worker or agency to your family or friends if they needed home care?

- O₁ Definitely no O₂ Probably no O₃ Probably yes O₄ Definitely yes
 O₅ Do not know / Do not remember / Not applicable

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

I discussed with my home support worker or with the agency about the type of information they could share with family or friends.

- O₁ Strongly disagree O₂ Disagree O₃ Neutral O₄ Agree O₅ Strongly Agree
 O₅ Do not know / Do not remember / Not applicable

70. Has your home support worker or the agency ever given information to your family or friends that you did not agree with for them to have?

- O₁ Yes O₂ No O₃ Do not know/ Do not remember/ Not applicable

71. Please indicate the extent to which 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.

- O₁ Strongly disagree O₂ Disagree O₃ Neutral O₄ Agree O₅ Strongly Agree
 O₅ Do not know / Do not remember / Not applicable

72. How long have you been getting home care services from this home support worker?

- O₁ 2 months or less
 O₂ More than 2 months but less than 6 months
 O₃ More than 6 months but less than 1 year
 O₄ More than 1 year
 O₅ Do not know / Do not remember / Not applicable

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

- O₁ Every day O₅ Once a month
 O₂ A few times a week O₆ Only once in the last 2 months
 O₃ Once a week O₇ Do not know/ Do not remember/ Not applicable
 O₄ Two or three times a month

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

- O₁ Very satisfied O₂ Somewhat satisfied O₃ Neither satisfied nor dissatisfied O₄ Somewhat dissatisfied O₅ Very dissatisfied
 O₅ Do not know / Do not remember / Not applicable

75. Do you or your family members believe that you were harmed because of an error or mistake as a result of home care services?

- O₁ Yes O₂ No O₃ 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 home care services.

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

- O₁ Yes O₂ No O₃ Do not know/ Do not remember/ Not applicable

77. Please indicate whether you have experienced any of the following when getting the home care services you needed:

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

- O₁ Yes O₂ No O₃ Do not know/ Do not remember/ Not applicable

b) Have you ever had a language problem with home support workers?

- O₁ Yes O₂ No O₃ Do not know/ Do not remember/ Not applicable

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

- O₁ Yes O₂ No O₃ Do not know/ Do not remember/ Not applicable

d) Have you ever needed home care services, but there were limits or reductions in the types of services available?

₁ Yes ₂ No ₃ Do not know/ Do not remember/ Not applicable

e) Have you ever needed home care services, but there were limits or reductions in the duration of services or the number of hours available?

₁ Yes ₂ No ₃ Do not know/ Do not remember/ Not applicable

f) Have you ever found the cost for home care services too high?

₁ Yes ₂ No ₃ Do not know/ Do not remember/ Not applicable

g) Have you experienced any other difficulties with home care services?

₁ Yes ₂ No ₃ Do not know/ Do not remember/ Not applicable

78. Is there anything else you would like to tell us about the home care services you got from home support workers or do you have any suggestions for changes that may have improved your experience?

ABOUT YOU

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

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

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

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

81. 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:

- ₁ Arthritis ₉ Stroke
- ₂ Asthma ₁₀ High blood pressure or hypertension
- ₃ Emphysema or COPD (chronic obstructive pulmonary disease) ₁₁ A mood disorder other than depression, such as bipolar disorder, mania, manic depression or dysthymia
- ₄ Chronic pain ₁₂ Gastric reflux (or GERD)
- ₅ Cancer ₁₃ Alzheimer's
- ₆ Diabetes ₁₄ Dementia
- ₇ Depression ₁₅ Other (please specify: _____)
- ₈ Heart disease

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

- ₁ Very confident ₂ Confident ₃ Not very confident ₄ Not at all confident
- ₅ Do not know / Do not remember / Not applicable

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

- ₁ Yes, please specify: _____

- ₂ No
- ₃ Do not know/ Do not remember/ Not applicable

84. Do you live alone?

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

85. 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 88**
- ₃ Do not know / Do not remember / Not applicable → **Go to Question 88**

86. In the last 2 months, who has helped you the most with your home care?

- ₁ Husband, wife or common-law partner ₆ Friend
- ₂ Mother or father ₇ Volunteer
- ₃ Son or daughter ₈ Other (please specify: _____)
- ₄ Grandson or granddaughter ₉ Do not know/ Do not remember/ Not applicable
- ₅ Other family member

87. In the last 2 months, how often did you get help with your home care from a friend, family member or volunteer?

- O₁ Every day
- O₂ A few times a week
- O₃ Once a week
- O₄ Two or three times a month
- O₅ Once a month
- O₆ Only once in the last 2 months
- O₇ Other, please specify: _____
- O₈ Do not know / Do not remember/ Not applicable

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

- O₁ 8th grade or less
- O₂ Some high school, but did not graduate
- O₃ High school or GED
- O₄ College, trade, or technical school diploma/certificate
- O₅ Undergraduate degree
- O₆ Post university/graduate level education

89. What language do you mainly speak at home?

- O₁ English
- O₂ French
- O₃ First Nation, Indian, Métis, or Inuit
- O₄ Other _____

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

- O₁ Yes
- O₂ No
- O₃ Prefer not to answer

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

- O₁ Less than \$25,000
- O₂ \$25,000 to less than \$60,000
- O₃ \$60,000 or more
- O₄ Do not know / Do not remember / Not applicable
- O₅ 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:**

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