



NEW BRUNSWICK HOME CARE SURVEY

For home care services received from home support workers

MARKING INSTRUCTIONS:

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

In this survey, home support services include 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.

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

- ₁ About your own home care service experience
- ₂ On behalf of someone else

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

- ₁ I received home care services through an agency
- ₂ I received home care services from someone who does not work for an agency → **Go to Question 5**
- ₃ Do not know / Do not remember / Not applicable → **Go to Question 5**

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

5. 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"/> ₁ Bathing | <input type="radio"/> ₅ Feeding or nutrition care |
| <input type="radio"/> ₂ Grooming or dressing | <input type="radio"/> ₆ Transferring (from place to place inside the home) |
| <input type="radio"/> ₃ Meal preparation | <input type="radio"/> ₇ Relief to family, friends or volunteers who help you with your home care |
| <input type="radio"/> ₄ Housekeeping (cleaning, laundry) | <input type="radio"/> ₈ Help with errands, such as shopping, banking or doctor's appointment |
| <input type="radio"/> ₉ Other (please specify: _____) | |

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

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

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

7. 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

8. 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

9. 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

10. 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

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

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

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

- O₁ Yes
 O₂ No → Go to Question 15
 O₃ Do not know / Do not remember / Not applicable → Go to Question 15

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

- O₁ Husband, wife or common-law partner O₆ Friend
 O₂ Mother or father O₇ Volunteer
 O₃ Son or daughter O₈ Other (please specify: _____)
 O₄ Grandson or granddaughter O₉ Do not know / Do not remember / Not applicable
 O₅ Other family member

14. 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 O₅ Once a month
 O₂ A few times a week O₆ Only once in the last 2 months
 O₃ Once a week O₇ Other, please specify: _____
 O₄ Two or three times a month O₈ 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.

15. 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 18
 O₃ Do not know / Do not remember / Not applicable → Go to Question 18

16. 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

17. 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

18. 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

19. 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

20. 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

21. 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"/>	<input type="radio"/>

22. 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

23. 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

24. 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

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

- ₁ Definitely no ₂ Probably no ₃ Probably yes ₄ Definitely yes
₅ Do not know / Do not remember / Not applicable

26. **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.

- ₁ Strongly disagree ₂ Disagree ₃ Neutral ₄ Agree ₅ Strongly Agree
₆ Do not know / Do not remember / Not applicable

27. **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?**

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

28. **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.

- ₁ Strongly disagree ₂ Disagree ₃ Neutral ₄ Agree ₅ Strongly Agree
₆ Do not know / Do not remember / Not applicable

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

- | | |
|--|--|
| <input type="radio"/> ₁ 2 months or less | <input type="radio"/> ₀₆ More than 3 years but less than 5 years |
| <input type="radio"/> ₂ More than 2 months but less than 6 months | <input type="radio"/> ₀₇ More than 5 years but less than 10 years |
| <input type="radio"/> ₃ More than 6 months but less than 1 year | <input type="radio"/> ₀₈ More than 10 years |
| <input type="radio"/> ₄ More than 1 year but less than 2 years | <input type="radio"/> ₀₉ This is new for me, I have not received any services |
| <input type="radio"/> ₅ More than 2 years but less than 3 years | <input type="radio"/> ₁₀ Do not know / Do not remember / Not applicable |

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

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

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

- ₁ Very satisfied ₂ Somewhat satisfied ₃ Neither satisfied nor dissatisfied ₄ Somewhat dissatisfied ₅ Very dissatisfied
₆ Do not know / Do not remember / Not applicable

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

33. 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

34. 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?

- O₁ Yes O₂ No O₃ 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?

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

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

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

ABOUT YOU

If you are completing the survey on behalf of the client, please note that all the questions in this section are about the client receiving home care services.

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

- O₁ Excellent O₂ Very good O₃ Good O₄ Fair O₅ Poor

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

- O₁ Excellent O₂ Very good O₃ Good O₄ Fair O₅ Poor

37. 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:

- | | |
|---|---|
| <input type="radio"/> O ₀₁ Arthritis | <input type="radio"/> O ₀₉ Stroke |
| <input type="radio"/> O ₀₂ Asthma | <input type="radio"/> O ₁₀ High blood pressure or hypertension |
| <input type="radio"/> O ₀₃ Emphysema or COPD (chronic obstructive pulmonary disease) | <input type="radio"/> O ₁₁ A mood disorder other than depression, such as bipolar disorder, mania, manic depression or dysthymia |
| <input type="radio"/> O ₀₄ Chronic pain | <input type="radio"/> O ₁₂ Gastric reflux (or GERD) |
| <input type="radio"/> O ₀₅ Cancer | <input type="radio"/> O ₁₃ Alzheimer's |
| <input type="radio"/> O ₀₆ Diabetes | <input type="radio"/> O ₁₄ Dementia |
| <input type="radio"/> O ₀₇ Depression | <input type="radio"/> O ₁₅ Anxiety |
| <input type="radio"/> O ₀₈ Heart disease | <input type="radio"/> O ₁₆ High cholesterol |
| <input type="radio"/> O ₁₇ Other (please specify: _____) | |

38. 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

39. 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

40. Do you live alone?

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

As a reminder, if you are completing the survey on behalf of the client, please note that all the questions in this section are about the client receiving home care services.

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

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

42. What language do you mainly speak at home?

- ₁ English ₃ Both English and French equally
₂ French ₄ Other _____

43. Are you an Aboriginal or Indigenous person, that is, North American Indian, Métis or Inuk (Inuit)?

- ₁ Yes ₂ No ₃ Prefer not to answer

44. In which of the following 3 categories was your total household income before taxes in 2017?

- ₁ Less than \$25,000 ₄ Do not know / Do not remember / Not applicable
₂ \$25,000 to less than \$60,000 ₅ Prefer not to answer
₃ \$60,000 or more

45. 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?

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

**Prairie Research Associates Inc.
500 – 363 Broadway
Winnipeg, MB R3C 3N9**