



## 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 section of the 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 a child 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 child 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 section of the 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"/> 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:

- Visits at home  
 Over the telephone  
 By email  
 A monitor placed in your home, that can measure heart rate, blood pressure, oxygen levels, temperature or weight  
 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 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?

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

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

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

c) Listen carefully to you?

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

d) Treat you with courtesy and respect?

- <sub>1</sub> Never                      <sub>2</sub> Sometimes                      <sub>3</sub> Usually                      <sub>4</sub> Always  
<sub>5</sub> 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?

- <sub>1</sub> Never                      <sub>2</sub> Sometimes                      <sub>3</sub> Usually                      <sub>4</sub> Always  
<sub>5</sub> 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"/>          |

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?

- <sub>1</sub> Yes  
<sub>2</sub> No → Go to Question 29  
<sub>3</sub> 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?

- <sub>1</sub> Yes  
<sub>2</sub> No → Go to Question 29  
<sub>3</sub> 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?

- <sub>1</sub> Within a few hours  
<sub>2</sub> Same day (but longer than a few hours)  
<sub>3</sub> 1 to 5 days  
<sub>4</sub> 6 to 14 days  
<sub>5</sub> 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?**

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

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

- <sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> 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?**

- <sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> 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?**

- <sub>1</sub> Definitely no      <sub>2</sub> Probably no      <sub>3</sub> Probably yes      <sub>4</sub> Definitely yes  
<sub>5</sub> 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.**

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

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

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

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

- <sub>1</sub> Strongly disagree    <sub>2</sub> Disagree    <sub>3</sub> Neutral    <sub>4</sub> Agree    <sub>5</sub> Strongly Agree  
<sub>6</sub> 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.**

- <sub>1</sub> Strongly disagree    <sub>2</sub> Disagree    <sub>3</sub> Neutral    <sub>4</sub> Agree    <sub>5</sub> Strongly Agree  
<sub>6</sub> 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?**

- <sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> 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.**

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

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

- <sub>1</sub> 2 months or less  
<sub>2</sub> More than 2 months but less than 6 months  
<sub>3</sub> More than 6 months but less than 1 year  
<sub>4</sub> More than 1 year but less than 2 years  
<sub>5</sub> More than 2 years but less than 3 years  
<sub>6</sub> More than 3 years  
<sub>7</sub> I am new to this program, I have not received any services  
<sub>8</sub> Do not know / Do not remember / Not applicable

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

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

- O<sub>1</sub> Very satisfied       O<sub>2</sub> Somewhat satisfied       O<sub>3</sub> Neither satisfied nor dissatisfied       O<sub>4</sub> Somewhat dissatisfied       O<sub>5</sub> Very dissatisfied  
 O<sub>6</sub> 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?

- O<sub>1</sub> Yes  
 O<sub>2</sub> No → **Go to Question 41**  
 O<sub>3</sub> 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?

- O<sub>1</sub> Yes       O<sub>2</sub> No       O<sub>3</sub> 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?

- O<sub>1</sub> Yes       O<sub>2</sub> No       O<sub>3</sub> 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?

- O<sub>1</sub> Yes       O<sub>2</sub> No       O<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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43. a) Were you admitted to the hospital during the time you were getting Extra-Mural services?

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

b) Did you have to visit the hospital emergency room during the time you were getting Extra-Mural services?

- O<sub>1</sub> Yes       O<sub>2</sub> No       O<sub>3</sub> 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?

- O<sub>1</sub> Yes       O<sub>2</sub> No       O<sub>3</sub> 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?**

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

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

- Yes                       No                       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

**46. 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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**SECTION 2: HOME CARE SERVICES RECEIVED FROM HOME SUPPORT WORKERS**

In this section, home support 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 section of the survey ...**

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

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

- We will be completing the survey together  
 I will be answering all questions on behalf of the client  
 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?**

- <sub>1</sub> I received home care services through an agency
- <sub>2</sub> I received home care services from someone who does not work for an agency → **Go to Question 51**
- <sub>3</sub> 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?**

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

- <sub>1</sub> Bathing
- <sub>2</sub> Grooming or dressing
- <sub>3</sub> Meal preparation
- <sub>4</sub> Housekeeping (cleaning, laundry)
- <sub>5</sub> Feeding or nutrition care
- <sub>6</sub> Transferring (from place to place inside the home)
- <sub>7</sub> Relief to family, friends or volunteers who help you with your home care
- <sub>8</sub> Help with errands, such as shopping, banking or doctor's appointment
- <sub>9</sub> 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?**

- <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

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

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> 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?**

- <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

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

- <sub>1</sub> English
- <sub>2</sub> French
- <sub>3</sub> 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?**

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

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

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





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

- <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

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

- <sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> 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?**

- <sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> 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?**

- <sub>1</sub> Definitely no      <sub>2</sub> Probably no      <sub>3</sub> Probably yes      <sub>4</sub> Definitely yes  
<sub>5</sub> 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.**

- <sub>1</sub> Strongly disagree      <sub>2</sub> Disagree      <sub>3</sub> Neutral      <sub>4</sub> Agree      <sub>5</sub> Strongly Agree  
<sub>6</sub> 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?**

- <sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> 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.**

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

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

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

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

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

- <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>6</sub> 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?**

- <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 home care services.*

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**76. Thinking of the home care services you got 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

**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?**

- <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 support workers?**

- <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 support workers did not take your spiritual or cultural values into account?**

- <sub>1</sub> Yes                       <sub>2</sub> No                       <sub>3</sub> 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?**

- <sub>1</sub> Yes                       <sub>2</sub> No                       <sub>3</sub> 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?**

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

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

- <sub>1</sub> Yes                       <sub>2</sub> No                       <sub>3</sub> 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?**

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## 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.

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

- <sub>1</sub> Excellent      <sub>2</sub> Very good      <sub>3</sub> Good      <sub>4</sub> Fair      <sub>5</sub> Poor

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

- <sub>1</sub> Excellent      <sub>2</sub> Very good      <sub>3</sub> Good      <sub>4</sub> Fair      <sub>5</sub> 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:**

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

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

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

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

- <sub>1</sub> Yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- <sub>2</sub> No  
<sub>3</sub> Do not know / Do not remember / Not applicable

**84. Do you live alone?**

- <sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> 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?**

- <sub>1</sub> Yes  
<sub>2</sub> No → **Go to Question 88**  
<sub>3</sub> 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?**

- |                                                                        |                                                                                   |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="radio"/> <sub>1</sub> Husband, wife or common-law partner | <input type="radio"/> <sub>6</sub> Friend                                         |
| <input type="radio"/> <sub>2</sub> Mother or father                    | <input type="radio"/> <sub>7</sub> Volunteer                                      |
| <input type="radio"/> <sub>3</sub> Son or daughter                     | <input type="radio"/> <sub>8</sub> Other (please specify: _____)                  |
| <input type="radio"/> <sub>4</sub> Grandson or granddaughter           | <input type="radio"/> <sub>9</sub> Do not know / Do not remember / Not applicable |
| <input type="radio"/> <sub>5</sub> 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?**

- O<sub>1</sub> Every day
- O<sub>2</sub> A few times a week
- O<sub>3</sub> Once a week
- O<sub>4</sub> Two or three times a month
- O<sub>5</sub> Once a month
- O<sub>6</sub> Only once in the last 2 months
- O<sub>7</sub> Other, please specify: \_\_\_\_\_
- O<sub>8</sub> 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.*

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

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

**89. What language do you mainly speak at home?**

- O<sub>1</sub> English
- O<sub>2</sub> French
- O<sub>3</sub> Both English and French equally
- O<sub>4</sub> Other \_\_\_\_\_

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

- O<sub>1</sub> Yes
- O<sub>2</sub> No
- O<sub>3</sub> Prefer not to answer

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

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

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

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