

2020 NBHC Primary Health Survey Questionnaire

INTRODUCTION

Q1. Would you prefer to conduct this interview in English or in French?

- 1) English
- 2) French

Q2. To begin, could you please provide your 6-digit postal code?

IF NECESSARY: We are asking you for your postal code because we want to look at the health care needs of all communities. This will be used for research purposes only, and will not be used to identify you personally.

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

**GO TO Q4
CONTINUE
CONTINUE**

Q3. **[If Q2 = 777 or 999: RESPONDENTS WHO REFUSED OR FAILED TO PROVIDE THEIR 6-DIGIT POSTAL CODE]:** Could you please provide the first 3 digits of your postal code?

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q4. What is the name of the community where you live?

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

**Thank and end survey
Thank and end survey**

Q5. What sex were you assigned at birth, on your original birth certificate? **[READ EACH]**

IF NECESSARY: We are asking you for this information because we want to look at the health care needs of all individuals regardless of their individual characteristics and circumstances, such as race, color, creed, national origin, ancestry, place of origin, language, age, physical disability, mental disability, marital status, family status, sexual orientation, sex, social status, belief or political activity. This will be used for research purposes only, and will not be used to identify you personally.

1) Male

2) Female

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q6. Are you Indigenous (that is First Nation, or Inuit, or Métis)? **[DO NOT READ]**

[Note to interviewer: In English, this is pronounced “may-tee”.]

1) Yes

GO TO Q7

2) No

GO TO Q8

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q7. **[Q6 = 1: RESPONDENTS WHO REPORTED BEING INDIGENOUS]** Would you identify as Two-Spirit? **[READ EACH]**

IF NECESSARY: We are asking you for this information because we want to look at the health care needs of all individuals regardless of their individual characteristics and circumstances, such as race, color, creed, national origin, ancestry, place of origin, language, age, physical disability, mental disability, marital status, family status, sexual orientation, sex, social status, belief or political activity. This will be used for research purposes only, and will not be used to identify you personally.

1) Yes

2) No

3) Questioning, that is, I am not sure if I identify as Two-Spirit

999) I do not wish to share/Refuse/Prefer not to answer

777) I am not sure what this question means

Q8. What is your gender identity? **[READ EACH]**

IF NECESSARY: We are asking you for this information because we want to look at the health care needs of all individuals regardless of their individual characteristics and circumstances, such as race, color, creed, national origin, ancestry, place of origin, language, age, physical disability, mental disability, marital status, family status, sexual orientation, sex, social status, belief or political activity. This will be used for research purposes only, and will not be used to identify you personally.

1) Male

2) Female

3) Non-Binary: *NOTE to Interviewer: having a gender identity that is not firmly male nor female*

4) Questioning, that is, I am not sure of my gender identity

5) None of the options above. I identify as: _____.

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q9. What is your year of birth?

IF NECESSARY: This will be used for research purposes only and will not be used to identify you personally.

INTERVIEWER NOTE: If respondents only wants to give their age, please select appropriate code below and continue.

____ [RANGE: 1900-2002, 555, 777, 999]

[THANK AND END SURVEY IF 2003 OR LATER, RESPONDENT IS UNDER 18]

IF 1900-2001

GO TO Q13

IF 2002

GO TO Q11

777) Do not know/Do not remember

GO TO Q12

999) I do not wish to share/Refuse/Prefer not to answer

GO TO Q12

555) Answered with AGE instead of year of birth

CONTINUE

Q10. **[IF Q9 = 555] ENTER AGE:** ____

IF Q10 > = 18

GO TO Q13

IF Q10 = 17

THANK AND END SURVEY, RESPONDENT IS UNDER 18

Q11. **[ASK ONLY IF Q9 = 2002] Have you turned 18 yet? [DO NOT READ]**

1) Yes

GO TO Q13

2) No

THANK AND END SURVEY, RESPONDENT IS UNDER 18

Q12. **[IF Q9 = 777, 999] In which age category do you fall... are you? [READ EACH]**

1) 17 or younger

THANK AND END SURVEY, RESPONDENT IS UNDER 18

2) 18 to 24

3) 25 to 34

4) 35 to 44

5) 45 to 54

6) 55 to 64

7) 65 to 74,

8) 75 or older

Q13. Before you accepted to participate in this survey, had you ever heard of the New Brunswick Health Council? **[DO NOT READ]**

1) Yes

2) No

GO TO Q15

777) **[VOL]** Do not know/Do not remember

GO TO Q15

Q14. **[If Q13 = 1: RESPONDENT HAD HEARD OF THE NEW BRUNSWICK HEALTH COUNCIL]** In the last 3 months, have you heard the New Brunswick Health Council mentioned in an ad or a news story in any of the following ways: **[READ EACH]**

- a) On the radio 1) Yes 2) No
- b) On television 1) Yes 2) No
- c) In the newspaper 1) Yes 2) No
- d) On social media (Facebook, Twitter, LinkedIn) 1) Yes 2) No
- e) Elsewhere on the Internet 1) Yes 2) No
- 666) **[VOL]** Not applicable
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

BLOCK 1: Self-rated health

- Q15. In general, would you say your health is...? **[READ EACH]**
- 1) Poor
 - 2) Fair
 - 3) Good
 - 4) Very Good
 - 5) Excellent
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q16. In general, would you say your mental or emotional health is? **[READ EACH]**
- 1) Poor
 - 2) Fair
 - 3) Good
 - 4) Very Good
 - 5) Excellent
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q17. On a scale from “0” as the worst possible life for you and “10” as the best possible life for you, in general, where do you feel you stand at the moment? **[DO NOT READ]**
- 0) 0 Worst possible life
 - 1) 1
 - 2) 2
 - 3) 3
 - 4) 4
 - 5) 5
 - 6) 6
 - 7) 7
 - 8) 8
 - 9) 9
 - 10) 10 Best possible life
 - 666) **[VOL]** Does not apply
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

The next 3 questions are about social isolation and loneliness.

Q18. How often do you feel that you lack companionship? **[READ EACH]**

INTERVIEWER NOTE: READ FIRST THREE CHOICES. IF NEVER, CODE AS HARDLY EVER.

- 1) Hardly ever
- 2) Some of the time
- 3) Often
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q19. How often do you feel left out? **[READ EACH]**

INTERVIEWER NOTE: READ CHOICES AGAIN ONLY IF NECESSARY. IF NEVER, CODE AS HARDLY EVER.

- 1) Hardly ever
- 2) Some of the time
- 3) Often
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q20. How often do you feel isolated from others? **[READ EACH]**

INTERVIEWER NOTE: READ CHOICES AGAIN ONLY IF NECESSARY. IF NEVER, CODE AS HARDLY EVER.

- 1) Hardly ever
- 2) Some of the time
- 3) Often
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q21. How would you describe your sense of belonging to your local community? Would you say it is...?
[READ FIRST 4 CHOICES]

- 1) Very weak
- 2) Somewhat weak
- 3) Somewhat strong
- 4) Very strong
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

- Q22. Persons with disabilities include those who have a long-term physical, mental, intellectual or sensory impairments which may hinder their full participation in society on an equal basis with others.

Are you limited in the kinds or amount of activity you can do at home, work or otherwise because of a physical or mental condition, or a health problem? **[READ FIRST 3 CHOICES]**

- | | |
|--|------------------|
| 1) Yes, often | CONTINUE |
| 2) Yes, sometimes | CONTINUE |
| 3) No | GO TO Q24 |
| 777) [VOL] Do not know/Do not remember | GO TO Q24 |
| 999) [VOL] I do not wish to share/Refuse/Prefer not to answer | GO TO Q24 |

- Q23. **[If Q22 = 1 or 2: RESPONDENT WHO SAID THEY OFTEN OR SOMETIMES ARE LIMITED IN THE KINDS OR AMOUNT OF ACTIVITY THEY CAN DO AT HOME, WORK OR OTHERWISE BECAUSE OF A PHYSICAL OR MENTAL CONDITION, OR A HEALTH PROBLEM]**

What type of limitation or disability do you often or sometimes experience? (You can choose more than one answer.) **[READ EACH] –**

[INTERVIEWER NOTE: Obtain response for a limitation before moving on to read the next]

Note for interviewer: Only difficulties or long-term conditions that have lasted or are expected to last for six months or more should be considered

[PROGRAMMING NOTE: Randomize]

- a) Seeing *Note to interviewer: If asked: difficulty seeing (even when wearing glasses or contact lenses)*
- b) Hearing *Note to interviewer: If asked: difficulty hearing (even when using a hearing aid)*
- c) Mobility *Note to interviewer: if asked: difficulty walking on a flat surface for 15 minutes, or walking up or down a flight of stairs, about 12 steps without resting*
- d) Flexibility *Note to interviewer: if asked: difficulty bending down and picking up an object from the floor, or reaching in any direction, for example, above your head*
- e) Dexterity *Note to interviewer: If asked: difficulty using your fingers to grasp small objects like a pencil or scissors*
- f) Pain-related *Note to interviewer: if asked: Having pain that is always present, or periods of pain that reoccur from time to time*
- g) Learning *Note to interviewer: if asked: difficulty learning, remembering or concentrating. This may include learning disabilities such as dyslexia, hyperactivity, attention problems, etc.*
- h) Developmental *Note to interviewer: if asked: This may include Down syndrome, autism, Asperger syndrome, mental impairment due to lack of oxygen at birth, etc.*
- i) Mental health-related *Note to interviewer: if asked: emotional, psychological or mental health conditions*
- j) Memory *Note to interviewer: if asked: any ongoing memory problems or periods of confusion*
- k) Health problem or long-term condition that has lasted or is expected to last for six months or more

Q24. In the last 12 months, have you been injured and had to be treated by a doctor or nurse? For example, a broken bone, a bad cut, a burn or a sprain. **[DO NOT READ]**

1) Yes

2) No

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

BLOCK 2: Health care model

The following questions are about primary care providers. A primary care provider is a health care professional whom you are usually registered with or attached to and who manages your medical file and refers you to other medical services. This is normally a family doctor, or a nurse practitioner.

Q25. Do you have a personal family doctor? **[DO NOT READ]**

IF NECESSARY: A personal family doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. This does not include specialists or doctors you would see at an after-hours clinic or a walk-in clinic.

1) Yes

2) No

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q26. Do you have a nurse practitioner who manages your medical file and refers you to other medical services? **[DO NOT READ]**

IF NECESSARY: Nurse practitioners can diagnose and treat common acute and chronic illnesses, and they have the authority to order diagnostic tests and prescribe medications. Nurse practitioners are employed in a variety of settings, including community health centres, nursing homes, family practice clinics, emergency rooms, outpatient clinics and public health agencies.

1) Yes

2) No

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q27. **[If Q25 = 2 and Q26 = 2: RESPONDENTS WHO DO NOT HAVE A PRIMARY CARE PROVIDER]** Why do you not have a personal family doctor or a nurse practitioner?

[DO NOT READ, CODE ALL THAT APPLY]

PROBE IF NECESSARY: Can you provide a little more details on this?

1) No family doctors or Nurse Practitioner available in the area to take new patients

2) Had a family doctor or Nurse Practitioner who left, retired or passed away

3) Have not tried to contact one

4) In good health, do not need a doctor or Nurse Practitioner

5) Other specify: _____

666) **[VOL]** Does not apply

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q28. Which one of the following BEST describes what you do when you are sick or need care from a doctor, nurse or other health professional? Do you most often... **[READ EACH, ONE CHOICE ONLY]**

- 1) **[ONLY IF Q25 = YES]** See your personal family doctor at his or her office or in a home visit *[NOTE FOR INTERVIEWER: "This does not include visits to the ER or the after-hours clinic to see your family doctor."]*
- 2) Go to an after-hours clinic or a walk-in clinic for non-emergency health care needs
- 3) Go to a community health centre where you can see different health care professionals
- 4) Go to a hospital emergency department
- 5) **[ONLY IF Q26 = YES]** See your nurse practitioner at his or her office or in a home visit *[NOTE FOR INTERVIEWER: "This does not include visits to the ER or the after-hours clinic to see your nurse practitioner."]*
- 6) Go to an alternative practitioner, like a chiropractor, homeopath, or massage therapist
- 7) Call Tele-Care 811 *IF NECESSARY: Tele-Care 811 is a free and confidential telephone line to get medical information or health advice from a registered nurse.*
- 8) Go to your community pharmacist
- 666) **[VOL]** You rarely use health care services/Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

BLOCK 3: Experience with primary care provider (family doctor or nurse practitioner)

Q32. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** How easy or difficult is it to call your [if Q25=1: *family doctor's*, if Q26=1 and Q25≠1: *nurse practitioner's*] office during regular practice hours to get health information or make an appointment? **[READ CHOICES 1 THROUGH 4]**

- 1) Very difficult
- 2) Somewhat difficult
- 3) Somewhat easy
- 4) Very easy
- 666) **[VOL]** Never tried to contact doctor's office by phone/Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q33. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** Thinking of the last time you were sick or needed medical attention, how quickly could you get an appointment to see your [if Q25=1: *family doctor*, if Q26=1 and Q25≠1: *nurse practitioner*]? Did you get an appointment ... **[READ CHOICES 1 THROUGH 6, SELECT 1 RESPONSE]**

IF NECESSARY: This includes all medical needs, including regular checkups and exams.

- 1) On the same day
- 2) The next day
- 3) In 2 to 5 days
- 4) In 6 to 7 days
- 5) In 8 to 14 days
- 6) After more than 2 weeks
- 666) **[VOL]** Does not apply to the last time I was sick or needed medical attention
- 667) **[VOL]** Never able to get an appointment
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q34. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** Is there a nurse working with your [if Q25=1: *family doctor*, if Q26=1 and Q25≠1: *nurse practitioner*] who is regularly involved in your health care? **[DO NOT READ]**

IF NECESSARY: Not asking if there is a nurse, but if there is a nurse who is regularly involved.

- 1) Yes
- 2) No
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

- Q35. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** At your [if Q25=1: *family doctor's*, if Q26=1 and Q25≠1: *nurse practitioner's*] office or building, are there other health professionals available for you to see, without having to pay for these health care services, such as a dietitian, social worker or respiratory therapist, not including other doctors or nurses? **[DO NOT READ]**

INTERVIEWER NOTE: if needed, other health professionals may include a physiotherapist, an occupational therapist, a speech therapist, or mental health services (such as a psychologist).

- 1) Yes
- 2) No
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

- Q36. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** Are there any days during the week when your [if Q25=1: *family doctor*, if Q26=1 and Q25≠1: *nurse practitioner*] has extended office hours, such as after 5pm on a weekday or sometime during the weekend? **[DO NOT READ]**

- 1) Yes
- 2) No
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

- Q37. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** Does your [if Q25=1: *family doctor*, if Q26=1 and Q25≠1: *nurse practitioner*] have an after-hour arrangement for you to see or talk to another doctor or nurse when his/her office is closed? This does not include referrals to Tele-Care 811. **[DO NOT READ]**

IF NECESSARY: Tele-Care 811 is a free and confidential telephone line to get medical information or health advice from a registered nurse.

- 1) Yes
- 2) No
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

- Q38. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** Sometimes a [if Q25=1: *family doctor's*, if Q26=1 and Q25≠1: *nurse practitioner's*] office is located at a health clinic or health centre where they share patients. A [if Q25=1: *family doctor*, if Q26=1: *nurse practitioner*] can also be on vacation or out sick and another doctor or nurse practitioner takes care of patients in his/her absence. How often were you taken care of by the same provider each time? **[READ EACH]**
- 1) Never
 - 2) Rarely
 - 3) Sometimes
 - 4) Usually
 - 5) Always
 - 666) **[VOL]** Does not apply
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q39. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** Does your [if Q25=1: *family doctor*, if Q26=1 and Q25≠1: *nurse practitioner*] make home visits? **[DO NOT READ]**
- 1) Yes
 - 2) No
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q40. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** When you need care or treatment, how often does your [if Q25=1: *family doctor*, if Q26=1 and Q25≠1: *nurse practitioner*] explain things in a way that you could understand? **[READ CHOICES 1 THROUGH 5]**
- 1) Never
 - 2) Rarely
 - 3) Sometimes
 - 4) Usually
 - 5) Always
 - 666) **[VOL]** Does not apply
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

- Q41. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** When you need care or treatment, how often does your [if Q25=1: *family doctor*, if Q26=1 and Q25≠1: *nurse practitioner*] involve you in decisions about your health care? **[READ CHOICES 1 THROUGH 5]**
- 1) Never
 - 2) Rarely
 - 3) Sometimes
 - 4) Usually
 - 5) Always
- 666) **[VOL]** Does not apply
777) **[VOL]** Do not know/Do not remember
999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q42. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** When you need care or treatment, how often has your [if Q25=1: *family doctor*, if Q26=1 and Q25≠1: *nurse practitioner*] given you enough time to discuss your feelings, fears and concerns about your health? **[READ CHOICES 1 THROUGH 6]**
- 1) Never
 - 2) Rarely
 - 3) Sometimes
 - 4) Usually
 - 5) Always
- 666) **[VOL]** Does not apply
777) **[VOL]** Do not know/Do not remember
999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q43. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** Have you been informed or seen a note that suggests limiting the number of problems you can discuss with your [if Q25=1: *family doctor*, if Q26=1 and Q25≠1: *nurse practitioner*]? **[READ EACH]**
- 1) No, I have never experienced that
 - 2) Yes, to one problem per visit
 - 3) Yes, to 2 problems per visit
 - 4) Yes, to 3 problems per visit
- 666) **[VOL]** Does not apply
777) **[VOL]** Do not know/Do not remember
999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

- Q44. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** When you need care or treatment, how often does your [if Q25=1: *family doctor*, if Q26=1 and Q25≠1: *nurse practitioner*] help you coordinate or connect the care from other healthcare providers and places when you needed it? **[READ CHOICES 1 THROUGH 5]**
- 1) Never
 - 2) Rarely
 - 3) Sometimes
 - 4) Usually
 - 5) Always
 - 666) Does not apply
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q46. **[IF Q25 = 1, or Q26 = 1]: RESPONDENTS WHO HAVE A PRIMARY CARE PROVIDER:** In the last 12 months, how many times did you see the following professionals for a reason that had to do with your own health? **[RECORD NUMBER] [RANGE 0-100, 666, 777, 999]**
- a) **[IF Q25 = 1]** see your personal family doctor **Number:** _____
 - b) **[IF Q26 = 1]** see your nurse practitioner **Number:** _____
 - 666) **[VOL]** Does not apply
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q47. **[IF Q25 = 1, or Q26 = 1]: Respondents who have a primary care provider:** Overall, using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate the health care service you received in the past 12 months from:
- a) **[IF Q25 = 1 and Q46a = 1-100]:** personal family doctor
 - b) **[IF Q26 = 1 and Q46b = 1-100]:** nurse practitioner
- [DO NOT READ]**
- 0) 0 Worst health care possible
 - 1) 1
 - 2) 2
 - 3) 3
 - 4) 4
 - 5) 5
 - 6) 6
 - 7) 7
 - 8) 8
 - 9) 9
 - 10) 10 Best health care possible
 - 666) **[VOL]** Does not apply
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

BLOCK 4: Utilization and care experience of health services

Q48. In the last 12 months, how many times did you visit an after-hours clinic or a walk-in clinic for non-emergency health care needs? **[RECORD NUMBER] IF DON'T KNOW PROBE FOR BEST ESTIMATE ENTER "0" FOR NONE**

_____ Capture: # of times [RANGE 0-100, 666, 777, 999]	IF 0 GO TO Q50
666) [VOL] Does not apply	GO TO Q50
777) [VOL] Do not know/Do not remember	GO TO Q50
999) [VOL] I do not wish to share/Refuse/Prefer not to answer	GO TO Q50

Q49. **[Q48 = 1-100: RESPONDENTS WHO VISITED AN AFTER-HOURS CLINIC OR A WALK-IN CLINIC FOR NON-EMERGENCY HEALTH CARE NEEDS]** Overall, using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate the health care service you received in the past 12 months from the after-hours clinic or a walk-in clinic for non-emergency health care needs?

[DO NOT READ]

0) 0 Worst health care possible
 1) 1
 2) 2
 3) 3
 4) 4
 5) 5
 6) 6
 7) 7
 8) 8
 9) 9
 10) 10 Best health care possible
 666) **[VOL]** Does not apply
 777) **[VOL]** Do not know/Do not remember
 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q50. In the last 12 months, how many times did you visit a community health centre where you can see different health care professionals? **[RECORD NUMBER] IF DON'T KNOW PROBE FOR BEST ESTIMATE ENTER "0" FOR NONE**

_____ Capture: # of times [RANGE 0-100, 666, 777, 999]	IF 0 GO TO Q52
666) [VOL] Does not apply	GO TO Q52
777) [VOL] Do not know/Do not remember	GO TO Q52
999) [VOL] I do not wish to share/Refuse/Prefer not to answer	GO TO Q52

- Q51. **[Q50 = 1-100: RESPONDENTS WHO HAVE USED A COMMUNITY HEALTH CENTRE IN THE LAST 12 MONTHS]** Overall, using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate the health care service you received in the past 12 months from a community health centre

[DO NOT READ]

0) 0 Worst health care possible

1) 1

2) 2

3) 3

4) 4

5) 5

6) 6

7) 7

8) 8

9) 9

10) 10 Best health care possible

666) **[VOL]** Does not apply

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

- Q52. In the last 12 months, how many times did you personally visit a hospital emergency department? This does not include visits when the care or services received is for another family member. **IF DON'T KNOW PROBE FOR BEST ESTIMATE ENTER "0" FOR NONE**

____ Capture: # of times **[RANGE 0-100, 666, 777, 999]**

If 0 GO TO Q56

666) **[VOL]** Does not apply

GO TO Q56

777) **[VOL]** Do not know/Do not remember

GO TO Q56

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

GO TO Q56

- Q53. **[Q25 = 1 or Q26 = 1] and [Q52 = 1-100]: Respondents who have a primary care provider and have visited a hospital emergency department in the last 12 months]** The last time you went to the hospital "emergency department" was it for a condition that you thought could have been treated by your [if Q25=1: *family doctor*, if Q26=1: *nurse practitioner*] if they had been available?

[DO NOT READ]

1) Yes

2) No

666) **[VOL]** Does not apply

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q54. **[Q52 = 1-100: Respondents who have used a hospital emergency department in the last 12 months]** The last time you went to the hospital emergency department, how long did you wait from the time you came in to the time you were treated by the doctor or nurse practitioner?
[DO NOT READ, CODE ONE]

- 1) Less than 1 hour
- 2) 1 to less than 2 hours
- 3) 2 to less than 4 hours
- 4) 4 to less than 8 hours
- 5) 8 hours or longer
- 666) **[VOL]** I left without being seen
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q55. **[Q52 = 1-100: Respondents who have used a hospital emergency department in the last 12 months]** Overall, using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate the health care service you received in the past 12 months from a hospital emergency department?

[DO NOT READ]

- 0) 0 Worst health care possible
- 1) 1
- 2) 2
- 3) 3
- 4) 4
- 5) 5
- 6) 6
- 7) 7
- 8) 8
- 9) 9
- 10) 10 Best health care possible
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q57a. In the last 12 months, have you seen or talked to a dental professional, such as a dentist, a dental hygienist or a denturologist?

- 1) Yes
- 2) No
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q58. In the last 12 months, how many times did you call Tele-Care 811?
IF NECESSARY: Tele-Care 811 is a free and confidential telephone line to get medical information or health advice from a registered nurse. [RECORD NUMBER] IF DON'T KNOW PROBE FOR BEST ESTIMATE ENTER "0" FOR NONE

- | | |
|---|-----------------------|
| ____ Capture: # of times [RANGE 0-100, 666, 777, 999] | IF 0 GO TO Q60 |
| 666) [VOL] Does not apply | GO TO Q60 |
| 777) [VOL] Do not know/Do not remember | GO TO Q60 |
| 999) [VOL] I do not wish to share/Refuse/Prefer not to answer | GO TO Q60 |

Q59. **[Q58 = 1-100: RESPONDENTS WHO HAVE CALLED TELE-CARE 811 IN THE LAST 12 MONTHS]**
 Overall, using any number from 0 to 10, where 0 is the worst service possible and 10 is the best services possible, what number would you use to rate the service you received in the past 12 months from Tele-Care 811? **[DO NOT READ]**

- 0) 0 Worst service possible
- 1) 1
- 2) 2
- 3) 3
- 4) 4
- 5) 5
- 6) 6
- 7) 7
- 8) 8
- 9) 9
- 10) 10 Best service possible
- 666) [VOL] I hung up before speaking to anyone/Does not apply
- 777) [VOL] Do not know/Do not remember
- 999) [VOL] I do not wish to share/Refuse/Prefer not to answer

Q60. In the last 12 months, how many times did you use Ambulance services? **[RECORD NUMBER] IF DON'T KNOW PROBE FOR BEST ESTIMATE ENTER "0" FOR NONE**

- | | |
|---|-----------------------|
| ____ Capture: # of times [RANGE 0-100,666,777,999] | IF 0 GO TO Q62 |
| 666) [VOL] Does not apply | GO TO Q62 |
| 777) [VOL] Do not know/Do not remember | GO TO Q62 |
| 999) [VOL] I do not wish to share/Refuse/Prefer not to answer | GO TO Q62 |

Q61. **[Q60 = 1-100: RESPONDENTS WHO HAVE USED AMBULANCE SERVICES IN THE LAST 12 MONTHS]** Overall, using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate the health care service you received in the past 12 months from ambulance services? **[DO NOT READ]**

- 0) 0 Worst health care possible
- 1) 1
- 2) 2
- 3) 3
- 4) 4
- 5) 5
- 6) 6
- 7) 7
- 8) 8
- 9) 9
- 10) 10 Best health care possible
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q62. In the last 12 months, how many times have you been a patient overnight in a hospital or health facility **[RECORD NUMBER] IF DON'T KNOW PROBE FOR BEST ESTIMATE ENTER "0" FOR NONE**
INTERVIEWER NOTE: If needed, we are interested in the number of unique stays/times, NOT total number of days.

- | | |
|--|-----------------------|
| _____ Capture: # of times [RANGE 0-100, 666, 777, 999] | IF 0 GO TO Q66 |
| 666) [VOL] Does not apply | GO TO Q66 |
| 777) [VOL] Do not know/Do not remember | GO TO Q66 |
| 999) [VOL] I do not wish to share/Refuse/Prefer not to answer | GO TO Q66 |

Q63. **Respondents who have a primary care provider (Q25 = 1 or Q26 = 1) and who were a patient overnight in a hospital or health facility in the last 12 months [Q62 = 1-100]** Did you see your [if Q25=1: *family doctor*, if Q26=1: *nurse practitioner*] any time after you left the hospital or health facility?

[DO NOT READ]

- | | |
|--|------------------|
| 1) Yes | CONTINUE |
| 2) No | GO TO Q66 |
| 666) [VOL] Does not apply | GO TO Q66 |
| 777) [VOL] Do not know/Do not remember | GO TO Q66 |
| 999) [VOL] I do not wish to share/Refuse/Prefer not to answer | GO TO Q66 |

Q64. Respondents who have a primary care provider (Q25 = 1 or Q26 = 1) and who were a patient overnight in a hospital or health facility in the last 12 months [Q62 = 1-100], and who saw their family doctor afterwards [Q63 = 1] Did your [if Q25=1: family doctor, if Q26=1: nurse practitioner] seem informed and up-to-date about the plan for follow-up care? [DO NOT READ]

- 1) Yes
- 2) No
- 666) [VOL] Does not apply
- 777) [VOL] Do not know/Do not remember
- 999) [VOL] I do not wish to share/Refuse/Prefer not to answer

Q66. In the past 12 months, how many times have you required one of these tests: MRIs, CAT Scans and angiographies provided in a non-emergency situation?

IF DON'T KNOW PROBE FOR BEST ESTIMATE ENTER "0" FOR NONE

NOTE: Angiography or arteriography is a medical imaging technique used to visualize the inside, or lumen, of blood vessels and organs of the body, with particular interest in the arteries, veins, and the heart chambers.

- | | |
|---|----------------|
| _____ Capture: # of times [RANGE 0-100, 666, 777, 999] | If 0 GO TO Q68 |
| 666) [VOL] Does not apply | GO TO Q68 |
| 777) [VOL] Do not know/Do not remember | GO TO Q68 |
| 999) [VOL] I do not wish to share/Refuse/Prefer not to answer | GO TO Q68 |

Q67. [Q66 = 1-100: RESPONDENTS WHO HAVE REQUIRED ONE OF THESE TESTS: MRIS, CAT SCANS AND ANGIOGRAPHIES PROVIDED IN A NON-EMERGENCY SITUATION IN THE LAST 12 MONTHS] How long did you have to wait between when you and your doctor or nurse decided to go ahead with the test and the day of the test? If you have had more than one in the last 12 months, please answer with the most recent in mind.

INTERVIEWER NOTE: If someone had a test done the same day then it is to be "0 days."

INTERVIEWER NOTE: If someone had a test scheduled at the previous appointment, code as "does not apply."

Min = 0; Max = 365; Enter unit of time

- 1) Days 2) Weeks 3) Months
- 666) [VOL] Does not apply
- 777) [VOL] Do not know/Do not remember
- 999) [VOL] I do not wish to share/Refuse/Prefer not to answer

BLOCK 5: Visits to a specialist
--

The following questions are about your experience in getting health care from a medical specialist such as a surgeon, cardiologist, gynecologist, respirologist, ophthalmologist, or psychiatrist, excluding optometrist.

Q68. In the last 12 months, have you seen any specialists? We are only referring to services received in New Brunswick.

1) Yes

2) No

777) [VOL] Do not know/Do not remember

999) [VOL] I do not wish to share/Refuse/Prefer not to answer

IF NECESSARY, READ LIST OF SPECIALISTS TO RESPONDENT:

Surgeon

Psychiatrist

Obstetrician or Gynecologist

Ophthalmologist or eye doctor. **NOTE: An optometrist generally performs eye exams and prescribes eyeglasses and contact lenses. While an ophthalmologist can prescribe eyeglasses and contact lenses, an ophthalmologist is a specialist who provides medical or surgical treatment of the eyes, such as cataract surgery.**

Cardiologist (or heart doctor)

Oncologist (or cancer doctor)

Urologist (for treating bladder problems)

Otolaryngologist (for treating problems with the ears, nose or throat)

Gastroenterologist (for treating problems with the digestive system)

Nephrologist (or kidney doctor)

Neurologist (for treating stroke, seizures, epilepsy, dementia, or Alzheimer's)

Respiratory physician or pulmonologist (for treating pneumonia, asthma, emphysema, or COPD)

Geriatrician or geriatric physician (caring for elderly people)

Dermatologist (or skin doctor)

Rheumatologist (for treating arthritis or the immune system)

Hematologist (or blood doctor)

Endocrinologist (for treating diabetes or thyroid problems)

- Q69. **[If any of Q68 = 1: RESPONDENTS WHO HAVE SEEN A SPECIALIST IN THE LAST 12 MONTHS]**
Thinking of the specialist you saw most recently in the last 12 months and using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate the health care service you received from the specialist in the last 12 months? **[DO NOT READ]**

INTERVIEWER NOTE: If respondent has seen more than one specialist in the last 12 months then ask them to think about the specialist that they saw most recently.

- 0) 0 Worst health care possible
- 1) 1
- 2) 2
- 3) 3
- 4) 4
- 5) 5
- 6) 6
- 7) 7
- 8) 8
- 9) 9
- 10) 10 Best health care possible
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

- Q70. **[If any of Q68 = 1: RESPONDENTS WHO HAVE SEEN A SPECIALIST IN THE LAST 12 MONTHS]**
In the last 12 months, have you seen a specialist for the first time? This does not include seeing a specialist during a hospital stay or a visit to an emergency department **[DO NOT READ]**

NOTE: First visit with this specialist was in the past 12 months.

- 1) Yes **CONTINUE**
- 2) No **GO TO Q72**
- 666) **[VOL]** Does not apply **GO TO Q72**
- 777) **[VOL]** Do not know/Do not remember **GO TO Q72**
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer **GO TO Q72**

Q70a. **[If any of Q68 = 1 and Q70 = 1: RESPONDENTS WHO HAVE SEEN A SPECIALIST IN THE LAST 12 MONTHS AND HAVE SEEN A SPECIALIST FOR THE FIRST TIME]** Which specialist did you see for the first time in the last 12 months? **[If necessary: Use same specialist list in introduction] [DO NOT READ, CODE THE RESPONSE]** [Programmer note: *If interviewee is male-identified, skip c*]

INTERVIEWER NOTE: If respondent has seen more than one specialist for the first time in the last 12 months then ask them to think about the specialist that they saw most recently.

NOTE: An optometrist generally performs eye exams and prescribes eyeglasses and contact lenses. While an ophthalmologist can prescribe eyeglasses and contact lenses, an ophthalmologist is a specialist who provides medical or surgical treatment of the eyes, such as cataract surgery.

- a) Surgeon
- b) Psychiatrist
- c) Obstetrician or Gynecologist
- d) Ophthalmologist (or eye doctor)
- e) Cardiologist (or heart doctor)
- f) Oncologist (or cancer doctor)
- g) Urologist (surgeon for kidney or bladder problems)
- h) Otolaryngologist (for treating problems with the ears, nose or throat)
- i) Gastroenterologist (for treating problems with the digestive system)
- j) Nephrologist (or kidney doctor)
- k) Neurologist (for treating stroke, seizures, epilepsy, dementia, or Alzheimer's)
- l) Respiriologist (for treating lung diseases like pneumonia, asthma, emphysema, or COPD)
- m) Geriatrician or geriatric physician (caring for elderly people)
- n) Dermatologist (or skin doctor)
- o) Rheumatologist (for treating arthritis or the immune system)
- p) Hematologist (or blood doctor)
- q) Endocrinologist (for treating diabetes or thyroid problems)
- r) Other: _____

666) **[VOL]** Does not apply

GO TO Q72

777) **[VOL]** Do not know/Do not remember

GO TO Q72

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

GO TO Q72

Q71. **[If Q70 = 1: RESPONDENTS WHO HAVE SEEN A SPECIALIST FOR THE FIRST TIME IN THE LAST 12 MONTHS]** Thinking of the specialist (the most recent specialist) you saw for the first time in the last 12 months, how long did you have to wait between the referral and your first visit with this specialist? **[DO NOT READ]**

INTERVIEWER NOTE: If respondent has seen more than one specialist for the first time in the last 12 months then ask them to think about the specialist that they saw most recently.

- 1) Less than one week
- 2) From one week to less than one month [For Reference only 1W,2W,3W]
- 3) From one month to less than 3 months [For Reference only 1M,1M½,2M,2M½,4W-11W]
- 4) From 3 months to less than 6 months [For Reference only 3M,4M,5M]
- 5) From 6 months to less than one year [For Reference only 6M,7M,8M,9M,10M,11M]
- 6) One year or more
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

BLOCK 6: Home care services

Now some questions on home care services. This includes services from health professionals such as a nurse, physiotherapist, occupational therapist, respiratory therapist, speech therapist, dietitian, or social worker. This also includes home support services such as housework, meal preparation, bathing, transportation, or meal delivery.

- Q72. Have you personally received any home care services in the past 12 months, with the cost being entirely or partially covered by the government? This includes services received from the Extra-Mural Program, or services funded by the Department of Social Development.

If necessary: The Extra-Mural Program provides health services to New Brunswickers in their homes (nurse, physiotherapist, occupational therapist, respiratory therapist, speech therapist, dietitian, social worker, or medical equipment/supplies).

If necessary: The Department of Social Development funds home support services, provided by home care agencies or private individuals (housework, meal preparation, feeding or nutrition care, bathing, grooming, dressing, transferring from place to place inside the home, transportation, meal delivery, shopping, or relief to family and friends who help with the care).

If necessary: If services are received from a home care agency or from an individual not working for an agency, some of the cost must be covered by the government.

- | | |
|---|------------------|
| 1) Yes | CONTINUE |
| 2) No | GO TO Q74 |
| 666) [VOL] Does not apply | GO TO Q74 |
| 777) [VOL] Do not know/Do not remember | GO TO Q74 |
| 999) [VOL] I do not wish to share/Refuse/Prefer not to answer | GO TO Q74 |

- Q73. What type of services have you received? **[READ CATEGORIES TO RESPONDENT. MARK ALL THAT APPLY.]**

If necessary: Reminder that cost must be entirely or partially covered by government

- 1) Nursing care [*If necessary: these services are provided by the Extra-Mural Program*] [*If necessary: Any type of nursing care, such as dressing changes or preparing medications*]
 - 2) Other health care services such as physiotherapy, occupational, respiratory or speech therapy, nutrition counselling or social work [*If necessary: these services are provided by the Extra-Mural Program*]
 - 3) Medical equipment or supplies [*If necessary: these services are provided by the Extra-Mural Program*]
 - 4) Personal care or support, such as bathing, housekeeping or meal preparation
 - 5) Other services, such as transportation, meal delivery or shopping
 - 6) Other specify: _____
- | |
|---|
| 666) [VOL] Does not apply |
| 777) [VOL] Do not know/Do not remember |
| 999) [VOL] I do not wish to share/Refuse/Prefer not to answer |

- Q74. Have you received any other home care services in the past 12 months, with the cost not covered by the government such as care provided by a private agency or by a spouse, family or friends? **[DO NOT READ]**

NOTE: Include only health care, homemaker or other support services (for example housework) that are provided because of a respondent's health problem or condition.

If necessary: if private agency, none of the cost must be covered by government

- | | |
|--|------------------|
| 1) Yes | CONTINUE |
| 2) No | GO TO Q77 |
| 666) [VOL] Does not apply | GO TO Q77 |
| 777) [VOL] Do not know/Do not remember | GO TO Q77 |
| 999) [VOL] I do not wish to share/Refuse/Prefer not to answer | GO TO Q77 |

- Q75. Who provided these other home care services? **[READ CATEGORIES TO RESPONDENT. MARK ALL THAT APPLY.]**

If necessary: reminder that none of the cost is covered by government

- 1) Nurse from a private agency
 - 2) Homemaker or other support services from a private agency *(If necessary: such as bathing, housekeeping, meal preparation, transportation, meal delivery or shopping)*
 - 3) Physiotherapist or other therapist from a private agency *(If necessary: such as physiotherapy, occupational, respiratory or speech therapy, nutrition counselling, social work, medical equipment or supplies)*
 - 4) Neighbour or friend
 - 5) Family member or spouse
 - 6) Volunteer
 - 7) Other specify: _____
- | |
|--|
| 666) [VOL] Does not apply |
| 777) [VOL] Do not know/Do not remember |
| 999) [VOL] I do not wish to share/Refuse/Prefer not to answer |

- Q76. What type of home care services have you received? **[READ CATEGORIES TO RESPONDENT. MARK ALL THAT APPLY.]**

If necessary: reminder that none of the cost is covered by government

- 1) Nursing care *[If necessary: Any type of nursing care, such as dressing changes or preparing medications]*
 - 2) Other health care services such as physiotherapy, occupational, respiratory or speech therapy, nutrition counselling or social work
 - 3) Medical equipment or supplies
 - 4) Personal care or support, such as bathing, housekeeping or meal preparation
 - 5) Other services, such as transportation, meal delivery or shopping
 - 6) Other specify: _____
- | |
|--|
| 666) [VOL] Does not apply |
| 777) [VOL] Do not know/Do not remember |
| 999) [VOL] I do not wish to share/Refuse/Prefer not to answer |

Q77. In the past 12 months, was there ever a time when you felt that you personally needed home care services, but you did not receive them?

If necessary: Include only health care, homemaker or other support services (for example housework) that are provided because of a respondent's health problem or condition.

1) Yes

2) No

666) **[VOL]** Does not apply

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

GO TO Q79 intro

GO TO Q79 intro

GO TO Q79 intro

GO TO Q79 intro

Q78. What types of home care services did you feel were needed but not received?

If necessary: Include only health care, homemaker or other support services (for example housework) that are provided because of a respondent's health problem or condition: _____

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

BLOCK 7: Chronic conditions, tests/measurements, flu shot, height and weight

Now we will move to questions about your health. Remember all your answers are confidential; this will be used for research purposes only and will not be used to identify you personally.

- Q79. Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions? **[READ EACH – CODE AS YES/NO] [RANDOMIZE LIST]**

NOTE: A chronic health condition is a health condition that is persistent and usually lasts more than 12 months.

Chronic health conditions	Yes	No	DK	REF
a) Arthritis	1	2	777	999
b) Asthma	1	2	777	999
c) Chronic pain	1	2	777	999
d) Emphysema or COPD (chronic obstructive pulmonary disease)	1	2	777	999
e) Cancer	1	2	777	999
f) Diabetes	1	2	777	999
g) Depression	1	2	777	999
h) A mood disorder other than depression, such as bipolar disorder, mania, manic depression, or dysthymia	1	2	777	999
i) Heart disease	1	2	777	999
j) Stroke	1	2	777	999
k) High blood pressure or hypertension	1	2	777	999
l) Gastric Reflux (GERD)	1	2	777	999
m) High cholesterol	1	2	777	999
n) Anxiety	1	2	777	999

- Q80. Do you or anyone in your household have problems with memory loss? **[DO NOT READ, CODE ALL APPLICABLE] PROGRAMMING NOTE: BOTH 1 AND 2 CAN BE SELECTED**

If yes, PROBE: would that be you or someone else in your household?

1) Yes, myself	CONTINUE
2) Yes, someone else in my household	GO TO Q82
3) No	GO TO Q83
666) [VOL] Does not apply	GO TO Q83
777) [VOL] Do not know/Do not remember	GO TO Q83
999) [VOL] I do not wish to share/Refuse/Prefer not to answer	GO TO Q83

- Q81. **[if Q80 = 1]** Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions? **[READ EACH – CODE AS YES/NO] [rotate]**

Chronic health condition	Yes	No	DK	REF
a) Alzheimer's disease	1	2	777	999
b) Dementia	1	2	777	999

Q82. **[if Q80 = 1 or 2]** Has this memory loss interfered at all with any day to day function, such as paying bills, preparing meals, or taking medications? **[DO NOT READ]**

- 1) Yes
- 2) No
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q83. Has any health professional ever diagnosed you with or treated you for any other chronic health condition? **[DO NOT READ. SELECT ALL THAT APPLY]**

NOTE: A chronic health condition is a health condition that is persistent and usually lasts more than 12 months.

IF NECESSARY: Remember all your answers are confidential, this will be used for research purposes only, and will not be used to identify you personally.

- 1) Thyroid/Hypothyroidism
- 2) Irritable Bowel Syndrome (IBS), Crohn's, Colitis, Celiac Disease and other Digestive Issues (Gastrointestinal Condition)
- 3) Blood Disorders
- 4) Neurological Conditions
- 5) Fibromyalgia
- 6) Cardiovascular problems
- 7) OCD/Panic attacks
- 8) Allergies
- 9) Spinal Issues (herniated disks, Scoliosis, Syringomyelia) -
- 10) Skin conditions (Psoriasis, hives, Panniculitis, Vitiligo, Shingles, Eczema, Blepharitis)
- 11) Respiratory Conditions other than allergies (Cystic Fibrosis, Tuberculosis)
- 12) Migraines
- 13) Other specify _____
- 667) **[VOL]** No chronic health conditions
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

If respondent has been diagnosed with any chronic health conditions: [if (any Q79a to Q79n = yes) or (Q81a or Q81b = yes) or (Q83 <= 13) then continue with Q84, else GO TO Q86

Q84. **[RESPONDENTS WHO HAVE BEEN DIAGNOSED WITH ANY CHRONIC HEALTH CONDITION: at least 1 of Q79a to Q79n = 1, OR Q81a = 1 or Q81b = 1, or Q83 < = 13].** How confident are you that you can control and manage your health condition? By control and manage your health problems, we mean knowing what to do to control symptoms, prevent flare-ups, or monitor your condition. **[READ CHOICES 1 THROUGH 4]**

- 1) Not at all confident
- 2) Not very confident
- 3) Confident
- 4) Very confident
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q85. **[RESPONDENTS WHO HAVE BEEN DIAGNOSED WITH ANY CHRONIC HEALTH CONDITION at least 1 of Q79a to Q79n = 1, OR Q81a = 1 or Q81 = 1, or Q83 < = 13].** After I read the following statement, please tell me if you strongly agree, agree, disagree or strongly disagree. **[DO NOT READ]**

“I know how to try to help prevent further problems with my health condition.”

- 1) Strongly disagree
- 2) Disagree
- 3) Agree
- 4) Strongly Agree
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q86. How many different prescription medications are you taking on a regular or ongoing basis?
[READ ONLY IF NECESSARY]

- 1) None **GO TO Q89**
- 2) 1
- 3) 2
- 4) 3 to 5
- 5) 6 to 8
- 6) More than 8
- 666) **[VOL]** Does not apply **GO TO Q89**
- 777) **[VOL]** Do not know/Do not remember **GO TO Q89**
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer **GO TO Q89**

Q87. [IF Q86 = 2-6: RESPONDENTS WHO TAKE PRESCRIPTION MEDICATIONS ON A REGULAR BASIS]

After I read the following statement, please tell me if you strongly agree, agree, disagree or strongly disagree. **[DO NOT READ]**

“I know what each of my prescribed medications do.”

- 1) Strongly disagree
- 2) Disagree
- 3) Agree
- 4) Strongly Agree
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q88. [IF Q86 = 2-6: RESPONDENTS WHO TAKE PRESCRIPTION MEDICATIONS ON A REGULAR BASIS]

If you need help in understanding how to take your medications, who helps you the most?

[READ FIRST 7 CHOICES]

INTERVIEWER NOTE: If necessary: The Extra-Mural Program provides health services to New Brunswickers in their homes (nurse, physiotherapist, occupational therapist, respiratory therapist, speech therapist, dietitian, social worker, or medical equipment/supplies).

- 1) I do not need help in understanding how to take my medications
- 2) Your family or friends
- 3) Your personal family doctor or nurse practitioner
- 4) Pharmacist
- 5) Nurse at your doctor’s office
- 7) Nurse from the Extra-Mural Program
- 6) I get the information I need from the internet
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q89. In the past 12 months, did you get the following tests or measurements from a health professional:

[READ EACH, CODE AS YES/NO – RANDOMIZE LIST]

Tests or measurements	Yes	No	DK	REF
a) Blood pressure measurement	1	2	777	999
b) Cholesterol measurement	1	2	777	999
c) Body weight measurement	1	2	777	999
d) Blood sugar measurement	1	2	777	999

- Q90. In the past 12 months, have you had a flu shot? **[DO NOT READ]**
- 1) Yes
 - 2) No
 - 666) **[VOL]** Does not apply
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q91. **[if sex at birth = female (Q5 = 2) and age = 18 to 50]:** It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant? **[DO NOT READ]**
- 1) Yes
 - 2) No
 - 666) **[VOL]** Does not apply
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q92. The next questions are about height and weight. How tall are you without your shoes on? **[DO NOT READ LIST]**
- If necessary: We are asking about height and weight to better understand and measure the health of the population and to allow for the planning of services in the future.*
- 1) Less than 4 feet (less than 120.7cm)
 - 2) Between 4 feet and 4 feet 11 inches (120.7cm to 151.0cm)
 - 3) Between 5 feet and 5 feet 11 inches (151.1cm to 181.5cm)
 - 4) 6 feet or more (181.6cm or more)
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q93. **[if Q92 = 1] interviewer to enter the exact height: _____**
- Q94. **[if Q92 = 1] interviewer to enter if height is given in Q93 is in feet/inches or centimeters:**
- 1) feet/inches
 - 2) centimeters

Q95. **[if Q92 = 2]: Select the height, prompt if necessary to get exact height**

INTERVIEWER NOTE: If response includes $\frac{1}{2}$ inches (e.g., 4'7 $\frac{1}{2}$ ") then round up to the nearest inch (e.g., 4'8").

- 1) 4'0" (120.7cm to 123.1cm)
- 2) 4'1" (123.2cm to 125.6cm)
- 3) 4'2" (125.7cm to 128.2cm)
- 4) 4'3" (128.3cm to 130.7cm)
- 5) 4'4" (130.8cm to 133.3cm)
- 6) 4'5" (133.4cm to 135.8cm)
- 7) 4'6" (135.9cm to 138.3cm)
- 8) 4'7" (138.4cm to 140.9cm)
- 9) 4'8" (141.0cm to 143.4cm)
- 10) 4'9" (143.5cm to 146.0cm)
- 11) 4'10" (146.1cm to 148.5cm)
- 12) 4'11" (148.6cm to 151.0cm)

Q96. **[if Q92 = 3]: Select the height, prompt if necessary to get exact height**

INTERVIEWER NOTE: If response includes $\frac{1}{2}$ inches (e.g., 5'7 $\frac{1}{2}$ ") then round up to the nearest inch (e.g., 5'8").

- 1) 5'0" (151.1cm to 153.6cm)
- 2) 5'1" (153.7cm to 156.1cm)
- 3) 5'2" (156.2cm to 158.7cm)
- 4) 5'3" (158.8cm to 161.2cm)
- 5) 5'4" (161.3cm to 163.7cm)
- 6) 5'5" (163.8cm to 166.3cm)
- 7) 5'6" (166.4cm to 168.8cm)
- 8) 5'7" (168.9cm to 171.4cm)
- 9) 5'8" (171.5cm to 173.9cm)
- 10) 5'9" (174.0cm to 176.4cm)
- 11) 5'10" (176.5cm to 179.0cm)
- 12) 5'11" (179.1cm to 181.5cm)

Q97. [if Q92 = 4]: interviewer to select the height, prompt if necessary to get exact height

INTERVIEWER NOTE: If response includes ½ inches (e.g., 6'7 ½") then round up to the nearest inch (e.g., 6'8").

- 1) 6'0" (181.6cm to 184.1cm)
- 2) 6'1" (184.2cm to 186.6cm)
- 3) 6'2" (186.7cm to 189.1cm)
- 4) 6'3" (189.2cm to 191.7cm)
- 5) 6'4" (191.8cm to 194.2cm)
- 6) 6'5" (194.3cm to 196.8cm)
- 7) 6'6" (196.9cm to 199.3cm)
- 8) 6'7" (199.4cm to 201.8cm)
- 9) 6'8" (201.9cm to 204.4cm)
- 10) 6'9" (204.5cm to 206.9cm)
- 11) 6'10" (207.0cm to 209.5cm)
- 12) 6'11" (209.6cm to 212.0cm)

Q98. How much do you weigh?

If necessary: We are asking about weight to better understand and measure the health of the population and to allow for the planning of services in the future.

777) [VOL] Do not know/Do not remember

999) [VOL] I do not wish to share/Refuse/Prefer not to answer

INTERVIEWER NOTE: If respondent provides an answer without units then probe to clarify "was that in pounds or kilograms?"

Q99. Interviewer to enter if weight given in Q98 is in pounds or kilograms:

- 1) Pounds
- 2) Kilograms

BLOCK 8: Overall care experiences: safety, equity, communication, wellness/prevention and mental health

Q100. Do you strongly agree, agree, disagree or strongly disagree with the following statements: **[DO NOT READ]**

“My health largely depends on how well I take care of myself”

- 1) Strongly disagree
- 2) Disagree
- 3) Agree
- 4) Strongly Agree
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q101. In the past 12 months, how often did you talk with a doctor, nurse, or other health professional about things you could do to improve your health or prevent illness like stop smoking, drink less alcohol, eat better, and exercise? **[READ CHOICES 1 THROUGH 5]**

- 1) Never
- 2) Rarely
- 3) Sometimes
- 4) Usually
- 5) Always
- 666) **[VOL]** Does not apply because I have not seen a health professional in the last 12 months
- 667) **[VOL]** Does not apply because I am healthy
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q102. What is your current smoking behavior? **[READ CHOICES 1 THROUGH 3]**

If necessary: This includes any tobacco product.

- 1) Daily smoker [*if necessary: at least one cigarette per day*]
- 2) Occasional smoker [*if necessary: an occasional smoker is someone who smokes, but not every day*]
- 3) Non-smoker
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q103. Moderate and vigorous physical activities are activities that increase your heart rate and make you get out of breath and sweat. Thinking about the past month, what best describes your typical physical activity level? **[READ CHOICES 1 THROUGH 5]**

If necessary: Examples of moderate or vigorous physical activity include brisk walking, skating, bike riding, jogging, basketball, soccer, cross-country skiing

I take part in moderate or vigorous physical activity...

- 1) at least 2½ hours per week
- 2) at least 1 hour but less than 2½ hours per week
- 3) at least ½ an hour but less than 1 hour per week
- 4) for less than ½ an hour per week
- 5) I don't take part in any moderate or vigorous physical activity
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q104. How many servings of fruit, of any sort, do you eat on a typical day?

If necessary: A serving of fruit is about the size of your fist, or a baseball. Fruit juice is included if it was at least a glass (or ½ a cup) of fresh or 100% juice in a day. Each additional serving of fruit juice counts as an additional fruit serving. This also includes fruit smoothies.

INSERT NUMBER: _____

- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q105. How many servings of vegetables, of any sort, do you eat on a typical day?

If necessary: A serving of vegetables is about the size of your fist, or a baseball. Vegetable juice is included if it was at least a glass (or ½ a cup) in a day. Each additional serving of vegetable juice counts as an additional vegetable serving.

INSERT NUMBER: _____

- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q106. A “drink” refers to:

- A bottle or small can of beer, cider or cooler with 5% alcohol content, or a small draft;
- A glass of wine with 12% alcohol content;
- A glass or cocktail containing 1 oz. of a spirit with 40% alcohol content.

How often in the past 12 months have you had [if Q5=2: *four (4)*, if Q5=1: *five (5)*, if Q5=999 *Skip to Q107*] or more drinks on one occasion? **[READ EACH]**

- 1) I have never done this
- 2) I did not have 5 or more drinks on one occasion in the last 12 months
- 3) Less than once a month
- 4) Once a month
- 5) 2 to 3 times a month
- 6) Once a week
- 7) 2 to 5 times a week
- 8) Daily or almost daily
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q107. The term “cannabis” refers to marijuana, hashish, hash oil or any other product of the cannabis plant. In the last 12 months, how often did you use marijuana or cannabis (a joint, pot, weed, hash)? **[READ EACH]**

- 1) I have never used Cannabis **GO TO Q109**
- 2) I have used cannabis but not in the last 12 months **GO TO Q109**
- 3) Less than once a month
- 4) Once a month
- 5) 2 or 3 times a month
- 6) Once a week
- 7) 2 or 3 times a week
- 8) 4 to 6 times a week
- 9) Every day
- 777) **[VOL]** Do not know/Do not remember **GO TO Q109**
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer **GO TO Q109**

Q108. **[If Q107 = 3-9: Respondents who used cannabis in the last 12 months]** Have you used cannabis for...? **[READ EACH]**

- 1) Non-medical purposes only
- 2) Medical purposes only, either with or without a medical document
- 3) Both medical and non-medical purposes

Q109. How long do you usually spend sleeping each night? **[DO NOT READ RESPONSES - code response]**

- 1) Under 2 hours
- 2) 2 hours to less than 3 hours
- 3) 3 hours to less than 4 hours
- 4) 4 hours to less than 5 hours
- 5) 5 hours to less than 6 hours
- 6) 6 hours to less than 7 hours
- 7) 7 hours to less than 8 hours
- 8) 8 hours to less than 9 hours
- 9) 9 hours or more
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q110. Thinking about stress in your day-to-day life within the last 12 months, please tell me if the following things have contributed a lot to feelings of stress you may have? **[READ EACH]**

NOTE to interviewer: Please emphasize that the following must contribute A LOT to stress

	Yes	No	DK	REF
a) Time pressures/not enough time	1	2	777	999
b) Your own physical health problem or condition	1	2	777	999
c) Your own emotional or mental health problem or condition	1	2	777	999
d) Your financial situation (ex: not enough money, or debt)	1	2	777	999
e) Your own work situation (ex: hours of work, or working conditions)	1	2	777	999
f) School, college or university	1	2	777	999
g) Employment status (e.g. unemployment)	1	2	777	999
h) Caring for your own children	1	2	777	999
i) Caring for others (parents, family or friends)	1	2	777	999
j) Other personal or family responsibilities	1	2	777	999
k) Your personal relationships	1	2	777	999
l) Discrimination	1	2	777	999
m) Your personal safety or your family's safety	1	2	777	999
n) Health of family members	1	2	777	999

Q111. In the past 12 months, was there ever a time when you felt that you needed to see or talk to a doctor, nurse, or other health professional about your mental or emotional health or your use of alcohol or drugs? **[DO NOT READ]**

IF NECESSARY: This includes things in your life that worry you or cause stress.

- 1) Yes
- 2) No
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q112. In the past 12 months, did you see or talk to a doctor, nurse, or other health professional about your mental or emotional health or your use of alcohol or drugs? **[DO NOT READ]**

IF NECESSARY: This includes things in your life that worry you or cause stress.

- | | |
|--|-------------------|
| 1) Yes | GO TO Q114 |
| 2) No | CONTINUE |
| 666) [VOL] Does not apply | GO TO Q114 |
| 777) [VOL] Do not know/Do not remember | GO TO Q114 |
| 999) [VOL] I do not wish to share/Refuse/Prefer not to answer | GO TO Q114 |

Q113. **[If Q111 = 1 and Q112 = 2: RESPONDENTS WHO FELT THEY NEEDED TO SEE SOMEONE FOR THEIR MENTAL HEALTH OR ALCOHOL OR DRUG USE IN THE PAST 12 MONTHS BUT DID NOT SEE SOMEONE.]** In the last 12 months, why didn't you see or talk to a doctor, nurse or other health professional about your mental or emotional health, or about the use of alcohol or drugs? **[READ ALL. MARK ALL THAT APPLY]**

- 1) Services were not available in my area
 - 2) Waiting time for the services was too long
 - 3) Was too busy
 - 4) Services were not available at a convenient time for me (for example services are only available on weekdays, etc.)
 - 5) Could not afford the cost, or insurance did not cover enough
 - 6) Didn't know how or where to get this kind of help
 - 7) Was concerned about what others would think
 - 8) Other: Specify _____
- | |
|--|
| 666) [VOL] Does not apply |
| 777) [VOL] Do not know/Do not remember |
| 999) [VOL] I do not wish to share/Refuse/Prefer not to answer |

Q114. **[If Q112 = 1: IF RESPONDENTS HAVE SEEN OR TALKED TO A HEALTH PROFESSIONAL ABOUT THEIR MENTAL OR EMOTIONAL HEALTH IN THE PAST 12 MONTHS]** Using any number from 0 to 10, where 0 is the worst service possible and 10 is the best service possible, what number would you use to rate the service you received about your mental or emotional health or your use of alcohol or drugs? **[DO NOT READ]**

0) 0 Worst service possible

1) 1

2) 2

3) 3

4) 4

5) 5

6) 6

7) 7

8) 8

9) 9

10) 10 Best service possible

666) **[VOL]** Does not apply

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q115. Not counting if you stayed overnight in a hospital, do you believe that you were harmed because of a medical error or mistake as a result of health care services you received in the last 12 months? **[DO NOT READ]**

IF NECESSARY: Includes experiences with a personal family doctor, specialist, nurse practitioner, and also includes services received at a community health centre, after-hours clinic, walk-in clinic, in the emergency department, through ambulance services, and through Extra-Mural services.

1) Yes

CONTINUE

2) No

GO TO Q117

666) **[VOL]** I did not receive health care services in the last 12 months/Does not apply

GO TO Q117

777) **[VOL]** Do not know/Do not remember

GO TO Q117

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

GO TO Q117

Q116. **[Q115 = 1: Respondents who believed that they were harmed because of a medical error]** Please provide additional details on why you believe that you were harmed because of a medical error or mistake as a result of health care services you received in the last 12 months.

777) **[VOL]** Do not know/Do not remember

999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

- Q117. 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? **[DO NOT READ]**
- 1) English
 - 2) French
 - 3) No preference
 - 666) **[VOL]** Does not apply
 - 777) **[VOL]** Do not know
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q118. In the last 12 months, how often did you receive the health care service you needed in the official language (English or French) of your choice? **[READ CHOICES 1 THROUGH 5]**
- 1) Never
 - 2) Rarely
 - 3) Sometimes
 - 4) Usually
 - 5) Always
 - 666) **[VOL]** Does not apply
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q119. Using the same scale, how often is it hard to understand written information when you want to learn about a medical condition or a prescription? **[READ CHOICES ONLY IF NECESSARY]**
- 1) Never
 - 2) Rarely
 - 3) Sometimes
 - 4) Usually
 - 5) Always
 - 666) **[VOL]** Never had to learn about a medical condition or prescription/Does not apply
 - 444) **[VOL]** Blind/Low vision/Eye condition that prevents reading
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer
- Q120. Using the same scale, when learning about a medical condition or a prescription, how often was it verbally explained to you in a way that you could understand? **[READ CHOICES ONLY IF NECESSARY]**
- 1) Never
 - 2) Rarely
 - 3) Sometimes
 - 4) Usually
 - 5) Always
 - 666) **[VOL]** Never had to learn about a medical condition or prescription/Does not apply
 - 444) **[VOL]** Deaf or hard-of-hearing
 - 777) **[VOL]** Do not know/Do not remember
 - 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q121. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate overall the health care services you have received in New Brunswick in the last 12 months? **[DO NOT READ]**

IF NECESSARY: think of health care services you have received in the last 12 months.

0) 0 Worst health care possible

1) 1

2) 2

3) 3

4) 4

5) 5

6) 6

7) 7

8) 8

9) 9

10) 10 Best health care possible

666) Rarely use health care services/Does not apply

777) Don't know/Do not remember

999) I do not wish to share/Refuse/Prefer not to answer

BLOCK 9: Understanding the difficulties in getting health care

Q122. Now think of any difficulties you may have experienced in getting the health care you needed in the last 12 months. If I ask you about something that does not apply to your situation, you always have the option to answer with ‘does not apply’. In the last 12 months, did you.... **[READ EACH, RANDOMIZE a-i]**

IF NECESSARY: Think of difficulties you may have experienced in the last 12 months.

	Yes	No	NA	REF
a) Need health care services, but it was not available in your area at the time you needed it	1	2	666	999
b) Have transportation problems	1	2	666	999
c) Find the cost for ambulance services too high	1	2	666	999
d) Find that you were unable to leave the house because of a health problem	1	2	666	999
e) Have trouble finding your way around the health care system	1	2	666	999
f) Have to travel over 100kms to use a health service [<i>Note to interviewer: 60 miles</i>]?	1	2	666	999
g) Skip a medical test, treatment, or follow-up that was recommended by a doctor because of the cost	1	2	666	999
h) Not fill a prescription for medicine, or skip doses of your medicine because of the cost	1	2	666	999
i) Skip dental care or dental checkups because of the cost	1	2	666	999
j) Have a language barrier communicating with a health professional	1	2	666	999
k) Have trouble getting Medical or rehabilitation equipment or supplies that you need	1	2	666	999
l) have trouble physically accessing a health care setting (e.g. family doctors office, health center or clinic, etc.)	1	2	666	999

Q123. Do you have insurance that covers all or part of the cost of:

If necessary: This includes insurance coverage under your spouse or partner.

- a) Prescription medication?
- b) Dental expenses?
- c) Eye glasses or contact lenses?

[READ CHOICES AND EACH INDIVIDUAL QUESTION]

- 1) No, I do not have an insurance plan
- 2) Yes, it is a plan sponsored by the government
- 3) Yes, it is a plan sponsored by my employer
- 4) Yes, it is a private plan
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

BLOCK 10: Demographics

Now as we end, just a few questions about you that will help us analyze the results of this survey.

Q124. What is the highest grade or level of school that you have completed? **[READ CHOICES 1 THROUGH 6, CODE ONE]**

- 1) 8th grade or less
- 2) Some high school, but did not graduate
- 3) High school or GED
- 4) College, trade, or technical school diploma/certificate
- 5) Undergraduate degree
- 6) Post university/graduate level education
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q125. What language do you mainly speak at home? **[DO NOT READ]**

- 1) English
- 2) French
- 3) Both English and French equally
- 4) Other
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q126. Were you born in Canada? **[DO NOT READ]**

- 1) Yes
- 2) No
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

GO TO Q128
CONTINUE
GO TO Q128
GO TO Q128

Q127. **[IF Q126 = 2]** How many years have you lived in Canada?

INSERT NUMBER: _____

- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q128. Which of the following best describes your employment status? Are you... **[READ CHOICES 1 THROUGH 7, CODE 1]**

- 1) Employed full-time, that is 30 hours per week or more; *[IF NECESSARY: including self-employed or on a work training program]*
- 2) Employed part-time, that is less than 30 hours per week; *[IF NECESSARY: including self-employed or on a work training program]*
- 3) Unemployed
- 4) At school or in full-time education
- 5) Unable to work due to long-term sickness or disability
- 6) Looking after your home/family
- 7) Retired
- 8) Other (specify: *probe on # of hours: _____*)
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q129. Do you provide long-term care at home for a parent, partner, child, other relative or friend who has a disability, is frail, aged or who has a chronic mental or physical illness? Long-term care is a minimum of six months and may extend into years **[DO NOT READ]**

- 1) Yes
- 2) No
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q130. To help with better planning for health services that meet citizens' needs, we will not ask you to give us your salary or income, but could you tell us in which of the following three categories was your total household income before taxes in 2019: **[READ CHOICES 1 THROUGH 3]**

- 1) Less than \$25,000
- 2) \$25,000 to less than \$60,000
- 3) \$60,000 or more
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q131. Which of the following best describes you? **[READ EACH]**

IF NECESSARY: We are asking you for this information because we want to look at the health care needs of all individuals regardless of their individual characteristics and circumstances, such as race, color, creed, national origin, ancestry, place of origin, language, age, physical disability, mental disability, marital status, family status, sexual orientation, sex, social status, belief or political activity. This will be used for research purposes only, and will not be used to identify you personally.

- 1) Heterosexual (straight)
- 2) Gay or lesbian
- 3) Bisexual or pansexual
- 4) Asexual, that is, someone who doesn't experience sexual attraction

- 5) I am not sure of my sexual identity
- 6) Other. I identify as: _____
- 7) I am not sure what this question means
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

Q133. Do you have internet access at home? **[DO NOT READ]**

- 1) Yes
- 2) No
- 666) **[VOL]** Does not apply
- 777) **[VOL]** Do not know/Do not remember
- 999) **[VOL]** I do not wish to share/Refuse/Prefer not to answer

BLOCK 11: Final comments or feedback

Q134. Is there anything else you would like to tell us about the health care services you have received In New Brunswick or do you have any suggestions for changes that may have improved your experiences?

On behalf of the New Brunswick Health Council, thank you for taking the time to complete this survey.