

# Primary Care Survey 2023



**Languages:** English, French

Hello, my name is \_\_\_ and I'm calling from xxx on behalf of the New Brunswick Health Council, or NBHC, an independent organization that evaluates New Brunswick's health system by getting input from citizens, and then making recommendations to the Minister of Health.

The Primary Care Survey will ask about your experiences, in the last 12 months, with primary health care services, such as visits with a personal family doctor or a personal nurse practitioner. The NBHC will share the results of this survey with the public, and this will help identify what is being done well and what could be done better. We are trying to reach out to as many residents in your community as possible.

Please be assured that we are not selling or promoting any products or services but are simply interested in your opinions, which will be held strictly confidential.

Can I speak to the youngest person who is at least 18 years of age that is available?

This survey will take about 20 minutes to complete depending on your answers and can also be done online. We can send you the link by email or text but if you prefer, you can do it on the phone. May I proceed with you now?

**IF NEEDED, FOR PHONE SURVEY:** "We can stop the interview at any time and set up another time to call back and complete the rest of the survey"

*IF NECESSARY: If you have any questions or would like to have more information about this survey, please call the toll-free number 1-877-225-2521 or visit the New Brunswick Health Council web site at [www.nbhc.ca](http://www.nbhc.ca).*

*INTERVIEWER NOTE: If at any time the respondent asks "How did you get my number?", say: "Your number was chosen using a computer program that randomly selects numbers from a list of all telephone numbers in New Brunswick."*

## Block 2 Questions

Before sending the link, I just need to ask you 3 questions.

### PCxLOS01

Would you prefer to answer in English or in French?

- 1 English
- 2 French

The NBHC collects data from citizens across the province so that we can report publicly on the health care experiences of New Brunswickers at the health zone level.

To make sure your responses are assigned to the appropriate area, we will need your postal code. Your postal code will be grouped with others when the survey results will be reported – **it will not be used to identify you personally.**

**PCxPOC02**

To begin, could you please provide your New Brunswick postal code?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- .8 Prefer not to answer / I live outside New Brunswick
- .9 Do not know

**PCxCOM01**

What is the name of the city, town or village you live in?

**BLOCK 2: LANGUAGE PREFERENCE FOR SURVEY AND DEMOGRAPHIC INFO NEEDED FOR QUOTAS AND WEIGHTING**

For all questions in this survey, if you don't know the answer or feel that it does not apply to you, you can say "I don't know". If there is a question that you are not comfortable answering, you can say "I prefer not to answer".

**PHxGEN01**

Which of the following best describes you?

- 1 Male
- 2 Female
- 3 Two-spirit
- 4 In another way, please specify: \_\_\_\_\_
- 999 Prefer not to answer

### PHxAGE01

How old are you?

*IF NECESSARY: This will always be reported as an age category and will not be used to identify you personally.*

Minimum: 14, Maximum: 120

- 
- .8 Prefer not to answer  
 .9 Do not know

**PHxAGE02new** Show if Age avoidant (PHxAGE01 = <<catiDoNotRead>>Prefer not to answer,<<catiDoNotRead>>Do not know)

In which age category are you?

- 1 17 or younger  
 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  
 777 [(DO NOT READ) / ]Do not know  
 999 [(DO NOT READ) / ]Prefer not to answer

**INFOxPROG** Show if Under 18 of age ((PHxAGE01) OR (PHxAGE02 = 1))

Thank you for your time, but we are looking for participants over the age of 18.

## Section BLOCK 3: SELF-RATED HEALTH AND OVERALL EXPERIENCE WITH HEALTH CARE SERVICES

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### PHxHEP01

The following questions will be about your general health.

In general, would you say your health is...?

- 1 Poor  
 2 Fair  
 3 Good

- 4 Very good
- 5 Excellent
- 777 Do not know
- 999 Prefer not to answer

### **PHxHEP02**

In general, would you say your mental or emotional health is...?

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good
- 5 Excellent
- 777 Do not know
- 999 Prefer not to answer

### **PCxSAT0E**

In general, what is your level of satisfaction with the health care services you have received in New Brunswick in the last 12 months?

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied
- 666 I did not use health care services in the last 12 months/Does not apply
- 777 Do not know
- 999 Prefer not to answer

### **PCxLOS10**

In which language are you most comfortable speaking when accessing health care services?

- 1 English
- 2 French
- 3 Both English and French equally
- 4 Mi'kmawi'simk/Mi'kmaq or Wolastoqey/Maliseet
- 5 Another language
- 999 Prefer not to answer

## **SECTION 4A: PERMANENT ATTACHMENT TO A PRIMARY CARE PROVIDER (PCP)**

The following questions will be about your primary care provider. It is often the first point of entry to the health care system.

### **PHxACCFA**

Do you have a personal family doctor?

A personal family doctor manages your medical file. This does not include specialists or doctors you would see at an after-hours clinic or a walk-in clinic. This does not include a temporary doctor who you may have consulted while waiting for a permanent family doctor, for example when using NB Health Link

*IF NECESSARY: A personal family doctor is someone you would see if you need a check-up, want advice about a health problem, or when sick. NB Health Link is a new program aimed at providing access to primary health care for New Brunswickers who don't have a family doctor or nurse practitioner. Under this program, citizens have access to the services of primary care providers as a temporary modality, until a permanent provider is available. To be eligible for this program, a citizen needs to be on the Patient Connect NB wait list.*

- 1 Yes
- 0 No
- 777 Do not know
- 999 Prefer not to answer

**PHxACCNI** Show if Don't have a family doctor (PHxACCFA = 0,777,999,Not Answered)

Do you have a personal nurse practitioner?

A personal nurse practitioner manages your medical file. This does not include specialty clinics or nurse practitioners you would see at an after-hours clinic or a walk-in clinic. This does not include a nurse practitioner at a private clinic. This does not include a temporary nurse practitioner who you may have consulted while waiting for a permanent nurse practitioner, for example when using NB Health Link

*IF NECESSARY: A nurse practitioner is someone you would see if you need a check-up, want advice about a health problem, or when sick. Nurse practitioners can diagnose and treat common illnesses, they have the authority to order diagnostic tests, prescribe medications, and they can refer you to other medical services. NB Health Link is a new program aimed at providing access to primary health care for New Brunswickers who don't have a family doctor or nurse practitioner. Under this program, citizens have access to the services of primary care providers as a temporary modality, until a permanent provider is available. To be eligible for this program, a citizen needs to be on the Patient Connect NB wait list.*

- 1 Yes
- 0 No
- 777 Do not know
- 999 Prefer not to answer

**PCxCOM02** Show if Have primary care provider ((PHxACCFA = 1) OR (PHxACCNI = 1))

Is your **family doctor or nurse practitioner** located in the city or town where you live?

- 1 Yes
- 0 No
- 777 Do not know
- 999 Prefer not to answer

**PCxCOM03** Show if Doctor not in same location as respondent (PCxCOM02 = 0)

What is the name of the community, town or village where your **family doctor or nurse practitioner** is located?

## SECTION 4B: PRIMARY CARE PROVIDER (PCP) PRACTICE

Show if Have primary care provider ((PHxACCFA = 1) OR (PHxACCNI = 1))

**PCxPCKOP** (if Have a family doctor (PHxACCFA = 1) or nurse practitioner (PHxACCNI = 1))

What kind of place does your **family doctor or nurse practitioner** work in?

- 1 An office with one family doctor or nurse practitioner working in a solo practice
- 2 An office with several family doctors or nurse practitioners working independantly of each other who may share one or more nurses
- 3 An office with several health care professionals working together as a team, that may include a family doctor, nurse practitioner, dietician, nurse, social worker or psychologist
- 4 Other (specify): \_\_\_\_\_
- 777 Do not know
- 999 Prefer not to answer

**PCxPCCDE** (if Have a family doctor (PHxACCFA = 1) or nurse practitioner (PHxACCNI = 1))

How do you rate your ability to get care from your **family doctor or nurse practitioner** during the evening (after 5 pm) or on weekends when you need medical care? Would you say it was?

- 1 Service not offered outside clinic hours
- 2 Very difficult
- 3 Somewhat difficult
- 4 Somewhat easy
- 5 Very easy
- 666 Never tried to do this/Does not apply
- 777 Do not know
- 999 Prefer not to answer

## SECTION 5A: CARE EXPERIENCE WITH PRIMARY CARE PROVIDER (PCP)

Show if Have primary care provider ((PHxACCFA = 1) OR (PHxACCNI = 1))

The following questions will be about consultations you may have had with your **family doctor or nurse practitioner** in the last 12 months, based on your own personal health care needs.

For these questions, do not include consultations for other family members, such as a spouse, partner, child, parent, or other family member.

**PCxUSEPV** (if Have a family doctor (PHxACCFA = 1) or nurse practitioner (PHxACCNI = 1))

In the last 12 months, did you consult with your **family doctor or nurse practitioner** either in-person or virtually?

A virtual care consultation includes telephone, video, email, or text messaging.

*IF NECESSARY: A virtual care consultation does not include "making an appointment" or "confirming an appointment".*

- 1 Yes
- 0 No
- 777 Do not know
- 999 Prefer not to answer

## SECTION 5B: LAST CONSULTATION WITH PRIMARY CARE PROVIDER: MODALITY OF CONSULTATION, REASONS AND WAIT TIME

Show if Recently consulted with care provider (((PHxACCFA = 1) OR (PHxACCNI = 1)) AND (PCxUSEPV = 1))

**PCxAPPPI** (if Have a family doctor (PHxACCFA = 1) or Have a nurse practitioner (PHxACCNI = 1))

The following questions will be about the quality of care you received from your **family doctor or nurse practitioner** in the last 12 months.

Thinking of the last 12 months, in general, how often did your **family doctor or nurse practitioner** ...

1. Spend enough time with you?
  2. Explain things in a way that you could understand?
  3. Involve you in decisions about your health care?
  4. Help you coordinate or connect the care from other healthcare providers and places when you needed it?
- 1 Never
  - 2 Rarely
  - 3 Sometimes
  - 4 Usually

- 5 Always
- 777 Do not know
- 999 Prefer not to answer

**PCxMGT04** (if Have a family doctor (PHxACCFA = 1) or nurse practitioner (PHxACCNI = 1))

Thinking of the last 12 months, in general, do you feel that you received the support you needed from your **family doctor or nurse practitioner** to help you manage your health problems?

- 1 No
- 2 Yes, to some extent
- 3 Yes, definitely
- 777 Do not know
- 999 Prefer not to answer

**PCxNUMLI** (if Have a family doctor (PHxACCFA = 1) or nurse practitioner (PHxACCNI=1))

Thinking of the last 12 months, have you been informed or seen a note that suggests limiting the number of problems you can discuss with your **family doctor or nurse practitioner**?

- 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
- 777 Do not know
- 999 Prefer not to answer

**PCxSATLM** (if Have a family doctor (PHxACCFA = 1) or nurse practitioner (PHxACCNI = 1))

Thinking of the last 12 months, what was your level of satisfaction with the health care services you received from your **family doctor or nurse practitioner**?

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied
- 777 Do not know
- 999 Prefer not to answer

**PCxUSEPD** (if Have a family doctor (PHxACCFA = 1) or nurse practitioner (PHxACCNI = 1))

The following questions will be about the last consultation you had with your primary care provider.

Now think of the last time you consulted with your **family doctor or nurse practitioner**, was this consultation ...



*IF NECESSARY: In person consultation includes consultation at his/her office, your home, an after-hours/walk-in clinic, hospital emergency department. Virtual consultation includes a consultation by telephone, video, email, text messaging or online chat.*

- 1 In-person
- 2 Virtual
- 777 Do not know
- 999 Prefer not to answer

**PCxUSE** (if Have a family doctor (PHxACCFA = 1) or nurse practitioner (PHxACCNI = 1))

Thinking of the last time you consulted with your **family doctor or nurse practitioner**, either in-person or virtually, was this for: *Select all that apply*

- 1 Prescription renewal
- 2 A regular check-up that was scheduled in advance
- 3 A health concern or problem that needed medical care
- 777 Do not know
- 999 Prefer not to answer

**PHxACCPB** *Show if Health concern that needed care (PCxUSE\_3 = 1)*

(if Have a family doctor (PHxACCFA = 1) or nurse practitioner (PHxACCNI = 1))

Thinking of the last time you consulted with your **family doctor or nurse practitioner**, either in-person or virtually, how long did it take from when you first tried to make the appointment to when you actually consulted with him/her?

- 1 Same day
- 2 1 day
- 3 2 days
- 4 3 to 5 days
- 5 6 to 7 days
- 6 8 to 14 days (up to 2 weeks)
- 7 15 to 21 days (up to 3 weeks)
- 8 22 to 28 days (up to 4 weeks)
- 9 More than 4 weeks/More than a month
- 777 Do not know
- 999 Prefer not to answer

**SECTION 5C: USE AND EXPERIENCE WITH OTHER HEALTH SERVICES WHEN PRIMARY CARE PROVIDER NOT AVAILABLE**

Show if Have primary care provider ((PHxACCFA = 1) OR (PHxACCNI = 1))

**INFOxNAV** (if Have a family doctor (PHxACCFA = 1) or nurse practitioner (PHxACCNI = 1))

The following questions will be about the use of other health care services in the last 12 months and your primary care provider was not available.

Thinking of the last 12 months, did you use any of the following services because your **family doctor or nurse practitioner** was not available?

- 1. Hospital emergency department
- 2. After-hours clinic or a walk-in clinic
- 3. Virtual clinic using eVisitNB
- 4. Tele-Care 811
- 5. Consultation with a pharmacist
- 6. Consultation with a specialist
- 7. Consultation with an allied health professional (e.g. audiologist, psychologist, dietitian, occupational therapist, physiotherapist, social worker...) **IF NECESSARY: includes any consultation with an allied health professionals in the public or private sectors.**

8. Other services

- 1 Yes
- 0 No
- 777 Do not know
- 999 Prefer not to answer

**PCxNAVOTxT01** Show if INFOxNAV 8 Other services (INFOxNAV\_h = 1)

What other services did you use because your **family doctor or nurse practitioner** was not available?

*Please do not enter personally identifying information (e.g., name, email address, phone number, mailing address), as anything you enter may be shared with the sponsor of this research.*

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**INFOxSAT** Show if Used at least one service ((INFOxNAV\_a = 1) OR (INFOxNAV\_b = 1) OR (INFOxNAV\_c = 1) OR (INFOxNAV\_d = 1) OR (INFOxNAV\_e = 1) OR (INFOxNAV\_f = 1) OR (INFOxNAV\_g = 1) OR (INFOxNAV\_h = 1))

What was your level of satisfaction with the health care services you received.

1. Hospital emergency department (Show if INFOxNAV 1 Hospital emergency (INFOxNAV\_a = 1))
  2. After-hours clinic or a walk-in clinic (Show if INFOxNAV 2 After hours clinic (INFOxNAV\_b = 1))
  3. Virtual clinic using eVisitNB (Show if INFOxNAV 3 Virtual clinic (INFOxNAV\_c = 1))
  4. Tele-Care 811 (Show if INFOxNAV 4 Tele Care 811 (INFOxNAV\_d = 1))
  5. Consultation with a pharmacist (Show if INFOxNAV 5 Consultation pharmacist (INFOxNAV\_e = 1))
  6. Consultation with a specialist (Show if INFOxNAV 6 Consultation specialist (INFOxNAV\_f = 1))
  7. Consultation with an allied health professional (e.g. audiologist, psychologist, dietitian, occupational therapist, physiotherapist, social worker...) **IF NECESSARY: includes any consultation with an allied health professionals in the public or private sectors.**  
(Show if INFOxNAV 7 Consultation allied health prof (INFOxNAV\_g = 1))
  8. <<PCxTIAOTxT01.text>> (Show if INFOxNAV 8 Other services (INFOxNAV\_h = 1))
- 
- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied
- 777 Do not know
- 999 Prefer not to answer

## **Section BLOCK 6: CITIZENS WHO DO NOT HAVE A PERMANENT PRIMARY CARE PROVIDER (PCP)**

Show if No primary care provider ((PHxACCFA = 0,777,999,Not Answered) AND (PHxACCNI = 0,777,999))

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NB Health Link is a new program aimed at providing access to primary health care for New Brunswickers who don't have a family doctor or nurse practitioner.

Under this program, citizens have access to the services of primary care providers as a temporary modality, until a permanent provider is available. To be eligible for this program, a citizen needs to be on the Patient Connect NB waiting list. NB Health Link is different from eVisit NB (Maple), My Health NB, and Tele Care

### **PCxNODHI**

Are you registered with NB Health Link that gives you access to consultations with a temporary family doctor or nurse practitioner?

*IF NECESSARY: If you are currently on the Patient Connect NB list, you will be called once the NB Health Link program is available in your area. If you would like to confirm that you are on the Patient Connect NB list or add your name to the list because you do not currently have a family doctor or nurse practitioner, you can call 811 (eight-one-one) or visit the website: Patient Connect NB - Online Registrations (snb.ca). More information about NB health Link is available on this*

[website: Homepage / NB Health Link](#)

- 1 Yes
- 0 No
- 777 Do not know
- 999 Prefer not to answer

**PCxNODIV** Show if Registered with NB health link (PCxNODHI = 1)

In the last 12 months, did you have an in-person or virtual medical appointment using NB Health Link?

- 1 Yes
- 0 No
- 777 Do not know
- 999 Prefer not to answer

**PCxSATLS** Show if Used NBhealthLink in past 12 months (PCxNODIV = 1)

What was your level of satisfaction with the health care services you received from NB Health Link?

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied
- 777 Do not know
- 999 Prefer not to answer

## SECTION 6B: REGISTRATION ON WAITING LIST

Show if Not registered with NBhealthLink (PCxNODHI = 0,777,999)

**PCxNODWL**

Are you currently on a waiting list to be registered with a permanent family doctor or nurse practitioner?

*IF NECESSARY: If you would like to add your name to the Patient Connect NB list because you do not currently have a family doctor or nurse practitioner, you can call 811 (eight-one-one) or visit the website: [Patient Connect NB - Online Registrations \(snb.ca\)](#).*

- 1 Yes
- 0 No
- 777 Do not know
- 999 Prefer not to answer

## SECTION 6C: USE AND EXPERIENCE WITH HEALTH CARE SERVICES

Show if No primary care provider ((PHxACCFA = 0,777,999,Not Answered) AND (PHxACCNI = 0,777,999))

### INFOxNMC

Thinking of the last 12 months, did you use any of the following services when you needed medical care?

1. Hospital emergency department
  2. After-hours clinic or a walk-in clinic
  3. Virtual clinic using eVisitNB
  4. Tele-Care 811
  5. Consultation with a pharmacist
  6. Consultation with a specialist
  7. Consultation with an allied health professional (e.g. audiologist, psychologist, dietitian, occupational therapist, physiotherapist, social worker...) **IF NECESSARY: includes any consultation with an allied health professionals in the public or private sectors.**
  8. Other services
- 1 Yes  
 0 No  
 777 Do not know  
 999 Prefer not to answer

### PCxNMCxT01 Show if INFOxNMC 8 Other services (INFOxNMC\_h = 1)

What other services did you use?

*Please do not enter personally identifying information (e.g., name, email address, phone number, mailing address)*

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### INFOxLSC Show if No pcp Used at least one service ((INFOxNMC\_a = 1) OR (INFOxNMC\_b = 1) OR (INFOxNMC\_c = 1) OR (INFOxNMC\_d = 1) OR (INFOxNMC\_e = 1) OR (INFOxNMC\_f = 1) OR (INFOxNMC\_g = 1) OR (INFOxNMC\_h = 1))

What was your level of satisfaction with the health care services you received.

1. Hospital emergency department (Show if INFOxNMC 1 Hospital emerge (INFOxNMC\_a = 1))
2. After-hours clinic or a walk-in clinic (Show if INFOxNMC 2 After hours clinic (INFOxNMC\_b = 1))
3. Virtual clinic using eVisitNB (Show if INFOxNMC 3 Virtual clinic (INFOxNMC\_c = 1))
4. Tele-Care 811 (Show if INFOxNMC 4 Tele Care 811 (INFOxNMC\_d = 1))
5. Consultation with a pharmacist (Show if INFOxNMC 5 Consultation pharmacist (INFOxNMC\_e = 1))
6. Consultation with a specialist (Show if INFOxNMC 6 Consultation specialist (INFOxNMC\_f = 1))

7. Consultation with an allied health professional (e.g. audiologist, psychologist, dietitian, occupational therapist, physiotherapist, social worker...) **IF NECESSARY: includes any consultation with an allied health professionals in the public or private sectors.**  
*(Show if INFOxNMC 7 Consultation allied health prof (INFOxNMC\_g = 1))*
8. <<PCxNMCxT01.text>> *(Show if INFOxNMC 8 Other services (INFOxNMC\_h = 1))*
- 1 Very dissatisfied
  - 2 Somewhat dissatisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Somewhat satisfied
  - 5 Very satisfied
  - 777 Do not know
  - 999 Prefer not to answer

## Section BLOCK 7: LANGUAGE OF SERVICE

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### PCxLOS02

The following questions will be about the language you prefer when receiving health care and the language in which you received the services.

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 when receiving health services?

- 1 English
- 2 French
- 3 No preference
- 777 Do not know
- 999 Prefer not to answer

**Page BLOCK 7 Questions** *Show if Have preferred language OR Don't know Refused (PCxLOS02 = 1,2,777,999)*

**PCxLINF D** *Show if Recently consulted with care provider (((PHxACCFA = 1) OR (PHxACCNI = 1)) AND (PCxUSEPV = 1))*

*(if Have a family doctor (PHxACCFA = 1))* During your interactions with your **family doctor or nurse practitioner**, how often did you receive the services in the language you preferred?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 777 Do not know
- 999 Prefer not to answer

**PCxLINHL** Show if Used NBhealthLink in past 12 months (PCxNODHL = 1)

During your interactions with **NB Health Link**, how often did you receive the services in the language you preferred?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 777 Do not know
- 999 Prefer not to answer

**PCxLINED** Show if Used emergency department ((INFOxNAV\_a = 1) OR (INFOxNMC\_a = 1))

During your interactions with the **emergency department at the hospital**, how often did you receive the services in the language you preferred?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 777 Do not know
- 999 Prefer not to answer

**PCxLINWC** Show if Used walkin clinic ((INFOxNAV\_b = 1) OR (INFOxNMC\_b = 1))

During your interactions with the **walk-in or after-hours clinic**, how often did you receive the services in the language you preferred?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 777 Do not know
- 999 Prefer not to answer

**PCxLINVC** Show if Used virtual clinic ((INFOxNAV\_c = 1) OR (INFOxNMC\_c = 1))

During your interactions with **eVisit NB**, how often did you receive the services in the language you preferred?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 777 Do not know
- 999 Prefer not to answer

**PCxLINTC**      *Show if Used tele care 811 ((INFOxNAV\_d = 1) OR (INFOxNMC\_d = 1))*

During your interactions with **Tele-Care 811**, how often did you receive the services in the language you preferred?

- 1      Never
- 2      Sometimes
- 3      Usually
- 4      Always
- 777      Do not know
- 999      Prefer not to answer

**PCxLINPY**      *Show if Consultation with pharmacist ((INFOxNAV\_e = 1) OR (INFOxNMC\_e = 1))*

During your interaction with the **pharmacist**, how often did you receive the services in the language you preferred?

- 1      Never
- 2      Sometimes
- 3      Usually
- 4      Always
- 777      Do not know
- 999      Prefer not to answer

**PCxLINSF**      *Show if Consultation with specialist ((INFOxNMC\_f = 1) OR (INFOxNAV\_f = 1))*

During your interactions with the **specialist**, how often did you receive the services in the language you preferred?

- 1      Never
- 2      Sometimes
- 3      Usually
- 4      Always
- 777      Do not know
- 999      Prefer not to answer

**PCxLINAH**      *Show if Consultation with allied health professional ((INFOxNAV\_g = 1) OR (INFOxNMC\_g = 1))*

During your interactions with an **allied health professional**, how often did you receive the services in the language you preferred?

- 1      Never
- 2      Sometimes
- 3      Usually
- 4      Always
- 777      Do not know
- 999      Prefer not to answer



**PCxLINOT**     *Show if Used other services ((INFOxNMC\_h = 1) OR (INFOxNAV\_h = 1))*

During your interactions with the **other services**, how often did you receive the services in the language you preferred?

- 1     Never
- 2     Sometimes
- 3     Usually
- 4     Always
- 777     Do not know
- 999     Prefer not to answer

## **Section BLOCK 8: VIRTUAL CARE**

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The following questions will be about the last time you had a virtual consultation for your own personal medical care.

A virtual consultation refers to health care that was not provided in-person. A virtual consultation includes health care services, advice or information by any type of health professional that was provided by talking on the telephone, by video using a computer, tablet or telephone, or by email, text messaging, or online chat.

**PCxVIR01**

In the last 12 months, did you have a virtual consultation for your own personal medical care?

- 1     Yes
- 0     No
- 777     Do not know
- 999     Prefer not to answer

**PCxVIR02**     *Show if Virtual consultation in past 12 months (PCxVIR01 = 1)*

Thinking of the last time you had a virtual consultation with a health professional, who did you consult?

- 1     My personal family doctor
- 2     My personal nurse practitioner
- 3     A doctor or nurse practitioner using Health Link NB
- 4     A doctor or nurse practitioner using eVisitNB
- 5     A mental health professional
- 6     A specialist
- 7     A doctor or nurse at a specialty clinic
- 8     Tele-Care 811 (eight-one-one)
- 9     Or other health professional, please specify \_\_\_\_\_
- 777     Do not know
- 999     Prefer not to answer

**PCxVIR03**      *Show if Virtual consultation in past 12 months (PCxVIR01 = 1)*

Thinking of the last time you had a virtual consultation, how did you connect with this health professional?

- 1      Talking on the telephone
- 2      By video using a computer, tablet or telephone
- 3      By email
- 4      By text messaging
- 5      Online chat
- 6      Other, please specify \_\_\_\_\_
- 777      Do not know
- 999      Prefer not to answer

**INFOxVIR04x06**      *Show if Virtual consultation in past 12 months (PCxVIR01 = 1)*

Thinking of the last time you had a virtual consultation, please tell us how much you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree with the following statements:

1.      I was able to connect with this health professional when I needed to.
2.      I was able to communicate my health concerns or problems virtually as well as I would have in-person.
3.      My health concerns or problems were addressed successfully.

- 1      Strongly disagree
- 2      Disagree
- 3      Neither agree nor disagree
- 4      Agree
- 5      Strongly agree
- 777      Do not know
- 999      Prefer not to answer

**PCxVIR07**      *Show if Virtual consultation in past 12 months (PCxVIR01 = 1)*

Thinking of the last time you had a virtual consultation, what was your level of satisfaction with the health care services you received from this health professional?

- 1      Very dissatisfied
- 2      Somewhat dissatisfied
- 3      Neither satisfied nor dissatisfied
- 4      Somewhat satisfied
- 5      Very satisfied
- 777      Do not know
- 999      Prefer not to answer

## Section BLOCK 9: DIFFICULTIES IN RECEIVING HEALTH CARE SERVICES

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### PHxBAR

Now think of any difficulties you may have experienced in getting the health care services you needed in the last 12 months.

In the last 12 months, did you:

1. Need health care services, but it was not available in your area at the time you needed it
2. Have transportation problems
3. Find that you were unable to leave the house because of a health problem
4. Have difficulty finding your way around the health care system
5. Have to travel over 100 km (or 60 miles) to use a health service
6. Skip a medical test, treatment, or follow up that was recommended by a doctor because of the cost
7. Not fill a prescription for medicine, or skip doses of your medicine because of the cost.
8. Have a language barrier communicating with a health professional
9. Have difficulty accessing a computer, tablet or smartphone for virtual care consultations, for example not owning one, or don't know how to use it
10. Have difficulty accessing high-speed internet for virtual care consultations

- <sub>1</sub> Yes  
 <sub>0</sub> No  
 <sub>777</sub> Do not know  
 <sub>999</sub> Prefer not to answer

## Section BLOCK 10: MENTAL HEALTH AND ADDICTIONS

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### PHxMHI04

The next questions will be about your mental health.

In the last 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?

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

- <sub>1</sub> Yes  
 <sub>0</sub> No  
 <sub>777</sub> Do not know  
 <sub>999</sub> Prefer not to answer

**PHxMHI05**

In the last 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?

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

- 1 Yes
- 0 No
- 777 Do not know
- 999 Prefer not to answer

**PCxSATMS** Show if Received mental health help (((PHxMHI04 = 0) AND (PHxMHI05 = 1)) OR (((PHxMHI04 = 1) OR (PHxMHI04 = 777) OR (PHxMHI04 = 999)) AND (PHxMHI05 = 1)))

Thinking of the most recent consultation, what was your level of satisfaction with the services you received from this health professional?

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied
- 777 Do not know
- 999 Prefer not to answer

**PHxMHI06** Show if Didn't receive mh help despite needing it ((PHxMHI04 = 1) AND (PHxMHI05 = 0))

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?

1. Services were not available in my area
2. Waiting time for the services was too long
3. I was too busy
4. Services were not available at a convenient time for me, for example services are only available on weekdays
5. I could not afford the cost, or insurance did not cover enough
6. I didn't know how or where to get this kind of help
7. I was concerned about what others would think
8. I thought the problem would go away on its own
9. Other reason(s)

- 1 Yes
- 0 No
- 777 Do not know
- 999 Prefer not to answer

**PHxMHI06xT02**      *Show if Other reasons not seeking help (PHxMHI06\_i = 1)*

What are the other reasons 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?

*Please do not enter personally identifying information (e.g., name, email address, phone number, mailing address), as anything you enter may be shared with the sponsor of this research.*

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## Section BLOCK 11: CHRONIC HEALTH CONDITIONS

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### Page BLOCK 11 Questions

#### PHxCHC

The following questions will be about your health status.

Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions?

1. Arthritis
2. Asthma
3. Chronic pain
4. Emphysema or COPD (chronic obstructive pulmonary disease)
5. Cancer
6. Diabetes
7. Depression
8. A mood disorder other than depression, such as bipolar disorder, mania, manic depression, or dysthymia
9. Heart disease
10. Stroke
11. High blood pressure or hypertension
12. Gastric Reflux (GERD)
13. High cholesterol
14. Anxiety

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>777</sub> Do not know
- <sub>999</sub> Prefer not to answer

**PHxMGT01** Show if At least one health condition ((PHxCHC\_a = 1) OR (PHxCHC\_b = 1) OR (PHxCHC\_c = 1) OR (PHxCHC\_d = 1) OR (PHxCHC\_e = 1) OR (PHxCHC\_f = 1) OR (PHxCHC\_g = 1) OR (PHxCHC\_h = 1) OR (PHxCHC\_i = 1) OR (PHxCHC\_j = 1) OR (PHxCHC\_k = 1) OR (PHxCHC\_l = 1) OR (PHxCHC\_m = 1) OR (PHxCHC\_n = 1))

How confident are you that you can manage your health condition? By manage your health condition, we mean knowing what to do to control symptoms, prevent flare-ups, or monitor your condition.

- 1 Not at all confident
- 2 Not very confident
- 3 Confident
- 4 Very confident
- 777 Do not know
- 999 Prefer not to answer

**PHxMED01**

How many different prescription medications are you taking on a regular or ongoing basis?

*IF NECESSARY: only medications that have been prescribed by a health care professional. Does not include over-the-counter medications and supplements.*

Minimum: 0, Maximum: 100

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**PHxMED02** Show if At least one medication used (PHxMED01 >= 1)

After I read the following statement, please tell me if you strongly agree, agree, disagree or strongly disagree.

**I know what each of my prescribed medications do.**

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 777 Do not know
- 999 Prefer not to answer

## Section BLOCK 12: DEMOGRAPHICS

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**INFOxALL16**

Before we reach the end of the survey, the following demographic questions will help us analyze the results of this survey.

Remember all your answers are confidential; this information will not be used to identify you personally.

### **PHxEDU01**

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

- <sub>1</sub> 8th grade or less
- <sub>2</sub> Some high school, but did not graduate
- <sub>3</sub> High school or GED
- <sub>4</sub> College, trade, or technical school diploma/certificate
- <sub>5</sub> Undergraduate degree
- <sub>6</sub> Post university/graduate level education
- <sub>777</sub> Do not know
- <sub>999</sub> Prefer not to answer

### **PHxINC04**

We will not ask you to give us your salary or income; however, to help with better planning for health services that meet citizens' needs, could you tell us in which of the following 3 categories was your total household income this year?

- <sub>1</sub> Less than \$30,000
- <sub>2</sub> \$30,000 to less than \$60,000
- <sub>3</sub> \$60,000 or more
- <sub>777</sub> Do not know
- <sub>999</sub> Prefer not to answer

### **PHxABO1**

People with different backgrounds may have different experiences when accessing health services or programs. The following questions can help us understand how that may influence the way you are treated by individuals and institutions, and whether that may affect your health.

Do you identify with any of the following groups?

**You may answer yes to more than one option.**

1. Indigenous  
(First Nations, Mi'kmaq, Wolastoqewiyik, Maliseet, Passamaquoddy, Inuit, or Métis decent)
2. Persons with a disability or special need
3. 2SLGBTQIA+  
(Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual and plus sign which reflects the countless affirmative ways in which people choose to self-identify)
4. Immigrants, newcomers and refugees  
(persons not born in Canada)
5. Black  
(for example, African, African Canadian, Afro-Caribbean descent)
6. South Asian  
(for example, East Indian, Pakistani, Sri Lankan)

- 7. Filipino
- 8. Arab
- 9. Chinese
- 10. Latin American  
(for example, Hispanic or Latin American descent)
- 11. Southeast Asian  
(for example, Vietnamese, Cambodian, Laotian, Thai)
- 12. Korean
- 13. West Asian  
(for example, Iranian, Afghan, Turkish)
- 14. Japanese
- 15. White/Caucasian

- 1 Yes
- 0 No
- 777 Do not know
- 999 Prefer not to answer

**INFOxABO** *Show if Identify as indigenous (PHxABO1\_a = 1)*

With which Indigenous group do you identify?

- 1. Mi'kmaq
- 2. Wəlastəkewiyik, Wolastoqiyik or Maliseet
- 3. Peskotomuhkati or Passamaquoddy
- 4. Inuit
- 5. Métis
- 6. Another First Nation in Canada

- 1 Yes
- 0 No
- 777 Do not know
- 999 Prefer not to answer

**PCxABOOTxT01** *Show if Another First Nation (INFOxIND\_f = 1)*

You mentioned another First Nation in Canada, please specify which one?

*Please do not enter personally identifying information (e.g., name, email address, phone number, mailing address), as anything you enter may be shared with the sponsor of this research.*

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- 8 Do not know
- 9 Prefer not to answer



**PCxFNONR** *Show if Identify as indigenous (PHxABO1\_a = 1)*

Do you live in your First Nation community (on-reserve)?

- 1 Yes
- 0 No
- 777 Do not know
- 999 Prefer not to answer

## **Section Survey End**

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We have now reached the end of the survey.

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