

## Appendix E - Survey Tool for Community Members<sup>1</sup>

The following list of questions may be used to interview community members at large. It may be modified to include questions which are specific to your community. You may wish to interview people, have them fill out the form, or have a community meeting where a group of persons answer the questions together.

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<sup>1</sup> The Survey Tool for Community Members was adapted from the Treaty 7 Home Care Project Questionnaire and the Long Plain First Nations Community Survey.

## Home and Community Care Community Members Survey

Please complete the following questions.

1. Check the following boxes that apply to you:

Male

Female

2. Age Group

Under 25 years of age

26 - 39 years of age

40 - 54 years of age

55 - 64 years of age

65 or older

3. I have a disability or chronic condition (one which does not go away).

*q* Yes

*q* No

*q* Have a close family member with a disability or chronic condition

If yes, what could be done to help you (or your family member) to stay living independently in your community?

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4. I have been admitted to a hospital in the past year.

*q* Yes

*q* No

5. I have received home care services in my community in the past two years.

*q* Yes

*q* No

If yes, what type?

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6. I take care of a disabled or elderly person.

*q* Yes

*q* No

7. Please check the box that best reflects how you feel about the statement.

HEALTH STATEMENT	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not apply
I am healthy	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>
I exercise regularly	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>
I eat a healthy diet	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>
My family help look after me when I am sick	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>
My home needs repairs to make it safer for me to live there (e.g. ramps, etc.)	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>
I need home care equipment in my home (e.g. wall bars, raised toilet seat, etc.)	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>
I can get the type and amount of care I need to stay living at home	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>
I am satisfied with home care nursing services I receive	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>
I do everything I can for myself with the help of my family, and Home Care helps with things we cannot do	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>
Family members should help when a person is sick	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>
Home care should not replace the help the family gives	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>	<i>q</i>

HEALTH STATEMENT	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not apply
The home care service is based on the health needs of the person	q	q	q	q	q
I have been discharged from hospital needing nursing care at home	q	q	q	q	q
I have been discharged from hospital before nursing service could be arranged for me at home	q	q	q	q	q
I (or my family) has received adequate home management services when needed	q	q	q	q	q
There are trained workers to help people who need help with their baths	q	q	q	q	q
I know who to call when my family needs home care help	q	q	q	q	q
Home Care services allows me (or my family member) to stay living in my own home more independently than if there was no home care services	q	q	q	q	q
The home care nurse visits my home when she/he is needed	q	q	q	q	q
I have been taught about my health problems by the nurse	q	q	q	q	q
I can contact a Traditional healer or native herbalist when I need one	q	q	q	q	q
I have been caused hardship because home care services were not available in the community	q	q	q	q	q
Home care services can be increased when I need more help or decreased when I can do more for myself	q	q	q	q	q
I feel that the home care staff care about me or my family member that receives care	q	q	q	q	q

8. To what extent do you feel that the following services are available to the members of your community?

Types of Home Care Services to be developed or changed	What we have is enough	Needs to be increased	Very much needed	Not Sure
Client assessment to make sure Home Care is based on a person's health needs	q	q	q	q
Health care givers are working with each other for the good of the client	q	q	q	q
Nursing care in the home (e.g. dressings, injections, teaching etc.)	q	q	q	q
Diabetes teaching and care	q	q	q	q
Foot care	q	q	q	q
Teaching to prevent complications of diseases or conditions	q	q	q	q
Home Management - help looking after the home	q	q	q	q
Personal care - help with such things as bathing, etc.	q	q	q	q
Meal Service - preparing meals for people who cannot cook for themselves	q	q	q	q
In-Home Respite Services - care for disabled people so the care giver can have a break	q	q	q	q
Do you think home care staff are trained, up to date and doing the jobs assigned to them?	q	q	q	q
Is there enough home care services available to support the family, if a dying person chooses to die at home?	q	q	q	q
Do you think that you receive care quickly enough after it has been requested? For example within 48 hours of the request?	q	q	q	q

9. If the community is able to expand the home care services beyond the essential services of client assessment, home support (homemaking and personal care) and home nursing, which three of the following do you feel is most needed in your community? Please check the **three most needed**.

*q* Adult Day Programs (care outside the home during the day)

*q* Meal Programs - such as meals on wheels

*q* Translation and medical escort for doctors appointments

*q* Transportation needs to medical appointments etc.

*q* Palliative Care Services for persons who wish to die at home

*q* Mental Health Services for home care clients

*q* Health Promotion, Wellness and/or Fitness Programs

*q* Rehabilitation and Occupational Therapy in the community

*q* Wellness Activities for the elderly and disabled

*q* Support Groups for persons with diabetes and other conditions

*q* Therapeutic Bath (specially equipped bath located in a common place)

*q* Health Classes and Workshops (please list what kinds)

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10. What do you think is good about the home care services in your community?

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11. Comments

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*Thank You for taking the time to fill this in.*