



# The Canadian Survey of Experiences with Primary Health Care

Confidential when complete.  
 Collected under the authority of the *Statistics Act*, Statutes of Canada, 1985, Chapter S19.  
 Aussi disponible en français

## Introduction

Hello my name is ... and I am calling from Statistics Canada. May I speak to..... Would you prefer I continue in English or in French? I'm calling about a study we are doing on Canadians' experiences with the health care system on behalf of the Health Council of Canada. The information from this national survey will be used to report to Canadians on their health care system.

While participation in this survey is voluntary, your cooperation is important to ensure that the information collected is as accurate and as comprehensive as possible. Your answers will be kept strictly confidential and used only for statistical purposes.

Finally, my supervisor may listen in for purposes of quality control.

### FINAL OUTCOME CODE

- 70  Complete
- 71  Partial
- 10  No contact
- 20  Absent for duration of survey
- 22  Language barrier (not official language)
- 36  Unable to trace
- 56  Not eligible
- 64  Deceased
- 80  Refusal
- 90  Unusual/Special circumstances

SAMPLE ID

PERSON ID

--	--

### Fill section in only if information on label has changed or is incorrect

Family Name

--

Given Name

--

Number and Street or lot and concession or exact location

--

R.R. No.

P.O. Box No.

City, Town, Village, Municipality, Indian Reserve

--	--	--

Province or Territory

Postal code

Area code

Telephone Number

--	--	--	--	--	--

Interviewer's Identification Number

--	--	--	--	--

Batch Number

--	--	--

Interviewer's Assignment Number

--	--	--

Day

Month

Year

Interviewer's Signature

--

--	--	--	--	--





**Respondent Confirmation – Ask all respondents**

In order to confirm we have made contact with the correct ..... We need to ask you a few questions.

**RC1. What is your age?**

Interviewer: Calculate respondent's age plus or minus 5 years and cross check with age on the label.

(If age is within range +/- 5, go to module A, p. 2.)

**RC2. Does another ..... live in this household?**

1  Yes (Go to RC 3)

2  No (Go to RC End)

**RC3. Would it be possible to speak to him/her?**

1  Yes (Return to introduction)

2  No (Make appointment to call back)

**RC End. I'm sorry I must have the wrong number, thank you for your time.**

**A. HEALTH STATUS Module – Ask all respondents**

First, I'd like to ask you a question about your health.

**A1. In general, would you say YOUR health is:**

1  Excellent?

2  Very good?

3  Good?

4  Fair?

5  Poor?

7  Don't know

8  Refusal

**End of module**





**B. PRIMARY HEALTH CARE TYPE Module – Ask all respondents**

Now I'd like to ask about your primary health care. It is often the main source of preventive as well ongoing or essential care people receive.

**B1. Do you have a regular medical doctor?**

1  Yes      —————> (Go to module C, p. 4)

2  No      —————> (Go to B2)

7  Don't know      —————> (Go to B3)

8  Refusal      —————> (Go to B3)

**B2. Why do you not have a regular medical doctor?**

Interviewer: Mark all that apply.

1  No medical doctors available in the area

2  Medical doctors in the area are not taking new patients

3  Have not tried to contact one

4  Had a medical doctor who left or retired

7  Don't know

8  Refusal

**B3. Is there a place that you usually go to if you are sick or need advice about your health?**

1  Yes      —————> (Go to module C, p. 4)

2  No      —————> (Go to module D, p. 7)

7  Don't know      —————> (Go to module D, p. 7)

8  Refusal      —————> (Go to module D, p. 7)

**End of module**





## C. PRIMARY HEALTH CARE USE Module – This Module to be asked to respondents who answered YES to B1 or B3

You told us that you have a regular doctor or place where you go for health care. This doctor or place will now be referred to as your primary care provider for the rest of the questions.

**C1. Is there a nurse working with your primary care provider who is regularly involved in your health care?**

- 1  Yes
- 2  No
- 7  Don't know
- 8  Refusal

**C2. Other than your primary care provider, other doctors and a nurse, are there other health professionals like dietitians and nutritionists working in the same office where you get your regular health care?**

- 1  Yes
- 2  No
- 7  Don't know
- 8  Refusal

**C3. How long have you been seeing or going to this primary care provider?**

- 1  Less than one year
- 2  1 to 2 years
- 3  3 to 4 years
- 4  5 to 7 years
- 5  More than 7 years
- 7  Don't know
- 8  Refusal

**C4. When you go to your primary care provider, are you taken care of by the same medical doctor or nurse each time?**

- 1  Definitely
- 2  Probably
- 3  Probably not
- 4  Definitely not
- 7  Don't know
- 8  Refusal





**C5. If you have a question can you call and talk to the primary care provider who knows you best?**

- 1  **Definitely**
- 2  **Probably**
- 3  **Probably not**
- 4  **Definitely not**
- 7  **Don't know**
- 8  **Refusal**

**C6. Would you recommend your primary care provider to a friend or relative?**

- 1  **Definitely**
- 2  **Probably**
- 3  **Probably not**
- 4  **Definitely not**
- 7  **Don't know**
- 8  **Refusal**

Interviewer: Probe if respondent says no, to see if primary care provider is retiring or cannot take new patients

**C7. The health professionals that give you health care in your regular place of care, seem to work well together at this place. Do you...**

- 1  **Strongly agree**
- 2  **Agree**
- 3  **Disagree**
- 4  **Strongly disagree**
- 7  **Don't know**
- 8  **Refusal**

**C8. The health professionals that give you health care in your regular place of care, seem to work well with the other professionals such as pharmacists, physiotherapists and others that you see at other places. Do you...**

- 1  **Strongly agree**
- 2  **Agree**
- 3  **Disagree**
- 4  **Strongly disagree**
- 7  **Don't know**
- 8  **Refusal**





**C9. The health professionals that give you health care in your regular place of care, seem to work well with the other parts of the health care system such as hospitals and specialists' offices. Do you...**

- 1  **Strongly agree**
- 2  **Agree**
- 3  **Disagree**
- 4  **Strongly disagree**
- 7  **Don't know**
- 8  **Refusal**

**C10. Your primary care provider delivers a range of services that meets most or all of your primary health care needs. Do you...**

- 1  **Strongly agree**
- 2  **Agree**
- 3  **Disagree**
- 4  **Strongly disagree**
- 7  **Don't know**
- 8  **Refusal**

**End of module**

FOR INFORMATION ONLY





## D. PRIMARY HEALTH CARE UTILIZATION – Ask all respondents

Now I'd like to ask about various health professionals you have seen or talked to in the past 12 months, that is from [date one year ago] to yesterday.

**D1. In the past 12 months, have you been a patient overnight in a hospital, nursing home or convalescent home?**

1  Yes      → (Go to D1a)

2  No

7  Don't know

8  Refusal

} (Go to D2)

**D1a. For how many nights in the past 12 months?**

Nights

7  Don't know

8  Refusal

**D2. (Not counting when you were an overnight patient,) in the past 12 months, how many times have you seen or talked about your physical, emotional or mental health with a family doctor or general practitioner?**

Interviewer: Include face to face and telephone contacts

Times

7  Don't know

8  Refusal

**D3. (Not counting when you were an overnight patient,) in the past 12 months, how many times have you seen or talked about your physical, emotional or mental health with any other medical doctor (e.g. surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?**

Times

7  Don't know

8  Refusal

**D4. (Not counting when you were an overnight patient,) in the past 12 months, how many times have you seen or talked about your physical, emotional or mental health with a nurse?**

Times

7  Don't know

8  Refusal





**D5. (Not counting when you were an overnight patient,) in the past 12 months, how many times have you seen or talked about your physical, emotional or mental health with a physiotherapist, social worker or counsellor?**

Times

7  Don't know

8  Refusal

**D6. (Not counting when you were an overnight patient,) in the past 12 months, how many times have you seen or talked about your physical, emotional or mental health with a pharmacist or dietician?**

Interviewer: Include filling in a prescription

Times

7  Don't know

8  Refusal

**D7. (Not counting when you were an overnight patient ) in the past 12 months, including your regular medical doctor, how many different doctors and specialists have you seen?**

Interviewer: Exclude phone consultations and consultations resulting from overnight stays

1  **Zero**

2  **One**

3  **2-3**

4  **4 or more**

5  **More than 1, can't remember exact number**

7  Don't know

8  Refusal

**Interviewer check. Continue with the following module if respondent answered 1 or more to D2**

**If NO TO D2, Skip Module E and Go TO Module F  
Access to Health Care Module – P. 14**

**End of module**







**E. EXPERIENCES WITH PRIMARY HEALTH CARE PROVIDERS Module –  
Ask respondents who answered 1 or more to D2**

The next questions are about your experiences when receiving health care from all your primary care providers responsible for your regular care. These questions are about your experiences with these providers over the PAST 12 MONTHS.

**E1. In the past 12 months, how often did your primary care providers give you the help you needed to make changes in your habits or lifestyle that would improve your health or prevent illness?**

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Not applicable
- 7  Don't know
- 8  Refusal

Interviewer: probe to distinguish "Never in past 12 months" from Not applicable

**E2. In the past 12 months, how often did your primary care providers talk with you about specific things you could do to improve your health or prevent illness (such as smoking cessation, alcohol consumption, exercise, stress, safe sex, etc..)?**

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Not applicable
- 7  Don't know
- 8  Refusal

Interviewer: probe to distinguish "Never in past 12 months" from Not applicable





**E3. In the past 12 months, how often did your primary care providers give you the help you wanted to reach or maintain a healthy body weight?**

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Not applicable
- 7  Don't know
- 8  Refusal

Interviewer: probe to distinguish "Never in past 12 months" from Not applicable

**E4. In the past 12 months, how often did your primary care providers clearly explain results of your physical exam?**

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Not applicable
- 7  Don't know
- 8  Refusal

Interviewer: probe to distinguish "Never in past 12 months" from Not applicable

**E5. In the past 12 months, how often did your primary care providers explain your test results, such as blood tests, x-rays, or cancer screening tests?**

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Not applicable
- 7  Don't know
- 8  Refusal

Interviewer: probe to distinguish "Never in past 12 months" from Not applicable





**E6. In the past 12 months, how often did your primary care providers take your health concerns very seriously?**

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Not applicable
- 7  Don't know
- 8  Refusal

Interviewer: probe to distinguish "Never in past 12 months" from Not applicable

**E7. In the past 12 months, how often did your primary care providers let you say what you thought was important?**

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Not applicable
- 7  Don't know
- 8  Refusal

Interviewer: probe to distinguish "Never in past 12 months" from Not applicable

**E8. In the past 12 months, how often did your primary care providers really find out what your concerns were?**

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Not applicable
- 7  Don't know
- 8  Refusal

Interviewer: probe to distinguish "Never in past 12 months" from Not applicable





**E9. In the past 12 months, how often did your primary care providers use words that were hard to understand?**

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Not applicable
- 7  Don't know
- 8  Refusal

Interviewer: probe to distinguish "Never in past 12 months" from Not applicable

**E10. In the past 12 months, how often did your primary care providers speak too fast?**

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Not applicable
- 7  Don't know
- 8  Refusal

Interviewer: probe to distinguish "Never in past 12 months" from Not applicable

**E11. Thinking about the times you have received health care or procedures in the past 12 months, have you received conflicting information from different medical doctors or health care professionals?**

- 1  Yes
- 2  No
- 6  Not applicable
- 7  Don't know
- 8  Refusal

**E12. In the past 12 months when getting care for a health problem was there ever a time when test results, medical records, or reasons for referrals were not available at the time of your scheduled doctor's appointment?**

- 1  Yes
- 2  No
- 6  Not applicable
- 7  Don't know
- 8  Refusal





**E13. In the past 12 months, when getting care for a health problem, was there ever a time when doctors ordered a medical test that you felt was unnecessary because the test had already been done?**

- 1  Yes
- 2  No
- 6  Not applicable
- 7  Don't know
- 8  Refusal

**E14. Overall, how do you rate the quality of health care that you have received in the past 12 months from the primary care provider you rely on most for your care?**

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor
- 6  Not applicable
- 7  Don't know
- 8  Refusal

**E15. Overall, how do you rate the quality of health care that you have received in the past 12 months?**

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor
- 6  Not applicable
- 7  Don't know
- 8  Refusal

**End of module**





## F. ACCESS TO HEALTH CARE Module – Ask all respondents

The next questions are about any problems you may have had ACCESSING care that you may have needed in the past 12 months.

**F1. In the past 12 months, did you require any routine or on-going care?**

1  Yes  
 2  No  
 7  Don't know  
 8  Refusal

} (Go to F4)

**F2. In the past 12 months, did you ever experience any difficulties getting the routine or on-going care you needed?**

1  Yes  
 2  No  
 7  Don't know  
 8  Refusal

} (Go to F4)

**F3. What type of difficulties did you experience?**

Interviewer: Mark all that apply. Do not read list.

01  Difficulty contacting a physician  
 02  Difficulty getting an appointment  
 03  Do not have personal / family physician  
 04  Waited too long – to get an appointment  
 05  Waited too long – to see the physician (i.e. in-office waiting)  
 06  Service not available – at time required  
 07  Service not available – in the area  
 08  Transportation – problems  
 09  Language – problem  
 10  Cost  
 11  Did not know where to go (i.e. information problems)  
 12  Unable to leave the house because of a health problem  
 13  Other – Specify \_\_\_\_\_  
 97  Don't know  
 98  Refusal





The next questions are about situations when you have needed immediate care for a **MINOR HEALTH PROBLEM** such as fever, headache, a sprained ankle, vomiting or an unexplained rash.

**F4. In the past 12 months, have you required immediate health care services for a minor health problem?**

- 1  Yes
  - 2  No
  - 7  Don't know
  - 8  Refusal
- } (Go to F7)

**F5. In the past 12 months, did you ever experience any difficulties getting the immediate care needed for a minor health problem?**

- 1  Yes
  - 2  No
  - 7  Don't know
  - 8  Refusal
- } (Go to F7)

**F6. What type of difficulties did you experience?**

Interviewer: Mark all that apply. Do not read list.

- 01  Difficulty contacting a physician
- 02  Difficulty getting an appointment
- 03  Do not have personal / family physician
- 04  Waited too long – to get an appointment
- 05  Waited too long – to see the physician (i.e. in-office waiting)
- 06  Service not available – at time required
- 07  Service not available – in the area
- 08  Transportation – problems
- 09  Language – problem
- 10  Cost
- 11  Did not know where to go (i.e. information problems)
- 12  Unable to leave the house because of a health problem
- 13  Other – Specify \_\_\_\_\_
- 97  Don't know
- 98  Refusal





**F7. In the past 12 months, did you require a visit to a specialist for a diagnosis or a consultation?**

- 1  Yes
  - 2  No
  - 7  Don't know
  - 8  Refusal
- } (Go to F10)

**F8. In the past 12 months, did you ever experience any difficulties getting the specialist care you needed for a diagnosis or consultation?**

- 1  Yes
  - 2  No
  - 7  Don't know
  - 8  Refusal
- } (Go to F10)

**F9. What type of difficulties did you experience?**

Interviewer: Mark all that apply. Do not read list.

- 01  Difficulty contacting a physician
- 02  Difficulty getting an appointment
- 03  Do not have personal / family physician
- 04  Waited too long – to get an appointment
- 05  Waited too long – to see the physician (i.e. in-office waiting)
- 06  Service not available – at time required
- 07  Service not available – in the area
- 08  Transportation – problems
- 09  Language – problem
- 10  Cost
- 11  Did not know where to go (i.e. information problems)
- 12  Unable to leave the house because of a health problem
- 13  Other – Specify \_\_\_\_\_
- 97  Don't know
- 98  Refusal

**F10. During the past 12 months, was there ever a time when you felt that you needed health care but you didn't receive it?**

- 1  Yes
  - 2  No
  - 7  Don't know
  - 8  Refusal
- } (Go to module G, p. 18)







**F11. Thinking of the most recent time, why didn't you get care?**

Interviewer: Mark all that apply. Do not read list.

- 01  Difficulty contacting a physician
- 02  Difficulty getting an appointment
- 03  Do not have personal / family physician
- 04  Waited too long – to get an appointment
- 05  Waited too long – to see the physician (i.e. in-office waiting)
- 06  Service not available – at time required
- 07  Service not available – in the area
- 08  Transportation – problems
- 09  Language – problem
- 10  Cost
- 11  Did not know where to go (i.e. information problems)
- 12  Unable to leave the house because of a health problem
- 13  Other – Specify \_\_\_\_\_
- 97  Don't know
- 98  Refusal

**End of module**

FOR INFORMATION ONLY





## G. EMERGENCY ROOM (E.R.) USE – Ask all respondents

The next questions are about accessing health care from an emergency department over the past 12 months.

**G1. How many times have you personally used a hospital emergency department in the past 12 months?**

Times → (If 0 go to module H, p. 19)

7  Don't know }  
8  Refusal } (Go to module H, p. 19)

**G2. The last time you went to the hospital emergency department, how long did you wait before being treated?**

INTERVIEWER: Do not read list

- 1  Less than 1 hour
- 2  1 to less than 2 hours
- 3  2 to less than 4 hours
- 4  4 or more hours
- 5  Never seen/left without being seen
- 7  Don't know
- 8  Refusal

**G3. The last time you went to the hospital emergency department, was it for a condition that you thought could have been treated by your primary care provider if he or she had been available?**

- 1  Yes
- 2  No
- 7  Don't know
- 8  Refusal

**End of module**





## H. PRESCRIPTION MEDICATION USE Module – Ask all respondents

The next questions are about prescription medications you are currently using.

**H1. How many different prescription medications are you taking on a regular or ongoing basis?**

- 1  None → (Go to module I, p. 21)
- 2  1-3
- 3  4 or more
- 7  Don't know → (Go to module I, p. 21)
- 8  Refusal → (Go to module I, p. 21)

**H2. In the past 12 months, how often have your medical doctors or pharmacists, explained the side effects of any medication that was prescribed:**

- 1  Always
- 2  Often
- 3  Sometimes
- 4  Rarely
- 5  Never
- 7  Don't know
- 8  Refusal

**H3. In the past 12 months, how often have your medical doctors or pharmacists, reviewed and discussed all the different medications you are using, including medicines prescribed by other medical doctors?**

- 1  Always
- 2  Often
- 3  Sometimes
- 4  Rarely
- 5  Never
- 7  Don't know
- 8  Refusal





**H4. In the past 12 months, have you had a side effect from a prescription that required you to visit a medical doctor or emergency room?**

- 1  Yes
- 2  No
- 7  Don't know
- 8  Refusal

**H5. In the past 12 months, have you ever been given the wrong medication or wrong dose by a doctor, nurse, hospital or pharmacist when "filling" a prescription at a pharmacy?**

- 1  Yes
- 2  No (**Go to module I, p. 21**)
- 7  Don't know (**Go to module I, p. 21**)
- 8  Refusal (**Go to module I, p. 21**)

**H5A Did this occur while you were hospitalized?**

- 1  Yes
- 2  No
- 7  Don't know
- 8  Refusal

**H6. Did this wrong medication or dose cause a...**

- 1  **Very serious health problem**
- 2  **Somewhat serious health problem**
- 3  **Not serious health problem**
- 4  **No health problem at all**
- 7  Don't know
- 8  Refusal

**H7. Did the medical doctor or health professional involved tell you that an error had been made in your treatment?**

- 1  Yes
- 2  No
- 7  Don't know
- 8  Refusal

**End of module**





# I. CHRONIC CONDITIONS Module – Ask all respondents

Now I'd like to ask about chronic health conditions that you may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.

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

INTERVIEWER: Read list and check all that apply:

	Yes	No	Don't know	Refused
a) Arthritis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
b) Asthma	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
c) Chronic Pain, diagnosed by a Health Professional	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
d) Chronic obstructive pulmonary disease (COPD) <u>Interviewer:</u> Include any disorder marked by a persistent obstruction of bronchial airflow in the lungs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
e) Cancer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
f) Depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
g) A mood disorder other than depression, such as bipolar disorder, mania, manic depression, or dysthymia?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
h) Diabetes <u>Interviewer:</u> Count borderline, any type	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
i) Heart Disease	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
j) Stroke	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
k) High Blood Pressure or hypertension	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
l) Traumatic Head Injury	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>

Interviewer check: IF NO TO ALL CHRONIC CONDITIONS GO TO module K, p. 31





Staying healthy can be difficult when you have a chronic condition. We would like to learn about the type of help you get from your primary care providers.

For the next set of questions think about the health care you've received for your chronic condition over the past 6 months. If it's been more than 6 months since you've seen your primary care providers, think about your most recent visit.

12. Over the past 6 months or when you last received care for your chronic condition(s), were you asked how your chronic condition(s) affects your life?

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal

13. Over the past 6 months or when you last received care for your chronic condition(s), were you asked questions about your health habits?

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal

14. Over the past 6 months or when you last received care for your chronic condition(s), were you asked to talk about your goals in caring for your chronic condition(s)?

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal





**15.** (Over the past 6 months or when you last received care for your chronic condition(s)), **were you helped to set specific goals to improve your eating or exercise?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal

**16.** (Over the past 6 months or when you last received care for your chronic condition(s)), **were you shown that what you did to take care of yourself influenced your chronic condition(s)?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal

**17.** (Over the past 6 months or when you last received care for your chronic condition(s)), **were you given a written list of things you should do to improve your health?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal





**18. Over the past 6 months or when you last received care for your chronic condition(s), were you helped to plan ahead so you could take care of your chronic condition even in hard times?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal

**19. (Over the past 6 months or when you last received care for your chronic condition(s)), were you encouraged to go to a specific group or class such as an educational seminar to help cope with your chronic condition?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal

**110. (Over the past 6 months or when you last received care for your chronic condition(s)), were you encouraged to attend programs in the community such as support groups or exercise classes that could help you?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal







**111.** (Over the past 6 months or when you last received care for your chronic condition(s)), **were you referred to a dietician, health educator, or counselor?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal

**112.** **Over the past 6 months or when you last received care for your chronic condition(s), were you told how your visits with other types of doctors (e.g. specialists or surgeon) helped your treatment?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal

**113.** (Over the past 6 months or when you last received care for your chronic condition(s)), **were you asked how your visits with other medical doctors were going?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal





**114.** (Over the past 6 months or when you last received care for your chronic condition(s)), **did your primary care provider consider your values and traditions when he/she recommended treatment to you?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal

**115.** (Over the past 6 months or when you last received care for your chronic condition(s)), **were you helped to make a treatment plan that you could do in your daily life?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 6  Never (No treatment plan – Go to I18)
- 7  Don't know
- 8  Refusal

**116.** **Over the past 6 months or when you last received care for your chronic condition(s), were you asked for your ideas when you and your primary care provider made a treatment plan?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal





**117.** (Over the past 6 months or when you last received care for your chronic condition(s)), **were you given a copy of your treatment plan?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal

**118.** (Over the past 6 months or when you last received care for your chronic condition(s)), **were you contacted after a visit with your primary care providers to see how things were going?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal

**119.** (Over the past 6 months or when you last received care for your chronic condition(s)), **were you satisfied that your care was well organized?**

- 1  Almost always
- 2  Most of the time
- 3  Sometimes
- 4  Generally not
- 5  Almost never
- 7  Don't know
- 8  Refusal

**End of module**





## J. PATIENT ACTIVATION Module – Ask respondents with chronic conditions

The following questions are related to how involved you are in thinking about or making decisions about your own health and health care.

**J1. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition. Do you...**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 7  Don't know
- 8  Refusal

**J2. I know what each of my prescribed medications do. Do you...**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 7  Don't know
- 8  Refusal

**J3. I am confident I can tell my primary care providers concerns I have even when he or she does not ask. Do you...**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 7  Don't know
- 8  Refusal





**J4. I am confident that I can follow through on medical treatments I need to do at home. Do you...**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 7  Don't know
- 8  Refusal

**J5. I understand the nature and causes of my health condition(s). Do you...**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 7  Don't know
- 8  Refusal

**J6. I know the different medical treatment options available for my health condition. Do you...**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 7  Don't know
- 8  Refusal

**J7. I have been able to maintain the lifestyle changes for my health that I have made. Do you...**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 7  Don't know
- 8  Refusal





**J8. I know how to prevent further problems with my health condition. Do you...**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 7  Don't know
- 8  Refusal

**J9. I am confident I can figure out solutions when new situations or problems arise with my health condition. Do you...**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 7  Don't know
- 8  Refusal

**J10. I am confident that I can maintain lifestyle changes like diet and exercise even during times of stress. Do you...**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 7  Don't know
- 8  Refusal

**End of module**





## K. MANAGING OWN HEALTH CARE – Ask all respondents

The next questions ask about your role in managing your own health care.

**K1. When all is said and done, I am the person who is responsible for managing my health. Do you...**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 7  Don't know
- 8  Refusal

**K2. Taking an active role in my own health care is the most important factor in determining my health and ability to function. Do you...**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 7  Don't know
- 8  Refusal

**K3. I am confident that I can tell when I need to go get health care and when I can handle a health problem myself. Do you...**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 7  Don't know
- 8  Refusal

**End of module**





## L. CONFIDENCE IN HEALTH CARE Module – Ask all respondents

Now I'd like to ask you about your confidence in Canada's current health care system.

**L1. Overall, how confident are you that if you become seriously ill, you will get quality and safe health care when you need it? Are you...**

- 1  Very confident
- 2  Somewhat confident
- 3  Not very confident
- 4  Not at all confident
- 7  Don't know
- 8  Refusal

**L2. Overall, would you say that your confidence in the Canadian health system is:**

- 1  Rising
- 2  Falling
- 3  About the same as it ever was
- 7  Don't know
- 8  Refusal

**L3. What approach would you say that Canada's health system requires at present?**

- 1  A complete rebuilding from the ground up
- 2  Some fairly major repairs
- 3  Some minor tuning up
- 4  Everything is fine the way it is
- 7  Don't know
- 8  Refusal

**End of module**







## M. DEMOGRAPHICS Module – Ask all respondents

**Now, a few general questions that will help us analyze the survey data.**

**M1.** Record gender of participant:    **Male**    **Female**

**M2. What is your date of birth?**

            **INTERVIEWER:** Insist on year of birth  
 DAY      MONTH      YEAR

7  Don't know

8  Refusal

**M3. I would like to confirm the province or territory in which you live**

10  Newfoundland and Labrador

11  Prince Edward Island

12  Nova Scotia

13  New Brunswick

24  Quebec

35  Ontario

46  Manitoba

47  Saskatchewan

48  Alberta

59  British Columbia

60  Yukon

61  Northwest Territories

62  Nunavut

**M4. What is the highest grade or level of education you have ever reached?**

01  No schooling

02  Some elementary

03  Completed elementary

04  Some secondary

05  Completed secondary

06  Some community college, technical college, CEGEP or nurse's training

07  Completed community college, technical college, CEGEP or nurse's training

08  Some university or teacher's college

09  Completed university or teacher's college

10  Other education or training

97  Don't know

98  Refusal





**M5. Which of the following describes you best?**

Interviewer: Check one only.

- 01  Employed full-time (including self-employed or on a work training program)
- 02  Employed part-time (including self-employed or on a work training program)
- 03  Unemployed and looking for work
- 04  At school or in full-time education
- 05  Unable to work due to long-term sickness or disability
- 06  Looking after your home/family
- 07  Retired from paid work
- 08  Other – Specify: \_\_\_\_\_
- 97  Don't know
- 98  Refusal

**M6. What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?**

- 1  Less than \$9,999
- 2  Between \$10,000 and \$29,999
- 3  Between \$30,000 and \$49,999
- 4  Between \$50,000 and \$79,999
- 5  Between \$80,000 and \$99,999
- 6  Over \$100,000
- 7  Don't know
- 8  Refusal

**M7. Including yourself, how many persons usually live here?**

- (number of persons)
- 7  Don't know
- 8  Refusal

**To avoid duplication, Statistics Canada has developed an agreement to share the information from the interviews conducted as part of this survey with the Health Council of Canada. The Council has undertaken to keep this information confidential and use it only for statistical purposes.**

**M8. Do you agree to share the information with the Health Council of Canada?**

- 1  Yes
- 2  No





Finally, we would like your permission to link information collected during this interview to your past survey answers to the Canadian Community Health Survey collected in 2005 by Statistics Canada.

**M9. This linked information will be kept confidential and used only for statistical purposes by Statistics Canada and will not be shared with the Health Council of Canada. Do we have your permission?**

1  Yes

2  No

We've reached the end of the interview. Thank you very much for your time and contribution. Your input will assist us in understanding your experiences with health care in Canada. The results of this survey will be available in 2007 and will be on the Health Council of Canada's website or you can contact their office.

FOR INFORMATION ONLY





## Record of contact

Contact Number	Date		Time		Contact		Notes
	Day	Month	Started	Ended	Type	Outcome code	
1	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
2	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
3	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
4	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
5	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
6	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
7	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
8	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
9	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
10	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
11	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
12	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
13	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
14	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
15	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
16	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
17	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
18	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
19	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
20	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
21	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
22	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
23	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
24	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
25	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	

FOR INFORMATION ONLY





★

★

FOR INFORMATION ONLY

★

★



FOR INFORMATION ONLY



★

★

FOR INFORMATION ONLY

★

★