

1. What is your gender?

- Male
- Female
- Other

2. What age group do you fall into?

- Below 25 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and older

3. Do you have a chronic medical condition such as diabetes, asthma, high blood pressure or heart disease?

- Yes
- No

4. Do you have a family doctor?

- Yes
- No, but I am looking for one
- No, and I am not looking for one

If you have a family doctor:

5. How long have you had your family doctor?

- Less than 6 months
- 6 months to a year
- Between 1 and 2 years
- Between 2 and 5 years
- Between 5 and 10 years
- More than 10 years

6. How did you find your family doctor?

- Through the College of Physicians and Surgeons website
 - Through a walk-in clinic
 - Referred by family or friends
 - Referred by a retiring doctor
 - Referred from Emergency Room
 - Referred from other clinics
 - Called around until I found one
 - Other, please specify
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If you don't have a family doctor but are looking for one:

5. What is the main reason that you have been unable to find a family doctor?

- No family doctors in the area
 - No family doctors that are taking new patients
 - Have not been looking for a long time
 - Have not spent much time looking
 - Have not liked the ones that are available
 - In good health, so not urgent to find one
 - Other, please specify
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6. What steps have you taken to look for a family doctor? (Check all that apply)

- Through the College of Physicians and Surgeons website
 - Through a walk-in clinic
 - Talking to family or friends
 - Calling around
 - Other, please specify
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7. Why did you come here today? (Check all that apply)

- Routine examination/ annual examination
 - Follow-up of a health problem/pregnancy follow-up
 - New health problem
 - An urgent but minor health problem
 - Prescription renewal
 - Many issues to discuss
 - Other, please specify:
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8. How long was the time period between making this appointment and your visit today?

- I had a walk-in appointment
- 1 to 2 days
- Between 2 days and 1 week
- 1 to 2 weeks
- 2 to 4 weeks
- 4 to 6 weeks
- More than 6 weeks

If this wasn't a walk-in appointment, answer question 9

9. How easy was it to make this appointment?

- Very easy
- Fairly easy
- Not very easy
- Not at all easy

10. How easy was it to get through to someone at your clinic on the phone?

- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Not applicable

11. Were there times when you had difficulty getting the healthcare or advice you needed?

- No
- Yes, once (go to next question)
- Yes, several times (go to next question)

12. If yes, what type of difficulties did you experience? (check all that apply)

- Difficulty contacting a physician
 - A specialist was unavailable
 - Difficulty getting an appointment
 - Do not have person/family physician
 - Waited too long to get an appointment
 - Waited too long in the waiting room
 - Service not available at time required
 - Service not available in the area
 - Transportation problems
 - Cost issues
 - Language problems
 - Did not feel comfortable with the available doctor or nurse
 - Did not know where to go (ie information problems)
 - Unable to leave the house because of a health problem
 - Other, please specify:
-
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13. When you come to this clinic, how often are you taken care of by the same person?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Not applicable

14. Who do you see at this clinic to manage your health concerns? (Check all that apply)

- Only my usual doctor
 - Other family doctor or general practitioner
 - A specialist doctor
 - A nurse
 - A nurse practitioner or specialist nurse
 - A nutritionist or dietitian
 - A physiotherapist or an occupational therapist
 - A psychologist or social worker
 - An Indigenous Healer
 - Complementary/Alternative healer (eg acupuncturist, chiropractor, etc) please specify:
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- Other, please specify:
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15. We refer to ALL the different types of people you checked in the previous question as the “healthcare team” even if you see just one person.

	No not at all	No not really	Yes, to some extent	Yes, mostly	Yes, definitely	No, I haven't needed such support
Does the healthcare team here provide everything you need to help you manage your health concerns?						
Are you encouraged to go to a specific group or class to help you manage your health concerns?						

16. We refer to ALL the different types of people you checked in question 14 as the “healthcare team” even if you see just one person. About all the care at this clinic...

	No not at all	No not really	Yes, to some extent	Yes, definitely	Does not apply to me
Does the healthcare team here help you feel that your everyday activities such as diet and lifestyle make a difference to your health?					
Does the healthcare team here give you a sense of control over your health?					
Does the healthcare team here help you feel that sticking with your treatment would make a difference?					
Does the healthcare team here help you feel confident about your ability to take care of your health?					

17. We refer to ALL the different types of people you checked in question 14 as the “healthcare team” even if you see just one person. Think about what your healthcare team does when you need care from other places.

	Not at all	A little	Moderately	A lot	A great deal
How much does your healthcare team help you get the healthcare you need from other places?					
How much does your healthcare team contact other health professionals about your care?					
How much does your healthcare team keep in contact with you even when you receive care in other places?					
Does the healthcare team here help you feel confident about your ability to take care of your health?					

18. The following are nine statements that a person can make about his or her family doctor. Please choose the appropriateness of each statement for your family doctor.

	Not at all appropriate	Somewhat appropriate	Appropriate	Mostly appropriate	Totally appropriate
My family doctor helps me					
My family doctor has enough time for me					
I trust my family doctor					
My family doctor understands me					
My family doctor is dedicated to helping me					
My family doctor and I agree on the nature of my medical symptoms					
I can talk to my family doctor					
I feel content with my family doctor's treatment					
I find my family doctor easily accessible					

19. How good is your family doctor at the following.

	Very poor	Poor	Fair – neither good nor poor	Good	Very good
Giving you enough time					
Listening to you					
Explaining tests and treatments					
Involving you in decisions about your care					

20. A treatment plan is a set of actions your family doctor recommends to manage your health problem. Think about how well your family doctor adapted your treatment plan to your personal needs.

	No	Yes, sometimes	Yes, often	I did not have any treatment
Does your family doctor ask if you felt you could do the recommended treatment plan?				
When there are treatment choices, does your family doctor ask you what treatment you would prefer?				

21. How often does your family doctor explore how manageable treatments would be for you?

- Not at all
- A little
- Mostly
- Completely

22. Thinking about the personal aspects of the care you receive from your family doctor, how would you rate the following:

	Very poor	Poor	Fair	Good	Very Good	Excellent
Amount of time your family doctor spends with you						
Family doctor's patience with your questions or worries						
Family doctor's friendliness and warmth towards you						
Family doctor's caring and concern for you						
Family doctor's respect for you						

23. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

24. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities, If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf?			
Climbing several flights of stairs			

25. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
Accomplished less than you would like					
Were limited in the kind of work or other activities					

26. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
Accomplished less than you would like					
Didn't do work or other activities as carefully as usual					

27. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

28. How much of the time during the past 4 weeks:

	All of the time	Most of the time	A good bit of the time	A little of the time	None of the time
Have you felt calm and peaceful?					
Did you have a lot of energy?					
Have you felt downhearted and blue?					

29. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

30. Now, we'd like to ask you some questions about how your health may have changed.

	Much better	Slightly better	About the same	Slightly worse	Much worse
<u>Compared to one year ago</u> , how would you rate your physical health in general now?					
<u>Compared to one year ago</u> , how would you rate your emotional problems (such as feeling anxious, depressed or irritable) now?					

31. Which of the following categories best describes your total household income before taxes?

- Less than \$20,000
- \$20,000 to less than \$40,000
- \$40,000 to less than \$60,000
- \$60,000 to less than \$80,000
- \$80,000 to less than \$100,000
- \$100,000 to less than \$125,000
- \$125,000 or more
- Prefer not to answer

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

- Grade school or some high school
- Completed high school
- Post-secondary technical school
- Some college or university
- Completed college diploma
- Completed university degree
- Post-grad degree (Masters, PhD, etc.)
- Prefer not to answer

33. Which of the following describes you best?

- Employed full-time (including self-employed or on a work training program)
- Employed part-time (including self-employed or on a work training program)
- Unemployed and looking for work
- At school or in full-time education
- Unable to work due to long-term sickness or disability
- Looking after your home/family
- Retired from paid work
- Other, please specify

Prefer not to answer