

Your Visit Today

This page is about the visit you had the day you were given this survey

1. Why did you come here today?

Check all that apply

- A check-up or routine care
 An illness, injury, or condition that needed care right away
 Other, specify: _____

2. How long was the time between making this appointment and your visit today?

- I had a walk-in visit → Go to #4
 It was the same day
 It was the next day
 Between 2 days and 1 week
 1 to 2 weeks
 2 to 4 weeks
 4 to 6 weeks
 More than 6 weeks

3. How would you rate this wait?

- Not acceptable at all
 Not very acceptable
 Moderately acceptable
 Acceptable
 Very acceptable

The care provider you saw TODAY

4. How would you evaluate the amount of time that this care provider gave you in this visit?

- Very good
 Good
 Fair
 Poor
 Very poor

5. How would you evaluate the way this care provider listened to you during the visit?

- Very good
 Good
 Fair
 Poor
 Very poor

6. How would you evaluate the way this care provider explained things in a way you could understand?

- Very good
 Good
 Fair
 Poor
 Very poor

7. How would you evaluate the way this care provider involved you in decisions about your care in this visit?

- Very good
 Good
 Fair
 Poor
 Very poor

8. How would you evaluate this care provider's knowledge of your medical history?

- Very good
 Good
 Fair
 Poor
 Very poor

9. Overall, how would you rate the care you received in your visit today?

- Excellent
 Very good
 Good
 Fair
 Poor
 Very poor

Your Regular Provider

10. Is there a **regular healthcare provider** who knows you best at this clinic?

- Yes
 No → If No, go to #43

11. Is this regular healthcare provider:

- A family doctor or general practitioner?
or
 Some other health professional?
Please specify: _____

12. What is the name of this regular healthcare provider?

The questions in this survey will refer to your **regular healthcare provider** as "this provider"
Please think of that person as you answer the survey.

13. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- Yes
 No

14. How long have you been going to this provider?

- Less than 6 months
 At least 6 months but less than 1 year
 At least 1 year but less than 3 years
 At least 3 years but less than 5 years
 5 years or more

15. Did you see this provider today?
(The visit when you were given this survey)

- Yes
 No

Your Care From Your Regular Provider in the Last 12 Months

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. If you saw your regular provider when you received this survey, please include that visit.

16. In the last 12 months, how many times did you visit this provider to get care for yourself?

- None → If None, go to #43
 1 time
 2
 3
 4
 5 to 9
 10 or more times

17. In the last 12 months, did you contact this provider's office to get an appointment for an illness, injury, or condition that **needed care right away**?

- Yes
 No → If No, go to #19

18. In the last 12 months, when you contacted this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

- Never
 Sometimes
 Usually
 Always

19. In the last 12 months, did you make any appointments for a **check-up or routine care** with this provider?

- Yes
 No → If No, go to #21

20. In the last 12 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

- Never
 Sometimes
 Usually
 Always

21. In the last 12 months, did you contact this provider's office with a medical question during regular office hours?

- Yes
- No → If No, go to #23

22. In the last 12 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- Never
- Sometimes
- Usually
- Always

23. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

24. In the last 12 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

25. In the last 12 months, how often did this provider seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

26. In the last 12 months, how often did this provider show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

27. In the last 12 months, how often did this provider spend enough time with you?

- Never
- Sometimes
- Usually
- Always

28. In the last 12 months, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No → If No, go to #30

29. In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- Never
- Sometimes
- Usually
- Always

30. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- 0 Worst provider possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best provider possible

31. In the last 12 months, when you had an appointment, how often did you see this provider rather than some other provider?

- Never
- Sometimes
- Usually
- Always

32. In the last 12 months, did you take any prescription medicine?

- Yes
 No → If No, go to #34

33. In the last 12 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

- Never
 Sometimes
 Usually
 Always

Clerks and Receptionists at This Provider's Office

34. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
 Sometimes
 Usually
 Always

35. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
 Sometimes
 Usually
 Always

Care from Specialists and Hospitals

36. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and other doctors who specialize in one area of healthcare. In the past 12 months, did you see a specialist for a particular health problem?

- Yes
 No → If No, go to #38

37. In the last 12 months, how often did your regular provider seem informed and up to date about the care you got from specialists?

- Never
 Sometimes
 Usually
 Always

38. In the past 12 months, did you visit an emergency department in Alberta?

- Yes
 No → If No, go to #40

39. In the last 12 months, how often did your regular provider seem informed and up to date about the care you got in the emergency department?

- Never
 Sometimes
 Usually
 Always

40. In the past 12 months, were you admitted to a hospital in Alberta?

- Yes
 No → If No, go to #42

41. In the last 12 months, did your regular provider seem informed and up to date about the care you got in the hospital?

- Never
 Sometimes
 Usually
 Always

42. In the last 12 months, how often did you have enough help from healthcare providers to coordinate and manage your care?

- Never
 Sometimes
 Usually
 Always

About You

43. In general, how would you rate your overall health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

44. In general, how would you rate your overall mental or emotional health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

45. What is your age?

- 1 16 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 or older

46. Are you male or female?

- 1 Male
- 2 Female

47. What is the highest level of schooling that you have completed?

- 1 Grade school or some high school
- 2 Completed high school
- 3 Post-secondary technical school (including Trade School)
- 4 Some university or college
- 5 Completed college diploma
- 6 Completed university degree
- 7 Post-grad degree (masters or PhD)

48. What language do you mainly speak at home?

- 1 English
- 2 Other: _____

49. People living in Canada come from many different cultural and racial backgrounds. Are you ...?

- 1 White/Caucasian
- 2 Aboriginal/Native Canadian/ Inuit/Metis
- 3 Chinese
- 4 Latin American
- 5 Black
- 6 Asian
- 7 Other: _____

50. Did someone help you complete this survey?

- 1 Yes
- 2 No → Thank you.

Please return your completed survey in the postage-paid envelope.

51. How did that person help you?

Mark one or more.

- 1 Read the questions to me
- 2 Wrote down the answers I gave
- 3 Answered the questions for me
- 4 Translated the questions into my language
- 5 Helped in some other way

Thank you.

Please return the completed survey in the postage-paid envelope.