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Family Health Network Primary Care Assessment Survey

Part of the
Interdisciplinary Nutrition Services Study
Dietitians of Canada and
University of Guelph
2004-06

This questionnaire has not been completed because the person it was sent to is:

- ☐ Younger than age 18
- ☐ Unable/unavailable to complete the survey
- ☐ Not interested

Instructions for Completion of Survey

For each question, please fill in one box ☐ or write in the answer as requested. There are no wrong answers.

Please answer every question (unless you are asked to skip questions because they don't apply). It is ok to take breaks --- you do not have to complete the whole survey in one sitting.

If you find a question too private or personal, you can skip it and answer the other questions. In any case, your answers are completely confidential and will never be shared with anyone.

If you have questions, please contact:

Bridget Davidson
Project Coordinator
(519) 824-4120 ext. 56174 or
nutrphc@uoguelph.ca

When you are finished, please return the survey in the postage paid envelope provided.

Thank you for participating.

YOUR HEALTH CARE

1. In the **past 6 months**, how many times have you been to your doctors office for care?

   __________ times (write in number)

2. How long has it been since you **last** went to this practice for care?

   - ☐ less than 1 month ago [1]
   - ☐ 1 to 3 months ago [2]
   - ☐ 4 to 6 months ago [3]
   - ☐ 7 months to 1 year ago [4]
   - ☐ more than 1 year ago [5]
   - ☐ between 1 and 2 years [6]
   - ☐ more than 2 years [7]

3. Is there one particular doctor that you consider to be your **regular personal doctor**?

   ☐ Yes ☐ No IF NO, GO TO QUESTION 44, PAGE 13

4. How **long** has this person been your doctor?

   - ☐ less than 6 months [1]
   - ☐ between 6 months and 1 year [2]
   - ☐ 1 to 2 years [3]
   - ☐ 3 to 5 years [4]
   - ☐ more than 5 years [5]

5. Is this the person you call when you have a **medical problem or question**?

   ☐ Yes ☐ No

6. Does this doctor handle **most** of your health care needs?

   ☐ Yes ☐ No

7. When was your **last** medical visit with this doctor?

- ☐ less than 1 month ago [1]
- ☐ 1 to 3 months ago [2]
- ☐ 4 to 6 months ago [3]
- ☐ 7 months to 1 year ago [4]
- ☐ more than 1 year ago [5]

8. Would you **recommend** this doctor to your family and friends?

☐	☐	☐	☐	☐
Definitely yes	Probably yes	Not sure	Probably not	Definitely not
[1]	[2]	[3]	[4]	[5]

The questions from here through PAGE 13 are about care you have received from the doctor you think of as your regular doctor.

9. How many **minutes** does it usually take you to get to your regular doctor's office?

- ☐ less than 15 [1]
- ☐ 16 to 30 [2]
- ☐ 31 to 60 [3]
- ☐ more than 60 [4]

10. How would you rate the convenience of your regular doctor's office **location**?

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

11. What **additiona**l hours would you like your doctor's office to be open? (fill in all that apply)

- ☐ early morning [1]
- ☐ evenings [2]
- ☐ weekends [3]
- ☐ none, I am satisfied with the hours [4]

12. How would you rate the **hours** that your doctor’s office is open for medical appointments?

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

13. When you are **sick** and call the doctor’s office for an appointment, how quickly do they usually **see** you?

☐ the same day [1]
☐ the next day [2]
☐ in 2 to 3 days [3]
☐ in 4 to 5 days [4]
☐ in more than 5 days [5]

14. How would you rate the usual **wait** for an appointment when you are sick and call the doctor’s office asking **to be seen**?

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

15. How many minutes **late** do your appointments at your doctor’s office usually begin?

☐ none, they begin on time [1]
☐ less than 5 minutes late [2]
☐ 6 to 10 minutes late [3]
☐ 11 to 20 minutes late [4]
☐ 21 to 30 minutes late [5]
☐ 31 to 45 minutes late [6]
☐ more than 45 minutes late [7]

16. How would you rate the amount of time you wait at your doctor’s office for your appointment to start?

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

17. Do you have an employer, government or private health care plan that pays or partially pays for prescription medicine?

☐ Yes ☐ No IF NO, GO TO QUESTION 19

18. What percentage of your prescription cost is paid for by this plan?

________(write in percent)

19. How would you rate the amount of money you pay for **medication & other prescribed treatments**?

☐	☐	☐	☐	☐	☐
Very Expensive	Expensive	Fair	Inexpensive	Very Inexpensive	Not Applicable
[1]	[2]	[3]	[4]	[5]	[6]

20. Do you ever **skip medication or treatments** because they are too expensive?

☐	☐	☐
Yes, often	Yes, occasionally	No, never
[1]	[2]	[3]

21. Thinking about the times you have needed to **see or talk to** your doctor, how would you rate the following:

a. Ability to **get through to** the doctor's office by phone………

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

b. Ability to **speak to** your doctor by phone when you have a question or need medical advice………………

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

22. When you go for a **check-up or routine care**, how often do you see your **regular doctor** (not an assistant or partner)?

☐	☐	☐	☐	☐	☐
Always	Almost always	A lot of the time	Some of the time	Almost never	Never
[1]	[2]	[3]	[4]	[5]	[6]

23. How would you rate this?

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

24. When you are **sick** and go to the doctor, how often do you see your **regular doctor** (not an assistant or partner)?

☐	☐	☐	☐	☐	☐
Always	Almost always	A lot of the time	Some of the time	Almost never	Never
[1]	[2]	[3]	[4]	[5]	[6]

25. How would you rate this?

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

26. Thinking about the **technical aspects** of your care, how would you rate the following:

   a. Thoroughness of doctor's **physical examination** of you to check a health problem you have?

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

b. How often do you question whether your doctor's **diagnosis** of your health problem is right?

☐	☐	☐	☐	☐	☐
Always	Almost always	A lot of the time	Some of the time	Almost never	Never
[1]	[2]	[3]	[4]	[5]	[6]

27. Thinking about **talking** with your regular doctor, how would you rate the following:

a. Thoroughness of your doctor's **questions** about your symptoms and how you are feeling………………

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

b. **Attention** your doctor gives to what you have to say………………

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

c. Doctor's **explanations** of your health problems or treatments that you need…………

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

d. Doctor's **instructions** about symptoms to report and when to seek further care……….

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

e. Doctor's advice and help in **making decisions** about your care…………

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

28. How often do you leave your doctor's office with **unanswered questions**?

☐ Always [1]	☐ Almost always [2]	☐ A lot of the time [3]	☐ Some of the time [4]	☐ Almost never [5]	☐ Never [6]

29. Thinking about the **personal aspects** of the care you receive from your regular doctor, how would you rate the following:

a. Amount of **time** your doctor spends with you……..

☐ Very Poor [1]	☐ Poor [2]	☐ Fair [3]	☐ Good [4]	☐ Very Good [5]	☐ Excellent [6]

b. Doctor's **patience** with your questions or worries……….

☐ Very Poor [1]	☐ Poor [2]	☐ Fair [3]	☐ Good [4]	☐ Very Good [5]	☐ Excellent [6]

c. Doctor's **friendliness and warmth** toward you…………

☐ Very Poor [1]	☐ Poor [2]	☐ Fair [3]	☐ Good [4]	☐ Very Good [5]	☐ Excellent [6]

d. Doctor's **caring and concern** for you…………..

☐ Very Poor [1]	☐ Poor [2]	☐ Fair [3]	☐ Good [4]	☐ Very Good [5]	☐ Excellent [6]

e. Doctor's **respect** for you……………

☐ Very Poor [1]	☐ Poor [2]	☐ Fair [3]	☐ Good [4]	☐ Very Good [5]	☐ Excellent [6]

30. Which of the following has your regular doctor **ever** talked to you about? (answer each line)

	Yes, in the last year [1]	Yes, more than 1 year ago [2]	Yes, but I don't remember when [3]	No [4]
a. Smoking	☐	☐	☐	☐
b. Alcohol use	☐	☐	☐	☐
c. Seat belt use	☐	☐	☐	☐
d. Stress	☐	☐	☐	☐
e. Safe sex	☐	☐	☐	☐

31. Were you advised by your doctor or nurse to **change your diet**?

☐	☐	☐	☐
Yes, in the last year [1]	Yes, more than 1 year ago [2]	Yes, but I don't remember when [3]	No [4] IF NO, GO TO QUESTION 34

32. If yes, describe the type of intervention you received to make the changes (check all that apply).

- ☐ Verbal advice only
- ☐ Pamphlet or other written materials to read at home
- ☐ Follow-up and individual diet counselling in the office by nurse or physician
- ☐ Follow-up and individual diet counselling in the office by dietitian
- ☐ Referral to another health professional outside the office for specialized advice (e.g. private practice dietitian, occupational therapist, physiotherapist, psychologist, personal trainer)
- ☐ Referral to another health care agency or program (e.g. diabetes education centre, addictions, eating disorder program)
- ☐ Referral to public health department (e.g. maternity classes, child obesity class, school program dietitian).
- ☐ Referral to a community-run recreation or other program (e.g. fitness classes)
- ☐ Referral to a commercial or for-profit program (e.g. Weight Watchers, Fitness Centre)
- ☐ Other

Describe:

33. Rate your success so far in making the diet changes.

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

34. Were you advised by your doctor or nurse to **change your exercise**?

☐	☐	☐	☐
Yes, in the last year	Yes, more than 1 year ago	Yes, but I don't remember when	No IF NO, GO TO QUESTION 37
[1]	[2]	[3]	[4]

35. If yes, describe the type of intervention you received to make the changes (check all that apply).

- ☐ Verbal advice only
- ☐ Pamphlet or other written materials to read at home
- ☐ Follow-up and individual counselling in the office by nurse or physician
- ☐ Follow-up and individual counselling in the office by dietitian
- ☐ Referral to another health professional outside the office for specialized advice (e.g. private practice dietitian, occupational therapist, physiotherapist, psychologist, personal trainer)
- ☐ Referral to another health care agency or program (e.g. diabetes education centre, addictions, eating disorder program)
- ☐ Referral to public health department (e.g. maternity classes, child obesity class, school program dietitian).
- ☐ Referral to a community-run recreation or other program (e.g. fitness classes)
- ☐ Referral to a commercial or for-profit program (e.g. Weight Watchers, Fitness Centre)
- ☐ Other

Describe:

36. Rate your success so far in making the exercise changes.

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

37. Any suggestions for additional information, support, and /or advice in the office to promote diet or exercise change for yourself or others?

38. Thinking about how well your doctor **knows you**, how would you rate the following?

a. Doctor's knowledge of your **entire medical history**……..

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

b. Doctor's knowledge of your **responsibilities at work, home or school**……..

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

c. Doctor's knowledge of what **worries** you most about your health……………

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

d. Doctor's knowledge of **you as a person** (your values and beliefs)……….

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

39. If I were unconscious or in a coma, my doctor would know what I would want done for me.

☐	☐	☐	☐	☐
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
[1]	[2]	[3]	[4]	[5]

40. Has your doctor ever recommended that you see a **different doctor (a specialist)** for a specific health problem?

☐ Yes ☐ No IF NO, GO TO QUESTION 44, PAGE 13

41. Thinking about the times your doctor has recommended you see a specialist for a specific health problem, how would you rate the following:

a. Help your regular doctor gave you in deciding **who to see** for specialty care………

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

b. Help your regular doctor gave you in **getting an appointment** for specialty care you needed……..

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

c. Regular doctor's involvement in your care when you were being treated by a **specialist or were hospitalized**………

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

d. Regular doctor's **communication with specialists** or other doctors who saw you…….

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

e. Help your regular doctor gave you in understanding what the **specialist or other doctor** said about you……………

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

f. Quality of **specialists or other doctors** your regular doctor sent you to…………..

☐	☐	☐	☐	☐	☐
Very Poor	Poor	Fair	Good	Very Good	Excellent
[1]	[2]	[3]	[4]	[5]	[6]

42. How much would you your **regular doctor** knows about the care you receive from these **specialists** (for example: visits that you make, treatments recommended)?

☐	☐	☐	☐	☐
Knows absolutely everything	Knows almost everything	Knows some things	Knows very little	Knows nothing at all
[1]	[2]	[3]	[4]	[5]

43. All things considered, how **satisfied** are you with your **regular doctor**?

- ☐ Completely satisfied, couldn't be better [1]
- ☐ Very satisfied [2]
- ☐ Somewhat satisfied [3]
- ☐ Neither satisfied nor dissatisfied [4]
- ☐ Somewhat dissatisfied [5]
- ☐ Very dissatisfied [6]
- ☐ Completely dissatisfied, couldn't be worse [7]

BACKGROUND INFORMATION

44. How old are you? ___________ **years** old

45. Are you male or female?

☐ Male	☐ Female
[1]	[2]

46. How many persons live in your household, including yourself, other adults, and any children?

_______________ **person(s)**

47. Please check which of the following describes your ethnic origin? **(fill all that apply)**

a. □ European [1]
b. □ Arab [2]
c. □ West Asian [3]
d. □ South Asian [4]
e. □ East and Southeast Asian [5]
f. □ African [6]
g. □ Pacific Islands [7]
h. □ Latin, Central / South American [8]
i. □ Caribbean [9]
j. □ Aboriginal / Native [10]
k. □ Canadian [11]
l. □ Other: [12]
m. ______________(write in other)

48. At home, what language do you speak most: _______________________________
(write in language)

49. Approximately what was the total income of your household last year before taxes?
(fill in one box)

□ less than $20,000 [1]
□ $20,000 to $39,999 [2]
□ $40,000 to $59,999 [3]
□ $60,000 to $79,999 [4]
□ $80,000 or more [5]

50. What is your current marital status? (fill in one box)

□ Married (including common law) [1]
□ Separated (including common law) [2]
□ Divorced [3]
□ Widowed [4]
□ Never married (single) [5]

51. Which best describes your profession:

[1] ☐ Homemaker
[2] ☐ Elected or appointed official (for example: legislator, agency head, commissioner)
[3] ☐ Clerical worker (for example: secretary, receptionist, data entry, cashier)
[4] ☐ Service worker (for example: janitor, cook, waitress / waiter, nurse's aide, security guard, road crew worker, bus driver)
[5] ☐ Professional or technical (for example: lawyer, teacher, social worker, scientist, nurse, doctor, police officer, computer programmer)
[6] ☐ Craftsman or tradesman (for example: carpenter, electrician, mechanic)
[7] ☐ Other (please describe) ____________________________

52. What is the highest grade you completed in school (circle grade number)

1 2 3 4 5 6	7 8 9	10 11 12 13	13 14 15 16 17	17+
Grade School	Junior High	High School	College/University	Post Grad

THANK YOU FOR COMPLETING THIS SURVEY!
Please return in the postage paid envelope.

Acknowledgements: This questionnaire was adapted from the Primary Care Assessment Survey developed by the Health Institute New England Medical Center. Items 3-16, 19-31, and 39-43 in this survey are copyrighted by the Health Institute and are reproduced with permission of the Medical Outcomes Trust, copyright © 1994-1998. Items 1, 2, 17, 18, and 44-52 in this survey are reproduced with permission from the survey of JS Bergman, LL Parsons, LA Simons, PG Norton, and TE Briggs. Evaluation of a Primary Care Clinic and Generalization of the Results to Provide a Framework and Tools for Other Users (pdf) at: www.health.gov.ab.ca/about/phc/projects. Items 32 – 38 are original to this survey.