

**Canadian Survey of Experiences with Primary Health Care, 2007-2008**  
**Questionnaire**

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**Section: Health status (HS)**

**HS\_BEG** Beginning of section

**HS\_R01** **First, I'd like to ask you a few questions about your health.**

**HS\_Q01** **In general, would you say your health is...?**

INTERVIEWER: Read categories to respondent.

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

*Coverage:* All respondents

**HS\_Q02** **Compared to one year ago, how would you say your health is now? Is it...?**

INTERVIEWER: Read categories to respondent.

- 1 Much better now than 1 year ago
- 2 Somewhat better now (than 1 year ago)
- 3 About the same
- 4 Somewhat worse now (than 1 year ago)
- 5 Much worse now (than 1 year ago)
- DK, RF

*Coverage:* All respondents

**HS\_END** End of section

**Section: Primary health care type (PT)**

**PT\_BEG** Beginning of section

**PT\_R01** **Now I'd like to ask about your primary health care. It is often the main source of preventive as well as ongoing or essential care people receive.**

**PT\_Q01** **Is there a place that you usually go to if you are sick or need advice about your health?**

- 1 Yes..... (Go to PT\_Q02)
- 2 No
- DK, RF

**Default:** (Go to PT\_Q03)

*Coverage:* All respondents

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**PT\_Q02      What kind of place is it?**

INTERVIEWER: Read categories to respondent.

- 01      A doctor's office, clinic or practice
- 02      A walk-in clinic
- 03      An urgent care centre
- 04      An emergency department or emergency room
- 05      A CLSC
- 06      A community health centre
- 07      Other
- DK, RF

*Coverage:*      Respondents who have a usual place that they go to if they are sick or need advice about their health

**PT\_Q03      Do you have a regular medical doctor?**

- 1      Yes..... (Go to PT\_Q05)
- 2      No
- DK, RF

Default:      (Go to PT\_Q04)

*Coverage:*      All respondents

**PT\_Q04      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
- 5      In good health, do not need a doctor
- DK, RF

Default:      (Go to PT\_END)

*Coverage:*      Respondents who do not have a regular medical doctor

**PT\_Q05      Is that regular medical doctor a family physician, general practitioner or a specialist physician such as a cardiologist or an oncologist?**

- 1      Family physician
- 2      General practitioner
- 3      Specialist
- 4      Other
- DK, RF

*Coverage:*      Respondents who have a regular medical doctor

**PT\_END**      End of section

**Section:**      **Health care use (HU)**

**HU\_BEG**      Beginning of section

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**HU\_C01** If PT\_Q01 = 1 (Yes) or PT\_Q03 = 1 (Yes).....(Go to HU\_R01)  
Otherwise.....(Go to HU\_END)

**HU\_R01** You told us that you have a regular doctor or place where you go for health care.

During the interview, [primary care provider] was replaced with the appropriate fill according to the answers to PT\_Q05 and PT\_Q02. If PT\_Q05 = 1, then family physician; if PT\_Q05 = 2, then general practitioner; else, if PT\_Q05 = 3, then specialist.

If PT\_Q02 = 1, then doctor's office; if PT\_Q02 = 2, then walk-in clinic; if PT\_Q02 = 3, then urgent care centre; if PT\_Q02 = 4, then emergency department; if PT\_Q02 = 5, then CLSC; if PT\_Q02 = 6, then community health centre; otherwise = primary care provider.

**HU\_Q01** Is there a nurse working with your [primary care provider] who is regularly involved in your health care?

- 1 Yes
- 2 No  
DK, RF

Coverage: Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health

**HU\_Q02** 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  
DK, RF

Coverage: Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health

**HU\_Q03** How long have you been seeing or going to this [primary care provider]?

INTERVIEWER: Read categories to respondent.

- 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  
DK, RF

Coverage: Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health

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**HU\_Q04**      **When you go to your [primary care provider], how often are you taken care of by the same family physician or nurse each time?**

INTERVIEWER: Read categories to respondent.

- 01      Always
- 02      Often
- 03      Sometimes
- 04      Rarely
- 05      Never
- 06      Not applicable  
DK, RF

*Coverage:*      *Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health*

**HU\_Q05**      **How often does your [primary care provider] help you coordinate the care you receive from other doctors and places when you need it?**

INTERVIEWER: Read categories to respondent.

- 01      Always
- 02      Often
- 03      Sometimes
- 04      Rarely
- 05      Never
- 06      Not applicable (never needed to have care coordinated)  
DK, RF

*Coverage:*      *Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health*

**HU\_Q06**      **Not including hospital emergency departments, does your [primary care provider] have after hour access where patients can be seen by or talk to a doctor or nurse when the practice is closed?**

- 1      Yes
- 2      No  
DK, RF

*Coverage:*      *Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health*

**HU\_R07**      **Please tell me the extent to which you agree or disagree with the following statements:**

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**HU\_Q07**      **Your [primary care provider] delivers a range of services that meets most or all of your primary health care needs. Do you...?**

INTERVIEWER: Read categories to respondent.

- 1            Strongly agree
- 2            Agree
- 3            Disagree
- 4            Strongly disagree
- DK, RF

*Coverage:*            *Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health*

**HU\_Q08**      **I would recommend my [primary care provider] to a friend or relative? Do you...?**

INTERVIEWER: Read categories to respondent.

- 1            Strongly agree
- 2            Agree
- 3            Disagree
- 4            Strongly disagree
- 5            Not applicable (doctor is retiring or not taking new patients)
- DK, RF

*Coverage:*            *Respondents who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health*

**HU\_END**      End of section

**Section:**      **Health care utilization (HZ)**

**HZ\_BEG**      Beginning of section

**HZ\_R01**      **Now, I'd like to ask you about various health professionals you have seen or talked to in the past 12 months, that is from (current date minus one year) to yesterday.**

**HZ\_Q01A**      **In the past 12 months, have you been a patient overnight in a hospital, nursing home or convalescent home?**

- 1            Yes..... (Go to HZ\_Q01B)
- 2            No
- DK, RF

*Default:*            (Go to HZ\_Q03)

*Coverage:*            *All respondents*

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**HZ\_Q01B**      **For how many nights in the past 12 months?**

\_\_\_\_(3 spaces)      [Min: 1 Max: 365]  
DK, RF

*Coverage: Respondents who in the past 12 months have been an overnight patient in a hospital, nursing home or convalescent home*

**HZ\_Q02**      **After you left the hospital, did your [primary care provider] seem informed and up-to-date about the plan for follow-up care?**

- 1      Yes
  - 2      No
  - 3      Not applicable - did not see regular doctor after the hospitalization/did not have a plan/started seeing this doctor after I got out of the hospital
- DK, RF

*Coverage: Respondents who in the past 12 months have been an overnight patient in a hospital, nursing home or convalescent home*

**HZ\_Q03**      **(Not counting when you were an overnight patient, in/In) the past 12 months, how many times have you seen or talked about your mental, emotional or physical health with a family physician (or general practitioner)?**

INTERVIEWER: Include face to face and telephone contacts.

\_\_\_\_(3 spaces)      [Min: 0 Max: 995]  
DK, RF

*Coverage: All respondents*

**HZ\_Q04**      **(Not counting when you were an overnight patient, in/In) the past 12 months, how many times have you seen or talked about your mental, emotional or physical health with a nurse?**

\_\_\_\_(3 spaces)      [Min: 0 Max: 995]  
DK, RF

*Coverage: All respondents*

**HZ\_Q05**      **(Not counting when you were an overnight patient, in/In) the past 12 months, how many times have you seen or talked about your mental, emotional or physical health with a physiotherapist, social worker or counsellor?**

\_\_\_\_(3 spaces)      [Min: 0 Max: 995]  
DK, RF

*Coverage: All respondents*

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**HZ\_Q06** (Not counting when you were an overnight patient, in/In) the past 12 months, how many times have you seen or talked about your mental, emotional or physical health with a pharmacist or dietician?

INTERVIEWER: Include filling in a prescription.

\_\_\_\_(3 spaces) [Min: 0 Max: 995]  
DK, RF

Coverage: All respondents

**HZ\_Q07** (Not counting when you were an overnight patient, in/In) the past 12 months, how many times have you seen or talked about your mental, emotional or physical health with any other medical doctor or specialist, for example, a surgeon, a cardiologist, or a psychiatrist?

\_\_\_\_(3 spaces) [Min: 0 Max: 995]  
DK, RF

Coverage: All respondents

**HZ\_C08** If HZ\_Q07 >=1 ..... (Go to HZ\_Q08A)  
Otherwise.....(Go to HZ\_Q09)

**HZ\_Q08A** Thinking of the most recent time you saw or talked to a specialist about your mental, emotional or physical health, did you have a follow-up appointment with your [primary care provider] to talk about those health issues?

- 1 Yes..... (Go to HZ\_Q08B)
  - 2 No
- DK, RF

Default: (Go to HZ\_Q09)

Coverage: Respondents who have seen at least one other doctor or specialist in the past 12 months

**HZ\_Q08B** Thinking of that follow-up appointment, did your [primary care provider] have information or test results from the specialist?

- 1 Yes
  - 2 No
- DK, RF

Coverage: Respondents who in the past 12 months have seen at least one other doctor or specialist and who have had a follow-up appointment with their primary care provider

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**HZ\_Q09** (Not counting when you were an overnight patient, in/In) the past 12 months, how often did you talk with a health professional about specific things you could do to improve your health or prevent illness such as smoking cessation, limiting alcohol consumption, and exercise, etc.?

INTERVIEWER: Read categories to respondent. Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never (in the past 12 months)
- 06 Not applicable  
DK, RF

Coverage: All respondents

**HZ\_Q10** (Not counting when you were an overnight patient, in/In) the past 12 months, how often did you get the help you wanted to reach or maintain a healthy body weight?

INTERVIEWER: Read categories to respondent. Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never (in the past 12 months)
- 06 Not applicable  
DK, RF

Coverage: All respondents

**HZ\_END** End of section

**Section: Experiences with primary health care providers (EP)**

**EP\_BEG** Beginning of section

**EP\_C01** If HZ\_Q03 = 0, DK or RF .....(Go to EP\_END)  
Otherwise.....(Go to EP\_R01)

**EP\_R01** The next questions are about your experiences when receiving health care from the family physician (or general practitioner) who is most responsible for your regular care.

INTERVIEWER: (if necessary ask): For all of these questions, if you've seen more than one family physician (or general practitioner), please think about the one who is most responsible for your care.

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**EP\_Q01**      **In the past 12 months, how often did your family physician (or general practitioner) explain your test results in a way that you could understand? (such as blood tests, x-rays, or cancer screening tests)**

INTERVIEWER: Read categories to respondent. Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

- 01      Always
- 02      Usually
- 03      Sometimes
- 04      Rarely
- 05      Never (in the past 12 months)
- 06      Not applicable  
         DK, RF

*Coverage:*      *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

**EP\_Q02**      **In the past 12 months, how often did your family physician (or general practitioner) take your health concerns very seriously?**

INTERVIEWER: Read categories to respondent. Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

- 01      Always
- 02      Usually
- 03      Sometimes
- 04      Rarely
- 05      Never (in the past 12 months)
- 06      Not applicable  
         DK, RF

*Coverage:*      *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

**EP\_Q03**      **In the past 12 months, how often did your family physician (or general practitioner) involve you in clinical decisions about your health care? For example, decisions related to [tests].**

INTERVIEWER: Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

- 01      Always
- 02      Usually
- 03      Sometimes
- 04      Rarely
- 05      Never (in the past 12 months)
- 06      Not applicable  
         DK, RF

*Note:*              During the interview, the term [tests] was replaced with gender-specific examples. Tests for males include screening tests for prostate cancer, cardiovascular risk assessment, or family planning, etc. Tests for females include pap smears, screening tests for breast cancer, family planning, etc.

*Coverage:*      *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

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**EP\_Q04**      **In the past 12 months, how often have test results or medical records not been available to your family physician (or general practitioner) at the time of your scheduled appointment?**

INTERVIEWER: Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

- 01      Always
- 02      Usually
- 03      Sometimes
- 04      Rarely
- 05      Never (in the past 12 months)
- 06      Not applicable  
         DK, RF

*Coverage:*      *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

**EP\_Q05**      **In the past 12 months, how often have medical tests or procedures been repeated unnecessarily because the test had already been done?**

INTERVIEWER: Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

- 01      Always
- 02      Usually
- 03      Sometimes
- 04      Rarely
- 05      Never (in the past 12 months)
- 06      Not applicable  
         DK, RF

*Coverage:*      *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

**EP\_Q06**      **In the past 12 months, how often have you received conflicting information from different physicians or health care professionals?**

INTERVIEWER: Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

- 01      Always
- 02      Usually
- 03      Sometimes
- 04      Rarely
- 05      Never (in the past 12 months)
- 06      Not applicable  
         DK, RF

*Coverage:*      *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

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**EP\_Q07**      **Overall, how often does your family physician (or general practitioner) allow you enough time to discuss your feelings, fears and concerns about your health?**

INTERVIEWER: Probe to distinguish 'Never in past 12 months' from 'Not applicable'.

- 01      Always
- 02      Usually
- 03      Sometimes
- 04      Rarely
- 05      Never (in the past 12 months)
- 06      Not applicable  
         DK, RF

*Coverage:*      *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

**EP\_Q08**      **Overall, how do you rate the quality of health care that you have received in the past 12 months from the family physician (or general practitioner) you rely on most for your care?**

INTERVIEWER: Read categories to respondent.

- 01      Excellent
- 02      Very good
- 03      Good
- 04      Fair
- 05      Poor
- 06      Not applicable  
         DK, RF

*Coverage:*      *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

**EP\_Q09**      **Overall, how do you rate the quality of health care that you have received in the past 12 months?**

INTERVIEWER: Read categories to respondent.

- 01      Excellent
- 02      Very good
- 03      Good
- 04      Fair
- 05      Poor
- 06      Not applicable  
         DK, RF

*Coverage:*      *Respondents who have seen or talked to a family physician or general practitioner in the past 12 months*

**EP\_END**      End of section

**Section:**      **Access to health care (AC)**

**AC\_BEG**      Beginning of section

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**AC\_R01**      **The next questions are about any problems you may have had accessing care that you may have needed in the past 12 months.**

**AC\_Q01**      **In the past 12 months, did you require health information or advice?**

- 1            Yes
- 2            No ..... (Go to AC\_Q04A)
- DK, RF ..... (Go to AC\_Q04A)

Coverage:      *All respondents*

**AC\_Q02A**      **In the past 12 months, did you ever experience any difficulties getting the health information or advice you needed?**

- 1            Yes
- 2            No ..... (Go to AC\_Q03)
- DK, RF ..... (Go to AC\_Q03)

Coverage:      *Respondents who required health information or advice in the past 12 months*

**AC\_Q02B**      **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- 01            Difficulty contacting a physician or nurse
- 02            Did not have a phone number
- 03            Could not get through (i.e., no answer)
- 04            Waited too long to speak to someone
- 05            Did not get adequate info or advice
- 06            Did not know where to go/call/uninformed
- 07            Unable to leave the house because of a health problem
- 08            Other - Specify ..... (Go to AC\_S02B)
- DK, RF

Default:        (Go to AC\_Q03)

Coverage:      *Respondents who in the past 12 months experienced difficulties getting the health information or advice they needed*

**AC\_S02B**      **What type of difficulties did you experience?**

INTERVIEWER: Specify.

\_\_\_\_\_(80 spaces)

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**AC\_Q03**      **Thinking about the last time you required health information or advice, where did you get that information or advice?**

- 01      Primary care provider (usual family physician or usual place of care)
- 02      Walk-in clinic
- 03      CLSC/Community health centre
- 04      Emergency department
- 05      Telephone help line
- 06      Specialist's clinic
- 07      Internet
- 08      Another source
- DK, RF

*Coverage:*      Respondents who required health information or advice in the past 12 months

**AC\_Q04A**      **In the past 12 months, have you called a telephone help line for medical or health information or advice?**

- 1      Yes
- 2      No .....(Go to AC\_R05)
- DK, RF .....(Go to AC\_R05)

*Coverage:*      All respondents

**AC\_Q04B**      **Was the information or advice given on the help line...?**

INTERVIEWER: Read categories to respondent.

- 1      Very helpful
- 2      Somewhat helpful
- 3      Not at all helpful
- DK, RF

*Coverage:*      Respondents who in the past 12 months have called a telephone help line for medical or health information or advice

**AC\_R05**      **The next questions are about situations when you needed routine or ongoing care for things such as check-ups and blood tests.**

**AC\_Q05**      **In the past 12 months, did you require any routine or ongoing care?**

- 1      Yes
- 2      No .....(Go to AC\_R12)
- DK, RF .....(Go to AC\_R12)

*Coverage:*      All respondents

**AC\_Q06**      **In the past 12 months, did you ever experience any difficulties getting the routine or ongoing care you needed?**

- 1      Yes
- 2      No .....(Go to AC\_Q08)
- DK, RF .....(Go to AC\_Q08)

*Coverage:*      Respondents who required routine or ongoing care in the past 12 months

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**AC\_Q07      What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- 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      Cost
- 10      Language problems
- 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.....(Go to AC\_S07)  
DK, RF

Default:      (Go to AC\_Q08)

Coverage:      *Respondents who in the past 12 months experienced difficulties getting the routine or ongoing care they needed*

**AC\_S07      What type of difficulties did you experience?**

INTERVIEWER: Specify.

\_\_\_\_(80 spaces)

**AC\_Q08      In the past 12 months, how often did you experience any language barriers when trying to get routine or ongoing care you needed?**

INTERVIEWER: Read categories to respondent.

- 01      Always
- 02      Usually
- 03      Sometimes
- 04      Rarely
- 05      Never
- 06      Not applicable  
DK, RF

Coverage:      *Respondents who required routine or ongoing care in the past 12 months*

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**AC\_Q09**      **Thinking about the last time you required routine or ongoing care, where did you get that care?**

- 01      Primary care provider (usual family physician or usual place of care)
- 02      Walk-in clinic
- 03      CLSC/Community health centre
- 04      Emergency department
- 05      Telephone help line
- 06      Specialist's clinic
- 07      Internet
- 08      Another source
- DK, RF

*Coverage:*      *Respondents who required routine or ongoing care in the past 12 months*

**AC\_Q10**      **Thinking about the last time you received routine or ongoing care, how long did you have to wait between when you needed care and when you received care?**

INTERVIEWER: Enter number only.

\_\_\_\_(3 spaces)      [Min: 0 Max: 732]  
DK, RF ..... (Go to AC\_Q11A)

*Coverage:*      *Respondents who required routine or ongoing care in the past 12 months*

**AC\_N10**      **Was this in hours, days, weeks, months or years?**

- 1      Hours
- 2      Days
- 3      Weeks
- 4      Months
- 5      Years
- DK, RF

*Coverage:*      *Respondents who required routine or ongoing care in the past 12 months*

**AC\_Q11A**      **In your view, was the waiting time...?**

INTERVIEWER: Read categories to respondent.

- 1      Acceptable
- 2      Somewhat acceptable
- 3      Not very acceptable
- 4      Not acceptable
- DK, RF

*Coverage:*      *Respondents who required routine or ongoing care in the past 12 months*

**AC\_C11B**      If AC\_Q11A = 3 or 4 ..... (Go to AC\_Q11B)  
                  Otherwise..... (Go to AC\_R12)

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**AC\_Q11B**      **In this particular case, what do you think would have been an acceptable waiting time?**

INTERVIEWER: Enter number only.

\_\_\_\_(3 spaces)      [Min: 0 Max: 732]

DK, RF .....(Go to AC\_R12)

*Coverage:*      *Respondents who in the past 12 months had an unacceptable waiting time when they required routine or ongoing care*

**AC\_N11B**      **Was this in hours, days, weeks, months or years?**

- 1            Hours
- 2            Days
- 3            Weeks
- 4            Months
- 5            Years
- DK, RF

*Coverage:*      *Respondents who in the past 12 months had an unacceptable waiting time when they required routine or ongoing care*

**AC\_R12**      **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.**

**AC\_Q12**      **In the past 12 months, have you required immediate health care services for a minor health problem?**

- 1            Yes
- 2            No .....(Go to AC\_Q18)
- DK, RF .....(Go to AC\_Q18)

*Coverage:*      *All respondents*

**AC\_Q13**      **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 .....(Go to AC\_Q15)
- DK, RF .....(Go to AC\_Q15)

*Coverage:*      *Respondents who required immediate care for a minor health problem in the past 12 months*

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**AC\_Q14      What types of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- 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      Cost
- 10      Language problems
- 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.....(Go to AC\_S14)  
DK, RF

Default:      (Go to AC\_Q15)

Coverage:      *Respondents who in the past 12 months experienced difficulties getting the immediate care needed for a minor health problem*

**AC\_S14      What type of difficulties did you experience?**

INTERVIEWER: Specify.

\_\_\_\_(80 spaces)

**AC\_Q15      Thinking about the last time you required immediate care for a minor health problem, where did you get that care?**

- 01      Primary care provider (usual family physician or usual place of care)
- 02      Walk-in clinic
- 03      CLSC/Community health centre
- 04      Emergency department
- 05      Telephone help line
- 06      Specialist's clinic
- 07      Internet
- 08      Another source  
DK, RF

Coverage:      *Respondents who required immediate care for a minor health problem in the past 12 months*

**AC\_Q16      Thinking about the last time you received immediate care for a minor health problem, how long did you have to wait between when you needed care and when you received care?**

INTERVIEWER: Enter number only.

\_\_\_\_(3 spaces)      [Min: 0 Max: 732]

DK, RF ..... (Go to AC\_Q17A)

Coverage:      *Respondents who required immediate care for a minor health problem in the past 12 months*

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**AC\_N16      Was this in hours, days, weeks, months or years?**

- 1            Hours
- 2            Days
- 3            Weeks
- 4            Months
- 5            Years
- DK, RF

Coverage:            *Respondents who required immediate care for a minor health problem in the past 12 months*

**AC\_Q17A      In your view, was the waiting time...?**

INTERVIEWER: Read categories to respondent.

- 1            Acceptable
- 2            Somewhat acceptable
- 3            Not very acceptable..... (Go to AC\_Q17B)
- 4            Not acceptable..... (Go to AC\_Q17B)
- DK, RF

Default:            (Go to AC\_Q18)

Coverage:            *Respondents who required immediate care for a minor health problem in the past 12 months*

**AC\_Q17B      In this particular case, what do you think would have been an acceptable waiting time?**

INTERVIEWER: Enter number only.

\_\_\_\_(3 spaces)            [Min: 0 Max: 732]  
DK, RF .....(Go to AC\_Q18)

Coverage:            *Respondents who in the past 12 months had an unacceptable waiting time when they required immediate care for a minor health problem*

**AC\_N17B      Was this in hours, days, weeks, months or years?**

- 1            Hours
- 2            Days
- 3            Weeks
- 4            Months
- 5            Years
- DK, RF

Coverage:            *Respondents who in the past 12 months had an unacceptable waiting time when they required immediate care for a minor health problem*

**AC\_Q18      In the past 12 months, did you require a visit to a specialist for a diagnosis or a consultation?**

- 1            Yes
- 2            No .....(Go to AC\_Q22)
- DK, RF .....(Go to AC\_Q22)

Coverage:            *All respondents*

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**AC\_Q19**      **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 .....(Go to AC\_Q21)
- DK, RF .....(Go to AC\_Q21)

*Coverage:*            *Respondents who needed to visit a specialist for a diagnosis or a consultation in the past 12 months*

**AC\_Q20**      **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- 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            Cost
- 10            Language problems
- 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.....(Go to AC\_S20)
- DK, RF

Default:            (Go to AC\_Q21)

*Coverage:*            *Respondents who in the past 12 months experienced difficulties getting the specialist care they needed for a diagnosis or consultation*

**AC\_S20**      **What type of difficulties did you experience?**

INTERVIEWER: Specify.

\_\_\_\_(80 spaces)

**AC\_Q21**      **Thinking about the last time you received specialist care for a diagnosis or consultation, how long did you have to wait between when you needed care and when you received care?**

INTERVIEWER: Enter number only.

\_\_\_\_(3 spaces)            [Min: 0 Max: 732]

DK, RF .....(Go to AC\_Q22)

*Coverage:*            *Respondents who needed to visit a specialist for a diagnosis or a consultation in the past 12 months*

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**AC\_N21**      **Was this in hours, days, weeks, months or years?**

- 1            Hours
- 2            Days
- 3            Weeks
- 4            Months
- 5            Years
- DK, RF

*Coverage:*            *Respondents who needed to visit a specialist for a diagnosis or a consultation in the past 12 months*

**AC\_Q22**      **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 .....(Go to AC\_END)
- DK, RF .....(Go to AC\_END)

*Coverage:*            *All respondents*

**AC\_Q23**      **Thinking of the most recent time, why didn't you get care?**

INTERVIEWER: Mark all that apply.

- 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            Cost
- 10            Language problems
- 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.....(Go to AC\_S23)
- DK, RF

Default:            (Go to AC\_END)

*Coverage:*            *Respondents who during the past 12 months felt there was a time they needed health care but didn't receive it*

**AC\_S23**      **Thinking of the most recent time, why didn't you get care?**

INTERVIEWER: Specify.

\_\_\_\_(80 spaces)

**AC\_END**      End of section

**Section:**      **Emergency room use (ER)**

**ER\_BEG**      Beginning of section

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**ER\_R01**      **The next questions are about accessing health care from a hospital emergency department over the past 12 months.**

**ER\_Q01**      **How many times have you personally used a hospital emergency department in the past 12 months?**

INTERVIEWER: If never, enter 0.

\_\_\_\_(3 spaces)      [Min: 0 Max: 900]  
DK, RF

*Coverage:*      *All respondents*

**ER\_C02**      If ER\_Q01 = 0, DK, or RF.....(Go to ER\_END)  
Otherwise..... (Go to ER\_Q01A)

**ER\_Q01A**      **The last time you went to the hospital emergency department, what were the reasons you chose to go to Emergency?**

INTERVIEWER: Mark all that apply.

- 01      It clearly was an emergency
- 02      I didn't know if my health condition was an emergency
- 03      I was waiting to see a specialist but my health was deteriorating
- 04      I was waiting for a test or procedure and wanted it done sooner
- 05      I was told to go to the emergency department (e.g., by a health professional, for the purposes of follow-up, or for an appointment with a specialist who works there)
- 06      It was the only place to go
- 07      I go to the emergency department whenever I need care
- 08      I use the emergency department for all my health concerns
- 09      Other - Specify.....(Go to ER\_S01A)  
DK, RF

**Default:**      (Go to ER\_Q02)

*Coverage:*      *Respondents who have visited the hospital emergency department in the past 12 months*

**ER\_S01A**      **The last time you went to the hospital emergency department, what were the reasons you chose to go to Emergency?**

INTERVIEWER: Specify.

\_\_\_\_(80 spaces)

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**ER\_Q02**      **The last time you went to the hospital emergency department, how long did you wait from the time you entered the emergency department to the time you were treated?**

INTERVIEWER: Enter number only.

\_\_\_\_(3 spaces)      [Min: 1 Max: 995]  
DK, RF

*Coverage:*      *Respondents who have visited the hospital emergency department in the past 12 months*

**ER\_N02**      **Was this in minutes, hours, or days?**

- 1      Minutes
  - 2      Hours
  - 3      Days
- DK, RF

*Coverage:*      *Respondents who have visited the hospital emergency department in the past 12 months*

**ER\_Q03**      **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 had been available?**

- 1      Yes
  - 2      No
- DK, RF

*Coverage:*      *Respondents who have visited the hospital emergency department in the past 12 months*

**ER\_END**      End of section

**Section:**      **Prescription medication use (MU)**

**MU\_BEG**      Beginning of section

**MU\_R01**      **The next questions are about prescription medications you are currently using.**

**MU\_Q01**      **How many different prescription medications are you taking on a regular or ongoing basis?**

INTERVIEWER: Enter amount.

\_\_\_\_(3 spaces)      [Min: 0 Max: 100]  
DK, RF

*Coverage:*      *All respondents*

**MU\_C02**      If MU\_Q01 = 0, DK, or RF ..... (Go to MU\_END)  
Otherwise..... (Go to MU\_Q02)

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**MU\_Q02**      **In the past 12 months, how often have your medical doctors explained the side effects of any medication that was prescribed?**

INTERVIEWER: Read categories to respondent.

- 01      Always
- 02      Often
- 03      Sometimes
- 04      Rarely
- 05      Never
- 06      Not applicable (long-term use of the same medication, side effect discussion redundant)  
DK, RF

*Coverage:*      *Respondents who are taking prescription medications on a regular or ongoing basis*

**MU\_Q03**      **In the past 12 months, how often have your medical doctors reviewed and discussed all the different medications you are using, including medicines prescribed by other medical doctors?**

INTERVIEWER: Read categories to respondent.

- 01      Always
- 02      Often
- 03      Sometimes
- 04      Rarely
- 05      Never
- 06      Not applicable (long-term use of the same medication, side effect discussion redundant)  
DK, RF

*Coverage:*      *Respondents who are taking prescription medications on a regular or ongoing basis*

**MU\_Q04**      **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  
DK, RF

*Coverage:*      *Respondents who are taking prescription medications on a regular or ongoing basis*

**MU\_Q05A**      **In the past 12 months, have you ever been given the wrong medication or wrong dose by a doctor, nurse or pharmacist?**

- 1      Yes.....(Go to MU\_Q05B)
- 2      No  
DK, RF

Default:      (Go to MU\_END)

*Coverage:*      *Respondents who are taking prescription medications on a regular or ongoing basis*

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**MU\_Q05B**      **Did this occur while you were hospitalized?**

- 1            Yes
- 2            No  
              DK, RF

*Coverage:*            *Respondents who in the past 12 months were given the wrong medication or wrong dose by a doctor, nurse or pharmacist*

**MU\_Q06**      **Did this wrong medication or dose cause a...?**

INTERVIEWER: Read categories to respondent.

- 1            Very serious health problem
- 2            Somewhat serious health problem
- 3            Not serious health problem
- 4            No health problem at all  
              DK, RF

*Coverage:*            *Respondents who in the past 12 months were given the wrong medication or wrong dose by a doctor, nurse or pharmacist*

**MU\_Q07**      **Did the medical doctor or health professional involved tell you that an error had been made in your treatment?**

- 1            Yes
- 2            No  
              DK, RF

*Coverage:*            *Respondents who in the past 12 months were given the wrong medication or wrong dose by a doctor, nurse or pharmacist*

**MU\_END**      End of section

**Section:**      **Chronic conditions (CC)**

**CC\_BEG**      Beginning of section

**CC\_R01AA**    **The following questions 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.**

**CC\_Q01AA**    **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

**... arthritis?**

- 1            Yes.....(Go to CC\_Q01AB)
- 2            No  
              DK, RF

**Default:**      (Go to CC\_Q01BA)

*Coverage:*            *All respondents*

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**CC\_Q01AB**    **How long ago were you first diagnosed with this condition?**  
\_\_\_\_(2 spaces)                    [Min: 0 Max: 99]  
DK, RF .....(Go to CC\_Q01BA)

*Coverage:*                    *Respondents who were ever diagnosed or treated by a health professional for arthritis*

**CC\_N01AB**    **Was this in months or years?**

- 1                    Months
- 2                    Years
- DK, RF

*Coverage:*                    *Respondents who were ever diagnosed or treated by a health professional for arthritis*

**CC\_Q01BA**    **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... asthma?

- 1                    Yes.....(Go to CC\_Q01BB)
- 2                    No
- DK, RF

Default:                    (Go to CC\_Q01CA)

*Coverage:*                    *All respondents*

**CC\_Q01BB**    **How long ago were you first diagnosed with this condition?**

\_\_\_\_(2 spaces)                    [Min: 0 Max: 99]  
DK, RF ..... (Go to CC\_Q01CA)

*Coverage:*                    *Respondents who were ever diagnosed or treated by a health professional for asthma*

**CC\_N01BB**    **Was this in months or years?**

- 1                    Months
- 2                    Years
- DK, RF

*Coverage:*                    *Respondents who were ever diagnosed or treated by a health professional for asthma*

**CC\_Q01CA**    **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... chronic pain, diagnosed by a health professional?

- 1                    Yes..... (Go to CC\_Q01CB)
- 2                    No
- DK, RF

Default:                    (Go to CC\_Q01DA)

*Coverage:*                    *All respondents*

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**CC\_Q01CB    How long ago were you first diagnosed with this condition?**

\_\_\_\_(2 spaces)                    [Min: 0 Max: 99]  
DK, RF ..... (Go to CC\_Q01DA)

*Coverage:            Respondents who were ever diagnosed or treated by a health professional for chronic pain*

**CC\_N01CB    Was this in months or years?**

- 1            Months
- 2            Years
- DK, RF

*Coverage:            Respondents who were ever diagnosed or treated by a health professional for chronic pain*

**CC\_Q01DA    Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

**... emphysema or COPD (chronic obstructive pulmonary disease)?**

INTERVIEWER: Include any disorder marked by a persistent obstruction of bronchial airflow in the lungs.

- 1            Yes..... (Go to CC\_Q01DB)
- 2            No
- DK, RF

Default:            (Go to CC\_Q01EA)

*Coverage:            All respondents*

**CC\_Q01DB    How long ago were you first diagnosed with this condition?**

\_\_\_\_(2 spaces)                    [Min: 0 Max: 99]  
DK, RF .....(Go to CC\_Q01EA)

*Coverage:            Respondents who were ever diagnosed or treated by a health professional for emphysema or COPD*

**CC\_N01DB    Was this in months or years?**

- 1            Months
- 2            Years
- DK, RF

*Coverage:            Respondents who were ever diagnosed or treated by a health professional for emphysema or COPD*

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**CC\_Q01EA**    **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... cancer?

1            Yes.....(Go to CC\_Q01EB)

2            No  
              DK, RF

Default:        (Go to CC\_Q01FA)

Coverage:       *All respondents*

**CC\_Q01EB**    **How long ago were you first diagnosed with this condition?**

\_\_\_\_(2 spaces)        [Min: 0 Max: 99]

DK, RF .....(Go to CC\_Q01FA)

Coverage:       *Respondents who were ever diagnosed or treated by a health professional for cancer*

**CC\_N01EB**    **Was this in months or years?**

1            Months

2            Years  
              DK, RF

Coverage:       *Respondents who were ever diagnosed or treated by a health professional for cancer*

**CC\_Q01FA**    **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... depression?

1            Yes.....(Go to CC\_Q01FB)

2            No  
              DK, RF

Default:        (Go to CC\_Q01GA)

Coverage:       *All respondents*

**CC\_Q01FB**    **How long ago were you first diagnosed with this condition?**

\_\_\_\_(2 spaces)        [Min: 0 Max: 99]

DK, RF .....(Go to CC\_Q01GA)

Coverage:       *Respondents who were ever diagnosed or treated by a health professional for depression*

**CC\_N01FB**    **Was this in months or years?**

1            Months

2            Years  
              DK, RF

Coverage:       *Respondents who were ever diagnosed or treated by a health professional for depression*

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**CC\_Q01GA**    **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... a mood disorder other than depression, such as bipolar disorder, mania, manic depression, or dysthymia?

- 1            Yes..... (Go to CC\_Q01GB)
- 2            No  
              DK, RF

Default:        (Go to CC\_Q01HA)

Coverage:      *All respondents*

**CC\_Q01GB**    **How long ago were you first diagnosed with this condition?**

\_\_\_\_(2 spaces)            [Min: 0 Max: 99]  
DK, RF ..... (Go to CC\_Q01HA)

Coverage:      *Respondents who were ever diagnosed or treated by a health professional for a mood disorder other than depression, such as bipolar disorder, mania, manic depression, or dysthymia*

**CC\_N01GB**    **Was this in months or years?**

- 1            Months
- 2            Years  
              DK, RF

Coverage:      *Respondents who were ever diagnosed or treated by a health professional for a mood disorder other than depression, such as bipolar disorder, mania, manic depression, or dysthymia*

**CC\_Q01HA**    **Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

... diabetes?

INTERVIEWER: Count borderline, any type.

- 1            Yes..... (Go to CC\_Q01HB)
- 2            No  
              DK, RF

Default:        (Go to CC\_Q01IA)

Coverage:      *All respondents*

**CC\_Q01HB**    **How long ago were you first diagnosed with this condition?**

\_\_\_\_(2 spaces)            [Min: 0 Max: 99]  
DK, RF ..... (Go to CC\_Q01IA)

Coverage:      *Respondents who were ever diagnosed or treated by a health professional for diabetes*

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**CC\_N01HB Was this in months or years?**

- 1 Months
- 2 Years  
DK, RF

*Coverage: Respondents who were ever diagnosed or treated by a health professional for diabetes*

**CC\_Q01IA Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

**... heart disease?**

- 1 Yes..... (Go to CC\_Q01IB)
- 2 No  
DK, RF

Default: (Go to CC\_Q01JA)

*Coverage: All respondents*

**CC\_Q01IB How long ago were you first diagnosed with this condition?**

\_\_\_\_(2 spaces) [Min: 0 Max: 99]  
DK, RF ..... (Go to CC\_Q01JA)

*Coverage: Respondents who were ever diagnosed or treated by a health professional for heart disease*

**CC\_N01IB Was this in months or years?**

- 1 Months
- 2 Years  
DK, RF

*Coverage: Respondents who were ever diagnosed or treated by a health professional for heart disease*

**CC\_Q01JA Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

**... stroke?**

- 1 Yes..... (Go to CC\_Q01JB)
- 2 No  
DK, RF

Default: (Go to CC\_Q01KA)

*Coverage: All respondents*

**CC\_Q01JB How long ago were you first diagnosed with this condition?**

\_\_\_\_(2 spaces) [Min: 0 Max: 99]  
DK, RF .....(Go to CC\_Q01KA)

*Coverage: Respondents who were ever diagnosed or treated by a health professional for a stroke*

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**CC\_N01JB Was this in months or years?**

- 1 Months
- 2 Years
- DK, RF

*Coverage: Respondents who were ever diagnosed or treated by a health professional for a stroke*

**CC\_Q01KA Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions:**

**... high blood pressure or hypertension?**

- 1 Yes.....(Go to CC\_Q01KB)
- 2 No
- DK, RF

*Default: (Go to CC\_C02)*

*Coverage: All respondents*

**CC\_Q01KB How long ago were you first diagnosed with this condition?**

\_\_\_\_(2 spaces) [Min: 0 Max: 99]  
DK, RF .....(Go to CC\_C02)

*Coverage: Respondents who were ever diagnosed or treated by a health professional for high blood pressure or hypertension*

**CC\_N01KB Was this in months or years?**

- 1 Months
- 2 Years
- DK, RF

*Coverage: Respondents who were ever diagnosed or treated by a health professional for high blood pressure or hypertension*

**CC\_C02** If CC\_Q01AA to CC\_Q01KA not = 1.....(Go to CC\_END)  
Else, if CC\_Q01HA = 1 or CC\_Q01IA = 1 or CC\_Q01JA = 1 or  
CC\_Q01KA = 1..... (Go to CC\_R02A)  
Otherwise..... (Go to CC\_R03B)

**CC\_R02A Staying healthy can be difficult when you have a chronic health condition. We would like to learn about the type of help you get from your [primary care provider].**

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**CC\_Q02A**      **In the past 12 months, did you get the following tests or measurements to monitor your condition:**

    ... **blood pressure measurement?**

- 1            Yes
- 2            No
- DK, RF

*Coverage:            Respondents who were ever diagnosed or treated by a health professional for one or more of the following: diabetes, heart disease, a stroke, high blood pressure or hypertension*

**CC\_Q02B**      **In the past 12 months, did you get the following tests or measurements to monitor your condition:**

    ... **cholesterol measurement?**

- 1            Yes
- 2            No
- DK, RF

*Coverage:            Respondents who were ever diagnosed or treated by a health professional for one or more of the following: diabetes, heart disease, a stroke, high blood pressure or hypertension*

**CC\_Q02C**      **In the past 12 months, did you get the following tests or measurements to monitor your condition:**

    ... **body weight measurement?**

- 1            Yes
- 2            No
- DK, RF

*Coverage:            Respondents who were ever diagnosed or treated by a health professional for one or more of the following: diabetes, heart disease, a stroke, high blood pressure or hypertension*

**CC\_Q02D**      **In the past 12 months, did you get the following tests or measurements to monitor your condition:**

    ... **blood sugar measurement?**

- 1            Yes
- 2            No
- DK, RF

*Coverage:            Respondents who were ever diagnosed or treated by a health professional for one or more of the following: diabetes, heart disease, a stroke, high blood pressure or hypertension*

**CC\_R03A**      **For the next set of questions, think about the health care you've received for your chronic condition in the past 12 months from your [primary care provider].**

Default:        (Go to CC\_Q03)

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**CC\_R03B**      **Staying healthy can be difficult when you have a chronic health condition. We would like to learn about the type of help you get from your [primary care provider].**

**For the next set of questions think about the health care you've received for your chronic condition in the past 12 months from your [primary care provider].**

**CC\_Q03**      **In the past 12 months, were you asked to talk about your goals in caring for your chronic condition?**

INTERVIEWER: Read categories to respondent.

- 01      Almost always
- 02      Most of the time
- 03      Sometimes
- 04      Generally not
- 05      Almost never
- 06      Not applicable, has not seen a doctor in the past 12 months  
DK, RF

*Coverage:*      *Respondents with at least one chronic condition*

**CC\_Q04**      **In the past 12 months, were you shown that what you did to take care of yourself influenced your health condition?**

- 01      Almost always
- 02      Most of the time
- 03      Sometimes
- 04      Generally not
- 05      Almost never
- 06      Not applicable, has not seen a doctor in the past 12 months  
DK, RF

*Coverage:*      *Respondents with at least one chronic condition*

**CC\_Q05**      **In the past 12 months, were you given a written list of things you should do to improve your health?**

- 01      Almost always
- 02      Most of the time
- 03      Sometimes
- 04      Generally not
- 05      Almost never
- 06      Not applicable, has not seen a doctor in the past 12 months  
DK, RF

*Coverage:*      *Respondents with at least one chronic condition*

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**CC\_Q06**      **In the past 12 months, were you encouraged to go to a specific group or class such as an educational seminar to help cope with your chronic condition?**

- 01      Almost always
- 02      Most of the time
- 03      Sometimes
- 04      Generally not
- 05      Almost never
- 06      Not applicable, has not seen a doctor in the past 12 months  
DK, RF

*Coverage:*      *Respondents with at least one chronic condition*

**CC\_Q07**      **In the past 12 months, were you encouraged to attend programs in the community such as support groups or exercise classes that could help you?**

- 01      Almost always
- 02      Most of the time
- 03      Sometimes
- 04      Generally not
- 05      Almost never
- 06      Not applicable, has not seen a doctor in the past 12 months  
DK, RF

*Coverage:*      *Respondents with at least one chronic condition*

**CC\_Q08**      **In the past 12 months, were you told how your visits with other types of doctors (e.g., specialists or surgeon) helped your treatment?**

- 01      Almost always
- 02      Most of the time
- 03      Sometimes
- 04      Generally not
- 05      Almost never
- 06      Not applicable, has not seen a doctor in the past 12 months  
DK, RF

*Coverage:*      *Respondents with at least one chronic condition*

**CC\_Q09**      **In the past 12 months, were you helped to make a treatment plan that you could do in your daily life?**

- 01      Almost always
- 02      Most of the time
- 03      Sometimes
- 04      Generally not
- 05      Almost never
- 06      Didn't make a plan
- 07      Not applicable, has not seen a doctor in the past 12 months  
DK, RF

*Coverage:*      *Respondents with at least one chronic condition*

**CC\_END**      End of section

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**Section: Patient activation (PA)**

**PA\_BEG** Beginning of section

**PA\_C01** If CC\_Q01AA to CC\_Q01KA not = 1 ..... (Go to PA\_END)  
Otherwise, if at least one yes in CC\_Q01AA to CC\_Q1KA..... (Go to PA\_R01)

**PA\_R01** **The following questions are related to how involved you are in thinking about or making decisions about your own health and health care.**

**PA\_Q01** **I know what each of my prescribed medications do. Do you...?**

INTERVIEWER: Read categories to respondent.

- 1 Strongly agree
  - 2 Agree
  - 3 Disagree
  - 4 Strongly disagree
- DK, RF

*Coverage: Respondents with at least one chronic condition*

**PA\_Q02** **I am confident that I can follow through on medical treatments I need to do at home. Do you...?**

INTERVIEWER: Read categories to respondent.

- 1 Strongly agree
  - 2 Agree
  - 3 Disagree
  - 4 Strongly disagree
- DK, RF

*Coverage: Respondents with at least one chronic condition*

**PA\_Q03** **I understand the nature and causes of my health condition. Do you...?**

- 1 Strongly agree
  - 2 Agree
  - 3 Disagree
  - 4 Strongly disagree
- DK, RF

*Coverage: Respondents with at least one chronic condition*

**PA\_Q04** **I know the different medical treatment options available for my health condition. Do you...?**

- 1 Strongly agree
  - 2 Agree
  - 3 Disagree
  - 4 Strongly disagree
- DK, RF

*Coverage: Respondents with at least one chronic condition*

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**PA\_Q05**      **I know how to prevent further problems with my health condition. Do you...?**

- 1            Strongly agree
- 2            Agree
- 3            Disagree
- 4            Strongly disagree
- DK, RF

*Coverage:*            *Respondents with at least one chronic condition*

**PA\_END**            End of section

**Section:**            **Demographics (DM)**

**DM\_BEG**            Beginning of section

**DM\_R01**            **Now, I would like to ask you a few general questions that will help us analyze the data collected.**

**DM\_B01**            Call the Sex block.

*Coverage:*            *All respondents*

**DM\_B02**            What is your date of birth?

Call the Date block.

INTERVIEWER: Insist on year of birth.

*Coverage:*            *All respondents*

**DM\_Q03**            **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
- DK, RF

*Coverage:*            *All respondents*

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**DM\_Q04**      **Which of the following describes you best?**

INTERVIEWER: Read categories to respondent.

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..... (Go to DM\_S04)  
DK, RF

Default:      (Go to DM\_Q05)

Coverage:      *All respondents*

**DM\_S04**      **Which of the following describes you best?**

INTERVIEWER: Specify.

\_\_\_\_(80 spaces)

**DM\_Q05**      **What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, during the year ending Dec. 31, 2007?**

INTERVIEWER: Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income.

\_\_\_\_(8 spaces)      [Min:    1 Max:    10]  
DK, RF

Coverage:      *All respondents*

**DM\_C05A**      If DM\_Q05 = DK or RF .....(Go to DM\_Q05A)  
Otherwise.....(Go to DM\_Q06)

**DM\_Q05A**      **What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, during the year ending Dec. 31, 2007? Was it...?**

INTERVIEWER: Read categories to respondent.

1      Less than \$50,000 (includes income loss)

2      \$50,000 and more

DK, RF

Coverage:      *Respondents who did not provide an estimate of their total household income in DM\_Q05*

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**DM\_C05B** If DM\_Q05A = 1 .....(Go to DM\_Q05B)  
Else, if DM\_Q05A = 2 ..... (Go to DM\_Q05C)  
Otherwise.....(Go to DM\_Q06)

**DM\_Q05B** **Please stop me when I have read the category which applies to your household.**

INTERVIEWER: Read categories to respondent.

- 03 Less than \$5,000
- 04 \$5,000 or more but less than \$10,000
- 05 \$10,000 or more but less than \$15,000
- 06 \$15,000 or more but less than \$20,000
- 07 \$20,000 or more but less than \$30,000
- 08 \$30,000 or more but less than \$40,000
- 09 \$40,000 or more but less than \$50,000
- DK, RF

Default: (Go to DM\_Q06)

Coverage: *Respondents who did not provide an estimate of their total household income in DM\_Q05 but reported that it was less than \$50,000*

**DM\_Q05C** **Please stop me when I have read the category which applies to your household.**

INTERVIEWER: Read categories to respondent.

- 10 \$50,000 or more but less than \$60,000
- 11 \$60,000 or more but less than \$70,000
- 12 \$70,000 or more but less than \$80,000
- 13 \$80,000 or more but less than \$90,000
- 14 \$90,000 or more but less than \$100,000
- 15 \$100,000 or more but less than \$150,000
- 16 \$150,000 and over
- DK, RF

Coverage: *Respondents who did not provide an estimate of their total household income in DM\_Q05 but reported that it was \$50,000 or more*

**DM\_Q06** **Including yourself, how many persons usually live in your household?**

\_\_\_\_(2 spaces) [Min: 1 Max: 99]  
DK, RF

Coverage: *All respondents*

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**DM\_Q07**      **In what province or territory do 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
- DK, RF

*Coverage:*      *All respondents*

**DM\_Q08**      **What is your postal code?**

INTERVIEWER: Enter the postal code. If the address is outside Canada, press <Enter>.

\_\_\_\_\_(6 spaces)  
DK, RF

*Coverage:*      *All respondents*

**DM\_END**      End of section

**Section:**      **Permission to share (PS)**

**PS\_BEG**      Beginning of section

**PS\_R01**      **To avoid duplication, Statistics Canada has entered into an agreement to share the information from the interviews conducted as part of this survey with the Canadian Institute of Health Information and the Health Council of Canada. Your name, address and telephone number will not be included and both organizations have undertaken to keep this information confidential and use it only for statistical purposes.**

INTERVIEWER: The survey is sponsored by the Health Council of Canada and the Canadian Institute for Health Information.

**PS\_Q01**      **Do you agree to share the information provided?**

- 1      Yes
- 2      No
- DK, RF

*Coverage:*      *All respondents*

**PS\_END**      End of section

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**Section:**           **Permission to link (PL)**

**PL\_BEG**           Beginning of section

**PL\_R01**           **In 2007, you responded to the Canadian Community Health Survey. At that time, you gave us your permission to link your information from that survey, to your health services information. You also gave us your (provincial or territorial) health number to assist in linking this information. Now, we would like your permission to link today's survey with your 2007 survey information, and with your health services information.**

INTERVIEWER: Your health services information includes your past and continuing use of health services, such as visits to hospitals, clinics and doctor's offices. However, it does not include your personal medical information held by your doctor.

**PL\_Q01**           **The linked information will not be shared with anyone outside Statistics Canada. Do we have your permission?**

INTERVIEWER: The linked information will not be shared with the Canadian Institute for Health Information or with the Health Council of Canada.

- 1           Yes..... (Go to PL\_END)
- 2           No  
          DK, RF

*Coverage:*           *Respondents who gave permission to link their CCHS 2007 information to their health services information*

**PL\_R02**           **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 2007 by Statistics Canada.**

**PL\_Q02**           **This linked information will be kept confidential and used only for statistical purposes by Statistics Canada and will not be shared with the Canadian Institute for Health Information or with the Health Council of Canada. Do we have your permission?**

- 1           Yes
- 2           No  
          DK, RF

*Coverage:*           *Respondents who did not give permission to link their CCHS 2007 information to their health services information, and respondents who gave permission to link their CCHS 2007 information to their health services information but did not give permission to link to this survey*

**PL\_END**           End of section

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