

1
2
3 **The influence of ethnocultural and language concordance between patients and primary care**
4 **clinicians on quality of care and patient empowerment: a cross-sectional analysis in three**
5 **Canadian provinces**
6
7

8
9 Sina Waibel PhD MPH, Centre for Health Services and Policy Research, School of Population and Public
10 Health, University of British Columbia, Vancouver, Canada
11

12 Sabrina T Wong PhD RN, Centre for Health Services and Policy Research, School of Population and Public
13 Health, University of British Columbia, Vancouver, Canada; School of Nursing, University of British
14 Columbia, Vancouver, Canada
15

16 Alan Katz MBChB MSc, Department of Family Medicine and Community Health Sciences, Max Rady
17 College of Medicine, Rady Faculty of Health Sciences, University of Manitoba, Manitoba, Canada
18

19 Jean-Frederic Levesque PhD MD, Centre for Primary Health Care and Equity, University of New South
20 Wales, and Agency for Clinical Innovation, Sydney, Australia
21

22 Raji Nibber RN, School of Nursing, University of British Columbia, Vancouver, Canada
23

24 Jeannie Haggerty PhD, Department of Family Medicine, McGill University, Montreal, Quebec, Canada
25
26
27
28

29 **Correspondence to:** Sabrina Wong, sabrina.wong@nursing.ubc.ca
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Abstract

Background: Concordance is a shared identity between a clinician and patient based on a characteristic such as ethnicity, language, age or sex. The purpose of this study is to examine whether patient-clinician concordance is associated with: 1) patient-reported continuity of care (relational, informational and management) and 2) patient-reported impacts of care: quality of care and empowerment.

Methods: This is a secondary analysis of cross-sectional patient surveys that were administered across British Columbia, Manitoba, and Quebec, Canada, using random digit dialling. Participants were adults who spoke English, French, Mandarin or Cantonese, or Punjabi and had visited a primary care clinician in the past 12 months (N=3,156). Outcome measures included patients' perceptions of continuity and their ratings of overall quality and empowerment.

Results: Except for Indigenous participants, around two-thirds of respondents reported ethnocultural or language concordance. Adjusted logistic regression models suggest that ethnocultural concordance was associated with higher odds of relational and management continuity. This same pattern held when there was both ethnocultural and language concordance. No association was found between language concordance and continuity or impacts of care. Chinese reported lower quality (Odds ratio (OR): 0.24; 95% confidence interval (CI): 0.12-0.48) as well as Punjabi (OR: 0.17; CI: 0.09-0.31) than patients of presumed European descent.

Interpretation: Higher relational and management continuity is more likely with the presence of patient-clinician ethnocultural and language concordance. Lower continuity and quality of care reported by Chinese and Punjabi groups could indicate important healthcare disparities. Continuity is an important influence on patient-reported quality and empowerment.

Introduction

The foreign-born population in Canada was estimated to be 6.7 million by 2011, representing 21% of the total population (1). Approximately 300,000 new immigrants will be admitted in 2017 (2). The largest sources of migrants settling in Canada are from Asia; particularly from China, India and the Philippines (2) and 23% of new residents self-reported not having the knowledge of either of the two official languages; English or French (2). The Indigenous population constitutes 4% of the total Canadian population in 2011; with most self-identifying as First Nations (North American Indian) and Métis (3). Studies in North America have shown that people from non-European descent are more likely to have poor health outcomes given multiple intersecting factors including worse healthcare experiences (4,5) and historical and ongoing forms of structural violence (6). Patient-clinician concordance might contribute to reducing healthcare disparities because of its potential to improve the patient-clinician interaction (7). Concordance is most often defined as a similarity, or shared identity, between a clinician and patient based on a demographic attribute (8) such as ethnicity, language, age or sex. Although the use of trained interpreters during the healthcare consultation provides one strategy for overcoming linguistic barriers (it has shown to positively affect patients' satisfaction, quality of care and outcomes) (9), in an 'optimal situation' there is language concordance (the clinician speaks the patient's 'mother tongue' language). Previous studies suggest that the use of an interpreter could compromise certain aspects of the patient-clinician communication (10,11) which could lead to less than ideal clinical outcomes (9).

Continuity is considered a core attribute of a high-performing primary care system (12), essential for delivering high-quality patient care (13) and an important result of the patient-centered medical home (14). It is defined as patients experiencing care that is connected and coherent, over time, with his or her health needs being met. Continuity of care can be understood as the result of care coordination

1
2
3 (15,16). It consists of three interrelated types (15,16): relational continuity – an ongoing therapeutic
4 patient-clinician relationship; informational continuity – sharing and use of information on patients' past
5 clinical events and personal circumstances; and management continuity – provision of different services
6 in a coherent way and responsive to patients changing needs. Patients' perceptions and experiences in
7 primary care are positively associated with their confidence, activation and empowerment to manage
8 their own health (17–20). Reduced confidence in healthcare can have detrimental effects including
9 poorer health outcomes, increased system costs, and avoidance of care or seeking second or third
10 opinions (21–27). Those who are empowered, who have a sense that they can affect their health
11 outcomes (20), are more likely to seek care when necessary and adhere to recommended treatments
12 (25,28–32).

13
14
15
16
17
18
19
20
21
22
23
24
25
26 Evidence that supports patient-clinician ethnocultural concordance with positive health outcomes for
27 minorities remains inconclusive (7,33). No work has examined the relationship between concordance,
28 continuity of care or patient empowerment. The purpose of this study is to examine whether patient-
29 clinician concordance is associated with: 1) patient-reported continuity of care (relational, informational
30 and management) and 2) patient-reported impacts of care: quality of care and empowerment.

31 32 33 34 35 36 37 38 **Methods**

39 40 41 **Study design and participants**

42
43
44 This is a secondary analysis of a cross-sectional telephone-administered survey to measure patient
45 experiences and impacts of primary health care across different ethnic and linguistic groups. The
46 development and validation of the questionnaire is reported elsewhere (17). Three provinces were
47 chosen in order to take advantage of Canada's diverse geographic locations: the West Coast (British
48 Columbia), the Prairies (Manitoba) and the East Coast (Quebec).

1
2
3 Random digit dialling methods and telephone interviews were used to collect a random sample of
4
5 English, French, Chinese (Mandarin or Cantonese) and Punjabi speakers (17). English and French are
6
7 Canada's official languages, whereas Chinese and Punjabi are amongst the most spoken "other"
8
9 languages across Canada's largest metropolitan areas (34).
10

11 12 **Data collection procedures**

13
14
15 Computer-assisted telephone interviews took place in one of the five languages mentioned above. Using
16
17 a standard telephone script, one adult per household was randomly selected by asking to speak to the
18
19 adult with the next birthday. Eligibility criteria included: aged 19–90 years; speaking one of the five
20
21 languages; no cognitive impairments; and had visited a family physician or nurse practitioner in the past
22
23 12 months. Verbal consent was obtained. The research ethics board of the University of British Columbia
24
25 approved all procedures.
26
27

28 29 **Measures**

30
31
32 Our main variable of interest was patient-clinician concordance (ethnocultural and language). Patients
33
34 self-identified ethnocultural background (of presumed European descent, Chinese, Punjabi and
35
36 Indigenous). Ethnocultural concordance was defined as: patients reporting that their regular clinician
37
38 was from the same ethnocultural background. Language concordance was defined as: the language
39
40 most comfortably spoken by the patient being used always or usually the same as during the healthcare
41
42 visit. We categorized language concordance only for French, Punjabi and Chinese; we assumed that
43
44 patients who spoke English at home also did so during their healthcare visit.
45
46

47
48 Outcome variables of interest were relational, informational and management continuity of care,
49
50 patients' overall rating of quality of care and empowerment (Table 1). Patient empowerment items
51
52 (n=6) were combined to construct a scale score such that a higher score indicated a higher level of
53
54 empowerment. For ease of interpretation, responses were recoded into a dichotomous measure for
55
56
57
58
59
60

1
2
3 logistic regression (0 = good, fair and poor and 1 = excellent and very good). The item measuring
4 unnecessary duplication of tests and procedures (management continuity) was also converted, where 0
5 = never and 1 = once or more.
6
7
8

9
10 In order to understand any independent effect of concordance on the outcomes of interest, we
11 controlled for the effects of other variables: patient experiences of accessibility (ability to obtain routine
12 and urgent care: the same day, next working day, between 2-3 working days, 4 or more working days)
13 and interpersonal communication (the physician speaks too fast and uses words hard to understand:
14 never/rarely, sometimes, usually/always). Sociodemographic characteristics also considered potential
15 confounders included: sex, age, province (British Columbia, Manitoba, and Quebec) education (less than
16 high school, completed high school, some university or completed college, completed undergraduate
17 degree and completed graduate degree), yearly household income (<C\$10 000, C\$10 001–30 000, C\$30
18 001–50 000, C\$50 001–80 000, C\$80 001–100 000 and >C\$100 000), born in Canada and self-rated
19 health status (excellent/very good, good, and fair/poor).
20
21
22
23
24
25
26
27
28
29
30
31
32

33 **Data analysis**

34
35
36 Respondents who did not report any of the four ethnocultural groups were excluded from the analysis
37 (n = 28). Descriptive statistics were calculated to characterize the sample by patient-clinician
38 concordance. Missing data were very low for sociodemographic items with the highest amount of
39 missing being income (10 % missing, 3% did not know). A series of logistic regression models were
40 generated to examine the relationships between respondents' patient-clinician ethnocultural and
41 language concordance and: 1) continuity of care and 2) patient ratings of overall quality of care and
42 empowerment. All models were adjusted other patient experiences of care (first contact accessibility,
43 interpersonal communication). Adjusted odds ratios are reported with 95% confidence intervals.
44
45
46
47
48
49
50
51
52
53
54 Statistical analyses were carried out using RStudio Version 1.0.136 (35).
55
56
57
58
59
60

Results

There were a total of 3,156 participants. The majority of the Punjabi (90%) and Chinese (73%) respondents were from British Columbia, while most of the Indigenous participants lived in Quebec or Manitoba (84%). More Chinese, Punjabi, and Indigenous participants reported completing less education beyond high school as well as making C\$30,000 or less compared to those of presumed European descent. Almost three quarters (72%) of participants were born in Canada, though there were much smaller percentages in the Chinese (5%) and Punjabi (4%) groups. Over half (56%) of those with presumed European descent rated their health as excellent or very good, followed by Indigenous (43%), Punjabi (35%) and Chinese (25%).

Sociodemographic characteristics by concordance group are displayed in Table 2 where language concordance is high (93% overall) with fewer reaching ethnocultural concordance (63%). Except for Indigenous participants (48%), around two-thirds of respondents reported ethnocultural or language concordance. The percentage of those reporting both ethnocultural and language concordance decreases to 54% for both Chinese and Punjabi compared to those of presumed European descent (63%).

Table 3 shows participants' reports of their experiences in and impacts of primary care. There were differences in patient experiences of care between patient-clinician concordant groups, though no consistent pattern. Most patients with a clinician of the same ethnocultural and linguistic background were able to access care within a timely manner and report fewer difficulties such as their physician speaking too fast or using words that were hard to understand. While most patients who experienced concordance reported having a regular provider, almost one in four reported their clinician had only good, fair or poor accumulated knowledge of them and were sometimes, rarely or never up-to-date with information regarding any specialist care. Three-quarters rated the quality of primary care as

1
2
3 excellent or very good and almost 60% of patients with an ethno-culturally concordant provider
4 reported being always or usually empowered by their clinician.
5
6

7
8 The regression models demonstrate that ethnocultural concordance was significantly associated with
9 higher adjusted odds of both measures of relational continuity and not receiving duplicate tests. This
10 same pattern held when there was both ethnocultural and language concordance. Compared to those of
11 presumed European descent, Chinese-descent patients reported lower accumulated knowledge by their
12 regular clinician about their medical history, worse information transfer, poorer primary care follow up
13 after a specialist visit but also less duplicate tests (Table 4). Regardless of concordance, the odds of
14 Punjabi patients compared to those of presumed European descent to see same provider in the past 12
15 months was 3.5 times more likely.
16
17

18
19 Adjusted models for patient-reported impacts of care (their reports of quality of care and patient
20 empowerment) are shown in Table 5. Notably, the significant statistical association between patient-
21 clinician concordance and impacts of care were attenuated by all three patient-reported experiences of
22 care (first contact accessibility, interpersonal communication and continuity of care). Chinese and
23 Punjabi reported significantly lower quality of care compared to those of presumed European descent.
24
25 Better reports of relational and informational continuity are more highly related to better reports of
26 quality and empowerment compared to those for accessibility or communication.
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42

43 Interpretation

44
45

46 The majority of patients in this sample report ethnocultural and language concordance with their
47 primary care provider. Past work has shown those patients who belonged to a minority group in the U.S.
48 and had the ability to choose their primary care clinician were more likely to have a clinician from the
49 same ethnocultural background (36–38). This is the first study showing similar results in Canada.
50
51
52
53
54
55
56
57
58
59
60

1
2
3 Our results provide evidence that patient-clinician ethnocultural and language concordance is associated
4 with two types of continuity: relational and management. Past work, mostly based on U.S. samples of
5 African American or Hispanic participants have identified associations between different types of
6 concordance and the health service use, overall patient satisfaction (33), and specific elements of the
7 patient-clinician relationship such as communication (39–42) or trust (8,43). This study adds by further
8 substantiating that the patient-clinician relationship is strengthened when patients perceive a shared
9 identity and commonalities with their clinician, such as personal beliefs, values, communication (8) and
10 shared experiences. This may explain why ethnocultural concordant patients are more likely to rate their
11 primary care clinician as excellent (44) and to be satisfied with their health care overall (38,44–46).

12
13
14 In this study, language concordance by itself was not associated with any continuity of care type. It is
15 likely that the importance of speaking the same language is confounded by ethnocultural concordance.
16
17 The association between ethnocultural and language concordance and one aspect of management
18 continuity (unnecessary duplication of tests and procedures) is unique. We suggest an interrelationship
19 between the continuity of care types, particularly relational continuity enhancing the other two
20 continuity types (15,47), might contribute to this finding. A recent study across 11 countries found that
21 an established patient-clinician relationship was significantly associated with patients' perceptions of
22 receiving better care coordination, including no duplication of tests (48). Decreased clinician continuity
23 is also associated with an overall increase in overuse of unnecessary tests (49–51).

24
25
26 Regardless of patient-clinician concordance, Chinese and Punjabi reported much lower quality of care.
27
28 While healthcare inequities have been documented for these groups in the US (19,20) and UK (21), more
29 work is needed to examine why these groups report lower quality of care despite having ethnocultural
30 and language concordant consultations. In particular to differentiate true differences in quality from
31 perceptions of quality which may be related to expectations.

1
2
3 Results should be interpreted with caution. This is a cross-sectional study where causation cannot be
4
5 inferred. Second, this is a 'secondary analysis of existing data', which refers to the analysis of data
6
7 collected for other study purposes (52). Other or additional items might have contributed to explaining
8
9 the different outcome measures. Surveys should be conducted in other provinces and territories of
10
11 Canada and in other countries to allow for extending generalizability to other populations.
12
13

14
15 Despite these limitations, our study has important clinical implications. Ethnocultural and language
16
17 concordance are important in increasing continuity of care. All three continuity types (relational,
18
19 informational and management) are important influences on patient-reported quality of care and
20
21 empowerment. Primary care clinician ethnic and language diversity allows for greater patient-clinician
22
23 concordance and may be a way to improve continuity of care for members of ethnic minority groups
24
25 (37,45,46). Further research using objective indicators of the quality of care delivered by ethnic Chinese
26
27 and Punjabi physicians would add to our understanding of this complex patient-physician interaction.
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

References

1. Statistics Canada. 2011 National Household Survey: immigration and ethnocultural diversity in Canada. 2013.
2. Government of Canada. Annual report to Parliament on immigration. Canada: Government of Canada; 2016.
3. Statistics Canada. Aboriginal Peoples of Canada: A Demographic Profile. Canada S, editor. Ottawa, ON: Statistics Canada; 2003.
4. Johnson RL, Roter D, Powe NR, Cooper LA. Patient race/ethnicity and quality of patient-physician communication during medical visits. *Am J Public Health* 2004;94(12):2084–90.
5. Halbert CH, Armstrong K, Gandy Jr. OH, Shaker L. Racial differences in trust in health care providers. *Arch Intern Med* 2006;166(8):896–901.
6. Browne AJ, Varcoe C, Lavoie J, Smye V, Wong ST, Krause M, et al. Enhancing health care equity with Indigenous populations: Evidence-based strategies from an ethnographic study. *BMC Health Serv Res* 2016;16(544):1–17.
7. Schnittker J, Liang K. The promise and limits of racial/ethnic concordance in physician-patient interaction. *J Health Polit Policy Law* 2006;31(4):811–38.
8. Street Jr. RL, O'Malley KJ, Cooper LA, Haidet P. Understanding concordance in patient-physician relationships: personal and ethnic dimensions of shared identity. *Ann Fam Med* 2008;6(3):198–205.
9. Flores G. The impact of medical interpreter services on the quality of health care: a systematic review. *Med Care Res Rev* 2005;62(3):255–99.

10. Green AR, Ngo-Metzger Q, Legedza ATR, Massagli MP, Phillips RS, Iezzoni LI. Interpreter services, language concordance, and health care quality: Experiences of Asian Americans with limited english proficiency. *J Gen Intern Med* 2005;20(11):1050–6.
11. Rivadeneyra R, Elderkin-Thompson V, Silver RC, Waitzkin H. Patient centeredness in medical encounters requiring an interpreter. *Am J Med* 2000;108(6):470–4.
12. Bodenheimer T, Ghorob A, Willard-Grace R, Grumbach K. The 10 Building Blocks of High-Performing Primary Care. *Ann Fam Med* 2014;12(2):166–71.
13. van Walraven C, Oake N, Jennings A, Forster AJ. The association between continuity of care and outcomes: A systematic and critical review. *J Eval Clin Pr* 2010;16(5):947–56.
14. American Academy of Family Physicians, American College of Physicians, American Academy of Pediatrics, American Osteopathic Association. Joint principles of the Patient-Centered Medical Home. 2007.
15. Reid R, Haggerty JL, McKendry R. Defusing the confusion: Concepts and measures of continuity of healthcare. Ottawa: Canadian Health Services Research Foundation; 2002. 1-50 p.
16. Haggerty JL, Reid RJ, Freeman GK, Starfield BH, Adair CE, McKendry R. Continuity of care: A multidisciplinary review. *Br Med J* 2003;327(7425):1219–21.
17. Wong ST, Black C, Cutler F, Brooke R, Haggerty JL, Lévesque J-F. Patient-reported confidence in primary healthcare: are there disparities by ethnicity or language? *BMJ Open* 2014;4(2):e003884.
18. Wong ST, Peterson S, Black C. Patient activation in primary healthcare: A comparison between healthier individuals and those with a chronic illness. *Med Care* 2011;49(5):469–79.
19. Wong ST, Lynam MJ, Khan KB, Scott L, Loock C. The social paediatrics initiative: A RICHER model

- 1
2
3 of primary health care for at risk children and their families. *BioMed Cent Pediatr*
4
5 2012;12(158):1–12.
6
7
- 8 20. Stewart AL, Nápoles-Springer A, Perez-Stable EJ. Interpersonal processes of care in diverse
9
10 populations. *Milbank Q* 1999;77(3):305–39.
11
12
- 13 21. Armstrong K, Rose A, Peters N, Long JA, McMurphy S, Shea JA. Distrust of the Health Care System
14
15 and Self-Reported Health in the United States. *J Gen Intern Med* 2006;21(4):292–7.
16
17
- 18 22. Gilson L. Trust and the development of health care as a social institution. *Soc Sci Med*
19
20 2003;56(7):1453–68.
21
22
- 23 23. Hall MA, Camacho F, Lawlor JS, Depuy V, Sugarman J, Weinfurt K. Measuring trust in medical
24
25 researchers. *Med Care* 2006;44(11):1048–53.
26
27
- 28 24. Piette JD, Heisler M, Krein S, Kerr EA. The role of patient-physician trust in moderating
29
30 medication nonadherence due to cost pressures. *Arch Intern Med* 2005;165(15):1749–55.
31
32
- 33 25. Thom DH, Hall MA, Pawlson LG. Measuring patients' trust in physicians when assessing quality of
34
35 care. *Health Aff* 2004;23(4):124–32.
36
37
- 38 26. Gilson L. Trust in health care: Theoretical perspectives and research needs. *J Heal Organ Manag*
39
40 2006;20(5):359–75.
41
42
- 43 27. Hall MA, Dugan E, Zheng B, Mishra AK. Trust in physicians and medical institutions: What is it, can
44
45 it be measured, and does it matter? *Milbank Q* 2001;79(4):613–39.
46
47
- 48 28. Hall JA, Roter DL. Do patients talk differently to male and female physicians? A meta-analytic
49
50 review. *Patient Educ Couns* 2002;48(3):217–24.
51
52
- 53 29. Mechanic D. Changing medical organization and the erosion of trust. *Milbank Q* 1996;74(2):171–
54
55
56
57
58
59
60

- 1
2
3 89.
4
5
6 30. O'Malley AS, Sheppard VB, Schwartz M, Mandelblatt J. The role of trust in use of preventive
7 services among low-income African-American women. *Prev Med (Baltim)* 2004;38(6):777–85.
8
9
10
11 31. Safran DG, Kosinski M, Tarlov AR, Rogers WH, Taira DA, Lieberman N, et al. The Primary Care
12 Assessment Survey: Tests of data quality and measurement performance. *Med Care*
13 1998;36(5):728–39.
14
15
16
17
18 32. Thompson HS, Valdimarsdottir HB, Winkel G, Jandorf L, Redd W. The Group-Based Medical
19 Mistrust Scale: Psychometric properties and association with breast cancer screening. *Prev Med*
20 (Baltim) 2004;38(2):209–18.
21
22
23
24
25
26 33. Meghani SH, Brooks JM, Gipson-Jones T, Waite R, Whitfield-Harris L, Deatrick JA. Patient-provider
27 race-concordance: does it matter in improving minority patients' health outcomes? *Ethn Health*
28 2009;14(1):107–30.
29
30
31
32
33 34. Statistics Canada. Linguistic characteristics of Canadians. Ottawa: Minister of Industry; 2012. p.
34 1–22.
35
36
37
38 35. RStudio. RStudio: Integrated Development for R. Boston, MA: RStudio Inc.; 2016.
39
40
41 36. Traylor AH, Schmittiel JA, Uratsu CS, Mangione CM, Subramanian U. The predictors of patient-
42 physician race and ethnic concordance: a medical facility fixed-effects approach. *Heal Serv Res*
43 2010;45(3):792–805.
44
45
46
47
48 37. Saha S, Taggart SH, Komaromy M, Bindman AB. Do patients choose physicians of their own race?
49 *Health Aff* 2000;19(4):76–83.
50
51
52
53 38. LaVeist TA, Carroll T. Race of physician and satisfaction with care among African-American
54
55
56
57
58
59
60

- 1
2
3 patients. *J Natl Med Assoc* 2002;94(11):937–43.
4
5
- 6 39. Ahmed F, Abel GA, Lloyd CE, Burt J, Roland M. Does the availability of a South Asian language in
7 practices improve reports of doctor-patient communication from South Asian patients? Cross
8 sectional analysis of a national patient survey in English general practices. *BMC Fam Pract*
9 2015;16(55):1–12.
10
11
12
13
14
- 15 40. Jerant A, Bertakis KD, Fenton JJ, Tancredi DJ, Franks P. Patient-provider sex and race/ethnicity
16 concordance: a national study of healthcare and outcomes. *Med Care* 2011;49(11):1012–20.
17
18
19
20
- 21 41. Thornton RL, Powe NR, Roter D, Cooper LA. Patient-physician social concordance, medical visit
22 communication and patients' perceptions of health care quality. *Patient Educ Couns*
23 2011;85(3):e201–8.
24
25
26
27
- 28 42. Shen MJ, Peterson EB, Costas-Muniz R, Hernandez MH, Jewell ST, Matsoukas K, et al. The effects
29 of race and racial concordance on patient-physician communication: A systematic review of the
30 literature. *J Racial Ethn Heal Disparities* 2017;1–24.
31
32
33
34
- 35 43. Scheid TL, Smith GH. Is physician-patient concordance associated with greater trust for women of
36 low socioeconomic status? *Women Health* 2016;57(6):631–49.
37
38
39
40
- 41 44. Saha S, Komaromy M, Koepsell TD, Bindman AB. Patient-physician racial concordance and the
42 perceived quality and use of health care. *Arch Intern Med* 1999;159(9):997–1004.
43
44
45
- 46 45. Cooper LA, Roter DL, Johnson RL, Ford DE, Steinwachs DM, Powe NR. Patient-centered
47 communication, ratings of care, and concordance of patient and physician race. *Ann Intern Med*
48 2003;139(11):907–15.
49
50
51
52
- 53 46. LaVeist TA, Nuru-Jeter A. Is doctor-patient race concordance associated with greater satisfaction
54 with care? *J Heal Soc Behav* 2002;43(3):296–306.
55
56
57
58
59
60

- 1
2
3 47. Waibel S, Henao D, Aller MB, Vargas I, Vázquez ML. What do we know about patients'
4 perceptions of continuity of care? A meta-synthesis of qualitative studies. *Int J Qual Heal Care*
5 2012;24(1):39–48.
6
7
- 8
9
10 48. Penm J, MacKinnon NJ, Strakowski SM, Ying J, Doty MM. Minding the gap: Factors associated
11 with primary care coordination of adults in 11 countries. *Ann Fam Med* 2017;15(2):113–9.
12
13
- 14
15 49. Romano MJ, Segal JB, Pollack CE. The association between continuity of care and the overuse of
16 medical procedures. *JAMA Intern Med* 2015;175(7):1148–54.
17
18
- 19
20 50. Bekelis K, Roberts DW, Zhou W, Skinner JS. Fragmentation of care and the use of head computed
21 tomography in patients with ischemic stroke. *Circ Cardiovasc Qual Outcomes* 2014;7(3):430–6.
22
23
- 24
25 51. Kern LM, Seirup JK, Casalino LP, Safford MM. Healthcare fragmentation and the frequency of
26 radiology and other diagnostic tests: A cross-sectional study. *J Gen Intern Med* 2016;32(2):175–
27 81.
28
29
- 30
31
32 52. Cheng HG, Phillips MR. Secondary analysis of existing data: Opportunities and implementation.
33 *Shanghai Arch Psychiatry* 2014;26(6):371–5.
34
35
- 36
37 53. Shi L, Starfield B, Xu J. Validating the Adult Primary Care Assessment Tool. *J Fam Pract*
38 2001;50(2):161–75.
39
40
- 41
42 54. Safran DG, Karp M, Coltin K, Chang H, Li A, Ogren J, et al. Measuring patients' experiences with
43 individual primary care physicians: Results of a statewide demonstration project. *J Gen Intern*
44 *Med* 2006;21(1):13–21.
45
46
- 47
48 55. Statistics Canada. Canadian Survey of Experiences with Primary Health Care, 2008
49
50
- 51
52 56. Stewart AL, Nápoles-Springer AM, Gregorich SE, Santoyo-Olsson J. Interpersonal processes of
53
54
55
56
57
58
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

care survey: Patient-reported measures for diverse groups. Health Serv Res 2007;43:1235–56.

Confidential

Table 1: Items used to create dependent variables of interest: continuity of care, quality of care and patient empowerment

| Dimension and types | Definition | Item name, question and scale | Source |
|----------------------------|--|---|--|
| Continuity of care | | | |
| Relational continuity | Ongoing therapeutic patient-physician relationship(15,16) | Concentrated care with regular provider (1 item) <i>Thinking of the past 12 months, when you went to see your regular doctor, how often were you taken care of by the same doctor? (Always, usually, sometimes, rarely, never)</i> | Shi, Starfield and Xu(53) |
| | | Accumulated knowledge of the patient's medical history (1 item) <i>How would you rate your regular doctor's knowledge of your entire medical history? (Excellent, very good, good, fair, poor)</i> | Adapted from the ACES(54) |
| Informational continuity | Sharing and use of information on patients' past clinical events and personal circumstances(15,16) | Information transfer across care levels (1 item) <i>In the last 12 months, how often did your regular doctor seem informed and up-to date about the care you received from any specialist doctors? (Always, usually, sometimes, rarely, never)</i> | Short form of the ACES(54) |
| | | Management continuity | Provision of different services in a coherent way and responsive to patients changing needs(15,16) |
| Quality of care | Rating of quality in primary health care | Primary care follow up after specialist visit (1 item) <i>Thinking of the most recent time you saw or talked to a specialist, did you have a follow-up appointment with your regular doctor to talk about those health issues? (Yes; no, I haven't been back to my regular family doctor's office or medical clinic; no, my doctor never brought it up; no, there is another reason)</i> | Short form of the ACES(54) |
| | | Quality of care received from regular provider (1 item) <i>Overall, how do you rate the quality of primary health care that you have received in the past 12 months from your regular doctor? (Excellent, very good, good, fair, poor)</i> | Adapted from the CSE-PHC(55) |
| Patient empowerment | Patients are given a sense that they have the ability to affect their health outcomes(20) | Patient empowerment (6 items) † <i>In the past 12 months how often did your doctor praise you for how you were taking care of your health? (Never, rarely, sometimes, usually, always)*</i> <i>How often did your doctor help you feel that sticking with your treatment would make a difference? (Never, rarely, sometimes, usually, always)*</i> <i>How often did your doctor help you feel that your everyday activities such as diet and</i> | Adapted from the interpersonal processes of care survey(56) |

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

| Dimension and types | Definition | Item name, question and scale | Source |
|---------------------|------------|---|--------|
| | | <i>lifestyle make a difference in your health? (Never, rarely, sometimes, usually, always)*</i> | |
| | | <i>How often did your doctor help you feel confident about your ability to take care of</i> | |
| | | <i>your health? (Never, rarely, sometimes, usually, always)*</i> | |
| | | <i>How often did your doctor give you a sense of control over your health? (Never, rarely,</i> | |
| | | <i>sometimes, usually, always)*</i> | |
| | | <i>How often did your doctor help you feel you can prevent some health problems?</i> | |
| | | <i>(Never, rarely, sometimes, usually, always)*</i> | |

Note. A higher score = more of the concept
 * Scale reversed so higher score is better
 † All items of this dimension were combined to create a scale, i.e. one variable
 ACES, Ambulatory Care Experiences Survey
 CSE-PHC, Canadian Survey of Experiences with Primary Health Care

Confidential

Table 2: Sociodemographic characteristics of participants (N=3156) by patient-clinician concordance group

| | Ethnocultural concordance* | Language concordance† | Ethnocultural and language concordance‡ |
|--------------------------------------|----------------------------|-----------------------|---|
| Total sample size (%) | 1915 (63.4) | 2912 (92.5) | 1824 (60.6) |
| Ethnocultural group (%) | | | |
| Presumed European descent | 1423 (63.6) | 2334 (99.0) | 1410 (63.0) |
| Chinese | 202 (64.5) | 229 (70.2) | 170 (54.8) |
| Punjabi | 234 (66.9) | 232 (66.7) | 188 (54.3) |
| Indigenous | 56 (47.9) | 117 (100.0) | 56 (47.9) |
| Province (%) | | | |
| British Columbia | 756 (68.2) | 1007 (86.6) | 688 (62.4) |
| Manitoba | 421 (45.0) | 992 (100.0) | 421 (45.0) |
| Quebec | 738 (75.8) | 913 (91.9) | 715 (73.6) |
| Female (%) | 1084 (63.1) | 1661 (92.3) | 1033 (60.3) |
| Age, mean (SD) § | 55.3 (14.7) | 54.6 (14.8) | 55.6 (14.6) |
| Level of education (%) † | | | |
| Less than high school | 233 (71.5) | 303 (91.0) | 224 (68.9) |
| Completed high school | 440 (68.8) | 629 (94.3) | 423 (66.4) |
| Some university or completed college | 539 (57.3) | 937 (95.1) | 515 (54.8) |
| Completed undergraduate degree | 446 (64.4) | 632 (88.3) | 415 (60.1) |
| Completed graduate degree | 252 (62.1) | 395 (91.9) | 242 (59.6) |
| Yearly household income (%) ** | | | |
| < C\$ 10 000 | 85 (69.7) | 112 (88.9) | 78 (63.9) |
| C\$ 10 001 – 30 000 | 391 (66.2) | 572 (93.8) | 375 (64.0) |
| C\$ 30 001 – 50 000 | 398 (65.0) | 581 (91.4) | 376 (61.5) |
| C\$ 50 001 – 80 000 | 374 (66.1) | 555 (94.4) | 361 (63.8) |
| C\$ 80 001 – 100 000 | 153 (56.5) | 261 (91.6) | 146 (53.9) |
| > C\$ 100 000 | 294 (62.3) | 465 (95.1) | 282 (59.7) |
| Born in Canada (%) | 1368 (63.7) | 2227 (98.8) | 1353 (63.0) |
| Self-rated health status (%) † | | | |
| Excellent, very good | 930 (62.3) | 1479 (94.6) | 894 (60.1) |
| Good | 593 (64.0) | 875 (91.0) | 564 (60.9) |
| Fair, poor | 389 (65.2) | 555 (89.8) | 363 (61.2) |

Note. Percentages show existent patient-physician concordance versus missing concordance

* 4.3% missing; † <1% missing; ‡ 4.6% missing; § 8.0% missing; ** 13.2% missing; SD: standard deviation

Table 3: Perceptions of patient experiences (first contact accessibility, interpersonal communication and continuity of care) and patient-reported impacts (overall quality of care, patient empowerment) by patient-clinician concordance group

| | Total | Ethnocultural concordance* | Language concordance† | Ethnocultural and language concordance‡ |
|---|-------------|----------------------------|-----------------------|---|
| | N=3156 | N=1915 | N=2912 | N=1824 |
| PATIENT-REPORTED EXPERIENCES OF CARE | | | | |
| First contact accessibility | | | | |
| Routine care (%) § | | | | |
| Same day | 431 (14.8) | 258 (14.4) | 386 (14.3) | 237 (13.8) |
| Next working day | 308 (10.5) | 207 (11.5) | 280 (10.4) | 194 (11.3) |
| Between 2 and 3 working days | 561 (19.2) | 308 (17.2) | 509 (18.8) | 293 (17.1) |
| 4 or more working days | 1603 (55.5) | 1022 (56.9) | 1528 (56.6) | 990 (57.8) |
| Urgent care (%) ** | | | | |
| Same day | 1243 (47.1) | 767 (47.3) | 1136 (46.6) | 724 (47.0) |
| Next working day | 451 (17.1) | 279 (17.2) | 406 (16.7) | 262 (17.0) |
| Between 2 and 3 working days | 399 (15.1) | 225 (13.9) | 376 (15.4) | 213 (13.8) |
| 4 or more working days | 545 (20.6) | 349 (21.5) | 520 (21.4) | 343 (22.2) |
| Interpersonal communication | | | | |
| Physician speaking too fast † | | | | |
| Never, rarely | 2795 (89.4) | 1738 (91.3) | 2607 (90.3) | 1670 (92.0) |
| Sometimes | 230 (7.4) | 116 (6.1) | 195 (6.8) | 103 (5.7) |
| Usually, always | 102 (3.3) | 50 (2.6) | 86 (3.0) | 42 (2.3) |
| Physician using words hard to understand † | | | | |
| Never, rarely | 2826 (90.3) | 1770 (92.8) | 2637 (91.2) | 1695 (93.2) |
| Sometimes | 267 (8.5) | 123 (6.4) | 221 (7.6) | 111 (6.1) |
| Usually, always | 37 (1.2) | 14 (0.7) | 32 (1.1) | 12 (0.7) |
| Continuity of care | | | | |
| Relational continuity | | | | |
| Concentrated care with regular provider †† | | | | |
| Always, usually | 2833 (91.4) | 1776 (93.9) | 2631 (92.0) | 1700 (94.3) |
| Sometimes | 132 (4.3) | 60 (3.2) | 110 (3.8) | 54 (3.0) |
| Rarely, never | 133 (4.3) | 55 (2.9) | 118 (4.1) | 49 (2.7) |
| Accumulated knowledge †‡ | | | | |

| | Total | Ethnocultural concordance* | Language concordance† | Ethnocultural and language concordance‡ |
|---|-------------|----------------------------|-----------------------|---|
| | N=3156 | N=1915 | N=2912 | N=1824 |
| Excellent, very good | 2073 (67.1) | 1353 (71.5) | 1962 (68.6) | 1308 (72.4) |
| Good | 595 (19.3) | 342 (18.1) | 522 (18.3) | 320 (17.7) |
| Fair, poor | 422 (13.7) | 196 (10.4) | 375 (13.1) | 179 (9.9) |
| Informational continuity | | | | |
| Information transfer §§ | | | | |
| Always, usually | 1534 (73.5) | 967 (75.1) | 1454 (74.6) | 933 (75.7) |
| Sometimes | 199 (9.5) | 112 (8.7) | 180 (9.2) | 107 (8.7) |
| Rarely, never | 353 (16.9) | 208 (16.2) | 316 (16.2) | 193 (15.7) |
| Management continuity | | | | |
| No duplication of tests †† | | | | |
| 0 duplication | 2903 (93.7) | 1784 (94.3) | 2672 (93.6) | 1700 (94.4) |
| 1 or 2 duplications | 153 (4.9) | 85 (4.5) | 144 (5.0) | 79 (4.4) |
| 3 or more duplications | 42 (1.4) | 22 (1.2) | 40 (1.4) | 21 (1.2) |
| Primary care follow up *** | | | | |
| Yes | 1362 (60.9) | 833 (62.1) | 1289 (61.4) | 799 (62.3) |
| No | 875 (39.1) | 509 (37.9) | 810 (38.6) | 484 (37.7) |
| PATIENT-REPORTED IMPACTS OF CARE | | | | |
| Quality of care ††† | | | | |
| Excellent, very good | 2135 (71.0) | 1361 (73.5) | 2064 (73.6) | 1323 (75.0) |
| Good | 559 (18.6) | 326 (17.6) | 472 (17.0) | 299 (16.9) |
| Fair, poor | 315 (10.5) | 164 (8.9) | 261 (9.4) | 143 (8.1) |
| Patient empowerment † | | | | |
| Always, usually | 1735 (55.5) | 1100 (57.7) | 1640 (56.8) | 1060 (58.4) |
| Sometimes | 622 (19.9) | 356 (18.7) | 570 (19.8) | 339 (18.7) |
| Rarely, never | 768 (24.6) | 449 (23.6) | 676 (23.4) | 416 (22.9) |

* 4.3% missing; † <1% missing; ‡ 4.6% missing; § 7.4% missing; ** 16.4% missing; †† 1.8% missing; ††† 2.1% missing; §§ 2.3% missing and 31.6% did not see a specialist; *** 29.1% did not see a specialist; ††† 4.7% missing;

Table 4: Relationship between patient-clinician concordance, ethnocultural group, and continuity of care

| | Relational continuity | | | | Informational continuity | | Management Continuity | | | |
|--------------------------------------|---|-----------|-----------------------|-----------|--------------------------|-----------|-------------------------|-----------|------------------------|-----------|
| | Concentrated care with regular provider | | Accumulated knowledge | | Information transfer | | No duplication of tests | | Primary care follow up | |
| | OR | CI | OR | CI | OR | CI | OR | CI | OR | CI |
| Patient-clinician concordance | | | | | | | | | | |
| Ethnocultural | 1.41 | 1.05–1.88 | 1.50 | 1.26–1.79 | 1.20 | 0.96–1.50 | 1.41 | 1.04–1.91 | 1.16 | 0.96–1.40 |
| Language | 1.81 | 1.00–3.28 | 0.92 | 0.62–1.37 | 1.37 | 0.83–2.27 | 0.75 | 0.35–1.61 | 0.94 | 0.58–1.52 |
| Ethnocultural and language | 1.57 | 1.18–2.07 | 1.47 | 1.24–1.74 | 1.25 | 1.00–1.55 | 1.46 | 1.08–1.96 | 1.14 | 0.95–1.38 |
| Patient’s ethnocultural group | | | | | | | | | | |
| Presumed European descent | Ref | - | Ref | - | Ref | - | Ref | - | Ref | - |
| Chinese | 1.27 | 0.64–2.50 | 0.18 | 0.12–0.27 | 0.34 | 0.19–0.59 | 3.26 | 1.32–8.02 | 0.49 | 0.30–0.79 |
| Punjabi | 3.47 | 1.66–7.23 | 0.87 | 0.58–1.31 | 0.78 | 0.47–1.28 | 1.33 | 0.68–2.61 | 0.72 | 0.47–1.10 |
| Indigenous | 0.65 | 0.38–1.11 | 1.29 | 0.86–1.94 | 1.04 | 0.67–1.62 | 0.68 | 0.38–1.22 | 1.19 | 0.78–1.80 |

Note. Responses of continuity of care were recoded into a dichotomous measure, where e.g. 0 = good/fair/poor and 1 = excellent/very good

CI: confidence interval (calculated at 95 % significance)

OR: odds ratio adjusted for patient socio-demographic characteristics (sex, age, level of education, yearly household income and born in Canada), self-rated health status, province as well as patient-reported experiences of care (first contact accessibility and interpersonal communication) and patient-clinician sex concordance; statistically significant OR are shown in bold

Table 5: Relationship between concordance, patient experiences of care patient-reported overall quality of care and patient empowerment

| | Quality of care | | Patient empowerment | |
|---|-----------------|------------|---------------------|-----------|
| | OR | CI | OR | CI |
| Patient-clinician concordance | | | | |
| Ethnocultural | 1.11 | 0.84–1.48 | 1.11 | 0.87–1.42 |
| Language | 1.11 | 0.60–2.05 | 0.73 | 0.41–1.31 |
| Ethnocultural and language | 1.10 | 0.83–1.45 | 1.11 | 0.87–1.41 |
| Patient's ethnocultural group | | | | |
| Presumed European descent | Ref | - | Ref | - |
| Chinese | 0.24 | 0.12–0.48 | 0.79 | 0.42–1.50 |
| Punjabi | 0.17 | 0.09–0.31 | 0.60 | 0.34–1.06 |
| Indigenous | 0.56 | 0.31–1.00 | 1.05 | 0.63–1.75 |
| Patient-reported experiences of care | | | | |
| First contact accessibility | 1.20 | 1.09–1.33 | 1.15 | 1.06–1.25 |
| Interpersonal communication | 1.53 | 1.27–1.86 | 1.61 | 1.36–1.91 |
| Continuity of care | | | | |
| Concentrated care with regular provider | 1.97 | 1.24–3.11 | 2.05 | 1.38–3.06 |
| Accumulated knowledge | 10.18 | 7.72–13.43 | 3.79 | 2.99–4.81 |
| Information transfer | 2.17 | 1.64–2.86 | 2.68 | 2.11–3.40 |
| No duplication of tests | 1.05 | 0.67–1.63 | 0.68 | 0.46–1.02 |

Note. Responses of quality of care and patient empowerment were recoded into a dichotomous measure, where e.g. 0 = never/rarely/sometimes and 1 = usually/always

CI, confidence interval (calculated at 95 % significance)

OR, odds ratio, adjusted for patient socio-demographic characteristics (sex, age, level of education, yearly household income and born in Canada), self-rated health status, province; statistically significant OR are shown in bold

Appendix

Items used to create dependent variables of interest: continuity of care, quality of care and patient empowerment

| Dimension and types | Definition | Item name, question and scale | Source |
|----------------------------|---|--|--|
| Continuity of care | | | |
| Relational continuity | Ongoing therapeutic patient-physician relationship (19,20) | Concentrated care with regular provider (1 item) <i>Thinking of the past 12 months, when you went to see your regular doctor, how often were you taken care of by the same doctor? (Always, usually, sometimes, rarely, never)</i> | Shi, Starfield and Xu (55) |
| Informational continuity | Sharing and use of information on patients' past clinical events and personal circumstances (19,20) | Accumulated knowledge of the patient's medical history (1 item) <i>How would you rate your regular doctor's knowledge of your entire medical history? (Excellent, very good, good, fair, poor)</i> Information transfer across care levels (1 item) <i>In the last 12 months, how often did your regular doctor seem informed and up-to date about the care you received from any specialist doctors? (Always, usually, sometimes, rarely, never)</i> | Adapted from the ACES (56) Short from of the ACES (56) |
| Management continuity | Provision of different services in a coherent way and responsive to patients changing needs (19,20) | No duplication of tests or procedures (1 item) <i>Over the past 12 months, how many times did medical tests or procedures seem to be repeated unnecessarily? (Number of times)</i> Primary care follow up after specialist visit (1 item) <i>Thinking of the most recent time you saw or talked to a specialist, did you have a follow-up appointment with your regular doctor to talk about those health issues? (Yes; no, I haven't been back to my regular family doctor's office or medical clinic; no, my doctor never brought it up; no, there is another reason)</i> | Adapted from the CSE-PHC (57) Short form of the ACES (56) |
| Quality of care | Rating of quality in primary health care | Quality of care received from regular provider (1 item) <i>Overall, how do you rate the quality of primary health care that you have received in the past 12 months from your regular doctor? (Excellent, very good, good, fair, poor)</i> | Adapted from the CSE-PHC (57) |
| Patient empowerment | Patients are given a sense that they have the ability to affect their health outcomes (24) | Patient empowerment (6 items) † <i>In the past 12 months how often did your doctor praise you for how you were taking care of your health? (Never, rarely, sometimes, usually, always)*</i> <i>How often did your doctor help you feel that sticking with your treatment would make</i> | Adapted from the interpersonal processes of care survey (58) |

| Dimension and types | Definition | Item name, question and scale | Source |
|---------------------|------------|--|--------|
| | | <i>a difference? (Never, rarely, sometimes, usually, always)*</i> | |
| | | <i>How often did your doctor help you feel that your everyday activities such as diet and lifestyle make a difference in your health? (Never, rarely, sometimes, usually, always)*</i> | |
| | | <i>How often did your doctor help you feel confident about your ability to take care of your health? (Never, rarely, sometimes, usually, always)*</i> | |
| | | <i>How often did your doctor give you a sense of control over your health? (Never, rarely, sometimes, usually, always)*</i> | |
| | | <i>How often did your doctor help you feel you can prevent some health problems? (Never, rarely, sometimes, usually, always)*</i> | |

Note. A higher score = more of the concept; * Scale reversed so higher score is better; † All items of this dimension were combined to create a scale, i.e. one variable; ACES, Ambulatory Care Experiences Survey; CSE-PHC, Canadian Survey of Experiences with Primary Health Care. The full patient experience questionnaire is available upon request at: info@spor-bcphcrn.ca

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

=====

National PHC Experiences Survey

=====

NRG PROJECT NUMBER: 147-10-1857

NOTE: ALL TEXT IN CAPS IS NOT READ ALOUD TO THE RESPONDENT.

INTRODUCTION:

[IF PERSON ANSWERING THE PHONE DOESN'T SPEAK ENGLISH, AND INTERVIEWER DOES NOT SPEAK THEIR LANGUAGE, SAY: "I'm sorry to bother you. Goodbye." ARRANGE FOR SOMEONE TO CALL WHO SPEAKS THE LANGUAGE.]

PHANSWER RECORD INITIAL CONTACT

- 1=LANGUAGE OK
- 2=NEED CALLBACK IN MANDARIN
- 3=NEED CALLBACK IN CANTONESE
- 4=NEED CALLBACK IN CHINESE (UNCERTAIN DIALECT)
- 5=NEED CALLBACK IN PUNJABI
- 6=NEED CALLBACK IN FRENCH
- 7=NEED CALLBACK, LANGUAGE UNCERTAIN
- 8=SPEAKS OTHER LANGUAGE (JAPANESE, KOREAN, SPANISH, ETC.)

Hello. I am calling on behalf of the Centre for Health Services and Policy Research at the University of British Columbia from NRG Research Group. My name is _____. I am part of a team of researchers at UBC examining what Canadians think are important characteristics of the primary health care system. This is **not** a marketing survey. It is a research study that has been funded by the Canadian Institute for Health Research

NOTE: THE FOLLOWING PRELANG SECTION SHOULD ONLY BE ASKED IN REGIONS THAT ARE KNOWN TO HAVE SIGNIFICANT POPULATIONS OF RESPONDENTS WHO SPEAK LANGUAGES OTHER THAN ENGLISH; OTHERWISE THIS SHOULD SKIP TO RECRUITE (ENGLISH)

PRELANG: Is there anyone in your household, between the ages of 19 and 90, who grew up speaking either Chinese or Punjabi? (IF necessary: probe for which language).

- 1=Yes, Chinese [Go to RECRUITC]
- 2=Yes, Punjabi [Go to RECRUITP]
- 3=Yes, French [Go to RECRUITF]
- 4= No [Go to RECRUITE]
- 98= Refuse [go to ENDCALL 1]

1
2
3 **RECRUITC:** We would like to speak in Chinese with {RANDOMIZE, PROPORTIONS INITIALLY 2/1: the
4 person in your household/the male in your household} who is between 19 and 90 years old, who grew
5 up speaking Chinese, and who will have the next birthday. (IF NOT UNDERSTOOD, EXPLAIN: If more
6 than one person grew up speaking Chinese, we would like the one whose birthday is coming up next.)
7 [IF ASKED FOR MALE, SHOW: IF MALE NOT AVAILABLE, ASK FOR FEMALE.] (IF OK: Would {he/she} be
8 more comfortable speaking Mandarin or Cantonese?) (IF INTERVIEWER DOES NOT SPEAK THE
9 LANGUAGE, PLEASE SAY: Thank you, I will turn the call over to an interviewer who speaks
10 {Mandarin/Cantonese}.)
11

12
13 1=Chinese speaker will respond—Mandarin (INTERVIEWER: Get Mandarin Interviewer.) [GO TO
14 PROCEED, CHINESE]]

15 2= Chinese speaker will respond—Cantonese (INTERVIEWER: Get Cantonese Interviewer.) [GO
16 TO PROCEED, CHINESE]]

17
18 3= Chinese speaker is not available at this time

19 4=Chinese speaker will not participate [GO TO ENDCALL 1]
20

21 [IF CHINESE SPEAKER NOT AVAILABLE AT THIS TIME, PLEASE ARRANGE CALL BACK.
22

23 **RECRUITP:** We would like to talk with {RANDOMIZE, PROPORTIONS INITIALLY 2/1: the person in your
24 household/the male in your household}who is between 19 and 90 years old, who grew up speaking
25 Punjabi, and who will have the next birthday. (IF NOT UNDERSTOOD, EXPLAIN: If more than one person
26 grew up speaking Punjabi, we would like the one whose birthday is coming up next.) [IF ASKED FOR
27 MALE, SHOW: IF MALE NOT AVAILABLE, ASK FOR FEMALE.] (IF INTERVIEWER DOES NOT SPEAK PUNJABI,
28 PLEASE SAY: Thank you, I will turn the call over to an interviewer who speaks Punjabi.)
29
30

31 1=Punjabi speaker will respond [GO TO PROCEED, PUNJABI]

32 2=Punjabi speaker is not available at this time

33 3= Punjabi speaker will not participate [GO TO ENDCALL 1]
34

35 [IF PUNJABI SPEAKER NOT AVAILABLE AT THIS TIME, PLEASE ARRANGE CALL BACK.]
36
37

38 **RECRUITF:** We would like to speak in French with {RANDOMIZE, PROPORTIONS INITIALLY 2/1: the
39 person in your household/the male in your household} who is between 19 and 90 years old, who grew
40 up speaking French, and who will have the next birthday. (IF NOT UNDERSTOOD, EXPLAIN: If more than
41 one person grew up speaking French, we would like the one whose birthday is coming up next.) [IF
42 ASKED FOR MALE, SHOW: IF MALE NOT AVAILABLE, ASK FOR FEMALE.] (IF OK: Would {he/she} be more
43 comfortable speaking French?) (IF INTERVIEWER DOES NOT SPEAK THE LANGUAGE, PLEASE SAY: Thank
44 you, I will turn the call over to an interviewer who speaks {French}.)
45

46
47 1=French speaker will respond—French (INTERVIEWER: Get French Interviewer.) [GO TO
48 PROCEED, FRENCH]]

49 2= French speaker is not available at this time

50 3=French speaker will not participate [GO TO ENDCALL 1]
51

52 **RECRUITE:** Then we would like to speak {RANDOMIZE, PROPORTIONS INITIALLY 2/1: the person in your
53 household/the male in your household} between 19 and 90 years old who will have the next birthday.
54 [IF ASKED FOR MALE, SHOW: IF MALE NOT AVAILABLE, ASK FOR FEMALE.]
55
56
57
58
59
60

1
2
3 1=English speaker will respond [GO TO PROCEED, ENGLISH]

4 2=English speaker is not available at this time

5 3=English speaker will not participate [GO TO ENDCALL 1]

6
7
8
9 **IF NOT SPEAKING TO SAME PERSON REPEAT INTRODUCTION**

10 **READ TO ALL TARGET RESPONDENTS:**

11 Primary health care is the provision of health care services outside hospital settings. Family physicians
12 and nurses most often provide these services. These clinicians assume responsibility for a large part of
13 your personal health care needs – they provide services to keep people from getting sick such as
14 immunizations) and provide services when people are sick.

15
16 We are inviting people to participate in a telephone survey about the characteristics of primary health
17 care services that are important to them. For example, “When you get sick, is there a particular health
18 care provider that you usually go to for care?” The telephone survey will take about 30 minutes. The
19 information you provide will help health care policy-makers, managers and clinicians better understand
20 the features of primary health care important to Canadians, especially for those who speak English
21 French, Chinese or Punjabi.

22
23
24 Would you be interested in participating?

- 25
26
- 27 • YES (CONTINUE WITH SURVEY)
 - 28 • NO (HARD REFUSAL) [GO TO END CALL 1]
 - 29 • NOT A GOOD TIME / CALL BACK (INTERVIEWER: ARRANGE CALLBACK)
- 30

31 END CALL 1

32
33 You have chosen not to proceed with the survey. We would like to thank you for your time. If you have
34 any questions or want further information about this study, you can contact the Principal Investigator,
35 Dr. Sabrina Wong at 604-827-5584. If you have any concerns about your treatment or your rights as a
36 research participant you may contact the Research Subject Line at the University of British Columbia,
37 Office of Research Services at 604-822-8598. If this is a long distance call for you, you can call collect.
38 Thank you. Goodbye.

39
40
41
42
43 Your participation is voluntary and any information you provide will be kept confidential. Your answers
44 will not directly affect your health care in any way. You may refuse to answer some questions. You may
45 decide not to participate at all. You may choose to withdraw from the study at any time.

46
47
48 Do you have any questions before I proceed? [SEE FAQ]

49
50
51
52 **READ ONLY TO RESPONDENTS IN BC OR MANITOBA: PROVINCIAL HEALTH NUMBER AND**
53 **ADMINISTRATION**

As part of this survey, we would like your permission to link information collected during this interview. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics and doctor's offices.

This linked information will be kept confidential and used only for statistical purposes. It will not affect your healthcare in any way. No one else will have access to this information except for the research team.

The way we link the information from the survey to past and continuing use of health services is through your personal health number (PHN). If you do not have your PHN on hand, we can still perform the linkage using the day of your birth, month, and year. Once the data are linked, all personally identifying information is removed since we are interested in groups of people like you, not specifically in YOUR personal use of health services.

- Do we have your permission?
- Y [GO TO PHN 1]No [IF NO, GO TO PHN2, DO NOT SHOW INTRO, V2-V4 AT END OF SURVEY]

PHN1

Thank you for giving permission. We will ask you to provide your PHN at the end of the study.

PHN 2

I understand that you don't want to provide this information. We are still interested in your views on health care and will continue to the next section of the study.

FAQ

ANSWERS TO FREQUENTLY ASKED QUESTIONS: [INTERVIEWER ONLY READ RESPONSES IF ASKED THESE (OR SIMILAR) QUESTIONS]

HOW WAS RESPONDENT SELECTED?

Stratified random sample – We used predictive random digit-dialing to identify people of Chinese, South Asian or other background in your area, then a computer randomly generated phone numbers. We are specifically looking for people men and women who live in the area, who are between the ages of 19 and 90 and live in the community (i.e., not in a care facility) and are Chinese, South Asian or Caucasian.

HOW WILL CONFIDENTIALITY BE ACHIEVED?

A non-identifiable numeric code will identify your answers. Your name will not appear in any research reports. The nature of the questions will not ask you to identify a particular health care provider or health care organization. We are only interested in your experiences and perceptions of primary health care.

WHAT KIND OF PERSONAL INFORMATION IS REQUIRED?

You do not have to give any information that you do not feel comfortable with. In this survey we will ask for your Personal Health Number (PHN) or DAY of birth to link your answers to your use of primary health care. [This information will be used to link your survey answers to the use of health care. The research team does not receive any personally identifying information. We are only interested in aggregated data, not individual information.](#) You do not have to give this information to participate in the study. Your treatment will in no way be influenced by this

1
2
3 linking. Should you choose to participate in future research we will also ask for your name,
4 telephone number and address. The majority of the questions focus on your use of primary health
5 care. You can refuse to answer any question or end your participation at any time throughout the
6 survey.
7

8
9 **WHAT WILL YOU DO WITH MY LINKED SURVEY AND HEALTH CARE UTILIZATION DATA?**

10 We will examine how people’s experiences with primary care are associated with their use of the system.
11 One example would be how interpersonal communication is linked to continuity of primary care or how
12 people’s confidence, knowledge, and skills in taking care of their health is linked to getting preventive
13 care services. We are not interested in identifying individuals. We are interested in examining groups of
14 people such as men or women or older adults, aged 65 years and older.
15

16
17 **NAME AND TELEPHONE NUMBER WHO CAN VERIFY THE AUTHENTICITY OF THE RESEARCH:**

18 If you have any questions or want further information about this study, you can contact the Principal
19 Investigator, Dr. Sabrina Wong at 604-827-5584. If you have any concerns about your treatment or your
20 rights as a research participant, you may contact the Research Subject Line at the University of British
21 Columbia, Office of Research Services, at 604-822-8598. If this is a long distance call for you, you can call
22 collect.
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Confidential

[=====INTRODUCTION & SCREENING/ELIGIBILITY=====]

First I'm going to ask you some general questions about you and then we will move on to talking about your experiences with health care.

[PROGRAMMER NOTE: THE FOLLOWING QUESTION JUST CONFIRMS WE ARE IN THE RIGHT LANGUAGE FOR THE RESPONDENT. FOR MOST RESPONDENTS THEY SHOULD ALREADY BE IN THE RIGHT LANGUAGE.]

>A1< [# ALANG]

What language are you most comfortable speaking?

NOTE TO INTERVIEWERS: DON'T READ THE ANSWER ITEMS!! ALLOW RESPONDENTS TO VOLUNTEER A LANGUAGE.

- 1 ENGLISH
- 2 FRENCH
- 3 CANTONESE
- 4 MANDARIN
- 5 PUNJABI
- 6 OTHER (NO NEED TO SPECIFY)

- 1=English [GO TO ENGLISH VERSION]
- 2=French [GO TO French VERSION]
- 3=Cantonese [GO TO CHINESE VERSION]
- 4=Mandarin [GO TO CHINESE VERSION]
- 5=Punjabi [GO TO PUNJABI VERSION]
- 6=Other (END CALL 2)

[[ROUTING: IF ANSWER IS 6 "OTHER" GOTO **END_CALL 2**, OTHERWISE START SPECIFIED LANGUAGE]

>A2< [# AGENDER] INTERVIEWER: IF YOU FEEL CERTAIN OF A RESPONDENT'S GENDER, JUST ENTER IT BELOW WITHOUT READING THE QUESTION. IF YOU ARE NOT CERTAIN, SAY:

Because this survey is for research purposes, we're required to ask respondents whether they are male or female. So please just tell me whether you're male or female.

- 1 MALE
- 2 FEMALE
- 3 TRANSGENDER (VOLUNTEERED)
- d DON'T KNOW
- r REFUSED

>GENDER_PROMPT: INTERVIEWER: IN THE PREVIOUS QUESTION, DID YOU:

- 1 ASK RESPONDENT'S GENDER
 - 2 CODE GENDER WITHOUT ASKING
- [ROUTING: No routing]

>U7< [# ETHNIC] ETHNIC BACKGROUND

Please tell me when I read the ethnic background that describes you best: (INTERVIEWER READ OPTIONS)

- 1
- 2
- 3 1 Of European descent
- 4 2 Chinese
- 5 3 South Asian, such as Indian or Pakistani (IF NEEDED: this includes Sri Lankan)
- 6 4. Canadian [GO TO U8]
- 7 5. Other
- 8 D. DON'T KNOW
- 9 R. REFUSED
- 10
- 11

12 [ROUTING: IF ANSWER IS OTHER/DK/REFUSED GOTO ENDCALL 2, OTHERWISE CONTINUE]

13

14 >U8< [# CANORIG]

15 In addition to being "Canadian" what were the other ethnic or cultural origins of your ancestors on first
16 coming to North America? Please tell me when I read the one that describes you best: (INTERVIEWER
17 READ OPTIONS)

- 18 1 of European descent
- 19 2 Chinese
- 20 3 South Asian, such as Indian or Pakistani (IF NEEDED: this includes Sri Lankan)
- 21 4 OTHER Asian (IF NEEDED: Japanese, Korean, Thai)
- 22 5 Aboriginal, including First Nations, Metis, or Inuit
- 23 6 Black or African
- 24 7 Other or more than one (Specify)
- 25 d Don't know
- 26 r Refuse

27 [ROUTING: if 'd' or 'r' go to ENDCALL 2,]

28

29

30

31

32 >ENDCALL 2<

33 I have no more questions. You do not meet the criteria established for the study at this time.
34 We would like to thank you for your time. If you have any questions or want further information about
35 this study, you can contact the Principal Investigator, Dr. Sabrina Wong at 604-827-5584. If you have
36 any concerns about your treatment or your rights as a research participant you may contact the
37 Research Subject Line at the Univeristy of British Columbia, Office of Research Services at 604-822-8598.
38 If this is a long distance call for you, you can call collect. Thank you. Goodbye.
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

>A5< [# ASEEN]

How many times in the past 24 months have you seen your family physician or a nurse? (If you are not sure, an estimate is fine).

0 / Have not seen one/don't have a family physician or nurse [GO TO END CALL 3]

1-4

5-10

11+

D DON'T KNOW [GO TO END CALL 3]

R REFUSED [GO TO END CALL 3]

[END CALL 3]

We would like to thank you for your time. However, the study criteria requires that you have seen a health professional in the last two years and you do not currently match study eligibility. If you have any questions or want further information about this study, you can contact the Principal Investigator, Dr. Sabrina Wong at 604-827-5584. If this is a long distance call for you, you can call collect.

[ROUTING: NO ROUTING]

>A7< [# ALTCLIVE]

Do you live in a care facility (nursing home, extended care facility, etc.)?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: IF YES, DON'T KNOW OR REFUSED GOTO END_CALL 4]

>END_CALL 4<

Thank you very much for your time. Those will be my only questions for today. For the purposes of this study, we are looking for men and women between the ages of 19 and 90 who are living in the community. If you have any questions or want further information about this study, you can contact the Principal Investigator, Dr. Sabrina Wong at 604-827-5584. If this is a long distance call for you, you can call collect. Good bye.

Are you over the age of 75?

1 YES [COMPLETE COGNITIVE SCREEN]

2 NO [SKIP TO A8]

COGNITIVE SCREENING [NOTE:ONLY FOR PARTICIPANT'S OVER THE AGE OF 75]

Many people have problems remembering things. I will ask you some simple questions to see how your memory is [IF PARTICIPANT GETS 4 CORRECT ANSWERS, HE/SHE WILL BE ELIGIBLE FOR THE STUDY].

I am going to say 3 words for you to remember. Repeat them after I have said all three.

- shirt __[YES/NO]_
- brown [YES/NO]_
- honesty [YES/NO]

number of correct words recalled: 0 1 2 3

What is today's date?

RESPONDANT:]

- Month
- Date
- Year_____

[INTERVIEWER:]

- Month
- Date
- year_____

Can you tell me the name of the current Prime Minister of Canada?

ANSWER:STEVEN HARPER

- YES
- NO

And can you tell me the name of the President of the United States?

ANSWER: BARAK OBAMA

- YES
- NO

What three words did I ask you to remember? [ORDER NOT IMPORTANT]

- shirt __[YES/NO]_
- brown [YES/NO]_
- honesty [YES/NO]

number of correct words recalled: 0 1 2 3

If did not recall all three\What was another word I told you?

- shirt __[YES/NO]_
- brown [YES/NO]_
- honesty [YES/NO]

number of correct words recalled: 0 1 2 3

Final Score:_____ out of maximum of 12 = _____%

IF SCORE >OR = REQUIRED MINIMUM, CONTINUE TO A5

IF SCORE < REQUIRED MINIMUM, END CALL 7

END_CALL7:

1
2
3 We would like to thank you for your time. You currently do not meet study eligibility. If you have any
4 questions or want further information about this study, you can contact the Principal Investigator, Dr.
5 Sabrina Wong at 604-827-5584. If you have any concerns about your treatment or your rights as a
6 research participant you may contact the Research Subject Line at the Univeristy of British Columbia,
7 Office of Research Services at 604-822-8598. If this is a long distance call for you, you can call collect.
8
9
10
11

12 **>A8< [# AEMHCP]**

13 Are you currently employed as health care provider?

14 1 YES

15 2 NO

16 D DON'T KNOW

17 R REFUSED
18
19

20 [ROUTING: NO ROUTING]
21
22

23 **INTRO TO GENERAL HEALTH**

24
25 We are interested in your experiences using primary health care. By primary health care, we mean the
26 first place where you seek care when you have a problem. It is also the place where you receive routine
27 checkups, preventive care, management of any chronic conditions, and are referred to specialist services.
28
29

30 **>A10<**

31 We would first like to ask you about your general health. In general, would you say that your health is
32 excellent, very good, good, fair, or poor?

33 1 Excellent

34 2 Very good

35 3 Good

36 4 Fair

37 5 Poor

38 D DON'T KNOW

39 R REFUSED
40
41

42 [ROUTING: NO ROUTING]
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

[=====CHRONIC CONDITIONS=====]

>B1< [# CHRONHRT]

Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions (by treatment, we mean taking medications):

First, heart disease?

- 1 YES
- 2 NO
- D DON'T KNOW
- R REFUSED
- [ROUTING: NO ROUTING]

>B2< [# CHRONARTH]

...What about arthritis or rheumatoid arthritis? [PRONOUNCED: ROOM-A-TOYED]
IF PROMPT NEEDED: Has a health professional ever diagnosed you with or treated you for arthritis rheumatoid arthritis?

- 1 YES
- 2 NO
- D DON'T KNOW
- R REFUSED
- [ROUTING: NO ROUTING]

>B3< [# CHRONHYPER]

...high blood pressure or hypertension?
(IF PROMPT NEEDED: Has a health professional ever diagnosed you with or treated you for high blood pressure or hypertension?)

- 1 YES
- 2 NO
- D DON'T KNOW
- R REFUSED
- [ROUTING: NO ROUTING]

>B4< [# CHRONDEP]

...depression?
IF PROMPT NEEDED: Has a health professional ever diagnosed you with or treated you for depression?)

- 1 YES
- 2 NO
- D DON'T KNOW
- R REFUSED
- [ROUTING: NO ROUTING]

>B5< [# CHRONDIA]

...Diabetes?

IF PROMPT NEEDED: Has a health professional ever diagnosed you with or treated you for Diabetes?)

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>B6< [# CHRONOTH]

Have you been diagnosed with any other chronic health problem?

(EXPLAIN IF NECESSARY: 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.)

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: IF YES GOTO B6A. IF NO/DK/REFUSED GOTO CHECK_B7]

>B6A< [# SPECHRON]

Could you please tell me what problem you were diagnosed with?

1 ENTER TEXT, END WITH //

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>CHECK_B7<

[ROUTING: IF B1 IS 1, B2 IS 1, B3 IS 1, B4 IS 1, B5 IS 1, OR B6 IS 1 GOTO B7 ELSE GOTO STRENGTH OF AFFILIATION SECTION]

>B7< [# CHRONRN]

In the past 12 months, was there a nurse working with your regular doctor who is involved in your health care?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

[=====STRENGTH OF AFFILIATION=====]

>C2<

Is there a doctor that knows you best or a healthcare place where you are well-known?

(IF NEEDED: Is it a doctor or a place?)

1 Yes a doctor (interviewer: accept any individual provider)

2 Yes a place

5 No

D DON'T KNOW

R REFUSED

[ROUTING: IF YES, A DOCTOR GOTO C2A; IF YES A PLACE GOTO C2B. IF NO/DK/REFUSED GOTO C3]

>C2A<

Is this person you see for care who knows you best a family doctor or general practitioner, a nurse practitioner, a specialist, or someone else?

1 a family doctor or general practitioner

2 a nurse practitioner

3 a specialist

4 someone else

D DON'T KNOW

R REFUSED

[ROUTING: GOTO C3]

>C2B<

What kind of place does your healthcare provider work in? Is it a doctor's office, a group of doctors sharing an office, a community health centre, a hospital clinic, a walk-in clinic, an emergency room, or some other place?

1 Doctor's office

2 A group of doctors sharing an office

3 Community health centre

4 Hospital clinic

5 Walk-in clinic

6 Emergency room

7 Some Other Place [SPECIFY _____]

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>C3<

Is there a doctor you usually see or place that you usually go if you are sick or need advice about your health?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: IF YES GOTO CHECK_C2_1. ELSE GOTO C4]

1
2
3
4 NOTE: [THE PURPOSE OF HAVING THIS VARIABLE IS TO MAKE ONLY THE RESPONDENTS WHO
5 ANSWERED "1" OR "2" (YES) IN C2 WILL ANSWER C3_1.]
6

7
8 **>CHECK_C2_1<**

9 [ROUTING: IF C2 IS YES A DOCTOR OR YES A PLACE GOTO C3_1. IF C2 IS NO/DK/REFUSED GOTOC4]
10

11
12 **>C3_1<**

13 Is it the same doctor that knows you best or place where you are well known?
14

15 1 YES

16 2 NO

17 D DON'T KNOW

18 R REFUSED

19 [ROUTING: IF YES GOTO C4 ELSE GOTO C4]
20

21 **>C4<**

22 Is there a doctor or place that is most responsible for your health care?
23

24 1 YES A DOCTOR (INTERVIEWER: ACCEPT ANY INDIVIDUAL PROVIDER)

25 2 YES A PLACE

26 5 NO

27 D DON'T KNOW

28 R REFUSED

29 [ROUTING: IF YES GOTO CHECK_C2_2. ELSE GOTO ROUTE 1]
30

31 **>CHECK_C2_2<**

32 [ROUTING: IF C2 IS YES A DOCTOR OR YES A PLACE GOTO C4_1.
33 IF C2 IS NO/DK/REFUSED GOTO CHECK_C3_1]
34

35
36 **>CHECK_C3_1<**

37 [ROUTING: IF C3 IS YES GOTO C4_2. IF C3 IS NO/DK/REFUSED GOTO C5
38

39 **>C4_1<**

40 [ASK ONLY IF C2 = 1 or 2, YES, A DOCTOR, OR YES A PLACE]
41

42 Is it the same doctor that knows you best or place where you are well known?
43

44 1 YES

45 2 NO

46 D DON'T KNOW

47 R REFUSED

48 [ROUTING: IF YES GOTO ROUTE 1. IF NO/DK/REFUSED GOTO CHECK_C3_2]
49

50 **>CHECK_C3_2<**

51 [ROUTING: IF C3 IS 1 GOTO C4_2. IF C3 IS 2,D,R GOTO C5]
52
53
54
55
56
57
58
59
60

>C4_2< [# ASK ONLY IF C3=1]

Is it the same doctor or place that you go to if you are sick or need advice about your health care?

- 1 YES
- 2 NO
- D DON'T KNOW
- R REFUSED

[ROUTING: IF YES GOTO ROUTE 1. IF NO/DK/REFUSED GOTO C5

SABRINA & AVERY: I COULD NOT LOCATE C4A

[STATEMENT ROUTING BASED ON RESPONSES]

[FOR THE ROUTING STATEMENT BELOW, A "NO" IS EQUIVALENT TO DK AND Refuse]

>ROUTE1<

[ROUTING: if C2 is NO/DK/REFUSED and C3 is NO/DK/REFUSED and C4 is NO/DK/REFUSED GOTO C5. ELSE GOTO COMBO]

>C5<

Was the last doctor you visited for a health problem a family doctor, a nurse practitioner, or someone else?

- 1 Family doctor (general practitioner)
- 2 A nurse practitioner
- 3 Someone else (What type of person did you visit?)
- D DON'T KNOW
- R REFUSED

[ROUTING: NO ROUTING]

[=====CREATE PREAMBLE TEXT =====]

>COMBO<

COMBO 1: (___)

RESPONDENT HAS DOCTOR(S)/PLACE(S): THAT KNOWS HIM/HER BEST; THAT HE OR SHE SEES WHEN SICK; THAT IS MOST RESPONSIBLE FOR HIS OR HER HEALTH. ALL ARE THE SAME.

IF: C2=1 OR 2, C3=1, C3-1=1, C4=1 OR 2, C4-1=1, C4-2=1
THEN PREAMBLE=

The rest of the questions will relate to the doctor or place where you usually get health care.

COMBO 2 (___)

RESPONDENT HAS DOCTOR(S)/PLACE(S) THAT: KNOWS HIM/HER BEST, HE OR SHE SEES FOR IMMEDIATE CARE, AND IS MOST RESPONSIBLE FOR THEIR HEALTH. THE ONE THAT HE OR SHE SEES FOR IMMEDIATE CARE AND IS RESPONSIBLE FOR THEIR HEALTH ARE DIFFERENT.

IF: C2=1 OR 2, C3=1, C3-1=1, C4=1 OR 2,, C4-1=1, C4-2=2,d,r [LOGICALLY INCONSISTENT RESPONSES]
THEN PREAMBLE=

The rest of the questions will relate to the doctor or place where you usually get health care.

COMBO 3 (___)

RESPONDENT HAS DOCTOR(S)/PLACE(S) THAT: KNOW HIM/HER BEST, HE OR SHE SEES FOR IMMEDIATE CARE, AND IS MOST RESPONSIBLE FOR THEIR HEALTH. THE ONE THAT HE OR SHE SAYS KNOWS THEM BEST AND IS RESPONSIBLE FOR THEIR HEALTH ARE DIFFERENT.

IF: C2=1 OR 2, C3=1, C3-1=1, C4=1 OR 2,, C4-1=2,d,r, C4-2=1[LOGICALLY INCONSISTENT RESPONSES]
THEN PREAMBLE=

The rest of the questions will relate to the doctor or place where you usually get health care.

COMBO 4: (___)

RESPONDENT HAS DOCTOR(S)/PLACE(S) THAT: KNOW HIM/HER BEST, HE OR SHE SEES FOR IMMEDIATE CARE, AND IS MOST RESPONSIBLE FOR THEIR HEALTH. THE ONE THAT HE OR SHE SAYS KNOWS THEM BEST, AND HE OR SHE SAYS THEY SEE FOR IMMEDIATE CARE ARE DIFFERENT.

IF: C2=1 OR 2, C3=1, C3-1=2,d,r, C4=1 OR 2, C4-1=1, C4-2=1[LOGICALLY INCONSISTENT RESPONSES]
THEN PREAMBLE=

The rest of the questions will relate to the doctor or place where you usually get health care.

COMBO 5: (___)

RESPONDENT HAS DOCTOR(S)/PLACE(S): THAT KNOWS HIM/HER BEST; THAT HE OR SHE SEES WHEN SICK; THAT IS MOST RESPONSIBLE FOR HIS OR HER HEALTH. THE ONE THAT KNOWS HIM/HER BEST AND THE ONE THAT HE OR SHE SEES WHEN SICK ARE THE SAME.

IF: C2=1 OR 2, C3=1, C3-1=1, C4=1 OR 2,, C4-1=2,d,r, C4-2=2,d,r
THEN PREAMBLE=

The rest of the questions will relate to the doctor or place that knows you best.

COMBO 6: (___)

RESPONDENT HAS DOCTOR(S)/PLACE(S): THAT KNOWS HIM/HER BEST; THAT HE OR SHE SEES WHEN SICK; THAT IS MOST RESPONSIBLE FOR HIS OR HER HEALTH. THE ONE THAT KNOWS HIM/HER BEST AND THE ONE THAT HE OR SHE SAYS IS RESPONSIBLE FOR THEIR HEALTH IS THE SAME.

IF: C2=1 OR 2, C3=1, C3-1=2,d,r, C4=1 OR 2,, C4-1=1, C4-2=2,d,r
THEN PREAMBLE=

The rest of the questions will relate to the doctor or place that knows you best, and that is most responsible for your health care.

COMBO 7: (___)

RESPONDENT HAS DOCTOR(S)/PLACE(S): THAT KNOWS HIM/HER BEST; THAT HE OR SHE SEES WHEN SICK; THAT IS MOST RESPONSIBLE FOR HIS OR HER HEALTH. THE ONE THAT HE OR SHE SAYS THEY SEE FOR IMMEDIATE CARE, AND IS RESPONSIBLE FOR THEIR HEALTH IS THE SAME.

IF: C2=1 OR 2, C3=1, C3-1=2,d,r, C4=1 OR 2,, C4-1=2,d,r, C4-2=1
THEN PREAMBLE=

The rest of the questions will relate to the doctor or place that you go to when you are sick or need health advice, and that is most responsible for your health care.

1
2
3 COMBO 8: (___)

4 RESPONDENT HAS DOCTOR(S)/PLACE(S): THAT KNOWS HIM/HER BEST; THAT HE OR SHE SEES WHEN
5 SICK; THAT IS MOST RESPONSIBLE FOR HIS OR HER HEALTH. HE OR SHE SAYS THEY ARE ALL DIFFERENT
6 DOCTOR(S)/PLACE(S).

7 IF: C2=1 OR 2, C3=1, C3-1=2,d,r, C4=1 OR 2,, C4-1=2,d,r, C4-2=2,d,r
8 THEN PREAMBLE=
9

10
11 *The rest of the questions will relate to the doctor or place you last saw about your health care.*
12

13 COMBO 9: (___)

14 RESPONDENT HAS DOCTOR(S)/PLACE(S): THAT KNOWS HIM/HER BEST AND THAT GIVES IMMEDIATE
15 CARE, AND THEY ARE THE SAME.

16 IF: C2=1 OR 2, C3=1, C3-1=1, C4=5,d,r, C4-1=Missing, C4-2=Missing
17 THEN PREAMBLE=
18

19
20 *The rest of the questions will relate to the doctor or place that knows you best, and that you go to when*
21 *you are sick or need health advice.*
22

23 COMBO 10: (___)

24 RESPONDENT HAS DOCTOR(S)/PLACE(S)): THAT KNOWS HIM/HER BEST; THAT HE OR SHE SEES WHEN
25 SICK. NO PAIR IS THE SAME.

26 IF: C2=1 OR 2, C3=1, C3-1=2,d,r, C4=5,d,r, C4-1=Missing, C4-2=Missing
27 THEN PREAMBLE=
28

29
30 *The rest of the questions will relate to doctor or place that knows you best.*
31

32 COMBO 11: (___)

33 RESPONDENT HAS DOCTOR(S)/PLACE(S): THAT KNOWS HIM/HER BEST; THAT IS MOST RESPONSIBLE
34 FOR HIS OR HER HEALTH. THEY ARE THE SAME.

35 IF: C2=1 OR 2, C3=2,d,r, C3-1=Missing, C4=1 OR 2,, C4-1=1, C4-2=Missing
36 THEN PREAMBLE=
37

38
39 *The rest of the questions will relate to the doctor or place that knows you best, and that is most*
40 *responsible for your health care.*
41

42 COMBO 12: (___)

43 RESPONDENT HAS DOCTOR(S)/PLACE(S): THAT KNOWS HIM/HER BEST; THAT IS MOST RESPONSIBLE FOR
44 HIS OR HER HEALTH. NO PAIR IS THE SAME.

45 IF: C2=1 OR 2, C3=2,d,r, C3-1=Missing, C4=1 OR 2,, C4-1=2,d,r, C4-2=Missing
46 THEN PREAMBLE=
47

48
49 *The rest of the questions will relate to doctor or place that knows you best.*
50

51 COMBO 13: (___)

52 RESPONDENT HAS DOCTOR(S)/PLACE(S): THAT HE OR SHE SEES WHEN SICK, AND IS RESPONSIBLE FOR
53 THEIR HEALTH. THEY ARE THE SAME.

54 IF: C2=5,d,r, C3=1, C3-1=Missing, C4=1 OR 2,, C4-1=Missing, C4-2=1
55 THEN PREAMBLE=
56
57
58
59
60

1
2
3
4 *The rest of the questions will relate to the doctor or place that you go to when you are sick or need*
5 *health advice, and that is most responsible for your health care.*
6

7
8 COMBO 14: (___)

9 RESPONDENT HAS DOCTOR(S)/PLACE(S): THAT HE OR SHE SEES WHEN SICK, AND IS RESPONSIBLE FOR
10 THEIR HEALTH. NO PAIR IS THE SAME.

11 IF: C2=5, d, r, C3=1, C3-1=Missing, C4=1 OR 2,, C4-1=Missing, C4-2=2,d,r
12 THEN PREAMBLE=
13

14 *The rest of the questions will relate to the doctor or place you have seen most often in the past 12*
15 *months.*
16

17
18 COMBO 15: (___)

19 RESPONDENT HAS DOCTOR(S)/PLACE(S): THAT KNOWS THEM BEST, ONLY.

20 IF: C2=1, C3=2,d,r, C3-1= Missing C4=5,d,r, C4-1=Missing, C4-2=Missing
21 THEN PREAMBLE=
22

23 *The rest of the questions will relate to the doctor or place that knows you best.*
24

25
26 COMBO 16: (___)

27 RESPONDENT HAS DOCTOR(S)/PLACE(S) THAT THEY SEE FOR IMMEDIATE CARE, ONLY.

28 IF: C2=5, d, r, C3=1, C3-1=Missing, C4=5,d,r, C4-1=Missing, C4-2=Missing
29 THEN PREAMBLE=
30

31 *The rest of the questions will relate to the doctor or place that you go to when you are sick or need*
32 *health advice.*
33

34
35 COMBO 17: (___)

36 RESPONDENT HAS DOCTOR(S)/PLACE(S) THAT IS RESPONSIBLE FOR THEIR HEALTH, ONLY.

37 IF: C2=5,d,r, C3=2,d,r, C3-1=Missing, C4=1 OR 2,, C4-1=Missing, C4-2=Missing
38 THEN PREAMBLE=
39

40 *The rest of the questions will relate to the doctor or place that is most responsible for your health care.*
41

42
43 COMBO 18: (___)

44 Respondent does not have doctors(s)/place(s) that: knows him or her best, they see for immediate care,
45 nor is responsible for their health.

46 IF: C2=5,d,r, C3=2,d,r, C3-1=Missing, C4=5,d,r, C4-1=Missing, C4-2=Missing
47 THEN PREAMBLE=
48

49 *The rest of the questions will relate to the doctor or place that you last saw about your health care.*
50
51
52
53
54
55
56
57
58
59
60

1
2
3 **>C6<**

4 How long have you been seeing this same doctor or going to the same place?

5 INTERVIEWER: SELECT BEST RESPONSE READ AS NECESSARY

6 1 0-3 months

7 2 4-less than 12 months

8 3 1-2 years

9 4 3-5 years

10 5 >5 years or more

11 D DON'T KNOW

12 R REFUSED

13 [if PREAMBLE is <A>]

14 [else][if PREAMBLE is]

15 [else][if PREAMBLE is <C>]

16 [else][if PREAMBLE is <D>]

17 [else][if PREAMBLE is <E>]

18 [else][if PREAMBLE is <F>]

19 [else][if PREAMBLE is <G>]

20 [else][if PREAMBLE is <H>]

21 [else][if PREAMBLE is <I>]

22 [endif all]

23 10-3 months

24 24-9 months

25 31 year (10-18 months)

26 42 years

27 53-5 years

28 66 years or more

29 DDON'T KNOW

30 R REFUSED

31 [ROUTING: NO ROUTING]

32
33
34
35
36
37 [=====UTILIZATION OF MEDICAL CARE =====]

38
39 [SKIP THIS SECTION (D1-D12) FOR THOSE WHO ANSWERED A5 A SEEN 0 NOT SEEN A DOCTOR IN THE
40 LAST 12 MONTHS)]

41 [ROUTING: IF A5 IS 0 GOTO E1]

42
43 **>INTRO_D<**

44 I'm going to ask some questions about the primary health care you have received over the past 12
45 months:

46
47
48 **>D1<**

49 Many people talk to a doctor, nurse, or other professional from time to time about some problem of
50 their mental or emotional health-for example, that they're feeling depressed, burned out, or anxious. In
51 the past 12 months, how many times have you seen or talked to your doctor about your mental or
52 emotional health (for example, being burned out or depressed)?

53 0-96 ENTER NUMBER OF TIMES

54 97 TIMES OR MORE

55 D DON'T KNOW

1
2
3 R REFUSED
4 [ROUTING: NO ROUTING]
5

6 **>D2<**

7 In the past 12 months, how many times have you seen or talked to a nurse about your mental or
8 emotional health?
9

10 0-96 ENTER NUMBER OF TIMES

11 97 TIMES OR MORE

12 D DON'T KNOW

13 R REFUSED

14 [ROUTING: NO ROUTING]
15

16 **>D3<**

17
18 In the past 12 months, how many times have you seen or talked to someone at a walk-in clinic about
19 your mental or emotional health?
20

21 0-96 ENTER NUMBER OF TIMES

22 97 TIMES OR MORE

23 D DON'T KNOW

24 R REFUSED

25 [ROUTING: NO ROUTING]
26

27 **>D4<**

28 In the past 12 months, how many times have you seen or talked to someone at the emergency room
29 about your mental or emotional health?
30

31 0-96 ENTER NUMBER OF TIMES

32 97 TIMES OR MORE

33 D DON'T KNOW

34 R REFUSED

35 [ROUTING: no routing]
36

37 **>D5<**

38 Turning to your physical health, in the past 12 months, how many times have you seen or talked with
39 your regular doctor or a doctor at you usual place of care about your physical health?
40

41 0-96 ENTER NUMBER OF TIMES

42 97 TIMES OR MORE

43 D DON'T KNOW

44 R REFUSED

45 [ROUTING: NO ROUTING]
46

47 **>D6<**

48 In the past 12 months, how many times have you seen or talked to a nurse about your physical health?
49

50 0-96 ENTER NUMBER OF TIMES

51 97 TIMES OR MORE

52 D DON'T KNOW

53 R REFUSED

54 [ROUTING: NO ROUTING]
55

56 **>D7<**
57
58
59
60

1
2
3 In the past 12 months, how many times have you seen or talked with someone at a walk-in clinic about
4 your physical health?

5 0-96 ENTER NUMBER OF TIMES

6 97 TIMES OR MORE

7 D DON'T KNOW

8 R REFUSED

9 [ROUTING: NO ROUTING]

11
12 **>D8<**

13 In the past 12 months, how many times have you seen or talked to someone at an Emergency Room
14 about your physical health?

15 0-96 ENTER NUMBER OF TIMES

16 97 TIMES OR MORE

17 D DON'T KNOW

18 R REFUSED

19 [ROUTING: NO ROUTING]

21
22 **>D9<**

23 How many different health care professionals (such as doctors, nurses, specialists, pharmacists, social
24 worker, or home care workers), regardless of the place of care, are involved with your primary health
25 care?

26 0-96 ENTER NUMBER OF PEOPLE

27 97 PEOPLE OR MORE

28 D DON'T KNOW

29 R REFUSED

30 [ROUTING: IF 0 GOTO D11, ELSE GOTO D10]

32
33 **>D10<**

34 Do they talk to one another about the care being provided to you?

35 1 YES

36 2 NO

37 D DON'T KNOW

38 R REFUSED

39 [ROUTING: NO ROUTING]

41
42 **>D11<**

43 In the last 12 months, how many times have you wanted to see your regular doctor but seen another
44 doctor instead?

45 0-96 ENTER NUMBER OF TIMES

46 97 TIMES OR MORE

47 D DON'T KNOW

48 R REFUSED

49 [ROUTING: NO ROUTING]

>D12<

In the future, how willing would you be to see a nurse practitioner instead of a family doctor? Would you be very willing, somewhat willing, not very willing, or not at all willing-or do you not know what a nurse practitioner is?

IF RESPONDS "DON'T KNOW," PROBE: "Do you mean you don't know what a nurse practitioner is, or you don't know if you would be willing to see one?"

- 1 Very willing
- 2 Somewhat willing
- 3 Not very willing
- 4 Not at all willing
- 5 Don't know what a nurse practitioner is

D DON'T KNOW IF WILLING

R REFUSED

[ROUTING: NO ROUTING]

[=====UNMET HEALTH CARE NEEDS: REPEAT PREAMBLE=====]

[if PREAMBLE is <A>]

The rest of the questions will relate to the doctor or place where you usually get health care.

[else][if PREAMBLE is]

The rest of the questions will relate to the doctor or place that knows you best.

[else][if PREAMBLE is <C>]

The rest of the questions will relate to the doctor or place that knows you best, and that is most responsible for your health care.

[else][if PREAMBLE is <D>]

The rest of the questions will relate to the doctor or place that you go to when you are sick or need health advice, and that is most responsible for your health care.

[else][if PREAMBLE is <E>]

The rest of the questions will relate to the doctor or place you last saw about your health care.

[else][if PREAMBLE is <F>]

The rest of the questions will relate to the doctor or place that knows you best, and that you go to when you are sick or need health advice.

[else][if PREAMBLE is <G>]

The rest of the questions will relate to the doctor or place you have seen most often in the past 12 months.

[else][if PREAMBLE is <H>]

The rest of the questions will relate to the doctor or place that you go to when you are sick or need health advice.

[else][if PREAMBLE is <I>]

The rest of the questions will relate to the doctor or place that is most responsible for your health care.

[endif all]

>E1>

In the past 12 months have you requested health information over the phone from your regular place of care?

- 1 YES
- 2 NO
- D DON'T KNOW

1
2
3 R REFUSED
4 [ROUTING: IF YES GOTO E2. IF NO/DK/REFUSED GOTO E4.]
5

6 **>E2<**
7
8 Did you ever experience any difficulties getting health information over the phone from your regular
9 place of care?

- 10 1 YES
11 2 NO
12 D DON'T KNOW
13 R REFUSED
14 [ROUTING: ALL GOTO E4]
15

16 **>E4< [# DELAY]**
17
18 During the past 12 months was there ever a time when you got healthcare that you needed but felt you
19 had to wait too long?

- 20 1 YES (INTERVIEWER: CONFIRM THEY DID GET CARE)
21 2 NO
22 D DON'T KNOW
23 R REFUSED
24 [ROUTING: IF 1 GOTO E7, IF DK/REFUSED GOTO E9]
25
26
27

28 **>E7< [# LENGTHDEL]**
29
30 How long was the healthcare you needed delayed? Was it a matter of hours, days, weeks or months, or
31 did you never receive it?

- 32 0 LESS THAN ONE DAY (E.G. HOURS, MINUTES)
33 1 DAYS
34 2 WEEKS
35 3 MONTHS (RECORD MONTHS IF RESPONDENT SAYS MORE THAN MONTHS, I.E., YEARS)
36 4 NEVER RECEIVED IT
37 D DON'T KNOW
38 R REFUSE
39 [ROUTING: IF LESS THAN ONE DAY/DK/REFUSED GOTO E8. IF DAYS/WEEKS/MONTHS GOTO LENGTH. IF
40 NEVER RECEIVED IT GOTO E9]
41

42 **>LENGTH<** [IF E7 EQ <1>][STORE <days> in LENGTH]
43 [IF E7 EQ <2>][STORE <weeks> in LENGTH]
44 [IF E7 EQ <3>][STORE <months> in LENGTH]
45

46 **>E7a<**
47
48 How many [FILL LENGTH] were you delayed?
49 0-96 ENTER NUMBER OF [FILL LENGTH] DELAYED
50 97 NINETY SEVEN OR MORE
51 D DON'T KNOW
52 R REFUSED
53 [ROUTING: NO ROUTING]
54

55 **>E8< [# DELSER]**
56
57
58
59
60

1
2
3 Did the health problem become more serious because you were delayed getting the health care you
4 needed?

5 1 YES

6 2 NO

7 D DON'T KNOW

8 R REFUSED

9 [ROUTING: NO ROUTING]
10
11

12 **>E9< [# UNMET]**

13 During the past 12 months was there ever a time when you felt you needed health care but you didn't
14 receive it?

15 1 YES

16 2 NO

17 D DON'T KNOW

18 R REFUSED

19 [ROUTING: IF YES GOTO E10. IF NO/DK/REFUSED GOTO E14A]
20
21

22 **>E10< [# UNMETPROB]**

23 In the past 12 months, what was the most significant health problem for which you needed care and
24 didn't receive it?

25 (IF NECESSARY: PROBE FOR A SYMPTOM OR ILLNESS.)

26 1 ENTER TEXT, END WITH //

27 D DON'T KNOW

28 R REFUSED

29 [ROUTING: NO ROUTING]
30
31

32 **>E11< [# UNWHY]**

33 What are the reasons you did not get the healthcare you needed? I will read a list of possible reasons,
34 and for each one please tell me if it was a reason or not a reason your health care was unmet.
35
36

37 **>E11A<**

38 First, your regular doctor was not available? Was this a reason or not a reason for the unmet need?

39 1 YES, A REASON

40 2 NO, NOT A REASON

41 D DON'T KNOW

42 R REFUSED

43 [ROUTING: NO ROUTING]
44
45

46 **>E11B<**

47 A specialist doctor was not available? Was that a reason or not?

48 1 YES, A REASON

49 2 NO, NOT A REASON

50 D DON'T KNOW

51 R REFUSED

52 [ROUTING: NO ROUTING]
53
54

55 **>E11C<**

56 Some other type of healthcare professional was not available?
57
58
59
60

- 1
- 2
- 3 1 YES, A REASON
- 4 2 NO, NOT A REASON
- 5 D DON'T KNOW
- 6 R REFUSED
- 7 [ROUTING: NO ROUTING]
- 8
- 9

10 **>E11D<**

11 Nobody was available to see you at your regular clinic? Was that a reason or not?

- 12 1 YES, A REASON
- 13 2 NO, NOT A REASON
- 14 D DON'T KNOW
- 15 R REFUSED
- 16 [ROUTING: NO ROUTING]
- 17
- 18

19 **>E11E<**

20 You do not have a regular doctor nor a regular clinic? Was that a reason or not?

- 21 1 YES, A REASON
- 22 2 NO, NOT A REASON
- 23 D DON'T KNOW
- 24 R REFUSED
- 25 [ROUTING: NO ROUTING]
- 26
- 27

28 **>E11F<**

29 It was too difficult to make an appointment?

- 30 1 YES, A REASON
- 31 2 NO, NOT A REASON
- 32 D DON'T KNOW
- 33 R REFUSED
- 34 [ROUTING: NO ROUTING]
- 35
- 36

37 **>E11G<**

38 The wait for an appointment was too long?

- 39 1 YES, A REASON
- 40 2 NO, NOT A REASON
- 41 D DON'T KNOW
- 42 R REFUSED
- 43 [ROUTING: NO ROUTING]
- 44
- 45

46 **>E11H<**

47 The wait in the waiting room was too long? Was that a reason?

- 48 1 YES, A REASON
- 49 2 NO, NOT A REASON
- 50 D DON'T KNOW
- 51 R REFUSED
- 52 [ROUTING: NO ROUTING]
- 53
- 54

55 **>E11I<**

56 The clinic was not open during hours you could attend? Was that a reason?

57

58

59

60

1
2
3 1 YES, A REASON
4 2 NO, NOT A REASON
5 D DON'T KNOW
6 R REFUSED
7 [ROUTING: NO ROUTING]
8

9
10 **>E11J<**
11 You experienced transportation problems? Was that a reason?
12 1 YES, A REASON
13 2 NO, NOT A REASON
14 D DON'T KNOW
15 R REFUSED
16 [ROUTING: NO ROUTING]
17

18
19 **>E11K<**
20 The costs of getting care were too high?
21 1 YES, A REASON
22 2 NO, NOT A REASON
23 D DON'T KNOW
24 R REFUSED
25 [ROUTING: IF YES GOTO E11K1. IF NO/DK/REFUSED GOTO E11L]
26

27
28 **>E11K1<**
29 What costs caused the unmet need?
30 1 ENTER TEXT, END WITH //
31 D DON'T KNOW
32 R REFUSED
33 [ROUTING: NO ROUTING]
34

35
36 **>E11L<**
37 Was the unmet need due to language problems?
38 1 YES, A REASON
39 2 NO, NOT A REASON
40 D DON'T KNOW
41 R REFUSED
42 [ROUTING: NO ROUTING]
43

44
45 **>E11M<**
46 Was the unmet need because you did not know where to go?
47 1 YES, A REASON
48 2 NO, NOT A REASON
49 D DON'T KNOW
50 R REFUSED
51 [ROUTING: NO ROUTING]
52

53
54
55 **>E11N<**
56 Were you were unable to leave the house because of a health problem? Was this the reason?
57
58

- 1 YES, A REASON
 - 2 NO, NOT A REASON
 - D DON'T KNOW
 - R REFUSED
- [ROUTING: NO ROUTING]

>E110<

Was your unmet need caused by another reason?

- 1 YES
 - 2 NO
 - D DON'T KNOW
 - R REFUSED
- [ROUTING: IF YES GOTO E1101. IF NO/DK/REFUSED GOTO E12]

>E1101<

What other reason caused your unmet need?

- 1 ENTER TEXT, END WITH //
 - D DON'T KNOW
 - R REFUSED
- [ROUTING: NO ROUTING]

>E12< [# UNSERIOUS]

Did the health problem become more serious because you didn't get the health care you needed?

- 1 YES
 - 2 NO
 - D DON'T KNOW
 - R REFUSED
- [ROUTING: NO ROUTING]

>E13_1<

Thinking of the most significant health problem in the past 12 months for which you were not able to get the needed health care, did you experience any of the following?

Did you experience worry?

- 1 YES
 - 2 NO
 - D DON'T KNOW
 - R REFUSED
- [ROUTING: NO ROUTING]

>E13_2<

Were you bothered by pain?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>E13_3<

Thinking of the most significant health problem in the past 12 months for which you were not able to get the needed health care , Was your problem still not controlled?

(INTERVIEWER CONFIRM MEANING.)

1 YES (YOU STILL HAD THE PROBLEM)

2 NO (THE PROBLEM WENT AWAY)

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>E13_4<

Did you have difficulty with daily activities?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>E13_6<

Did you have a loss of income?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>E14A< [# CLOSEDCL]

The next questions are about what you did, in the past 12 months, the last time you needed care for an urgent but minor health problem and your regular place was closed.

E14A-1[CLOSEDCL]

Thinking about when you needed care quickly, and the office was closed. Did you call your regular doctor's office?

1 YES

2 NO

D DON'T KNOW

R REFUSED

N NOT APPLICABLE (E.G., DID NOT NEED SUCH CARE)

[IF E14A-1=YES GOTO E14-2 ELSE GOTO ACCESSIBILITY]

1
2
3
4
5
6
7 **E14A-2**

8 Your regular office should have a message on their answering machine about where you can get care
9 after hours. Did you call for that message and go to the place it suggested? Did you follow the
10 instructions about where to go for care?

11 1 YES

12 2 NO

13 D DON'T KNOW

14 R REFUSED

15 N NOT APPLICABLE (E.G., DID NOT HAVE A MESSAGE ON MACHINE)

16 [ROUTING: IF NOT APPLICABLE GOT TO ACCESSIBILITY
17
18

19 **>E14B< [# CLOSEDWHT]**

20 And what did you do about getting care?

21 (IF NEEDED: This is about when you needed care for an urgent but minor health problem and your
22 regular place was closed.) DO NOT READ OPTIONS; RECORD MULTIPLE RESPONSES UP TO THREE

23 1 GO TO THE EMERGENCY ROOM

24 2 GO TO A WALK-IN CLINIC

25 3 WAIT UNTIL YOUR REGULAR DOCTOR'S OFFICE WAS OPEN

26 4 FIND HELP SOMEWHERE ELSE

27 5 DO NOTHING ABOUT GETTING CARE

28 6. OTHER – SPECIFY:

29 D DON'T KNOW

30 R REFUSE

31 [ROUTING: NO ROUTING]
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

[=====ACCESSIBILITY=====]

>F3< [# OUTCANADA]

Now I'm going to ask you some questions about your experiences getting primary care. In the past 12 months, have you received health care outside of Canada?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: IF YES GOTO F4. ELSE GOTO FIRST CONTACT ACCESSIBILITY SECTION]

>F4< [# COUNTRY]

What was the country where you received health services?

READ OPTIONS IF NECESSARY IF MORE THAN ONE COUNTRY ASK FOR LAST COUNTRY

1 CHINA

2 INDIA

OTHER SPECIFY

D DON'T KNOW

R REFUSED

[ROUTING: IF GIVE COUNTRY GOTO F5A; ELSE GOTO FIRST CONTACT ACCESSIBILITY SECTION]

>F5a< [# WHATOUT]

Which of the following kinds of health care did you go there for? Did you go for a complete or whole body check-up?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>F5b< [# WHATOUT2]

A specialist visit?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>F5c< [# WHATOUT3]

Surgery?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>F5d< [# WHATOUT4]

Dental care?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>F5g< [# WHATOUT6]

Prescription medication?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>F5e< [# WHATOUT5]

Any other care?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: IF YES GO TO F5F; ELSE GO TO PRESCRIPTION MEDICATION]

>F5f< [# WHATOUT7]

What other type of health care did you receive out of country?

1 ENTER TEXT, END WITH //

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

[=====PRESCRIPTION MEDICATION=====]

> P1.1<

In the past 12 months, in Canada, did you purchase any prescription or over-the-counter medicine?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: IF YES ASK P1A1, P1B1, P1C1, P1D1, P1E1, P1F1 & P1G1 ; ELSE DO NOT ASK THESE 'IN CANADA' QUESTIONS]

> P1.2<

In the past 12 months, from outside Canada, did you purchase any prescription or over-the-counter medicine?

1 YES

2 NO

D DON'T KNOW

1
2
3 R REFUSED

4 [ROUTING: IF YES ASK P1A2, P1A3, P1B2, P1B3, P1C2, P1C3. P1D2, P1D3, P1E2, P1E3, P1F2, P1F3, P1G2
5 & P1G3; ELSE DO NOT ASK THESE 'FROM OUTSIDE CANADA' QUESTIONS]
6

7 [ROUTING: IF COMBINATION OF NO, DK, REFUSED IN BOTH P1.1 & P1.2, THAT IS, NO PURCHASES IN
8 PAST 12 MONTHS, GO TO CAM 1]
9

10
11 **> P1A1<**

12 In the past 12 months, in Canada, did you purchase any prescription medicines or over-the-counter pain
13 relievers, including arthritis medicine and anti-inflammatories?

14 1 YES

15 2 NO

16 D DON'T KNOW

17 R REFUSED

18 [ROUTING: NO ROUTING]
19
20

21 **> P1A2<**

22 In the past 12 months, from outside Canada, did you purchase any prescription medicines or over-the-
23 counter pain relievers, including arthritis medicine and anti-inflammatories anywhere?

24 1 YES

25 2 NO

26 D DON'T KNOW

27 R REFUSED

28 [ROUTING: IF YES GO TO P1A3, ELSE GO TO P1B1]
29
30

31 **> P1A3<**

32 Where outside of Canada did you make this purchase?

33 READ IF NECESSARY: Any prescription medicines or over-the-counter pain relievers, including arthritis
34 medicine and anti-inflammatories.

35 MULTIPLE RESPONSE

36 1. United States

37 2. Other country (specify)

38 D DON'T KNOW

39 R REFUSED

40 [ROUTING: NO ROUTING]
41
42

43 **> P1B1<**

44 In the past 12 months, in Canada, did you purchase any prescription medicines or over-the-counter
45 cold remedies?

46 1 YES

47 2 NO

48 D DON'T KNOW

49 R REFUSED

50 [ROUTING: NO ROUTING]
51
52

53 **> P1B2<**

54 In the past 12 months, outside of Canada, did you purchase any prescription medicines or over-the-
55 counter cold remedies?
56
57
58

- 1
- 2
- 3 1 YES
- 4 2 NO
- 5 D DON'T KNOW
- 6 R REFUSED
- 7 [ROUTING: IF YES GO TO P1B3, ELSE GO TO P1C1]
- 8
- 9

10 **> P1B3<**

11 Where outside of Canada did you make this purchase?
12 READ IF NECESSARY: Any prescription medicines or over-the-counter cold remedies.
13 MULTIPLE RESPONSE

- 14 1. United States
- 15 2. Other country (specify)
- 16 D DON'T KNOW
- 17 R REFUSED
- 18 [ROUTING: NO ROUTING]
- 19
- 20

21 **> P1C1<**

22 In the past 12 months, in Canada, did you purchase any prescription or over-the-counter medicines to
23 help you sleep?

- 24 1 YES
- 25 2 NO
- 26 D DON'T KNOW
- 27 R REFUSED
- 28 [ROUTING: NO ROUTING]
- 29
- 30

31 **> P1C2<**

32 In the past 12 months, outside of Canada, did you purchase any prescription or over-the-counter
33 medicines to help you sleep ?

- 34 1 YES
- 35 2 NO
- 36 D DON'T KNOW
- 37 R REFUSED
- 38 [ROUTING: IF YES GO TO P1C3, ELSE GO TO P1D1]
- 39
- 40

41 **> P1C3<**

42 Where outside of Canada did you make this purchase?
43 READ IF NECESSARY: Any prescription or over-the-counter medicines to help you sleep.
44 MULTIPLE RESPONSE ALLOWED

- 45 1. United States
- 46 2. Other country (specify)
- 47 D DON'T KNOW
- 48 R REFUSED
- 49 [ROUTING: NO ROUTING]
- 50
- 51

52 **> P1D1<**

53 In the past 12 months, in Canada, did you purchase any prescription antibiotics?

- 54 1 YES
- 55 2 NO
- 56
- 57
- 58
- 59
- 60

1
2
3 D DON'T KNOW
4 R REFUSED
5 [ROUTING: NO ROUTING]
6

7
8 **> P1D2<**

9 In the past 12 months, outside of Canada, did you purchase any prescription antibioticS?

10 1 YES

11 2 NO

12 D DON'T KNOW

13 R REFUSED

14 [ROUTING: IF YES GO TO P1D3, ELSE GO TO P1E1]
15

16
17 **> P1D3<**

18 Where outside of Canada did you make this purchase?

19 READ IF NECESSARY: Any prescription antibiotics.

20 MULTIPLE RESPONSE ALLOWED

21 1. United States

22 2. Other country (specify)

23 D DON'T KNOW

24 R REFUSED

25 [ROUTING: NO ROUTING]
26
27

28 **> P1E1<**

29 In the past 12 months, in Canada, did you purchase prescription drugs for high blood pressure?

30 READ IF NECESSARY: like Ramipril, hydrochlorathiazide (pronounced: hydro-chlro-a-thi-a-zide)

31 1 YES

32 2 NO

33 D DON'T KNOW

34 R REFUSED

35 [ROUTING: NO ROUTING]
36
37

38 **> P1E2<**

39 In the past 12 months, outside of Canada, did you purchase prescription drugs for high blood pressure?

40 READ IF NECESSARY: like Ramipril, hydrochlorathiazide (pronounced: hydro-chlro-a-thi-a-zide)

41 1 YES

42 2 NO

43 D DON'T KNOW

44 R REFUSED

45 [ROUTING: IF YES GO TO P1E3, ELSE GO TO P1F1]
46
47

48 **> P1E3<**

49 Where outside of Canada did you make this purchase?

50 READ IF NECESSARY: Any prescription medicines for high blood pressure like Ramipril,
51 hydrochlorathiazide (pronounced: hydro-chlro-a-thi-a-zide)

52 MULTIPLE RESPONSE

53 1. United States

54 2. Other country (specify)

55 D DON'T KNOW
56
57
58
59
60

1
2
3 R REFUSED
4 [ROUTING: NO ROUTING]
5

6
7 **> P1F1<**

8 In the past 12 months, in Canada, did you purchase prescription drugs for high cholesterol ?
9 READ IF NECESSARY: like Lipitor

- 10 1 YES
11 2 NO
12 D DON'T KNOW
13 R REFUSED
14 [ROUTING: NO ROUTING]
15

16
17 **> P1F2<**

18 In the past 12 months, outside of Canada, did you purchase prescription drugs for high cholesterol?
19 READ IF NECESSARY: for example, Lipitor

- 20 1 YES
21 2 NO
22 D DON'T KNOW
23 R REFUSED
24 [ROUTING: IF YES GO TO P1F3, ELSE GO TO P1G1]
25

26
27 **> P1F3<**

28 Where outside of Canada did you make this purchase?
29 READ IF NECESSARY: Any prescription drugs for high cholesterol. For example, Lipitor.
30 MULTIPLE RESPONSE

- 31 1. United States
32 2. Other country (specify)
33 D DON'T KNOW
34 R REFUSED
35 [ROUTING: NO ROUTING]
36

37
38 **> P1G1<**

39 In the past 12 months, in Canada, did you purchase prescription drugs for depression or anxiety?
40 READ IF NECESSARY: like Paxil, Prozac or Effexor.

- 41 1 YES
42 2 NO
43 D DON'T KNOW
44 R REFUSED
45 [ROUTING: NO ROUTING]
46

47
48 **> P1G2<**

49 In the past 12 months, outside of Canada, did you purchase prescription drugs for depression or
50 anxiety?
51 READ IF NECESSARY: like Paxil, Prozac or Effexor.

- 52 1 YES
53 2 NO
54 D DON'T KNOW
55 R REFUSED
56
57
58
59
60

[ROUTING: IF YES GO TO P1G3, ELSE GO TO CAM1]

> **P1G3**<

Where outside of Canada did you make this purchase?

READ IF NECESSARY: Any prescription drugs for depression or anxiety other than Canada? For example, Paxil, Prozac or Effexor.

MULTIPLE RESPONSE

1. United States
2. Other country (specify)

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

[=====COMPLEMENTARY/ALTERNATIVE MEDICATION=====]

> **CAM1**<

In the past 12 months, have you seen any of the following complementary or alternative health professionals? Please indicate for each type yes or no.

READ

1. Acupuncturist
2. Traditional Chinese Medicine Physician
3. Naturopath
4. Chiropractor
5. Registered Massage Therapist
6. Any Other? (specify): _____

DNR 8. Not applicable/did not see any

> **CAM2**<

Have you used natural health products as a complementary or alternative therapy in the past 12 months?

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: IF YES GO TO CAM2A; ELSE GO TO CAM5]

> **CAM2A**<

Were these natural health products vitamins or minerals?

READ IF NECESSARY: For example, Vitamin B, calcium, zinc.

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: IF YES GO TO CAM2B; ELSE GO TO CAM3A]

> **CAM2B**<

Which vitamins or minerals?

Other (specify) _____

1
2
3
4 **> CAM3A<**

5 Were these natural health products herbal medicine?
6 READ IF NECESSARY: For example, ginseng or St. John’s Wart.

- 7 1 YES
8 2 NO
9
10 D DON'T KNOW
11 R REFUSED

12 [ROUTING: IF YES GO TO CAM3B; ELSE GO TO CAM4A]
13

14 **> CAM3B<**

15 Which herbal medicines?

16
17
18 Other (specify) _____
19

20 **> CAM4A<**

21 Were these natural health products some other kind of supplements?
22 READ IF NECESSARY: For example, shark cartilage and tea tree oil.

- 23 1 YES
24 2 NO
25
26 D DON'T KNOW
27 R REFUSED

28 [ROUTING: IF YES GO TO CAM4B; ELSE GO TO CAM5]
29

30 **> CAM4B<**

31 Which other supplements?

32
33
34 Other (specify) _____
35

36 **> CAM5<**

37 Have you used alternative or complementary energy therapies in the past 12 months?
38 READ IF NECESSARY: For example, acupuncture, reiki, qi qong

- 39 1 YES
40 2 NO
41
42 D DON'T KNOW
43 R REFUSED

44 [ROUTING: IF YES GO TO CAM5A; ELSE GO TO CAM6]
45

46 **> CAM5A<**

47 Which energy therapies?

48
49 Other (specify) _____
50

51 **> CAM6<**

52 Have you used alternative or complementary physical therapies in the past 12 months?
53 READ IF NECESSARY: For example, tai chi, yoga

- 54 1 YES
55 2 NO
56
57
58

1
2
3 D DON'T KNOW

4 R REFUSED

5 [ROUTING: IF YES GO TO CAM6A; ELSE GO TO FIRST CONTACT ACCESSIBILITY]
6
7

8 **> CAM6A<**

9 Which physical therapies?

10
11 Other (specify)_____

12
13 [=====FIRST CONTACT ACCESSIBILITY=====]

14 [SKIP THIS SECTION (G1-G5) FOR THOSE WHO ANSWERED A5 ASEEN = 0 (NOT SEEN A DOCTOR IN THE
15 LAST 12 MONTHS)

16 [AND SKIP THIS SECTION FOR THOSE WHO HAVE A SPECIALIST AS THEIR REGULAR DOCTOR FROM C2A.]
17
18

19 **>INTRO_G<**

20 [if PREAMBLE is <A>]

21 The rest of the questions will relate to the doctor or place where you usually get health care.

22 [else][if PREAMBLE is]

23 The rest of the questions will relate to the doctor or place that knows you best.

24 [else][if PREAMBLE is <C>]

25 The rest of the questions will relate to the doctor or place that knows you best, and that is most
26 responsible for your health care.

27 [else][if PREAMBLE is <D>]

28 The rest of the questions will relate to the doctor or place that you go to when you are sick or need
29 health advice, and that is most responsible for your health care.

30 [else][if PREAMBLE is <E>]

31 The rest of the questions will relate to the doctor or place you last saw about your health care.

32 [else][if PREAMBLE is <F>]

33 The rest of the questions will relate to the doctor or place that knows you best, and that you go to when
34 you are sick or need health advice.

35 [else][if PREAMBLE is <G>]

36 The rest of the questions will relate to the doctor or place you have seen most often in the past 12
37 months.

38 [else][if PREAMBLE is <H>]

39 The rest of the questions will relate to the doctor or place that you go to when you are sick or need
40 health advice.

41 [else][if PREAMBLE is <I>]

42 The rest of the questions will relate to the doctor or place that is most responsible for your health care.
43
44

45
46
47 These next few sections are about the usual care that you receive from your regular doctor or place of
48 care.
49

50 **>G1< [# ROUTEASE]**

51 In the past 12 months, how quickly have you been able to see your regular doctor when the
52 appointment you need is for routine care?

53 INTERVIEWER READ OPTIONS

54 1 the same day

55 2 the next working day;
56
57
58
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

3 between 2-3 working days;
4 four or five working days;
5 more than five working days
D DON'T KNOW
R REFUSE
[ROUTING: NO ROUTING]

>G2< [# ROUTWAIT]

In your view, is the wait time acceptable, somewhat acceptable, not very acceptable, or not acceptable?

1 Acceptable
2 Somewhat acceptable
3 Not very acceptable
4 Not acceptable
D DON'T KNOW
R REFUSE
[ROUTING: NO ROUTING]

>G3< [# URGEASE]

How quickly have you been able to see your regular doctor or a doctor at your regular place of care when needed to be seen quickly?

1 the same day
2 the next working day;
3 between 2-3 working days;
4 four or five working days;
5 more than five working days
DON'T KNOW
REFUSED
[ROUTING: NO ROUTING]

Confidential

>G4<

In your view, is this wait time acceptable, somewhat acceptable, not very acceptable, or not acceptable?

- 1 Acceptable
- 2 Somewhat acceptable
- 3 Not very acceptable
- 4 Not at all acceptable

D DON'T KNOW

R REFUSE

[ROUTING: NO ROUTING]

>G6< [# WAITOFFICE]

How long do you usually have to wait at your regular doctor's office or place of care from the time of your appointment until your visit begins? Would you say 0-10 minutes, 10-20 minutes, 20-30 minutes, 30-60 minutes, or more than 60 minutes?

10-10 minutes

210-20 minutes

320-30 minutes

430-60 minutes

5more than 60 minutes

DDON'T KNOW

RREFUSED

[ROUTING: NO ROUTING]

[=====COMPREHENSIVENESS OF SERVICES=====]

[SKIP THIS H SECTION FOR THOSE WHO ANSWERED A5 A SEEN 0 (NOT SEEN A DOCTOR IN THE LAST 12 MONTHS)]

>H1<

Again, thinking about the last 12 months, please tell me if you agree or disagree with this statement.

"My regular doctor delivers a range of services, such as routine exams and prevention, that meet most of all of my health needs." Do you strongly disagree, disagree, agree, strongly agree?

1 Strongly disagree

2 Disagree

3 Agree

4 Strongly agree

D DON'T KNOW

R REFUSE

[ROUTING: NO ROUTING]

1
2
3 **>H2<**

4 Please tell me whether your doctor's office provides the following services.

5 First, Immunizations? Would you say your doctor's office definitely provides immunizations, definitely,
6 most probably, probably not, or definitely not?
7

8 1 Definitely

9 2 Most probably

10 3 Probably not

11 4 Definitely not

12 D DON'T KNOW

13 R REFUSE

14 [ROUTING: NO ROUTING]
15

16
17 **>H6<**

18 Advice on what foods to eat? (Would you say your doctor's office definitely provides advice,, most
19 probably, probably not, or definitely not?
20

21 1 Definitely

22 2 Most probably

23 3 Probably not

24 4 Definitely not

25 D DON'T KNOW

26 R REFUSED

27 [ROUTING: NO ROUTING]
28
29

30 **>H8<**

31 Advice on home safety?

32 IF NEEDED: Does your doctor's office provide advice on home safety? Would you say definitely, most
33 probably, probably not, or definitely not?
34

35 1 Definitely

36 2 Most probably

37 3 Probably not

38 4 Definitely not

39 D DON'T KNOW

40 R REFUSED

41 [ROUTING: NO ROUTING]
42
43

44 **>H10<**

45 Checking cholesterol levels? Would you say definitely, most probably, probably not, or definitely not?
46

47 1 Definitely

48 2 Most probably

49 3 Probably not

50 4 Definitely not

51 D DON'T KNOW

52 R REFUSED

53 [ROUTING: NO ROUTING]
54
55
56
57
58
59
60

1
2
3 [ROUTING: IF A2 IS 2 (WOMAN) GOTO H11. IF A2 IS 1 (MAN) AND A4_3 (AGE) IS GREATER THAN OR
4 EQUAL TO 65 GOTO H11B. IF A2 IS 1 (MAN) AND A4_3 (AGE) IS LESS THAN 65 GOTO H12. IF A2 IS 3
5 (TRANSGENDERED) AND A4_3 (AGE) IS GREATER THAN OR EQUAL TO 65 GOTO H11B. IF A2 IS 3
6 (TRANSGENDERED) AND A4_3 (AGE) IS LESS THAN 65 GOTO H12]

7 [-----]
8

9 **>H11<**

10 Providing services related to osteoporosis prevention? Would you say definitely, most probably,
11 probably not, or definitely not?
12

13 1 Definitely

14 2 Most probably

15 3 Probably not

16 4 Definitely not

17 D DON'T KNOW

18 R REFUSED

19 [ROUTING: NO ROUTING]
20
21

22 **>H11a<**

23 Providing services related to menopause care? Would you say definitely, most probably, probably not,
24 or definitely not?
25

26 1 Definitely

27 2 Most probably

28 3 Probably not

29 4 Definitely not

30 D DON'T KNOW

31 R REFUSED

32 [ROUTING: NO ROUTING]
33
34

35 **>H11b<**

36 Providing services related to prevention of hot water burns and falls? Would you say definitely, most
37 probably, probably not, or definitely not?
38
39

40 1 Definitely

41 2 Most probably

42 3 Probably not

43 4 Definitely not

44 D DON'T KNOW

45 R REFUSED

46 [ROUTING: NO ROUTING]
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 **>H12<**

4 In the past 12 months, how often did your regular doctor talk with you about specific things you could
5 do to improve your health or prevent illness such as stopping smoking, limiting alcohol consumption,
6 and becoming more active? Would you say Always, usually, sometimes, rarely or never in the past 12
7 months?

- 8 1 Always
- 9 2 Usually
- 10 3 Sometimes
- 11 4 Rarely
- 12 5 Never (in past 12 months)

13 D DON'T KNOW

14 R REFUSED

15 N NOT APPLICABLE

16 [ROUTING: NO ROUTING]

17
18
19
20 **>H13<**

21 In the past 12 months, how often did you get the help you wanted to reach or maintain a healthy body
22 weight from your doctor or usual place of care?

23 IF NEEDED: Always, usually, sometimes, rarely or never in the past 12 months?

- 24 1 Always
- 25 2 Usually
- 26 3 Sometimes
- 27 4 Rarely
- 28 5 Never (in past 12 months)

29 D DON'T KNOW

30 R REFUSED

31 N NOT APPLICABLE

32 [ROUTING: NO ROUTING]

33
34
35 [=====INFORMATION CONTINUITY=====]

36 [SKIP THIS SECTION FOR THOSE WHO ANSWERED A5 A SEEN 0 (NOT SEEN A DOCTOR IN THE LAST 12
37 MONTHS)]

38
39
40
41 **>INTRO_I<**

42 [if PREAMBLE is <A>]

43 The rest of the questions will relate to the doctor or place where you usually get health care.

44 [else][if PREAMBLE is]

45 The rest of the questions will relate to the doctor or place that knows you best.

46 [else][if PREAMBLE is <C>]

47 The rest of the questions will relate to the doctor or place that knows you best, and that is most
48 responsible for your health care.

49 [else][if PREAMBLE is <D>]

50 The rest of the questions will relate to the doctor or place that you go to when you are sick or need
51 health advice, and that is most responsible for your health care.

52 [else][if PREAMBLE is <E>]

53 The rest of the questions will relate to the doctor or place you last saw about your health care.

54 [else][if PREAMBLE is <F>]

1
2
3 The rest of the questions will relate to the doctor or place that knows you best, and that you go to when
4 you are sick or need health advice.

5 [else][if PREAMBLE is <G>]

6 The rest of the questions will relate to the doctor or place you have seen most often in the past 12
7 months.

8 [else][if PREAMBLE is <H>]

9 The rest of the questions will relate to the doctor or place that you go to when you are sick or need
10 health advice.

11 [else][if PREAMBLE is <I>]

12 The rest of the questions will relate to the doctor or place that is most responsible for your health care.
13
14

15 These next few questions are about your experiences with how primary health care is coordinated
16 between providers.
17
18

19 >I1<

20 In the last 12 months, how often did your regular doctor seem informed and up-to date about the care
21 you received from any specialist doctors? Was it always, usually, sometimes, rarely, or never in the last
22 12 months, or did you not see a specialist?

23 1 Always

24 2 Usually

25 3 Sometimes

26 4 Rarely

27 5 Never (in past 12 months)

28 6 Didn't see specialist/NOT APPLICABLE

29 D DON'T KNOW

30 R REFUSED

31 [ROUTING: NO ROUTING]
32
33

34 >I2<

35 In the last 12 months, when your regular doctor sent you for a blood test, x-ray, or other test, did
36 someone from your doctor's office follow-up to make an appointment or give you the test results?
37 Would you say Yes always, Yes sometimes, No never, or your personal doctor did not send you for any
38 medical tests in the last 12 months?

39 1 Yes, always

40 2 Yes, sometimes

41 3 No, never

42 4 my personal doctor did not send me for any medical tests in the last 12 months

43 D DON'T KNOW

44 R REFUSE

45 [ROUTING: NO ROUTING]
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

[=====RELATIONSHIP CONTINUITY=====]

[SKIP THIS J SECTION FOR THOSE WHO ANSWERED A5 A SEEN 0 (NOT SEEN A DOCTOR IN THE LAST 12 MONTHS)]

>INTRO_J<

[if PREAMBLE is <A>]

The rest of the questions will relate to the doctor or place where you usually get health care.

[else][if PREAMBLE is]

The rest of the questions will relate to the doctor or place that knows you best.

[else][if PREAMBLE is <C>]

The rest of the questions will relate to the doctor or place that knows you best, and that is most responsible for your health care.

[else][if PREAMBLE is <D>]

The rest of the questions will relate to the doctor or place that you go to when you are sick or need health advice, and that is most responsible for your health care.

[else][if PREAMBLE is <E>]

The rest of the questions will relate to the doctor or place you last saw about your health care.

[else][if PREAMBLE is <F>]

The rest of the questions will relate to the doctor or place that knows you best, and that you go to when you are sick or need health advice.

[else][if PREAMBLE is <G>]

The rest of the questions will relate to the doctor or place you have seen most often in the past 12 months.

[else][if PREAMBLE is <H>]

The rest of the questions will relate to the doctor or place that you go to when you are sick or need health advice.

[else][if PREAMBLE is <I>]

The rest of the questions will relate to the doctor or place that is most responsible for your health care.

>J1<

Thinking of the past 12 months, when you went to see your regular doctor, how often were you taken care of by the same doctor? Always, usually, sometimes, rarely or never?

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

D DON'T KNOW

R REFUSED

N NOT APPLICABLE

[ROUTING: NO ROUTING]

1
2
3 **>J2<**

4 How would you rate your regular doctor's knowledge of your entire medical history? Would you say
5 excellent, very good, good, fair or poor?

6 1 Excellent

7 2 Very good

8 3 Good

9 4 Fair

10 5 Poor

11 D DON'T KNOW

12 R REFUSE

13 N NOT APPLICABLE (DOCTOR DOES NOT HAVE MEDICAL HISTORY)

14 [ROUTING: NO ROUTING]

15
16
17 **>J3<**

18 How would you rate your regular doctor's knowledge of what worries you most about your health?

19 Would you say excellent, very good, good, fair or poor?

20 1 Excellent

21 2 Very good

22 3 Good

23 4 Fair

24 5 Poor

25 D DON'T KNOW

26 R REFUSED

27 N NOT APPLICABLE

28 [ROUTING: NO ROUTING]

29
30
31 **>J4<**

32 How would you rate your regular doctor's knowledge of your responsibilities at home, work or school?

33 Would you say excellent, very good, good, fair or poor?

34 1 Excellent

35 2 Very good

36 3 Good

37 4 Fair

38 5 Poor

39 D DON'T KNOW

40 R REFUSED

41 N NOT APPLICABLE

42 [ROUTING: NO ROUTING]

43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

[=====MANAGEMENT CONTINUITY=====]
[SKIP THIS K SECTION FOR THOSE WHO ANSWERED A5 A SEEN 0 (NOT SEEN A DOCTOR IN THE LAST 12 MONTHS)]

>INTRO_K<

[if PREAMBLE is <A>]

The rest of the questions will relate to the doctor or place where you usually get health care.

[else][if PREAMBLE is]

The rest of the questions will relate to the doctor or place that knows you best.

[else][if PREAMBLE is <C>]

The rest of the questions will relate to the doctor or place that knows you best, and that is most responsible for your health care.

[else][if PREAMBLE is <D>]

The rest of the questions will relate to the doctor or place that you go to when you are sick or need health advice, and that is most responsible for your health care.

[else][if PREAMBLE is <E>]

The rest of the questions will relate to the doctor or place you last saw about your health care.

[else][if PREAMBLE is <F>]

The rest of the questions will relate to the doctor or place that knows you best, and that you go to when you are sick or need health advice.

[else][if PREAMBLE is <G>]

The rest of the questions will relate to the doctor or place you have seen most often in the past 12 months.

[else][if PREAMBLE is <H>]

The rest of the questions will relate to the doctor or place that you go to when you are sick or need health advice.

[else][if PREAMBLE is <I>]

The rest of the questions will relate to the doctor or place that is most responsible for your health care.

>K1<

Thinking of the most recent time you saw or talked to a specialist, did you have a follow-up appointment with your regular doctor to talk about those health issues? Would you say yes you had a follow up appointment with your regular doctor, no you haven't been back to your regular family doctor's office or medical clinic, no your doctor never brought it up, or there is another reason?

- 1 yes, you had a follow up appointment with your regular doctor
 - 2 no, you haven't been back to your regular family doctor's office or medical clinic
 - 3 no, my doctor never brought it up
 - 4 , there is another reason
 - D DON'T KNOW
 - REFUSED
 - N NOT APPLICABLE, I HAVEN'T SEEN OR TALKED TO A SPECIALIST.
- [ROUTING: 1,3,DK/REFUSED/NOT APPLICABLE GOTO K2. IF 2 OR 4 GOTO K1A]

>K1a<

1
2
3 What was the reason why there was no follow-up appointment?

4 1 ENTER TEXT, END WITH //

5 D DON'T KNOW

6 R REFUSED

7 [ROUTING: NO ROUTING]

8
9
10 **>K2<**

11 Over the past 12 months, how many times did medical tests or procedures seem to be repeated
12 unnecessarily?

13 0-97 ENTER NUMBER OF TIMES

14 D DON'T KNOW

15 R REFUSED

16 [ROUTING: NO ROUTING]

17
18
19
20 [=====**CULTURAL RESPONSIVENESS**=====]

21 [SKIP THIS L SECTION FOR THOSE WHO ANSWERED A5 ASEEN 0](NOT SEEN A DOCTOR IN THE LAST 12
22 MONTHS)

23
24 **>L1<**

25 How important is it to you to have a regular doctor who has the same or similar cultural background?

26 Not important at all, somewhat important, or very important?

27 1 Very important

28 2 Somewhat important

29 3 Not important at all

30 D DON'T KNOW

31 R REFUSED

32 [ROUTING: NO ROUTING]

33
34
35 **>L2<**

36 Is your regular doctor from the same cultural background as you?

37 1 YES

38 2 NO

39 D DON'T KNOW

40 R REFUSED

41 [ROUTING: IF YES GOTO L4. IF NO/DK/REFUSED GOTO L3]

42
43
44 **>L3<**

45 Over the past 12 months, how often have you experienced difficulty getting the care you need because
46 your cultural background is different from that of your regular doctor? Always, usually, sometimes,
47 rarely or never?

48 1 Always

49 2 Usually

50 3 Sometimes

51 4 Rarely

52 5 Never

53 D DON'T KNOW

54 R REFUSED

1
2
3 N NOT APPLICABLE (CULTURAL BACKGROUND IS NOT DIFFERENT)
4 [ROUTING: NO ROUTING]
5

6
7 **>L4<**

8 Over the past 12 months, how often have you experienced difficulty getting the care you need because
9 your regular doctor did not consider your cultural ways? Always, usually, sometimes, rarely or never?

- 10 1 Always
11 2 Usually
12 3 Sometimes
13 4 Rarely
14 5 Never

15 D DON'T KNOW
16 R REFUSED
17 N NOT APPLICABLE
18 [ROUTING: NO ROUTING]
19
20

21 **>L6<**

22 Over the past 12 months, how often did you speak English during your healthcare visit?
23 Would you say always, usually, sometimes, rarely or never?

- 24 1 Always
25 2 Usually
26 3 Sometimes
27 4 Rarely
28 5 Never

29 D DON'T KNOW
30 R REFUSED
31 N NOT APPLICABLE
32 [ROUTING: NO ROUTING]
33
34

35 **>L61<** [if interview is being completed in Chinese, Punjabi, or French]

36 Over the past 12 months, how often did you speak French during your healthcare visit?
37 Would you say always, usually, sometimes, rarely or never?

- 38 1 Always
39 2 Usually
40 3 Sometimes
41 4 Rarely
42 5 Never

43 D DON'T KNOW
44 R REFUSED
45 N NOT APPLICABLE
46 [ROUTING: NO ROUTING]
47
48
49

50 **L62<** [if interview is being completed in Chinese, Punjabi, or French]

51 Over the past 12 months, how often did you speak Chinese/Punjabi during your healthcare visit?
52 Would you say always, usually, sometimes, rarely or never?

- 53 1 Always
54 2 Usually
55 3 Sometimes
56
57
58
59
60

1
2
3 4 Rarely
4 5 Never
5 D DON'T KNOW
6 R REFUSED
7 N NOT APPLICABLE
8 [ROUTING: NO ROUTING]
9

10
11 >L7<

12 Over the past 12 months, how often did you experience any language barriers when trying to get the
13 routine or ongoing care you needed?

14 Would you say always, usually, sometimes, rarely or never?

15 1 Always
16 2 Usually
17 3 Sometimes
18 4 Rarely
19 5 Never
20 D DON'T KNOW
21 R REFUSED
22 N NOT APPLICABLE
23 [ROUTING: NO ROUTING]
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Confidential

1
2
3 **>L8<**

4 Is your regular doctor male or female?

5 1 Female

6 2 Male

7 DON'T KNOW

8 REFUSED

9 [ROUTING: NO ROUTING]

11
12 **>L9<**

13 How often does your regular doctor respect your cultural ways? For example: cultural practices that are
14 important to you and your family such as use of herbs, living with parents or in-laws and so on?

15 Would you say always, usually, sometimes, rarely or never?

16 1 Always

17 2 Usually

18 3 Sometimes

19 4 Rarely

20 5 Never

21 D DON'T KNOW

22 R REFUSED

23 N NOT APPLICABLE

24 [ROUTING: NO ROUTING]

26
27
28 **>L10<**

29 Would you recommend your regular doctor to someone who speaks the same language as you?
30 Definitely, Probably, Probably not or Definitely not?

31 1 Definitely

32 2 Probably

33 3 Probably not

34 4 Definitely not

35 D DON'T KNOW

36 R REFUSED

37 N NOT APPLICABLE

38 [ROUTING: NO ROUTING]

40
41 **>L11<**

42 Would you recommend your regular doctor to someone who is from the same culture as you? Definitely,
43 Probably, Probably not or Definitely not?

44 1 Definitely

45 2 Probably

46 3 Probably not

47 4 Definitely not

48 D DON'T KNOW

49 R REFUSED

50 N NOT APPLICABLE

51 [ROUTING: NO ROUTING]

1
2
3
4 [=====COMMUNICATION [IPC-II=====]
5 [SKIP THIS M, N AND O SECTIONS FOR THOSE WHO ANSWERED A5 A SEEN 0] (NOT SEEN A DOCTOR IN
6 THE LAST 12 MONTHS)]
7

8
9
10 [if PREAMBLE is <A>]

11 The rest of the questions will relate to the doctor or place where you usually get health care.

12 [else][if PREAMBLE is]

13 The rest of the questions will relate to the doctor or place that knows you best.

14 [else][if PREAMBLE is <C>]

15 The rest of the questions will relate to the doctor or place that knows you best, and that is most
16 responsible for your health care.

17 [else][if PREAMBLE is <D>]

18 The rest of the questions will relate to the doctor or place that you go to when you are sick or need
19 health advice, and that is most responsible for your health care.

20 [else][if PREAMBLE is <E>]

21 The rest of the questions will relate to the doctor or place you last saw about your health care.

22 [else][if PREAMBLE is <F>]

23 The rest of the questions will relate to the doctor or place that knows you best, and that you go to when
24 you are sick or need health advice.

25 [else][if PREAMBLE is <G>]

26 The rest of the questions will relate to the doctor or place you have seen most often in the past 12
27 months.

28 [else][if PREAMBLE is <H>]

29 The rest of the questions will relate to the doctor or place that you go to when you are sick or need
30 health advice.

31 [else][if PREAMBLE is <I>]

32 The rest of the questions will relate to the doctor or place that is most responsible for your health care.
33
34
35
36
37

38 **>M1< [#COMM1]**

39 In the past 12 Months how often did your doctor speak too fast: never, rarely, sometimes, usually, or
40 always?

41 1 Never

42 2 Rarely

43 3 Sometimes

44 4 Usually

45 5 Always

46 D DON'T KNOW

47 R REFUSED

48 N NOT APPLICABLE

49 [ROUTING: NO ROUTING]
50
51

52 **>M2< [# COMM2]**

53 How often did your doctor use words that were hard to understand: never, rarely, sometimes, usually,
54 or always?

55 1 Never
56
57
58
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always
- D DON'T KNOW
- R REFUSED
- N N/A
- [ROUTING: NO ROUTING]

>M3< [# COMM3]

How often did your doctor explain your test results such as x-rays, blood tests, OR cancer screening tests?
Would you say never, rarely, sometimes, usually, or always?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always
- D DON'T KNOW
- R REFUSED
- N NOT APPLICABLE
- [ROUTING: NO ROUTING]

>M4< [# COMM4]

How often did your doctor clearly explain results of your physical exam?
INTERVIEWER READ OPTIONS AS NEEDED: Would you say never, rarely, sometimes, usually, or always?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always
- D DON'T KNOW
- R REFUSED
- N NOT APPLICABLE
- [ROUTING: NO ROUTING]

M5< [# COMM5]

How often did your doctor really find out what your concerns were?
Would you say never, rarely, sometimes, usually, or always?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always
- D DON'T KNOW
- R REFUSED
- N NOT APPLICABLE
- [ROUTING: NO ROUTING]

M6< [# COMM6]

Confidential

1
2
3 How often did your doctor let you say what you thought was important?

4 Would you say never, rarely, sometimes, usually, or always?

5 1 Never

6 2 Rarely

7 3 Sometimes

8 4 Usually

9 5 Always

10 D DON'T KNOW

11 R REFUSED

12 N NOT APPLICABLE

13 [ROUTING: NO ROUTING]

14
15
16 **M7< [# COMM7]**

17 How often did your doctor take your health concerns very seriously?

18 Would you say never, rarely, sometimes, usually, or always?

19 1 Never

20 2 Rarely

21 3 Sometimes

22 4 Usually

23 5 Always

24 D DON'T KNOW

25 R REFUSED

26 N NOT APPLICABLE

27 [ROUTING: NO ROUTING]

28
29
30
31
32 [=====Decision Making: [IPC-II]=====]

33
34 [ROUTING: IF A5 IS 0, GOTO PATIENT ENGAGEMENT

35
36
37 **>N1< [# DECIDE1]**

38 In the past 12 Months how often did you and your doctor work out a treatment plan together, never,
39 rarely, sometimes, usually, or always?

40 1 Never

41 2 Rarely

42 3 Sometimes

43 4 Usually

44 5 Always

45 D DON'T KNOW

46 R REFUSED

47 N NOT APPLICABLE

48 [ROUTING: NO ROUTING]

49
50
51 **>N2< [# DECIDE2]**

52 If there were treatment choices, how often did your doctor ask if you would like to help decide your
53 treatment?

54 (INTERVIEWER READ OPTIONS AS NEEDED)Would you say never, rarely, sometimes, usually, or always?

55 1 Never

- 1
- 2
- 3 2 Rarely
- 4 3 Sometimes
- 5 4 Usually
- 6 5 Always
- 7 D DON'T KNOW
- 8 R REFUSED
- 9 N NOT APPLICABLE
- 10 [ROUTING: NO ROUTING]
- 11
- 12

[=====Interpersonal Style: IPC-II=====]

>O1< [# STYLE1]

In the past 12 Months how often was your doctor concerned about your feelings?
Would you say never, rarely, sometimes, usually, or always?

- 19 1 Never
- 20 2 Rarely
- 21 3 Sometimes
- 22 4 Usually
- 23 5 Always
- 24 D DON'T KNOW
- 25 R REFUSED
- 26 N NOT APPLICABLE
- 27 [ROUTING: NO ROUTING]
- 28
- 29

>O2< [# STYLE2]

How often did the doctor really respect you?
Would you say never, rarely, sometimes, usually, or always?

- 34 1 Never
- 35 2 Rarely
- 36 3 Sometimes
- 37 4 Usually
- 38 5 Always
- 39 D DON'T KNOW
- 40 R REFUSED
- 41 N NOT APPLICABLE
- 42 [ROUTING: NO ROUTING]
- 43
- 44

>O3< [# STYLE3]

How often did your doctor treat you as an equal?
Would you say never, rarely, sometimes, usually, or always?

- 48 1 Never
- 49 2 Rarely
- 50 3 Sometimes
- 51 4 Usually
- 52 5 Always
- 53 D DON'T KNOW
- 54 R REFUSED
- 55 N NOT APPLICABLE
- 56
- 57
- 58

Confidential

1
2
3 [ROUTING: NO ROUTING]
4

5 **>O4< [# STYLE4]**

6 How often did your doctor pay attention to you because of your race or ethnicity?

7 Would you say never, rarely, sometimes, usually, or always?

8 1 Never

9 2 Rarely

10 3 Sometimes

11 4 Usually

12 5 Always

13 D DON'T KNOW

14 R REFUSED

15 N NOT APPLICABLE
16
17
18

19 **>O5< [# STYLE5]**

20 How often did you feel discriminated against because of your race or ethnicity?

21 Would you say never, rarely, sometimes, usually, or always?

22 1 Never

23 2 Rarely

24 3 Sometimes

25 4 Usually

26 5 Always

27 D DON'T KNOW

28 R REFUSED

29 N NOT APPLICABLE
30
31
32

33 **>O6< [# STYLE6]**

34 How often were office staff rude to you?

35 Would you say never, rarely, sometimes, usually, or always?

36 1 Never

37 2 Rarely

38 3 Sometimes

39 4 Usually

40 5 Always

41 D DON'T KNOW

42 R REFUSED

43 N NOT APPLICABLE
44
45
46
47

48 **>O7< [# STYLE7]**

49 How often did office staff talk down to you?

50 Would you say never, rarely, sometimes, usually, or always?

51 1 Never

52 2 Rarely

53 3 Sometimes

54 4 Usually

55 5 Always
56
57
58
59
60

D DON'T KNOW
R REFUSED
N NOT APPLICABLE

>O8< [# STYLE8]

How often did office staff give you a hard time?
Would you say never, rarely, sometimes, usually, or always?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always

D DON'T KNOW
R REFUSED
N NOT APPLICABLE

>O9< [# STYLE9]

How often did office staff have a negative attitude toward you?
Would you say never, rarely, sometimes, usually, or always?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always

D DON'T KNOW
R REFUSED
N NOT APPLICABLE

[=====Patient Empowerment: [IPC1]=====]

>Q1< [# EMPOWR1]

In the past 12 months how often did your doctor praise you for how you were taking care of your health?
Would you say Never, Rarely, Sometimes, Usually, or Always?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always

D DON'T KNOW
R REFUSED
N NOT APPLICABLE

[ROUTING: NO ROUTING]

>Q2< [# EMPOWR2]

How often did your doctor help you feel that sticking with your treatment would make a difference?
Would you say Never, Rarely, Sometimes, Usually, or Always?

1 Never

2 Rarely

3 Sometimes

4 Usually

5 Always

D DON'T KNOW

R REFUSED

N NOT APPLICABLE

[ROUTING: NO ROUTING]

>Q3< [# EMPOWR3]

How often did your doctor help you feel that your everyday activities such as diet and lifestyle make a difference in your health?

Would you say Never, Rarely, Sometimes, Usually, or Always?

1 Never

2 Rarely

3 Sometimes

4 Usually

5 Always

D DON'T KNOW

R REFUSED

N NOT APPLICABLE

[ROUTING: NO ROUTING]

>Q4< [# EMPOWR4]

How often did your doctor help you feel confident about your ability to take care of your health?

Would you say Never, Rarely, Sometimes, Usually, or Always?

1 Never

2 Rarely

3 Sometimes

4 Usually

5 Always

D DON'T KNOW

R REFUSED

N NOT APPLICABLE

[ROUTING: NO ROUTING]

1
2
3 **>Q5< [# EMPOWR5]**

4 How often did your doctor give you a sense of control over your health?

5 Would you say Never, Rarely, Sometimes, Usually, or Always?

6 1 Never

7 2 Rarely

8 3 Sometimes

9 4 Usually

10 5 Always

11 D DON'T KNOW

12 R REFUSED

13 N NOT APPLICABLE

14 [ROUTING: NO ROUTING]

15
16
17
18 **>Q6< [# EMPOWR6]**

19 How often did your doctor help you feel you can prevent some health problems?

20 Would you say Never, Rarely, Sometimes, Usually, or Always?

21 1 Never

22 2 Rarely

23 3 Sometimes

24 4 Usually

25 5 Always

26 D DON'T KNOW

27 R REFUSED

28 N NOT APPLICABLE

29 [ROUTING: NO ROUTING]

30
31
32
33 [=====PATIENT ENGAGEMENT [PAM]=====]

34
35
36 **>R1< [# HSE1]**

37 O.K., we are almost finished, this last section asks you about how you feel managing your own care,
38 confidence in the health care system, and a few more questions about you. For each of the following
39 statements, please tell me whether you strongly disagree, disagree, agree or strongly agree.

40
41 When all is said and done, I am the person who is responsible for managing my health: strongly disagree,
42 disagree, agree or strongly agree.

43 1 Strongly disagree

44 2 Disagree

45 3 Agree

46 4 Strongly agree

47 D DON'T KNOW

48 R REFUSED

49 [ROUTING: NO ROUTING]

>R2< [# HSE2]

Taking an active role in my own health care is the most important factor in determining my health and ability to function: strongly disagree, disagree, agree or strongly agree.

1 Strongly disagree

2 Disagree

3 Agree

4 Strongly agree

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>R3< [# HSE3]

I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health:

Would you say strongly disagree, disagree, agree or strongly agree?

1 Strongly disagree

2 Disagree

3 Agree

4 Strongly agree

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>R4< [# HSE4]

I know what each of my prescribed medications does:

Would you say strongly disagree, disagree, agree or strongly agree?

1 Strongly disagree

2 Disagree

3 Agree

4 Strongly agree

NOT APPLICABLE – DO NOT TAKE PRESCRIBED MEDS

D DON'T KNOW

R REFUSE

[ROUTING: NO ROUTING]

>R5< [# HSE5]

I am confident that I can tell when I need to get medical care and when I can handle a health problem myself.

Would you say strongly disagree, disagree, agree or strongly agree?

1 Strongly disagree

2 Disagree

3 Agree

4 Strongly agree

D DON'T KNOW

R REFUSE

[ROUTING: NO ROUTING]

1
2
3 **>R6< [# HSE6]**

4 I am confident I can tell a doctor what concerns I have even when he or she does not ask.

5 Would you say strongly disagree, disagree, agree or strongly agree?

6 1 Strongly disagree

7 2 Disagree

8 3 Agree

9 4 Strongly agree

10 D DON'T KNOW

11 R REFUSED

12 [ROUTING: NO ROUTING]

13
14
15 **>R7< [# HSE7]**

16 I am confident that I can follow through on medical treatments I may need to do at home.

17 (INTERVIEWER READ OPTIONS AS NEEDED)Strongly disagree, Disagree, Agree, Strongly agree

18 1 Strongly disagree

19 2 Disagree

20 3 Agree

21 4 Strongly agree

22 D DON'T KNOW

23 R REFUSED

24 [ROUTING: NO ROUTING]

25
26
27 **>R8< [# HSE8]**

28 I understand the nature and causes of my health problems:

29 Would you say strongly disagree, disagree, agree or strongly agree?

30 1 Strongly disagree

31 2 Disagree

32 3 Agree

33 4 Strongly agree

34 D DON'T KNOW

35 R REFUSED

36 [ROUTING: NO ROUTING]

37
38
39 **>R9< [# HSE9]**

40 I know the different medical treatment options available for my health conditions: strongly disagree,

41 disagree, agree or strongly agree?

42 1 Strongly disagree

43 2 Disagree

44 3 Agree

45 4 Strongly agree

46 D DON'T KNOW

47 R REFUSED

48 [ROUTING: NO ROUTING]

49
50
51
52
53
54
55
56
57
58
59
60

>R10< [# HSE10]

I have been able to maintain the lifestyle changes for my health that I have made: strongly disagree, disagree, agree or strongly agree?

1 Strongly disagree

2 Disagree

3 Agree

4 Strongly agree

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>R11< [# HSE11]

I know how to prevent problems with my health.

Would you say strongly disagree, disagree, agree or strongly agree?

1 Strongly disagree

2 Disagree

3 Agree

4 Strongly agree

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>R12< [# HSE12]

I am confident I can figure out solutions when new situations or problems arise with my health.

Would you say strongly disagree, disagree, agree or strongly agree?

1 Strongly disagree

2 Disagree

3 Agree

4 Strongly agree

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>R13< [# HSE13]

I am confident I can maintain the changes in my health habits like diet and exercise even during times of stress.

Would you say strongly disagree, disagree, agree or strongly agree?

1 Strongly disagree

2 Disagree

3 Agree

4 Strongly agree

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

[=====SATISFACTION=====]

SKIP THIS S SECTION FOR THOSE WHO ANSWERED A5 ASEEN 0] [(NOT SEEN A DOCTOR IN THE LAST 12 MONTHS

[IF ANSWERED YES TO SEES A SPECIALIST IN C2A IN PREVIOUS SECTION THEN SKIP THIS SECTION S1-S2]

>S1< [# SATISDOC]

Now I'm going to ask you some questions about your satisfaction with primary care services. Again, thinking about the last 12 months. Overall, how do you rate the quality of health care that you have received in the past 12 months? Excellent, Very good, Good, Fair, Poor?

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

D DON'T KNOW

R REFUSED

N NOT APPLICABLE

[ROUTING: NO ROUTING]

>S2< [# SATISGEN]

Overall, how do you rate the quality of primary health care that you have received in the past 12 months from your regular doctor: Excellent, Very good, Good, Fair, Poor?

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

D DON'T KNOW

R REFUSED

N NOT APPLICABLE

[ROUTING: NO ROUTING]

Confidential

[=====Confidence=====]

>T1< [# CONFPHC]

On a scale of 0-10, where zero means no confidence at all and 10 means total confidence, how much confidence do you have in the ability to get the primary health care services you need?

0-10 Enter response

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>T2< [# CONFGEN]

On a scale of 0-10, where zero means no confidence at all and 10 means total confidence, how much confidence do you have in the Canadian health care system?

0-10 Enter response

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

[-----]

>T3< [# APPROACH]

What approach would you say Canada's health care system requires at present: A complete rebuilding from the ground up, Some fairly major repairs, Some minor tuning up, It is fine the way it is?

1 A complete rebuilding from the ground up

2 Some fairly major repairs

3 Some minor tuning up

4 It is fine the way it is

D DON'T KNOW

R REFUSE

[ROUTING: NO ROUTING]

>T4< [# CONFALL]

Overall, would you say that your confidence in the Canadian health system is: Rising, Falling, About the same?

1 Rising

2 Falling

3 About the same

D DON'T KNOW

R REFUSE

[ROUTING: NO ROUTING]

[=====DEMOGRAPHICS=====]

>U1< [# MARITAL]

Are you currently Married or living with a partner, Separated, Divorced, Widowed, or Never Married?

1 Married or living with a partner

2 Separated

3 Divorced

4 Widowed

5 Never Married

D DON'T KNOW

R REFUSE

[ROUTING: NO ROUTING]

>U2< [# EDU]

Which of the following best describes the highest level of education you have completed? :

(INTERVIEWER READ OPTIONS)

1 did not complete secondary school or high school

2 completed secondary school

3 had some university education or completed a community college, technical college, or postsecondary program (e.g., trade, technical or vocational school, CEGEP)

4 completed a bachelors degree (e.g., B.A., B.Sc., B.S.N.)

5 completed a graduate or professional degree (M.D., D.D.S., D.M.D., D.V.M., O.D., PhD)

D DON'T KNOW

R REFUSED

[ROUTING: NO ROUTING]

>U3< [# EMLOY]

Which of the following describes you best: (INTERVIEWER READ OPTIONS)

1 employed full time (including self-employed or on a work training program)

2 employed part time (including self-employed or on a work training program)

3 unemployed and looking for work

4 at school or in a full-time education

5 unable to work due to a long-term sickness or disability

6 looking after your home/family

7 retired from paid work

8 OTHER DO NOT SPECIFY

D DON'T KNOW

R REFUSE

[ROUTING: NO ROUTING]

>U4< [# INCOME]

What is your best estimate of the total income, before taxes, of your entire household in 2010, including all sources, such as investments, pensions, and rent, as well as wages. Was it...

(INTERVIEWER: READ RESPONSES EXCEPT DK AND REFUSE UNTIL RESPONDENT ANSWERS)

1 ...less than \$10,000

2 ...between \$10,000 and \$30,000

3 ...between \$30,000 and \$50,000

4 ...between \$50,000 and \$80,000

1
2
3 5 ...between \$80,000 and \$100,000

4 6 ...more than \$100,000

5 D DON'T KNOW

6 R REFUSE

7 [ROUTING: NO ROUTING]

8
9
10 **>U5< [# NUMPEO]**

11 Including yourself, how many persons usually live in the same residence with you?

12 1-97 RECORD NUMBER

13 D DON'T KNOW

14 R REFUSED

15 [ROUTING: NO ROUTING]

16
17
18
19 **>lang_daily< [# LANG_DAILY]**

20 What language(s) do you usually speak with your friends? READ AND CLARIFY AS NECESSARY

21 1 Only English

22 2 Only French

23 2 Only Punjabi/Chinese

24 3 More Punjabi/Chinese than English or French

25 4 Both Punjabi/Chinese AND English/French Equally

26 5 More English/French than Punjabi/Chinese

27 D DON'T KNOW

28 R REFUSED

29 [ROUTING: NO ROUTING]

30
31
32 NOTE TO PROGRAMMER: CAN WE PROVIDE RESPONSES 2-5 ABOVE IF PERSON IS BEING INTERVIEWED
33 IN LANGUAGE OTHER THAN ENGLISH]

34
35
36 **>U9< [# IMMIG]**

37 Were you born in Canada?

38 1 Yes

39 2 No

40 [ROUTING: IF YES GOTO U11, IF NO/DK/REFUSED GOTO U10]

41
42
43 **>U10< [# YRIMMIG]**

44 In what year did you first come to Canada to live?

45 1900-2009 Enter year

46 DON'T KNOW

47 REFUSED

48 [ROUTING: NO ROUTING]

49
50 **>U10A<**

51 In what country were you born?

52 RECORD VERBATIM

[We ARE ONLY COLLECTING PHN FOR RESPONDENTS IN BC AND MANITOBA] PROVINCIAL HEALTH NUMBER AND ADMINISTRATION

Earlier in the survey you gave us permission to link information collected during this interview. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics and doctor's offices. This linked information will be kept confidential and used only for statistical purposes.

V2. Having a provincial or territorial health number will assist us in linking to this other information. Do you have a provincial or territorial health number?

1 YES

2 NO

DON'T KNOW

REFUSED

V3. For which province or territory is your health number?

46 MANITOBA

59 BRITISH COLUMBIA

88 DO NOT HAVE A PROVINCIAL HEALTH NUMBER (GO TO V5)

OTHER (Specify___)

DK, R (GO TO V5)

V4. What is your provincial health number?

INTERVIEWER: ENTER A HEALTH NUMBER FOR [PROVINCE]. DO NOT INSERT BLANKS, HYPHENS OR COMMAS BETWEEN THE NUMBERS.

_____ [go to next section]

(8 - 12 SPACES)

DON'T KNOW [go to V5]

REFUSED

V5. If you provide your first and last name, the research team can still link the survey to the use of health care. Again, this information is confidential and used only for statistical purposes. Could I please have your first and last name?

RECORD FIRST AND LAST NAME

I would like you to tell me your exact date of birth.

>A3< [# AYRBORN]

What year were you born in?

ENTER FOUR DIGIT YEAR OF BIRTH

[RANGE: 1920 – 1992]

D DON'T KNOW

1
2
3 R REFUSED
4

5 [ROUTING: IF DON'T KNOW/REFUSED GO TO ENDCALL_6]
6
7

8 **>A4< [# AMONBORN]**

9 What month were you born in? DO NOT READ LIST

10 1 JANUARY7 JULY

11 2 FEBRUARY8 AUGUST

12 3 MARCH9 SEPTEMBER

13 4 APRIL10 OCTOBER

14 5 MAY11 NOVEMBER

15 6 JUNE12 DECEMBER

16 D DON'T KNOW

17 R REFUSED
18
19

20 [ROUTING: no routing]
21
22

23 **>A2< [ADAYBORN]**

24 On what day were you born?
25

26 ENTER TWO DIIGIT NUMBER:
27

28
29 NOTE TO PROGRAMMER: CAN WE MAKE IT SO THAT INTERVIEWER CANNOT ENTER IN A NUMBER FOR
30 THE DAY THAT IS INCONSISTENT WITH THE MONTH—E.G., IF JUNE SELECTED, THE INTERVIEWER
31 CANNOT ENTER 31?
32

33 (MIN: 1) (MAX: 31)
34

35 DON'T KNOW

36 REFUSED
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

CHECK_AGE

So your age is [CALCULATED AGE FROM DATA AVAILABLE FROM A3,A4,A2] Is that correct?

1 YES : CONTINUE PER INSTRUCTIONS BELOW

2 NO—RETURN TO A3 AND REDO

- IF 18 OR LESS OR 91 OR GREATER, GO TO END CALL 2]
- IF 19 TO 74 CONTINUE
- . IF 75 TO 90 GO TO COGNITIVE SCREEN]
- REFUSED [END CALL 6]

END CALL 6

I have no more questions. We will be interviewing people from your ethnic background at a later time. We would like to thank you for your time. If you have any questions or want further information about this study, you can contact the Principal Investigator, Dr. Sabrina Wong at 604-827-5584. If you have any concerns about your treatment or your rights as a research participant you may contact the Research Subject Line at the Univeristy of British Columbia, Office of Research Services at 604-822-8598. If this is a long distance call for you, you can call collect.

RECRUIT FOR FUTURE RESEARCH

V5. In the future, the Centre for Health Service and Policy Research at the University of British Columbia may be interested in conducting further studies based on the results of this survey. May we contact you at a future date?

(IF NECESSARY: We assure you that your personal information will not be shared with any third parties and that your personal identifying information will not be associated with your responses to this survey.)

1 YES

2 NO

D DON'T KNOW

R REFUSED

[ROUTING: if YES GOTO U11A. If NO/DON'T KNOW GOTO CONCLUSION]

>U11A<

May I have your phone number, including your area code?

ENTER 10 DIGIT PHONE NUMBER

>U11B< [note, interviewer does not have to gather this information if already gathered as part of PHN]

Could I please have your first and last name?

RECORD FIRST AND LAST NAME

R REFUSAL

[ROUTING: NO ROUTING]

1
2
3 **>U11C<**

4 Could I please have your address, including postal code?
5

6 ENTER ADDRESS AND POSTAL CODE
7

8
9 (IF RESPONDENT DOES NOT KNOW POSTAL CODE, SELECT "D" AND "K" IN THE FIRST AND THIRD BOXES
10 IN THE FIRST BLOCK OF POSTAL CODE AND PUT - (DASH) IN REST OF THE FOUR BOXES)

11 (IF RESPONDENT REFUSES POSTAL CODE, SELECT "R" AND "F" IN THE FIRST AND THIRD BOXES IN THE
12 FIRST BLOCK OF POSTAL CODE AND PUT - (DASH) IN REST OF THE FOUR BOXES)

13 [ROUTING: NO ROUTING]
14

15 **>CONCLUSION<**

16 That concludes our survey. I would like to thank you on behalf of the Centre for Health Services and
17 Policy Research at the University of British-Columbia. Have a pleasant day!
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Confidential

1
2
3
4 **QUESTION THAT INTERVIEWER WILL ANSWER**
5

6 **>lang_ability_c< [# LANG_ABILITY]**

7 PLEASE RATE THE RESPONDENT'S ABILITY TO UNDERSTAND THE LANGUAGE THAT WAS USED IN THE
8 INTERVIEW.
9

10
11 NOTE TO INTERVIEWERS 2: THIS QUESTION DOES NOT ASK ABOUT RESPONDENT'S ELOQUENCE OF
12 SPEECH OR THEIR LEVEL OF SOPHISTICAITON.

- 13 1 EXCELLENT
14 2 VERY GOOD
15 3 GOOD
16 4 FAIR
17 5 POOR
18

19
20 [ROUTING: NO ROUTING]
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Confidential