

SUMMARY
REPORT

Qualitative Testing of Questionnaire
Content for The Canadian Survey of
Experiences with Primary Health
Care

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ENVIRONICS
RESEARCH GROUP

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INTRODUCTION

BACKGROUND AND RESEARCH OBJECTIVES

Statistics Canada policy mandates the testing of all survey content prior to fielding the survey. The Special Surveys Division of Statistics Canada has identified a need to conduct qualitative testing for a survey on experiences with primary health care, to ensure the survey meets its goals, which are to measure Canadians' experiences with health care, specifically:

- Experiences with various types of doctors and clinics;
- Access to different types of health care, including emergency room and prescription medication use.

It is the intent of this research to give special attention to the primary health care experiences of Canadians living with chronic conditions.

RESEARCH PURPOSE AND OBJECTIVES

Special Surveys Division (SSD) of Statistics Canada requires individual interview testing for a survey on experiences with primary health care. The actual survey will be conducted by Statistics Canada, across Canada in the spring of 2008. Respondents will be members of the general population, aged 18 years and over as well as Canadians who have been diagnosed with a chronic condition by a physician. The actual survey will be conducted using a Computer Assisted Telephone Interview.

The objectives of the test included the following:

- Test respondents' cognitive understanding of specific concepts, terminology, questions and response categories;
- Test the respondent-friendliness of the questionnaire (i.e., that it is easily understood and can be accurately completed over the telephone);
- Determine respondents' willingness to participate in the survey;
- Assess respondents' ability to answer the proposed questions consistently across the country;
- Obtain feedback from respondents on their overall impressions of and reactions to the questionnaire – its form and content;
- Determine the appropriateness and completeness of the response categories;

- Examine the overall quality of the completed questionnaires in terms of flows; and
- Determine the effectiveness of respondent relations materials in promoting participation in the survey. Ensure that the purpose and intended use of the survey is understood by prospective respondents.

METHODOLOGY

In-person, in-depth interviews were conducted with the aim of identifying areas of the questionnaire that needed improvement to ensure clarity and relevance. While some of the interviews were conducted with members of the general public (18 years of age and older), the majority were conducted with Canadians who have been diagnosed by a health professional as being affected by at least one of the following chronic conditions:

- Arthritis
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Depression or mood disorder such as bipolar disorder, mania, manic depression, or dysthymia
- Diabetes
- Heart Disease
- Stroke
- High Blood Pressure or Hypertension

To prevent any chronic condition bias from entering the test results, recruitment ensured that a mix of chronic conditions were included. Participants were recruited to fit the following distribution:

10 in Toronto (January 25th and 26th)
5 in Vancouver (January 28th)
10 in Montreal (January 29th and 30th)
5 in Moncton (January 31st).

Recruiting will proceed from established lists maintained by our field operation of persons in the selected cities who have previously indicated willingness to participate in qualitative research. Prospective participants were screened to ensure that they:

- Had not participated in a focus group session or one-on-one interview for a research organization in the past 12 months, and had never participated in such a session for Statistics Canada;

- Did not personally know any individuals involved in the recruiting process;
- Were not recruited using referrals from a previously recruited candidate;
- Personally (or members of their immediate family) do not work for Statistics Canada or any other government department;
- Do not work for a public relations, advertising or marketing/public opinion research firm; and
- Have a sufficient command of written and spoken English (or French for the Montreal and Moncton sessions) to fully participate in the interview;

Environics further suggested, and Statistics Canada agreed, that individuals working in the health care professions be excluded, as their specialized knowledge would not be typical of the target populations.

While recruiting, the following information was provided to each participant:

- The purpose of the interview is to obtain feedback and comments from participants on their overall impressions and reactions to a proposed survey on experiences with primary health care to be conducted in the future by Statistics Canada.
- The expected duration of their time commitment.
- All information will be confidential and no names will be used in the report.
- Participants should arrive 10 minutes before the beginning of the interview.
- An honorarium will be provided to each participant following the interview (\$70).
- The location and time of the interview.
- The discussion may be audio-recorded.

The Statement of Work also indicated that the contractor “shall strive to ensure that the focus group participants do not know any other participants.” The qualitative research being undertaken was in the form of individual interviews, not focus groups, and thus the impact of two respondents potentially knowing each other did not have the same implications it might in a group setting. Recruiting took place from lists where the name and contact information of the potential recruit was known; persons

with the same surname were not recruited in the same city, and individuals were recruited from different locations in and around the cities indicated. Respondents were given a reminder call at least 24 hours prior to their scheduled interview.

All of the interviews were held at facilities equipped with a one-way mirror. Each respondent was recruited with the request that they reserve two hours of their time for the project. Each interview was planned to last approximately one hour. The participants were asked to respond to the survey questions as though it was being conducted over the telephone, except that the interviewers stopped and probed for comprehension problems and other issues after each module.

To facilitate the questionnaire administration process and provide a more natural interviewing environment in which the researcher could concentrate more on the respondent's reactions, the initial questionnaire was programmed as a web survey that the researchers could administer much as a telephone interviewer would see it on a CATI screen. This methodology would have worked extremely well had the questionnaire being tested been in a somewhat more final form; however, the number of changes required following the first day of testing made further programming impractical and the researchers proceeded to use a pen-and-paper version for the balance of the interviewing.

STATEMENT OF LIMITATIONS

This report summarizes the principal observations gathered within each section of the questionnaire. We report comments that participants made about questions or answer choices being unclear, as well as the researchers' observations on areas requiring improvement. The beauty of qualitative research is that it allows us to better understand the thoughts and feelings that underlie consumer behaviour, attitudes and perceptions.

This method is exploratory. It allows us to better understand the others' point of view and, by doing so, can give rise to new directions and new ideas for advancing Statistics Canada's strategic objectives. Qualitative research provides insight into the range of opinions held within a population, rather than the weights of the opinions held, as

would be measured in a quantitative study. The results of this type of research should be viewed as indicative rather than projective: the results cannot be extrapolated to the general population.

EXECUTIVE SUMMARY

For the most part, participants in the cognitive interviews viewed the survey positively. Most felt that the survey was relevant and interesting. The survey was seen as long, but this has to be interpreted in light of the fact that the survey was administered module-by-module with a break for discussion between each module. Note that the last Vancouver interview tested a complete run-through (without between-module breaks) using a participant with chronic conditions – the survey took 20 minutes to administer.

No participant manifested concerns that the questions were too sensitive or personal, even in a telephone survey context (a couple of participants noted that it was important to communicate that a government agency was conducting the survey). In addition, the survey was seen as having good flow and internal logic (with the exception of the specific comments made by module in the body of this report).

It must be noted that a few participants, pleased that “the government” is looking into the populations’ health care experiences, later felt frustration at not being able to respond to some sections because of study design restrictions: for example, on the patient (e.g. one mother wanted to be able to give responses about her child’s health care experiences, even though the survey was to be about the mother’s own personal primary care, because the child’s care also affected her); or on the time period being referenced (past 12 months).

Some participants felt that parts of the survey (particularly module F, Access to Health Care) were somewhat repetitive, but most who made this comment said they understood that it had to be that way and it did not seem to be a major concern for most.

Based on participant comments and perceptions of length, the use of the phrase “family physician or general practitioner” in question statements throughout the questionnaire should be avoided where possible. The best course is to ascertain from Module B (Primary Health Care Type) how the respondent refers to their regular doctor (“family doctor,” “family physician,” “GP,” etc.) and use that phrase in subsequent questions.

In a number of areas where participants had trouble understanding what the general topic of the question block was referring to, it may be useful to have introductory texts of the type “now I would like to talk about...” as a guide.

The longest, most difficult module was Module F (Access to Health Care), especially for those who had a significant number of interactions with the primary health care system. The distinctions between the major sections within this module (“health information and advice”, “routine or ongoing care” and “immediate health care services for a minor health problem”) were not always clear to participants; they saw overlap between all three categories. Others simply answered on bases that barely (or improperly) distinguished between these categories of service needs.

Overall, version A of Module F seemed more logical to participants and would seem to be the preferred option; however, to cut down of the perceived repetitiveness of the line of questioning, the Version B of question F3 is recommended.

DETAILED FINDINGS

Survey Introduction

Relatively few comments emerged from this section. The survey introduction text was considered too long by a small number of participants. One participant immediately interrupted to ask what was meant by “soins de santé primaires.”

Module B: Primary Health Care Type

Introductory text

A few participants (French) noted the text was too long and added little to understanding. When asked how “primary health care” was understood, some participants (Montreal) said they saw it as the gateway: the first point of consultation to then be referred to another level for further or more specialized care. In Montreal, few seemed to associate the term with preventive or ongoing care, or note these aspects in the description. In general it was felt to be too much text with too many big words: the details seem to be lost on many.

B1

Most participants responded with the name of their primary health care provider or place, not with yes or no.

B2

In Montreal, a few participants interrupted the list at the first choice and said it was a “bureau de médecin” or a “clinique,” only specifying that it was a walk-in clinic when asked.

In Montreal and in Moncton, a few reported confusion between choices 1 and 2 because their clinic offered both scheduled appointments and walk-in hours.

Direction: Interviewers may need to be instructed to read the list of options fully before choosing. It may be useful to direct respondents to choose between choices 1 and 2 based on whether they use services on appointment or walk-in most often.

B3

In Montreal, one young participant with a chronic mental health condition was not clear, at this stage, on whether he could include his psychiatrist here, as this is the person he sees regularly and through whom he has most of his contact with the health care system.

Direction: perhaps include a note to interviews that this may be a specialist.

B5

Virtually all participants saw no distinction between GP and Family Physician.

Module C: Health Care Use

C5

Neither version of the tested wording caused any major problem for respondents. The initial wording, which referred to the “same office,” did cause some pause among some participants in Toronto and Vancouver. When participants in Montreal were asked how they understood this phrasing, many referred to other practitioners in the same building, which at least one described as a building that might have housed more than one business entity.

Note: It does not seem clear that the wording, as in the initial version, was sufficient to help participants reconstruct the desired notion of a “team” of caregivers.

C7

In Toronto and Vancouver, wording caused some confusion among those who reported a single, long-time GP in Module B; it would seem that this question is more geared toward cases where the “regular place” is some type of clinic.

C8

In Montreal, with the first version tested, most participants stopped to ask what we meant by “coordonner les soins.” Though some eventually hazarded a guess, several said they simply could not answer. Those who did hazard a guess later explained that they answered either in terms of whether or not the practitioner provided them with a written referral for specialized care or whether or not the practitioner followed up with them after a meeting with a specialist. In both cases, the answers chosen were then sometimes based on the extent to which the need arose (for example, rarely or never sometimes meant there was never a need for a referral to a specialist).

In Moncton, though a few also stopped to ask what was meant by “coordinate the care you receive”, they seemed to have less trouble answering and related the question to situations where their regular doctor directly took care of setting appointments with specialists or technical services.

In Montreal, the second version tested seemed to cause less manifest confusion. Responses obtained seemed mainly based on situations where the regular doctor followed up on the results of tests or treatment from specialists.

C1

Overall, “after hours access” tested somewhat better than “an arrangement” (caused less confusion); still, some respondent confusion is associated with this question.

In Moncton, participants who responded yes were often referring to an evening (after hours) walk-in clinic where one could see the doctor on call.

In Montreal, neither wording seemed to clarify the question much. Participants mainly did not see the relevance of the question, as they assumed they would simply have to head to the emergency department; it never seemed to occur to them to hope for access to their clinic after hours.

C9

“Range of services” was usually interpreted to mean a referral to specialist; very few participants were able to give any more examples.

Module D: Health Care Utilization

Introductory text

Specifying the date range in the introductory text seemed very helpful. Many nodded as they registered the time period involved and referred back clearly to the past year in answering questions.

D1

Most participants were not familiar with the term “convalescent home,” though many seemed able to assume this meant they had never spent time in one.

D3

Wording caused some confusion for some participants – many keyed in on the last words of the phrase “physical, emotional or mental health”, in surprise, and were inclined to focus on mental health, either adapting their answers or slowing down to think longer.

Direction: A variant was tested in French in Montreal in which the list was inverted, with mental health first and physical health last. This seemed to cause much less interruption to the flow of the section.

D5

A number of participants did not know what was meant by a “counsellor” – the younger participants thought of a guidance counsellor (like in school); most others thought of someone like a psychologist or some other type of professional without a

medical school background. It is notable that many who gave this example reported interactions with the mental health care system during the discussion.

Direction: a variant was tested in French in which the word “conseiller” was replaced by “thérapeute.” This seemed to cause less confusion.

D7

This question caused significant confusion in the earlier iterations of the questionnaire, seemingly for a couple of reasons – reference to “any other medical doctor” caused confusion because the question is sufficiently remote from D3-6 that the respondent no longer recalls the classes of interactions assessed there; the examples given are all specialists and the follow-up questions (D8 and D8A) refer to specialist interactions but D7 does not use the word “specialist” at all.

In subsequent versions, the word “specialist” was added and questions E1-E3 were moved to the end of the module, which seemed to solve problems.

E1-3

Some confusion was evident based on response choices – it was not always clear if the question was relevant to the participant. Probing on the response given is only triggered if the response is “Never” – there were cases when the participant answered “Rarely” or “Sometimes” and it seemed that the question still was not relevant to them; some tendency in a few cases to want to give a numerical response, particularly in E2, but this was not all that common.

In Montreal, at E1, participants seem thrown by the transition from questions about types of practitioners seen to this more general question about a type of assistance that many do not directly associate with the practitioners they have just referenced. This problem seems slightly less acute by questions E2 and E3 that specify some of the types of broader lifestyle habit topics to which the researchers could be referring.

Direction: it may be useful to consider placing E1 after E2 and E3.

Module E: Experiences with Primary Health Care Providers

E7

Virtually all participants could not recall the question statement after examples were read, and asked the interviewer to repeat the question. Most participants thought the examples used were good ones (although a few stated there were too many examples given).

There was one interesting suggestion to use “decisions regarding prescription medications” as an example.

In French, the official name “test de Papanicolaou” was not recognized by anyone.

In Montreal, participants seemed to have trouble understanding what was meant by “consulté pour prendre des décisions.” Some answered in the affirmative (“parfois,” “habituellement” or “toujours”) but then said they were referring to situations in which there was a face to face consultation during which the doctor told the patient what tests he or she was recommending (without any apparent discussion of involvement of the patient in the decision-making).

The variant that was tested in French, referring to being involved in the choice of treatment options, did seem to provide more clarity in the few cases in which it was tested, though the list of examples still meant that the question required repetition.

E12

The alternate wording worked better – it was perceived as a more direct statement and caused less hesitation.

Module F: Access to Health Care

A few general issues arose in this module. The questioning was seen as repetitive by some participants, especially if they had enough interactions with the system to warrant answering all of the questions. It was not always clear to participants what the distinctions were between “health information and advice,” “routine or ongoing care” and “immediate health care services for a minor health problem.” Some participants manifested confusion because they saw overlap between all three categories. Others simply answered but on bases that, we later learned in questioning, barely distinguished between these categories of service needs.

Note also that Version A of Module F tested better in the early interviews and the decision was made to proceed only with this version; however, to cut down of the perceived repetitiveness of the line of questioning, the Version B F3 is recommended.

F1

A few think primarily of information sought and found over the internet.

Some think only of needing to meet a doctor for a consultation and seem to have trouble switching to the more abstract notion of an information or service need.

F9

Many answer “on the internet.”

C2

There was some hesitation in responding when this question referred to the last instance of “health information or advice” and (sometimes) “routine or ongoing care” – it appeared to be unclear to the participant what marked the beginning of the period covered by the question.

In the cases where the respondent used the internet, the question seems irrelevant: there is no delay (again, many do not refer back to when the information was needed, but rather to when they first tried to obtain it).

F4

In the first iteration in French, reference to a telephone help line mainly created associations with crisis or telephone support lines where one can talk to someone for sharing or moral support. In changing the wording to “ligne d’information téléphonique” associations changed immediately to Info-Santé, the provincial line offering access to nursing support.

F5

In French, many respondents seem to zero-in on the “de suivi” element and respond in terms of need for health tracking services as for a chronic condition. Routine check-ups, such as an annual gynaecological exam, do not necessarily come to mind for all respondents.

Direction: this is a question where examples might be useful.

Module G: Emergency Room Use

G1

Regarding the interpretation of “personal” use of an emergency department – although most participants did interpret this to mean for their own medical problem, some noted that, if they were a parent who had brought their child to emergency, they would have counted that as an instance of personal use, as it was their decision to go.

G1A

All participants answered this question with a description of the medical problem that prompted the visit. In NO case did the answer given fit the response categories shown.

The alternate wording tested in French “Quelles étaient les raisons pour lesquelles vous avez choisi d’aller à l’urgence d’un hôpital?” seemed to improve things if the word “choisi” is emphasized by the interviewer.

G2

With initial wording, some respondents associated being “treated” with being processed (i.e., back out the door and on their way home or moved from the waiting room into one of the consultation rooms (usually post-triage, however).

The alternate wording tested better (less confusion) – most participants interpreted this wording to mean the period between arriving and being seen by the doctor who ultimately performed the treatment.

Note: QG3 seems to help clarify responses to QG1 (it was sometimes following responses to QG3 that we were able to detect misunderstanding of QG1. It may be useful to consider positioning QG3 before QG1.

Module H: Prescription Medication Use

H1

One participant expressed confusion about the expression “sur ordonnance” and wondered whether this could include over-the-counter medications that her doctor had written into her prescription as part of her prescribed treatment.

H1A

Significant issues arose here concerning what should be included in “out-of-pocket” expenses; the alternate wording developed in Toronto tested better. Participants included amounts paid and NOT reimbursed and deductibles, but there was confusion over whether private health insurance premiums should be included.

No confusion over wanting to include health insurance premiums was noted in Montreal or Moncton. However, in Montreal some participants immediately answered “nothing, I have a great plan.” On probing, they would then admit to having to pay a residual of 25% or 20%. It may be useful to add an interviewer probe to check whether the private insurance does indeed cover 100% and re-iterate the notion of “montants déboursés” (“out-of-pocket expenses”).

H2

Several respondents paused or asked to have the question repeated, explaining later that they had to think because the response often applies quite differently to the doctor and to the pharmacist.

H3

Several participants who had only one prescription medication answered this question in the affirmative.

Module I: Chronic Conditions

I1A-K

It was difficult for some participants to recall how old they were when first diagnosed – asking how long ago they were diagnosed worked better, but still led to some hesitation.

It may be useful to offer the possibility for interviewers to work with both approaches if the age question in the socio-demographics is structured to allow for proper conversion at analysis.

One respondent expressed confusion at the apparent overlap between the chronic pain and arthritis questions (I1A and I1C).

One respondent expressed unease with depression being seen as chronic (upon recruitment): even if it initially lasts more than six months, she sees this as a curable condition and does not feel comfortable with the label “chronic.”

I3A-E

In Montreal, several respondents had trouble with this section when their regular doctor was not directly involved in testing and tracking for their chronic condition (e.g., for mental health).

I4-I14

The number of questions in this section led to a sense by the interviewer that the participants were not always remembering all the way through that the questions referred to the care they received for their chronic conditions from their regular doctor.

Some participants did not feel some of these questions were relevant to their situation but still gave responses that telephone interviewers would never be triggered to probe.

Response choices in this section are subtly different from those in preceding sections and generated some confusion. Some participants wondered why they could not say, for example, “never,” but had to say “almost never.”

Reference to “chronic condition” was interpreted differently by different participants – some focused on one condition in responding to a given question (and this condition sometimes changed from question to question), while others focused on their chronic conditions in a more general sense.

I9, I12

These questions often caused hesitation – there was a sense that many thought it was not really relevant to them.

I15

The provided definition of “case manager” is very long and hard to read; the alternate wording tested much better and caused much less confusion.

Module J: Patient Activation

J3, 4 and 6

In English, as in the I4-14 set, reference to “chronic condition” was interpreted differently by different participants – some focussed on one condition in responding to a given question (and this condition sometimes changed from question to question), while others focussed on their chronic conditions in a more general sense.

In French, the expression “health conditions” was translated at “état de santé” which participants did not seem to necessarily link back to their chronic conditions, which may have avoided manifestation of the problem mentioned above.

J2

One participant noted that the reference to “at home” is limiting – focus should be more on following up on medical treatments outside the doctor’s office, whether at home or out and about.

RECRUITMENT SCREENER
(ENGLISH)



research house

15664- PRIMARY HEALTH CARE Respondent Name: _____

Home Phone #: _____

Business Phone #: _____

E-Mail: _____

Group #: _____ Recruiter: _____

ENGLISH IN TORONTO AND VANCOUVER / FRENCH IN MONTREAL / EITHER LANGUAGE IN MONCTON

DAY 1
FRIDAY
JANUARY 25
TORONTO

INT 1 : 3:00 – 4:00
RECRUIT 2
GEN POP

INT 2 : 4:15 – 5:15
RECRUIT 1
GEN POP

INT 3 : 6:00 – 7:00
RECRUIT 2
CHRONIC CONDITION

INT 4 : 7:00 – 8:00
RECRUIT 1
CHRONIC CONDITION

INT 5 : 8:00 – 9:00
RECRUIT 1
CHRONIC CONDITION

DAY 4
TUESDAY
JANUARY 29
MONTREAL

INT 1 : 3:00 – 4:00
RECRUIT 2
GEN POP

INT 2 : 4:00 – 5:00
RECRUIT 1
GEN POP

DAY 2
SATURDAY
JANUARY 26
TORONTO

INT 1 : 10:00 – 11:00
RECRUIT 2
GEN POP (1)
CHRONIC CONDITION (1)

INT 2 : 11:00 – 12:00
RECRUIT 1
GEN POP

INT 3 : 12:00 – 1:00
RECRUIT 2
CHRONIC CONDITION

INT 4 : 2:00 – 3:00
RECRUIT 1
CHRONIC CONDITION

INT 5 : 3:00 – 4:00
RECRUIT 1
CHRONIC CONDITION

DAY 5
WEDNESDAY
JANUARY 30
MONTREAL

INT 1 : 3:00 – 4:00
RECRUIT 2
GEN POP (1)
CHRONIC CONDITION (1)

INT 2 : 4:00 – 5:00
RECRUIT 1
GEN POP

DAY 3
MONDAY
JANUARY 28
VANCOUVER

INT 1 : 3:00 – 4:00
RECRUIT 2
GEN POP

INT 2 : 4:00 – 5:00
RECRUIT 1
GEN POP

INT 3 : 6:00 – 7:00
RECRUIT 2
CHRONIC CONDITION

INT 4 : 7:00 – 8:00
RECRUIT 1
CHRONIC CONDITION

INT 5 : 8:00 – 9:00
RECRUIT 1
CHRONIC CONDITION

DAY 6
THURSDAY
JANUARY 31
MONCTON

INT 1 : 3:00 – 4:00
RECRUIT 2
GEN POP

INT 2 : 4:00 – 5:00
RECRUIT 1
GEN POP



research house

INT 3 : 6:00 – 7:00
RECRUIT 2
CHRONIC CONDITION

INT 3 : 6:00 – 7:00
RECRUIT 2
CHRONIC CONDITION

INT 3 : 6:00 – 7:00
RECRUIT 2
CHRONIC CONDITION

INT 4 : 7:00 – 8:00
RECRUIT 1
CHRONIC CONDITION

INT 4 : 7:00 – 8:00
RECRUIT 1
CHRONIC CONDITION

INT 4 : 7:00 – 8:00
RECRUIT 1
CHRONIC CONDITION

INT 5 : 8:00 –9:00
RECRUIT 1
CHRONIC CONDITION

INT 5 : 8:00 –9:00
RECRUIT 1
CHRONIC CONDITION

INT 5 : 8:00 –9:00
RECRUIT 1
CHRONIC CONDITION

Hello, my name is _____ from Research House Inc., we are calling today to invite you to participate in a special research project on behalf of Statistics Canada scheduled for [DATE(S)]. The research is about primary health care. Your participation in the research is completely voluntary and your decision to participate or not will not affect any dealings you may have with Statistics Canada. All information collected, used and/or disclosed will be used for research purposes only and administered as per the requirements of the Privacy Act. You will also be asked to sign a waiver to acknowledge that you may be audio and/or video taped during the session, and that you agree to having your name included in Qualitative Central, a registry of people who have participated in qualitative research. The session is a one-on-one personal interview with a researcher, to be held in a research facility, that will last for 2 hours and you will receive a cash honorarium as a thank you for attending the session. May we have your permission to ask you some further questions to see if you fit in our study?

Yes.....1
No.....2 – **THANK AND TERMINATE**

INDICATE: Male.....1 – **HALF OF INTERVIEWS SHOULD BE WITH MEN**
Female.....2 – **HALF OF INTERVIEWS SHOULD BE WITH WOMEN**

RH PLEASE DIAL FROM DIFFERENT PARTS OF CITY AND DO NOT RECRUIT TWO PEOPLE FROM SAME FAMILY OR USE ANY REFERRALS FROM A RECRUITED CANDIDATE

1. Are you or is any member of your household or immediate family employed in, or ever been employed in:

	1		Ever	
	No	Yes	No	Yes
Market Research	()	()	()	()
Marketing	()	()	()	()
Public Relations	()	()	()	()
Any media (Print, Radio, TV)	()	()	()	()
A member of ACTRA	()	()	()	()
Advertising	()	()	()	()
Statistics Canada	()	()	()	()
The Government of Canada	()	()	()	()
Primary health care	()	()	()	()

(PRIMARY HEALTH CARE IS WORKING IN A HOSPITAL OR CLINIC SETTING, LIKE A DOCTOR, NURSE, PARAMEDIC, ETC)

IF YES TO ANY OF THE ABOVE – THANK AND TERMINATE

2a. Are you 18 years of age or over?

Yes.....1
No.....2 – **THANK AND TERMINATE**



2b. Have you participated in a focus group or one-on-one interview in the past 12 months, for which you have received a sum of money, here or elsewhere?

Yes.....1 – **THANK AND TERMINATE**
No.....2

2c. Have you ever participated in a focus group or one-on-one interview for Statistics Canada?

Yes.....1 – **THANK AND TERMINATE**
No.....2

2d. Do you have friends or family who work for Environics Research Group or Research House?

Yes.....1 – **THANK AND TERMINATE**
No.....2

2e. Have you ever been diagnosed by a medical professional as having any of the following chronic conditions:

- Arthritis..... 1| **- MAX. 1 PER CONDITION PER CITY**
- Asthma..... 2|
- Chronic obstructive pulmonary disease or COPD..... 3| **AS WE NEED ALL**
- RESPRESENTED
- Cancer 4|
- Depression or mood disorder, such as bipolar disorder, mania, manic depression or dysthymia 5|
- Diabetes..... 6|
- Heart Disease 7|
- Stroke 8|
- High blood pressure..... 9|

MUST RECRUIT 20 WITH CHRONIC CONDITIONS OVER THE 30 INTERVIEWS - AND AT LEAST FIVE OF THE NINE CONDITIONS

3a. What is your marital status?

Married / Common – Law.....1
Single / Div. / Wid. / Sep.....2

4a. What is your current employment status? **WOULD LIKE A MIX OVER THE 30 INTERVIEWS**

- Full Time Employed ()
- Part Time Employed ()
- Homemaker ()
- Student ()
- Retired ()
- Unemployed ()



4b. What is your occupation? –IF RETIRED – ASK PRIOR OCCUPATION **WOULD LIKE A MIX OVER THE 30 INTERVIEWS**

JOB TITLE

TYPE / NAME OF COMPANY

IF MARRIED / COMMON – LAW ASK – WHAT IS YOUR SPOUSE'S OCCUPATION?

JOB TITLE

TYPE / NAME OF COMPANY

IF ANY CONNECTION TO STANDARD OCCUPATION OR IF IN PRIMARY HEALTH CARE (E.G. DOCTOR, NURSE) – THANK AND TERMINATE

4c. As we need to speak with people from all walks of life, could you please tell me into which category I may place your total annual household income? Would that be...? (READ)

- Under \$40,000.....1
 - \$40,000 - \$60,000.....2
 - \$60,000 - \$80,000.....3
 - Over \$80,000.....4
- } **NEED TO RECRUIT A MIX OVER INTERVIEWS**

4d. Could you please tell me, what is the last level of education that you have completed?

- Some High School.....1
 - High School.....2
 - Some College / University.....3
 - Completed College / University.....4
- } **NEED TO RECRUIT A MIX OVER INTERVIEWS**

6a. Participants in these interviews are asked to voice their opinions and thoughts; how comfortable are you in voicing your opinions to people you do not know? Are you....

- Very Comfortable.....1
- Comfortable.....2
- Fairly Comfortable.....3
- Not Very Comfortable.....4 – **THANK AND TERMINATE**
- Very Uncomfortable.....5 – **THANK AND TERMINATE**

7b. Participants in these interviews must be able to read and write in [English - TORONTO AND VANCOUVER/ French – MONTREAL/either English or French - MONCTON]; how comfortable are you in reading and writing in [TORONTO/VANCOUVER/MONTREAL: this language/MONCTON: one of these languages]? Are you....

- Very Comfortable.....1
- Comfortable.....2
- Fairly Comfortable.....3
- Not Very Comfortable.....4 – **THANK AND TERMINATE**
- Very Uncomfortable.....5 – **THANK AND TERMINATE**

Record preferred language for Moncton: _____



IMPORTANT:

The interviews are about 2 hours in length, but we are asking that all participants arrive 10 minutes prior to the start time of their session. Are you able to be at the research facility 10 minutes prior to the session time?

- Yes.....1
- No.....2 – **TERMINATE**

All participants in this study are asked to bring along PICTURE IDENTIFICATION. If you do not bring your personal identification then you will not be able to participate in the session and you will not receive the incentive fee. Are you able to bring along picture ID?

- Yes.....1
- No.....2 – **TERMINATE**

IMPORTANT:

The purpose of the interview is to obtain your feedback and comments on your overall impressions and reactions to a proposed survey on experiences with primary health care, to be conducted in the future by Statistics Canada. The interviews will last approximately two hours, and we offer each participant a \$70.00 cash gift as a token of our appreciation. I should also tell you that the interviews will be audio - taped for research purposes and members of the research team will be observing the discussion from an adjoining room. Everything you say will be kept confidential and no names will be used in the report. [] CHECK TO INDICATE YOU HAVE READ THE STATEMENT TO THE RESPONDENT.

As these are **individual interviews** it is **extremely** important that you attend at the scheduled time. Please call NAME at TELEPHONE NUMBER as soon as possible if anything arises that will prevent you from attending the interview at the scheduled time. We will call you back before the interview to confirm and remind you.

CONFIRM CONTACT TELEPHONE NUMBERS FOR REMINDER CALL:

_____ DAYTIME _____	_____ EVENING _____	
<p><u>DAY 1</u> FRIDAY JANUARY 25 TORONTO</p> <p>INT 1 : 3:00 – 4:00 RECRUIT 2 GEN POP</p> <p>INT 2 : 4:15 – 5:15 RECRUIT 1 GEN POP</p> <p>INT 3 : 6:00 – 7:00 RECRUIT 2 CHRONIC CONDITION</p> <p>INT 4 : 7:00 – 8:00 RECRUIT 1 CHRONIC CONDITION</p> <p>INT 5 : 8:00 –9:00 RECRUIT 1 CHRONIC CONDITION</p>	<p><u>DAY 2</u> SATURDAY JANUARY 26 TORONTO</p> <p>INT 1 : 10:00 – 11:00 RECRUIT 2 GEN POP (1) CHRONIC CONDITION (1)</p> <p>INT 2 :11:00 – 12:00 RECRUIT 1 GEN POP</p> <p>INT 3 : 12:00 – 1:00 RECRUIT 2 CHRONIC CONDITION</p> <p>INT 4 : 2:00 – 3:00 RECRUIT 1 CHRONIC CONDITION</p> <p>INT 5 : 3:00 –4:00 RECRUIT 1 CHRONIC CONDITION</p>	<p><u>DAY 3</u> MONDAY JANUARY 28 VANCOUVER</p> <p>INT 1 : 3:00 – 4:00 RECRUIT 2 GEN POP</p> <p>INT 2 : 4:00 – 5:00 RECRUIT 1 GEN POP</p> <p>INT 3 : 6:00 – 7:00 RECRUIT 2 CHRONIC CONDITION</p> <p>INT 4 : 7:00 – 8:00 RECRUIT 1 CHRONIC CONDITION</p> <p>INT 5 : 8:00 –9:00 RECRUIT 1 CHRONIC CONDITION</p>



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DAY 4

**TUESDAY
JANUARY 29
MONTREAL**

**INT 1 : 3:00 – 4:00
RECRUIT 2
GEN POP**

**INT 2 : 4:00 – 5:00
RECRUIT 1
GEN POP**

**INT 3 : 6:00 – 7:00
RECRUIT 2
CHRONIC CONDITION**

**INT 4 : 7:00 – 8:00
RECRUIT 1
CHRONIC CONDITION**

**INT 5 : 8:00 – 9:00
RECRUIT 1
CHRONIC CONDITION**

DAY 5

**WEDNESDAY
JANUARY 30
MONTREAL**

**INT 1 : 3:00 – 4:00
RECRUIT 2
GEN POP (1)
CHRONIC CONDITION (1)**

**INT 2 : 4:00 – 5:00
RECRUIT 1
GEN POP**

**INT 3 : 6:00 – 7:00
RECRUIT 2
CHRONIC CONDITION**

**INT 4 : 7:00 – 8:00
RECRUIT 1
CHRONIC CONDITION**

**INT 5 : 8:00 – 9:00
RECRUIT 1
CHRONIC CONDITION**

DAY 6

**THURSDAY
JANUARY 31
MONCTON**

**INT 1 : 3:00 – 4:00
RECRUIT 2
GEN POP**

**INT 2 : 4:00 – 5:00
RECRUIT 1
GEN POP**

**INT 3 : 6:00 – 7:00
RECRUIT 2
CHRONIC CONDITION**

**INT 4 : 7:00 – 8:00
RECRUIT 1
CHRONIC CONDITION**

**INT 5 : 8:00 – 9:00
RECRUIT 1
CHRONIC CONDITION**

INCENTIVE: \$70

LENGTH OF INTERVIEW: 2 hours

LOCATION:

**Toronto: January 25, 26
Research House
1867 Yonge Street, 2nd Floor
416.488.2328**

**Vancouver: January 28th
Vancouver Focus (JMI)
1156 Hornby St, Main Floor
604.682-4292**

**Montreal: January 29, 30
Ad Hoc Research
1250 Guy Street, Suite 900
514.937.4040**

**Moncton : January 31
Apropos
75 St. George Street
506.387.4200**

RECRUITMENT SCREENER
(FRENCH)



research house

15664- HEALTH

NOM DU RÉPONDANT: _____

à la maison : _____

au travail: _____

Courriel: _____

GROUPE #: _____ RECRUTEUR: _____

ANGLAIS À TORONTO ET VANCOUVER / FRANÇAIS À MONTRÉAL / L'UNE OU L'AUTRE LANGUE À MONCTON

JOUR 1

**VENDREDI
25 JANVIER
TORONTO**

**ENT 1 : 15H00 – 16H00
RECRUTER 2
POP GÉN**

**ENT 2 : 16H15 – 17H15
RECRUTER 1
POP GÉN**

**ENT 3 : 18H00 – 19H00
RECRUTER 2
MALADIE CHRONIQUE**

**ENT 4 : 19H00 – 20H00
RECRUTER 1
MALADIE CHRONIQUE**

**ENT 5 : 20H00 – 21H00
RECRUTER 1
MALADIE CHRONIQUE**

JOUR 4

**MARDI
29 JANVIER
MONTRÉAL**

**ENT 1 : 15H00 – 16H00
RECRUTER 2
POP GÉN**

JOUR 2

**SAMEDI
26 JANVIER
TORONTO**

**INT 1 : 10H00 – 11H00
RECRUTER 2
POP GÉN (1)
MALADIE CHRONIQUE (1)**

**ENT 2 : 11H00 – 12H00
RECRUTER 1
POP GÉN**

**ENT 3 : 12H00 – 13H00
RECRUTER 2
MALADIE CHRONIQUE**

**ENT 4 : 14H00 – 15H00
RECRUTER 1
MALADIE CHRONIQUE**

**ENT 5 : 15H00 – 16H00
RECRUTER 1
MALADIE CHRONIQUE**

JOUR 5

**MERCREDI
30 JANVIER
MONTRÉAL**

**ENT 1 : 15H00 – 16H00
RECRUTER 2
POP GÉN (1)
MALADIE CHRONIQUE (1)**

JOUR 3

**LUNDI
28 JANVIER
VANCOUVER**

**INT 1 : 15H00 – 16H00
RECRUTER 2
POP GÉN**

**ENT 2 : 16H00 – 17H00
RECRUTER 1
POP GÉN**

**ENT 3 : 18H00 – 19H00
RECRUTER 2
MALADIE CHRONIQUE**

**ENT 4 : 19H00 – 20H00
RECRUTER 1
MALADIE CHRONIQUE**

**ENT 5 : 20H00 – 21H00
RECRUTER 1
MALADIE CHRONIQUE**

JOUR 6

**JEUDI
31 JANVIER
MONCTON**

**ENT 1 : 15H00 – 16H00
RECRUTER 2
POP GÉN**



research house

ENT 2 : 16H00 – 17H00
RECRUTER 1
POP GÉN

ENT 2 : 16H00 – 17H00
RECRUTER 1
POP GÉN

ENT 2 : 16H00 – 17H00
RECRUTER 1
POP GÉN

ENT 3 : 18H00 – 19H00
RECRUTER 2
MALADIE CHRONIQUE

ENT 3 : 18H00 – 19H00
RECRUTER 2
MALADIE CHRONIQUE

ENT 3 : 18H00 – 19H00
RECRUTER 2
MALADIE CHRONIQUE

ENT 4 : 19H00 – 20H00
RECRUTER 1
MALADIE CHRONIQUE

ENT 4 : 19H00 – 20H00
RECRUTER 1
MALADIE CHRONIQUE

ENT 4 : 19H00 – 20H00
RECRUTER 1
MALADIE CHRONIQUE

ENT 5 : 20H00 – 21H00
RECRUTER 1
MALADIE CHRONIQUE

ENT 5 : 20H00 – 21H00
RECRUTER 1
MALADIE CHRONIQUE

ENT 5 : 20H00 – 21H00
RECRUTER 1
MALADIE CHRONIQUE

Bonjour, je m'appelle _____ de Research House Inc. Nous vous téléphonons pour vous inviter à participer à un projet spécial de recherche de la part de Statistique Canada prévu pour le [DATE(S)]. La recherche porte sur les soins de santé primaires. Votre participation à cette recherche est entièrement volontaire et votre décision d'y participer ou non n'affectera en rien les interactions que vous pourriez avoir avec Statistique Canada. Toute information recueillie, utilisée et/ou dévoilée sera utilisée qu'à des fins de recherche seulement et seront traitées conformément aux exigences de la Loi sur la protection des renseignements personnels. Nous vous demanderons également de signer un abandon de recours par lequel vous reconnaissez être au courant qu'il se peut que l'on vous enregistre sur bande audio et/ou vidéo pendant la séance et que vous êtes d'accord que votre nom soit inclut au Registre central de recherche qualitative, un registre des personnes qui ont participé à la recherche qualitative. La session est une entrevue face-à-face avec un chercheur, qui sera menée dans une salle de recherche, pour une durée de 2 heures et vous recevrez un montant en argent en guise de remerciement pour votre participation. Puis-je vous poser quelques questions afin de voir si vous vous qualifiez pour notre étude?

Oui..... 1
Non.....2 – **REMERCIER ET TERMINER**

INDIQUER: Homme.....1 – **LA MOITIÉ DES ENTREVUES DEVRAIENT ÊTRE AVEC DES HOMMES**
Femme.....2 – **LA MOITIÉ DES ENTREVUES DEVRAIENT ÊTRE AVEC DES FEMMES**

RH VEUILLEZ COMPOSER DE DIFFÉRENTES PARTIES DE LA VILLE ET NE PAS RECRUTER DEUX PERSONNES DE LA MÊME FAMILLE OU D'UTILISER DES RÉFÉRENCES PROVENANT D'UN CANDIDAT RECRUTÉ.

1.	Non	1	Oui	Non	Déjà	Oui
Recherche en marketing	()		()	()		()
Marketing	()		()	()		()
Relations publiques	()		()	()		()
Un média (Presse écrite, Radio, TV)	()		()	()		()
Un membre de l'ACTRA / l'UDA	()		()	()		()
Publicité	()		()	()		()
Statistique Canada	()		()	()		()
Le gouvernement du Canada	()		()	()		()
Soins de santé primaires	()		()	()		()

(SOINS DE SANTÉ PRIMAIRES TRAVAILLE DANS LE CADRE D'UN HÔPITAL OU CLINIQUE, COMME UN MÉDECIN, INFIRMIÈRE, AMBULANCIER PARAMÉDICAL, ETC)

SI "OUI" À UNE DES MENTIONS CI-DESSUS – REMERCIER ET TERMINER



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2a. Êtes-vous âgés de 18 ans ou plus?

- Oui..... 1
Non..... 2 – **REMERCIER ET TERMINER**

2b. Au cours des 12 derniers mois, avez-vous participé à un groupe de discussion ou à une entrevue face-à-face pour lequel vous avez reçu une somme d'argent, ici ou ailleurs?

- Oui..... 1 – **REMERCIER ET TERMINER**
Non.....2

2c. Avez-vous déjà participé à un groupe de discussion ou à une entrevue face-à-face pour Statistique Canada?

- Oui..... 1 – **REMERCIER ET TERMINER**
Non..... 2

2d. Avez-vous des amis ou de la famille qui travaille pour le groupe Environics Research Group ou Research House?

- Oui..... 1 – **REMERCIER ET TERMINER**
Non..... 2

2e. Avez-vous déjà été diagnostiqué par un professionnel de la santé comme ayant l'une des maladies chroniques suivantes:

- Arthrite.....1|
Asthme2|
Maladie pulmonaire obstructive chronique ou MPOC.....3|
Cancer.....4|
Dépression ou troubles de l'humeur, tels que trouble bipolaire, manie,
psychose maniacodépressive ou dysthymie5|
Diabète6|
Maladie du coeur7|
Accident cérébrovasculaire (ACV).....8|
Hypertension9|

- **MAX. 1 MALADIE PAR VILLE**

**COMME NOUS AVONS BESOIN QUE
TOUTES SOIENT REPRÉSENTÉES**

DOIT RECRUTER 20 SOUFFRANT DE MALADIES CHRONIQUES SUR L'ENSEMBLE DES 30 ENTREVUES – ET AU MOINS CINQ DES NEUF MALADIES

3a. Quel est votre statut civil?

- Marié / Conjoint de fait..... 1
Célibataire / Div. / Veuf / Séparé..... 2

4a. Quel est votre statut d'emploi actuel? **VOUDRAIT UN MIXTE SUR L'ENSEMBLE DES 30 ENTREVUES**

- Employé à temps plein ()
Employé à temps partiel ()
Femme au foyer ()
Étudiant ()
Retraité ()
Sans emploi ()



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4b. Quelle est votre occupation? - SI RETRAITÉ – DEMANDER OCCUPATION ANTÉRIEUR VOUDRAIT UN MIXTE SUR L'ENSEMBLE DES 30 ENTREVUES

TITRE DE L'EMPLOI TYPE / NOM DE COMPAGNIE

SI MARIÉ / CONJOINT DE FAIT DEMANDER – QUELLE EST L'OCCUPATION DE VOTRE CONJOINT?

TITRE DE L'EMPLOI TYPE / NOM DE COMPAGNIE

SI LES OCCUPATIONS ENTRE EN CONFLIT AVEC LES OCCUPATIONS LISTÉES À LA Q.1 OU TRAVAILLE DANS LES SOINS DE SANTÉ PRIMAIRES (C.-A-D. MÉDECIN, INFIRMIÈRE) - REMERCIER ET TERMINER

4c. Comme nous devons parler à des personnes de différents horizons, pouvez-vous me dire à laquelle des catégories suivantes correspondent le revenu annuel total de votre foyer? Diriez-vous.....(LIRE)

Moins de 40,000\$..... 1
40,000\$ - 60,000\$..... 2 } **BESOIN DE RECRUTER UN MIXTE DANS L'ENSEMBLE DES ENTREVUES**
60,000\$ - 80,000\$..... 3
Plus de 80,000\$..... 4

4d. Pourriez-vous me dire quel est le dernier niveau de scolarité que vous avez terminé ?

Secondaire en partie..... 1
Secondaire..... 2 } **BESOIN DE RECRUTER UN MIXTE DANS L'ENSEMBLE DES ENTREVUES**
Cégep / Université en partie..... 3
Cégep / Université terminé 4

6a. On demande aux participants d'exprimer leur opinions et leurs pensées. Dans quelle mesure êtes-vous confortable d'exprimer votre opinion à des personnes que vous ne connaissez pas? Êtes-vous....

Très confortable..... 1
Confortable..... 2
Assez confortable..... 3
Pas très confortable..... 4 - **REMERCIER ET TERMINER**
Pas du tout confortable..... 5 - **REMERCIER ET TERMINER**

7b. Les participants à ces entrevues doivent être capable de lire et d'écrire en [anglais - TORONTO ET VANCOUVER / Français - MONTRÉAL / anglais ou français - MONCTON]; dans quelle mesure êtes-vous à l'aise à lire et écrire en [TORONTO / VANCOUVER / MONTRÉAL: cette langue / MONCTON: l'une de ces langues]? Êtes-vous....

Très confortable..... 1
Confortable..... 2
Assez confortable..... 3
Pas très confortable..... 4 - **REMERCIER ET TERMINER**
Pas du tout confortable..... 5 - **REMERCIER ET TERMINER**

Enregistrer la langue préférée pour Moncton: _____



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IMPORTANT:

Les entrevues ont une durée de 2 heures, mais nous demandons aux participants d'arriver 10 minutes à l'avance. Est-il possible pour vous d'être présent 10 minutes avant le début de la rencontre?

Oui.....1

Non.....2 – **TERMINER**

On demande à tous les participants de cette étude de montrer une pièce D'IDENTITÉ AVEC PHOTO. Si vous n'avez pas votre pièce d'identité personnelle, vous ne pourrez pas participer à cette session et vous ne serez pas rémunéré. Êtes-vous en mesure d'avoir une pièce d'identité avec vous?

Oui.....1

Non.....2 – **TERMINER**

IMPORTANT:

L'objectif de cette entrevue est de recueillir vos réactions et commentaires sur l'ensemble de vos impressions et réactions à un projet de sondage sur les expériences des soins de santé primaires, qui sera mené dans le futur par Statistique Canada. Les entrevues dureront environ deux heures et nous offrirons à chaque participant la somme de 70.00 \$ en argent comptant en guise de remerciement pour sa participation. Je dois aussi vous dire que la rencontre sera enregistrée sur bande audio et ce dans un but de recherche et des membres de l'équipe de recherche observeront à partir d'une pièce voisine. Tout ce que vous direz restera strictement confidentiel et aucun nom sera utilisé dans le rapport.

] COCHER AFIN D'INDIQUER QUE L'ÉNONCÉ A ÉTÉ LU

Comme ce sont des **entrevues individuelles**, il est **extrêmement** important que vous assistiez à l'heure prévue. Veuillez appeler NOM au NUMÉRO DE TÉLÉPHONE dès que possible si quelque chose se présente, qui vous empêchera d'assister à l'entrevue à l'heure prévue. Nous vous rappellerons avant l'entrevue afin de confirmer et vous le rappeler.

CONFIRMER LES NUMÉROS DE TÉLÉPHONES POUR LE RAPPEL: _____

_____ JOUR	_____ SOIR	
<u>JOUR 1</u> VENDREDI 25 JANVIER TORONTO	<u>JOUR 2</u> SAMEDI 26 JANVIER TORONTO	<u>JOUR 3</u> LUNDI 28 JANVIER VANCOUVER
 ENT 1 : 15H00 – 16H00 RECRUTER 2 POP GÉN	 INT 1 : 10H00 – 11H00 RECRUTER 2 POP GÉN (1) MALADIE CHRONIQUE (1)	 INT 1 : 15H00 – 16H00 RECRUTER 2 POP GÉN
 ENT 2 : 16H15 – 17H15 RECRUTER 1 POP GÉN	 ENT 2 : 11H00 – 12H00 RECRUTER 1 POP GÉN	 ENT 2 : 16H00 – 17H00 RECRUTER 1 POP GÉN
 ENT 3 : 18H00 – 19H00 RECRUTER 2 MALADIE CHRONIQUE	 ENT 3 : 12H00 – 13H00 RECRUTER 2 MALADIE CHRONIQUE	 ENT 3 : 18H00 – 19H00 RECRUTER 2 MALADIE CHRONIQUE
 ENT 4 : 19H00 – 20H00 RECRUTER 1 MALADIE CHRONIQUE	 ENT 4 : 14H00 – 15H00 RECRUTER 1 MALADIE CHRONIQUE	 ENT 4 : 19H00 – 20H00 RECRUTER 1 MALADIE CHRONIQUE
 ENT 5 : 20H00 – 21H00 RECRUTER 1 MALADIE CHRONIQUE	 ENT 5 : 15H00 – 16H00 RECRUTER 1 MALADIE CHRONIQUE	 ENT 5 : 20H00 – 21H00 RECRUTER 1 MALADIE CHRONIQUE



research house

JOUR 4

MARDI

29 JANVIER

MONTRÉAL

ENT 1 : 15H00 – 16H00

RECRUTER 2

POP GÉN

ENT 2 : 16H00 – 17H00

RECRUTER 1

POP GÉN

ENT 3 : 18H00 – 19H00

RECRUTER 2

MALADIE CHRONIQUE

ENT 4 : 19H00 – 20H00

RECRUTER 1

MALADIE CHRONIQUE

ENT 5 : 20H00 – 21H00

RECRUTER 1

MALADIE CHRONIQUE

JOUR 5

MERCREDI

30 JANVIER

MONTRÉAL

ENT 1 : 15H00 – 16H00

RECRUTER 2

POP GÉN (1)

MALADIE CHRONIQUE (1)

ENT 2 : 16H00 – 17H00

RECRUTER 1

POP GÉN

ENT 3 : 18H00 – 19H00

RECRUTER 2

MALADIE CHRONIQUE

ENT 4 : 19H00 – 20H00

RECRUTER 1

MALADIE CHRONIQUE

ENT 5 : 20H00 – 21H00

RECRUTER 1

MALADIE CHRONIQUE

JOUR 6

JEUDI

31 JANVIER

MONCTON

ENT 1 : 15H00 – 16H00

RECRUTER 2

POP GÉN

ENT 2 : 16H00 – 17H00

RECRUTER 1

POP GÉN

ENT 3 : 18H00 – 19H00

RECRUTER 2

MALADIE CHRONIQUE

ENT 4 : 19H00 – 20H00

RECRUTER 1

MALADIE CHRONIQUE

ENT 5 : 20H00 – 21H00

RECRUTER 1

MALADIE CHRONIQUE

INCITATIF: 70\$

DURÉE DU GROUPE: 2 heures

ENDROIT:

Toronto: 25, 26 janvier
Research House
1867 Yonge Street, 2nd Floor
416.488.2328

Vancouver: 28 janvier
Vancouver Focus (JMI)
1156 Hornby St, Main Floor
604.682-4292

Montréal: 29, 30 janvier
Ad Hoc Recherche
1250, rue Guy, Bureau 900
514.937.4040

Moncton : 31 janvier
Apropos
75 St. George Street
506.387.4200

DISCUSSION GUIDE
(ENGLISH)



**The Canadian Survey on Experiences with Primary Health Care.
INTERVIEW GUIDE – FIRST DRAFT FOR DISCUSSION
JANUARY 2008**

INTRODUCTION

- Hi, I'm _____ a researcher who has been mandated by Statistics Canada to help test a survey called the Canadian Survey on Experiences with Primary Health Care. The survey will be conducted on behalf of the Canadian Institute of Health Information and the Health Council of Canada and will collect information on health and health care in Canada.
- The purpose of this interview is to get your reactions to a draft questionnaire for the survey. Your reactions will help us advise Statistics Canada on areas of the survey that may need to be re-worked so the questions are easy to understand and answer and reflect the varied experiences people may have.
- This survey would normally be administered by an interviewer by telephone, so the way this will work today is that I will play the role of the telephone interviewer, taking you through the survey one block of questions at a time with you answering to the best of your ability. Then, after each block is completed, we will stop to discuss a bit. What I want to know about is whether there were any survey questions that were a little hard to understand or answer and if so why. I will let you start by telling me about any things you found tricky, and I will then ask specifically about some parts of the survey that we are unsure about. And then we'll move on to the next block. If you feel like it, you may use the sheet of paper next to you to quickly jot down thoughts as we go through the survey.
- Know that there are no right or wrong answers and that we are not here to judge you or how well you understand things. We are asking you to help us judge the survey questions and make sure we have made things sufficiently simple for the people who might have to respond to this survey.
- Everything you say will be kept strictly confidential. I'll take notes and we are being recorded simply so I don't miss anything we have discussed. You will not be identified in my report and the info you provide will not be used to provide any statistics.
- Another thing that I want to bring your attention to is the mirror behind me. I have some colleagues who are sitting in the room behind the mirror observing us. They are here to find out first-hand what how people work with their questionnaire and how they need to improve it.
- The study is voluntary and is being conducted by Statistics Canada.
- Do you have any questions before we begin?

(Note to reader: the probes under the specific questions below are examples of ways to get to what it is about questionnaire that is not working and generating ideas for modified wording or structure. The interviewer will adapt probes as necessary in order to meet this ultimate objective). Note also that, given time limitations, the interviewers may have to consult with the

Environics Research Group Limited

tel: 613 230-5089

Ottawa, Ontario

Canada K2P 0M6

336 MacLaren Street

fax: 613 230-3836

<http://www.environics.net>

client between interviews to determine which modules or questions to prioritize from one version to the next.

MODULE B

- b1. Overall, how easy did you feel it was to understand and answer the questions in this section ?
- b2. Were there any particular words, phrases or questions you had trouble with? (Probes: Which ones ? What did you / did you not understand? What were the situations / responses that came to mind when you read this ?)
- b3. In the introduction to this section, we say we are going to ask about “primary health care” and that this “is often the main source of preventive as well as ongoing or essential care people receive”. What do you think about that introduction? Do you remember noting these words? How easy are they to understand?
- b4. At QB2, any confusion / difficulty in choosing between the types of places listed? Are there any types of places missing?
- b5. At QB3, what do you understand by “regular medical doctor”? Is the question clear enough as is? What could we do to make it clearer?
- b6. At QB5, how easy was it for you to qualify your regular medical doctor using the terms listed? Which terms, if any, were not clear for you? What do you think that term means?
- b7. Is there anything else that needs to be made clearer in this section? (Probes: What? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)

MODULE C

- c1. Overall, how easy did you feel it was to understand and answer the questions in this section?
- c2. Were there any particular words, phrases or questions you had trouble with? (Probes: Which ones? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)
- c3. At QC3, what do you understand by “coordinate the care” ? (Probes: In your mind what kinds of things does that include? What is not included?) Is the question clear enough as is ?
- c4. At QC9, what do you understand by “range or services”? What kinds of things might this include? Is the question clear enough as is? What could we do to make it clearer?
- c5. Is there anything else that needs to be made clearer in this section? (Probes: What? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)

Note to interviewer: also watch out for and probe is manifest hesitation, doubt or confusion at the following:

- QC1: “practice is closed”
- QC4: “regularly involved in your health care” (probe for what kind of involvement comes to mind)
- QC5: “same office” (probe for how they define office)

MODULE D

- d1. Overall, how easy did you feel it was to understand and answer the questions in this section?
- d2. Were there any particular words, phrases or questions you had trouble with? (Probes: Which ones? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)
- d3. At QD1, what do you understand by “convalescent home”? (Probes: In your mind what kinds of things does that include? What is not included?) Is the question clear enough as is?
- d4. At QD2, what do you understand by “plan for follow-up care”? (Probes: In your mind what kinds of things does that include? What is not included?) Is the question clear enough as is? What could we do to make it clearer?
- d5. At QD5, what do you understand by “counsellor”? What kinds of professionals might this include / not include? Is the question clear enough as is? What could we do to make it clearer?
- d6. At QE1, what do you understand by “changes in habits or lifestyle”? (Probes: In your mind what kinds of things does that include? What is not included?) Is the question clear enough as is? What could we do to make it clearer?
- d7. At QE2, how useful were the examples listed? Why / why not? If we wanted to reduce the list, which examples should we keep? Which examples most help you zero in on what is meant by “things you could do to improve your health or prevent illness”.
- D8. Is there anything else that needs to be made clearer in this section? (Probes: What? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)

MODULE E

- e1. Overall, how easy did you feel it was to understand and answer the questions in this section?
- e2. Were there any particular words, phrases or questions you had trouble with? (Probes: Which ones? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)
- e3. Throughout this section, how easy was it for you to have to focus on the family doctor or general practitioner “most” responsible for your regular care ? If difficult, what about your situation made that difficult? Is the question clear enough as is?
- e4. At QE7, what do you understand by “decisions about your health care”? Do the examples fit well with what you imagine when you hear “decisions about your health care? If we wanted to reduce the list, which examples should we keep? Which examples most help you zero in on what is meant by “things you could do to improve your health or prevent illness”? Is the question clear enough as is? What could we do to make it clearer?
- e7. At QE12, how easy was it for you to judge whether your doctor “spends enough time with you to allow you to confide (allows you enough time to discuss)”. Do you think the question would be easier to answer if phrased as follows (present alternate version)? Why?

e8. Is there anything else that needs to be made clearer in this section? (Probes: What? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)

MODULE F - version A

fA1. Overall, how easy did you feel it was to understand and answer the questions in this section?

fA2. Were there any particular words, phrases or questions you had trouble with? (Probes: Which ones? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)

fA3. At QF1, what do you understand by “health information or advice”? (Probes: In your mind what kinds of things does that include? What is not included?) Is the question clear enough as is? What could we do to make it clearer?

fA4. At QF3, what do you understand by “language barriers”? (Probes: In your mind what kinds of things does that include? What is not included?) Is the question clear enough as is? What could we do to make it clearer? (If respondent encounters the question more than once) Is it appropriate to ask it several times for different services / needs? Why / why not?

fA5. At QF4, what do you understand by “telephone help line? (Probes: In your mind what kinds of things does that include? What is not included?) Is the question clear enough as is? If what we wanted to think of were services such as (name provincial help line: Quebec: Infosanté), what expression should we use? What could we do to make it clearer?

fA6. At QF5, what do you understand by “routine or on-going care” ? (Probes: In your mind what kinds of things does that include ? What is not included?) Is the question clear enough as is?

fA7. At QF10, in your own words, can you give me some examples of the types of situations / needs / services that come to mind when you hear “immediate care for a minor health problem”? Is the question clear enough as is? What could we do to make it clearer?

fA8. At QF17, was there ever a time when you didn't receive necessary health care because you chose not to try? Why was that? Did you include those situations when you answered the questions? fA9. Is there anything else that needs to be made clearer in this section? (Probes: What? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)

MODULE F – version B

fB1. Overall, how easy did you feel it was to understand and answer the questions in this section?

fB2. Were there any particular words, phrases or questions you had trouble with? (Probes: Which ones? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)

fB3. At QF10, in your own words, can you give me some examples of the types of situations / needs / services that come to mind when you hear “immediate care for a minor health problem”? Is the question clear enough as is? What could we do to make it clearer?

fB4. At QF5, what do you understand by “routine or on-going care” ? (Probes: In your mind what kinds of things does that include ? What is not included?) Is the question clear enough as is?

fB5. At QF1, what do you understand by “health information or advice”? (Probes: In your mind what kinds of things does that include? What is not included?) Is the question clear enough as is? What could we do to make it clearer?

fB6. At QF3, what do you understand by “language barriers”? (Probes: In your mind what kinds of things does that include? What is not included?) Is the question clear enough as is? What could we do to make it clearer?

fB7. At QF4, what do you understand by “telephone help line? (Probes: In your mind what kinds of things does that include? What is not included?) Is the question clear enough as is? If what we wanted to think of were services such as (name provincial help line: Montreal: Infosanté; Moncton: xxx; Toronto: xxx; Vancouver:xxx), what expression should we use? What could we do to make it clearer?

fB8. At QF17, was there ever a time when you didn't receive necessary health care because you chose not to try? Why was that? Did you include those situations when you answered the questions? f8. Is there anything else that needs to be made clearer in this section? (Probes: What? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)

MODULE G

g1. Overall, how easy did you feel it was to understand and answer the questions in this section ?

g2. Were there any particular words, phrases or questions you had trouble with? (Probes: Which ones ? What did you / did you not understand? What were the situations / responses that came to mind when you read this ?)

g3. At QG1, as you understand the question, are you expected to include times when you might have accompanied a child, spouse or friend to the emergency room? What could we do to make this questions clearer?

g4. What do you understand by “wait before being treated”. (Probes: In your mind what kinds of things does that include? What is not included?) Is the question clear enough as is? What could we do to make it clearer?

g5. Is there anything else that needs to be made clearer in this section ? (Probes: What ? What did you / did you not understand? What were the situations / responses that came to mind when you read this ?)

MODULE H

h1. Overall, how easy did you feel it was to understand and answer the questions in this section?

h2. Were there any particular words, phrases or questions you had trouble with? (Probes: Which ones? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)

h3. At QH3, what do you understand by “reviewed and discussed all different medications” ? (Probes: what do you image such a review or discussion would cover / look like?) Is the question clear enough as is? What could we do to make it clearer?

- h4. Is there anything else that needs to be made clearer in this section? (Probes: What? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)

MODULE I

- i1. Overall, how easy did you feel it was to understand and answer the questions in this section?
- i2. Were there any particular words, phrases or questions you had trouble with? (Probes: Which ones? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)
- i3. There was a series of questions (I3) in which I asked you whether or not you got certain tests or measurements (remind respondent of questions I3a-d). At the beginning of that section, we say we would like to learn about the type of help you get from you (TYPE OF DOCTOR / PLACE). Did you notice that instruction in the intro? When answering the questions, did you think about tying your answers to the doctor or place. How easy was that to do? Why? What could make it easier?
- i4. In the series of questions I4 (remind respondent of questions I3a-d) at the beginning of the section, we say we would like to learn about the type of help you get from you (TYPE OF DOCTOR / PLACE). Did you notice that instruction in the intro? When answering the questions, did you think about tying your answers to the doctor or place. How easy was that to do? Why? What could make it easier?
- i5. At QI4, what do you understand by “health habits”? (Probes: In your mind what kinds of things does that include? What is not included?) Is the question clear enough as is? What could we do to make it clearer?
- i6. At QI15, what did you understand by “case manager”? (Probes: In your mind what kinds of things does that include? What is not included?) Is the definition helpful? Is the question clear enough as is? What could we do to make it clearer?
- i7. Is there anything else that needs to be made clearer in this section? (Probes: What? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)

MODULE J

- j1. Overall, how easy did you feel it was to understand and answer the questions in this section?
- j2. Were there any particular words, phrases or questions you had trouble with? (Probes: Which ones? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)
- j3. At QJ3, which types of “health conditions” did you have in mind when you answered this question?
- j4. Is there anything else that needs to be made clearer in this section? (Probes: What? What did you / did you not understand? What were the situations / responses that came to mind when you read this?)

OVERALL

What were your general impressions about the survey?

Was the survey interesting to you? Did you feel that the survey questions were relevant to you?

Did you feel any of the questions were too sensitive or personal? Which ones? Would you feel differently if you were answering by phone?

Did the interview questions seem to flow in a logical order or did it seem disorganized to you?

Did you find the questions repetitive?

Did you have any problems recalling information for the various time references (for example, in the past 12 months, in the past 6 months, etc.)?

WRAP-UP

Do you have any other comments or suggestions to improve the survey?

Ask observers for questions

THANK YOU AND HONORARIUM

DISCUSSION GUIDE
(FRENCH)



**L'Enquête canadienne sur l'expérience des soins de santé primaires.
GUIDE D'ENTREVUE – PREMIÈRE ÉBAUCHE POUR DISCUSSION
JANVIER 2008**

INTRODUCTION

- Bonjour, je suis un/une chercheur(e) à qui Statistique Canada a demandé son aide pour évaluer un sondage appelé **L'Enquête canadienne sur l'expérience des soins de santé primaires**. Le sondage sera réalisé pour le compte de l'Institut canadien d'information sur la santé et le Conseil canadien de la santé et recueillera de l'information sur la santé et les soins de santé au Canada.
- Le but de cette entrevue est de recueillir vos **réactions à l'ébauche du questionnaire** de sondage. Vos réactions nous aideront à conseiller Statistique Canada à propos des parties du questionnaire qui pourraient être améliorées afin qu'il soit facile de comprendre et de répondre aux questions et pour que ces dernières correspondent à la gamme des expériences possibles qui sont vécues par les gens.
- Le sondage serait normalement administré au téléphone par un intervieweur. Voici de quelle façon nous procéderons aujourd'hui : je jouerai le rôle de l'intervieweur(euse), en vous guidant dans cette enquête un bloc de questions à la fois, des questions auxquelles vous répondrez au meilleur de votre connaissance. Par la suite, à la fin de chaque bloc, nous nous arrêterons pour en discuter un peu. Ce que je veux obtenir, c'est savoir s'il y a des questions qui ont été légèrement difficiles à comprendre ou auxquelles il a été difficile de répondre et, si c'est le cas, pourquoi. Je vous laisserai commencer en me parlant des choses que vous avez jugées difficiles et, ensuite, je vous poserai des questions se rapportant à des parties spécifiques de l'enquête sur lesquelles nous avons quelques doutes. Après quoi, nous passerons au bloc de questions suivant. Si cela vous tente, vous pouvez utiliser la feuille de papier qui est à côté de vous afin d'indiquer brièvement vos réflexions à mesure que nous avançons dans le sondage.
- Sachez qu'il n'y a ni bonne ni mauvaise réponse et que nous ne sommes pas ici pour vous juger ou pour évaluer dans quelle mesure vous comprenez ces choses. Nous vous demandons de nous aider à évaluer les questions de sondage et à nous assurer que nous avons suffisamment simplifié la tâche pour les personnes qui choisiront de répondre à ce sondage.
- Tout ce que vous direz demeurera strictement **confidentiel**. Je prendrai des notes et nous sommes enregistrés, simplement pour que je ne perde rien du contenu de nos discussions. Vous ne serez pas identifiés dans mon rapport et les renseignements que vous donnez ne serviront pas à présenter quelque statistique que ce soit.
- Une autre chose que j'aimerais porter à votre attention est le **miroir** qui est situé derrière moi. Certains de mes collègues sont assis dans la pièce située derrière ce miroir et ils nous observent. Ils sont là pour observer directement comment les gens travaillent avec leur questionnaire et la façon dont ils doivent l'améliorer.
- La participation à ce sondage est **volontaire** et cette enquête est menée par Statistique Canada.
- Avez-vous des questions avant que nous commençons ?

(Note aux lecteurs : les notes apparaissant sous des questions précises sont des exemples des moyens permettant de d'explorer ce qui ne fonctionne pas bien dans le questionnaire et de susciter des idées sur la façon de modifier la phraséologie ou la structure. L'intervieweur(euse) adaptera ces outils au besoin, afin d'atteindre cet objectif ultime). Veuillez noter également qu'en raison des contraintes de temps, les intervieweurs pourraient consulter le client entre deux entrevues afin de déterminer, d'une version à l'autre, quels sont les modules ou les questions qu'ils doivent traiter prioritairement.

MODULE B

- b1. Dans l'ensemble, dans quelle mesure pensez-vous qu'il soit facile de comprendre et de répondre aux questions figurant dans cette section ?
- b2. Est-ce qu'il y a eu des mots, des expressions ou des questions en particulier qui vous ont causé des problèmes ? (Sonder : Lesquels ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)
- b3. Dans l'introduction de cette section, nous disons que nous allons parler des « soins de santé primaires » et qu'il « s'agit souvent de la principale source de soins préventifs, de même que de soins continus ou essentiels que les gens reçoivent. » Que pensez-vous de cette introduction ? Vous souvenez-vous d'avoir remarqué ces mots ? Dans quelle mesure sont-ils faciles à comprendre ?
- b4. À la QB2, y a-t-il quelque confusion ou difficulté à choisir parmi les types d'endroits énumérés ? Est-ce que certains types d'endroits n'apparaissent pas ?
- b5. À la QB3, que comprenez-vous dans l'expression « médecin habituel » ? La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?
- b6. À la QB5, dans quelle mesure vous est-il facile de classer votre médecin habituel à l'aide des expressions énumérées ? S'il y a lieu, quelles sont les expressions qui ne sont pas claires pour vous ? Que pensez-vous que cette expression signifie ?
- b7. Y a-t-il autre chose dans cette section que l'on devrait rendre plus clair ? (Sonder : Quoi ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

MODULE C

- c1. Dans l'ensemble, dans quelle mesure pensez-vous qu'il soit facile de comprendre et de répondre aux questions figurant dans cette section ?
 - c2. Est-ce qu'il y a eu des mots, des expressions ou des questions en particulier qui vous ont causé des problèmes ? (Sonder : Lesquels ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)
- À la QC9, que comprenez-vous dans l'expression « gamme des services » ? Qu'est-ce que cela pourrait inclure ? La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?

C4. Y a-t-il autre chose dans cette section que l'on devrait rendre plus clair ? (Sonder : Quoi ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

Note à l'intervieweur(euse) : veuillez également noter si les participants manifestent quelque hésitation, doute ou confusion à propos des éléments suivants et sonder pour en connaître la raison :

- QC1 : « son cabinet est fermé »
- QC4 : « s'occupe régulièrement de vos soins de santé » (sonder sur les façons de « s'occuper » qui viennent à l'esprit)
- QC5 : « à l'endroit où » (sonder pour savoir comment ils définissent l'endroit)

MODULE D

d1. Dans l'ensemble, dans quelle mesure pensez-vous qu'il soit facile de comprendre et de répondre aux questions figurant dans cette section ?

d2. Est-ce qu'il y a eu des mots, des expressions ou des questions en particulier qui vous ont causé des problèmes ? (Sonder : Lesquels ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

d3. À la QD1, que comprenez-vous dans l'expression « maison de convalescence » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ?

d4. À la QD2, que comprenez-vous dans l'expression « soins de suivi prévus après votre hospitalisation » ? (Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?

d5. À la QD5, que comprenez-vous dans l'expression « conseiller » ? Quels types de professionnels cela pourrait-il inclure/ne pas inclure ? La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?

d6. À la QE1, que comprenez-vous dans l'expression « changements dans vos habitudes ou votre style de vie » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?

d7. À la QE2, dans quelle mesure les exemples donnés sont-ils utiles ? Pourquoi / Pourquoi pas ? Si nous voulions réduire la longueur de cette liste, quels exemples devrait-on conserver ? Quels sont les exemples qui vous aident le plus à comprendre ce que signifie « ce que vous pourriez faire pour améliorer votre santé ou prévenir la maladie » ?

D8. Y a-t-il autre chose dans cette section que l'on devrait rendre plus clair ? (Sonder : Quoi ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

MODULE E

- e1. Dans l'ensemble, dans quelle mesure pensez-vous qu'il soit facile de comprendre et de répondre aux questions figurant dans cette section ?
- e2. Est-ce qu'il y a eu des mots, des expressions ou des questions en particulier qui vous ont causé des problèmes ? (Sonder : Lesquels ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)
- e3. Tout au long de cette section, dans quelle mesure vous a-t-il été facile de porter votre attention sur le médecin de famille ou l'omnipraticien qui s'occupe « le plus » de vos soins habituels ? Si cela a été difficile, qu'est-ce qui rend cela difficile dans votre situation ? La question est-elle assez claire telle qu'elle est posée ?
- e4. À la QE7, que comprenez-vous dans l'expression « des décisions cliniques relatives à vos soins de santé » ? Est-ce que les exemples donnés correspondent bien à ce que vous imaginez lorsque vous entendez l'expression « des décisions cliniques relatives à vos soins de santé » ? Si nous voulions réduire la liste, quels exemples devrait-on conserver ? Quels sont les exemples qui vous aident le plus à comprendre ce que signifient « des décisions cliniques relatives à vos soins de santé » ? La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?
- e7. À la QE12, dans quelle mesure vous a-t-il été facile de juger si votre médecin « demeure assez longtemps avec vous pour que vous lui confiiez (vous accorde assez de temps pour discuter) » Êtes-vous d'avis qu'il serait plus facile de répondre à la question si elle était formulée de la façon suivante (présenter l'autre version) ? Pourquoi ?
- e8. Y a-t-il autre chose dans cette section que l'on devrait rendre plus clair ? (Sonder : Quoi ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

MODULE F - version A

- fA1. Dans l'ensemble, dans quelle mesure pensez-vous qu'il soit facile de comprendre et de répondre aux questions figurant dans cette section ?
- fA2. Est-ce qu'il y a eu des mots, des expressions ou des questions en particulier qui vous ont causé des problèmes ? (Sonder : Lesquels ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)
- fA3. À la QF1, que comprenez-vous dans l'expression « renseignements ou conseils en matière de santé » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?
- fA4. À la QF3, que comprenez-vous dans l'expression « barrières linguistiques » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ? (Si le/la répondant(e) entend la question plus d'une fois) Est-il approprié de la poser à plusieurs reprises pour différents services ou besoins ? Pourquoi / Pourquoi pas ?

- fA5. À la QF4, que comprenez-vous dans l'expression « ligne d'aide téléphonique » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ? Si nous voulions faire allusion à des services tels que (nommer la ligne d'aide téléphonique provinciale), quelle expression devrions-nous utiliser ? Que pourrions-nous faire pour en préciser le sens ?
- fA6. À la QF5, que comprenez-vous dans l'expression « services de santé de routine ou de suivi » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ?
- fA7. À la QF10, dans vos propres mots, pouvez-vous me donner des exemples des types de situations/de besoins/de services qui vous viennent à l'esprit quand vous entendez l'expression « soins immédiats pour un problème de santé mineur » ? La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?
- fA8. À la QF17, est-il déjà arrivé que vous n'avez pas reçu des soins de santé dont vous aviez besoin parce que vous avez choisi de ne pas essayer de les obtenir ? Pourquoi cela est-il arrivé ? Est-ce que vous avez inclus ces situations quand vous avez répondu aux questions ?
- fA9. Y a-t-il autre chose dans cette section que l'on devrait rendre plus clair ? (Sonder : Quoi ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

MODULE F – version B

- fB1. Dans l'ensemble, dans quelle mesure vous a-t-il semblé facile de comprendre et de répondre aux questions figurant dans cette section ?
- fB2. Est-ce qu'il y a eu des mots, des expressions ou des questions en particulier qui vous ont causé des difficultés ? (Sonder : Lesquels ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)
- fB3. À la QF10, dans vos propres mots, pouvez-vous me donner des exemples des types de situations/de besoins/de services qui vous viennent à l'esprit quand vous entendez l'expression « soins immédiats pour un problème de santé mineur » ? La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?
- fB4. À la QF5, que comprenez-vous dans l'expression « services de santé de routine ou de suivi » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ?
- fB5. À la QF1, que comprenez-vous dans l'expression « renseignements ou conseils en matière de santé » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?
- fB6. À la QF3, que comprenez-vous dans l'expression « barrières linguistiques » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?
- fB7. À la QF4, que comprenez-vous dans l'expression « ligne d'aide téléphonique » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ? Si nous voulions faire allusion à des

services tels que (nommer la ligne d'aide téléphonique provinciale), quelle expression devrions-nous utiliser ? Que pourrions-nous faire pour en préciser le sens ?

fB8. À la QF17, À la QF17, est-il déjà arrivé que vous n'ayez pas reçu des soins de santé dont vous aviez besoin parce que vous avez choisi de ne pas essayer de les obtenir ? Pourquoi cela est-il arrivé ? Est-ce que vous avez inclus ces situations quand vous avez répondu aux questions ?

f8. Y a-t-il autre chose dans cette section que l'on devrait rendre plus clair ? (Sonder : Quoi ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

MODULE G

g1. Dans l'ensemble, dans quelle mesure pensez-vous qu'il soit facile de comprendre et de répondre aux questions figurant dans cette section ?

g2. Est-ce qu'il y a eu des mots, des expressions ou des questions en particulier qui vous ont causé des problèmes ? (Sonder : Lesquels ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

g3. À la QG1, dans ce que vous comprenez de la question, est-ce qu'on s'attend à ce que vous incluiez les fois que vous avez accompagné un enfant, un/une conjoint(e) au service d'urgence ? Qu'est-ce qui préciserait le sens de cette question ?

g4. Que comprenez-vous dans l'expression « combien de temps avez-vous attendu avant d'être traité » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?

g5. Y a-t-il autre chose dans cette section que l'on devrait rendre plus clair ? (Sonder : Quoi ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

MODULE H

h1. Dans l'ensemble, dans quelle mesure pensez-vous qu'il soit facile de comprendre et de répondre aux questions figurant dans cette section ?

h2. Est-ce qu'il y a eu des mots, des expressions ou des questions en particulier qui vous ont causé des problèmes ? (Sonder : Lesquels ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

h3. À la QH3, que comprenez-vous dans l'expression « a examiné tous les différents médicaments que vous utilisez pour en discuter avec vous » ? (Sonder : Selon vous, qu'est-ce qu'un tel examen ou une telle discussion devrait aborder, à quoi cela devrait-il ressembler ? La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?)

h4. Y a-t-il autre chose dans cette section que l'on devrait rendre plus clair ? (Sonder : Quoi ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

MODULE I

- i1. Dans l'ensemble, dans quelle mesure pensez-vous qu'il soit facile de comprendre et de répondre aux questions figurant dans cette section ?
- i2. Est-ce qu'il y a eu des mots, des expressions ou des questions en particulier qui vous ont causé des problèmes ? (Sonder : Lesquels ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)
- i3. Il y a une série de questions (I3) dans lesquelles je vous ai demandé si vous aviez été surveillés au moyen de certains tests ou de certaines mesures (rappelez les questions I3a-e au/à la répondant(e)). Au début de cette section, nous mentionnons que nous aimerions en savoir davantage sur les types de soins que vous recevez auprès de (TYPE DE MÉDECIN/D'ENDROIT). Avez-vous remarqué cette directive dans l'introduction ? Quand vous avez répondu aux questions, avez-vous pensé à établir un lien entre vos réponses et le médecin ou l'endroit ? Dans quelle mesure vous a-t-il été facile de le faire ? Pourquoi ? Qu'est-ce qui faciliterait la tâche ?
- i4. Dans la série de questions I4 (rappelez les questions I3a-e au/à la répondant(e)) au début de la section, nous mentionnons que nous aimerions en savoir davantage sur les types de soins que vous recevez auprès de (TYPE DE MÉDECIN/D'ENDROIT). Avez-vous remarqué cette directive dans l'introduction ? Quand vous avez répondu aux questions, avez-vous pensé à établir un lien entre vos réponses et le médecin ou l'endroit ? Dans quelle mesure vous a-t-il été facile de le faire ? Pourquoi ? Qu'est-ce qui faciliterait la tâche ?
- i5. À la QI4, que comprenez-vous dans l'expression « habitudes de santé » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?
- i6. À la QI15, que comprenez-vous dans l'expression « coordonner tous les soins » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La question est-elle assez claire telle qu'elle est posée ?
- i7. À la QI15, que comprenez-vous dans l'expression « gestionnaire de cas » ? (Sonder : Selon vous, quels types de choses est-ce que cela inclut ? Qu'est-ce que cela n'inclut pas ?) La définition est-elle utile ? La question est-elle assez claire telle qu'elle est posée ? Comment pourrait-on la rendre encore plus claire ?
- i8. Y a-t-il autre chose dans cette section que l'on devrait rendre plus clair ? (Sonder : Quoi ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

MODULE J

- j1. Dans l'ensemble, dans quelle mesure pensez-vous qu'il soit facile de comprendre et de répondre aux questions figurant dans cette section ?
- j2. Est-ce qu'il y a eu des mots, des expressions ou des questions en particulier qui vous ont causé des problèmes ? (Sonder : Lesquels ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

j3. À la QJ3, à quels types « d'états de santé » pensiez-vous quand vous avez répondu à cette question ?

j4. Y a-t-il autre chose dans cette section que l'on devrait rendre plus clair ? (Sonder : Quoi ? Qu'est-ce que vous avez ou n'avez pas compris ? Quelles ont été les situations ou les réponses qui vous sont venues à l'esprit quand vous avez lu cela ?)

GLOBALEMENT

Quelles sont vos impressions générales à propos de ce sondage ?

Avez-vous trouvé le sondage intéressant ? Avez-vous été d'avis que les questions de sondage étaient pertinentes pour vous ?

Avez-vous été d'avis que les questions étaient de nature trop délicate ou trop personnelle ? Lesquelles ? Seriez-vous d'un autre avis si vous y répondiez au téléphone ?

Est-ce que les questions de l'entrevue vous ont paru se dérouler dans un ordre logique ou est-ce que cela vous a semblé plutôt échevelé ?

Avez-vous trouvé qu'il y avait des répétitions dans les questions ?

Avez-vous eu quelque difficulté que ce soit à vous souvenir de renseignements se rapportant aux diverses périodes de temps (par exemple, au cours des 12 derniers mois, au cours des six derniers mois, etc.) ?

MOT DE LA FIN

Avez-vous d'autres commentaires ou suggestions qui seraient de nature à améliorer le sondage ?

Demander aux observateurs s'ils ont des questions

REMERCIEMENTS ET MESURE INCITATIVE