



## Questionnaire on health care issues

Confidential when completed

August 2008

CASA needs your help! The information you provide will be of great benefit to us as we work to improve access in English to quality health care in the Hopetown – Shigawake – Port Daniel area. Rest assured that your answers are confidential and nothing that could be used to identify you will be recorded on this paper.

Remember, in a survey such as this one there is no such thing as a wrong answer. We are interested in your opinion, so tell us exactly what you think!

If there is something you do not understand, don't hesitate to ask for an explanation.

### Thanks for your help!

1. Have you heard of CASA?     \_\_\_Yes   \_\_\_No
2. As an English-speaking person, do you sometimes feel left out or isolated?  
\_\_\_Yes \_\_\_No
3. How important is it for you, personally, to be able to **obtain health care in English?** (Please check one)  
\_\_\_Very important  
\_\_\_Somewhat important  
\_\_\_Not very important  
\_\_\_Not important at all
4. Do you speak French? Please indicate your **level of bilingualism:**  
\_\_\_Fluent  
\_\_\_Functional  
\_\_\_Basic  
\_\_\_No French at all
5. Do you have **family members and / close friends** living in the region?  
\_\_\_Yes \_\_\_No

6. Do you belong to a community organization? (ex: church, school committee, service group)  
 Yes       No

7. How often do you participate in community events?  
 weekly       a few times a month       occasionally       rarely

1. In the past year, **how often did you use health services** on the Quebec side of the Chaleur Bay area? (CLSCs, Maria Hospital, Chandler or Gaspé)

Weekly

Monthly

Occasionally

Rarely

I did not use health services in the Chaleur Bay area

2. In the past year, **how often did you use health services** in New Brunswick?

Weekly

Monthly

Occasionally

Rarely

I did not use health services in New Brunswick

3. How would you describe your **general state of health** at this time, compared to others your age?

Excellent

Good

Average

Poor

4. Please indicate **ALL the following locations** at which you received health care this past year (check all that apply) and whether they served you in French or in English:

\_\_\_ None (go to #17)

	French	English
Family doctor / medical clinic	_____	_____
School nurse	_____	_____
CLSC Paspébiac	_____	_____
CSLC Gascons	_____	_____
CLSC Chandler	_____	_____
Maria Hospital	_____	_____
Campbellton Hospital	_____	_____
Chandler Hospital	_____	_____
Gaspé Hospital	_____	_____
I went outside the region:		
Bathurst	_____	_____
Miramichi	_____	_____
Rimouski	_____	_____
Montreal	_____	_____
Quebec City	_____	_____

5. Within the last year, **which of the following services have you used?** (Check all that apply) Please check whether they served you in French or English.

	French	English
Info-Santé (telephone help line)	_____	_____
Emergency room (Chandler)	_____	_____
Emergency room (Maria)	_____	_____
Private Home care nurse	_____	_____
CLSC Home care nurse	_____	_____
Community organization	_____	_____

(Such as the Volunteer Centre, Meals on Wheels, etc – please name:

\_\_\_\_\_

\_\_\_ None

13. When you're feeling unwell, **to whom do you turn for help** (besides your spouse)? Please put in **order of priority**, from 1 to 5, 1 being most important.

- Family member(s)
- Friend
- Neighbour
- Family Doctor
- Local volunteer center
- CLSC (which?) \_\_\_\_\_
- Pharmacist
- Chandler Hospital
- Maria Hospital
- Community organization (please name): \_\_\_\_\_
- Nobody
- Other (please explain): \_\_\_\_\_

14. If you needed **home care services** where would you turn for help?

- Doctor    CLSC    Volunteer Centre

**Questions for mothers or fathers:**

15. Please indicate how many children you have. \_\_\_\_\_

How many in each age bracket?    0-6 months    6 months to 1 year  
 1 year to 2 years    2 years to 3 years    3 years to 5 years  
 school age    18 years and older

16. Did you take pre-natal classes?    Yes    No

17. Did you choose to breast-feed?    Yes    No  
If so, did you receive support for breast-feeding?    Yes    No

18. Who do you turn to for help when you have a problem controlling the children?  
 Mother    Grandmother    Sister, Aunt    Friend    None

19. Do you feel you have enough support to deal with parenting challenges?  
 Yes    No

20. Do you have access to day care services? \_\_\_Yes \_\_\_No

21. Would you like to have access to day care services? \_\_\_Yes \_\_\_No

22. Do you feel there are enough family activities in your community?  
\_\_\_Yes \_\_\_No      Activities for children? \_\_\_Yes \_\_\_No

23. Given **your personal experience** of the health care system in the area, please check the appropriate answer to the following questions:

	Always	Often	Some-times	Never
a) Have you ever had a hard time <b>understanding a discussion</b> with a health care giver concerning your health?				
b) Do you ever <b>speak French</b> when requesting health care?				
c) Do you ever <b>take a bilingual relative / friend / volunteer</b> with you when requesting health care?				
d) Do you <b>feel comfortable requesting health care services in English</b> ?				
e) Have you ever <b>NOT called an institution or agency</b> because you believed they only spoke French?				

24. Do you know some services available for:

Seniors? \_\_\_Yes \_\_\_No Can you give an example? \_\_\_\_\_

Pregnant girls? \_\_\_Yes \_\_\_No Example? \_\_\_\_\_

Women? \_\_\_Yes \_\_\_No Example? \_\_\_\_\_

Youth? \_\_\_Yes \_\_\_No Example? \_\_\_\_\_

Cancer patients? \_\_\_Yes \_\_\_No Example? \_\_\_\_\_

25. Which **health services are a priority** for you? Please put in **order of priority**, from 1 to 5, 1 being most important.

- Health promotion / education services
- Support to young families
- Mental health services
- Domestic violence prevention
- Cancer support
- Home care for seniors
- Alternative medicine (chiropractors, naturopaths, etc)
- Information and referral
- Increased community services (volunteer groups)
- Other: \_\_\_\_\_

26. If you could add a service, what would it be? \_\_\_\_\_

27. For **statistical purposes only**, please tell us about you:

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| Age:                                 | Sex:                            |
| <input type="checkbox"/> 15 to 18    | <input type="checkbox"/> Female |
| <input type="checkbox"/> 18 to 25    |                                 |
| <input type="checkbox"/> 25 to 35    | <input type="checkbox"/> Male   |
| <input type="checkbox"/> 35 to 45    |                                 |
| <input type="checkbox"/> 45 to 55    |                                 |
| <input type="checkbox"/> 55 to 65    |                                 |
| <input type="checkbox"/> 65 to 75    |                                 |
| <input type="checkbox"/> 75 and over |                                 |

28. Level of education:  No high school leaving  High school leaving  
 some CEGEP  some university

29. Please record which town this person lives in: \_\_\_\_\_

**Thank you so much for your participation!**