

**CONTINUING CARE HOMES TYPE B  
(FORMERLY DESIGNATED  
SUPPORTIVE LIVING)  
FAMILY AND RESIDENT  
EXPERIENCE SURVEY  
Methodology**

Improving Healthcare Together



Health Quality Alberta is a provincial agency that brings together patients, families, and our partners from across healthcare and academia to inspire improvement in patient safety, person-centred care, and health service quality. We assess and study the healthcare system, identify effective practices, and engage with Albertans to gather information about their experiences. Our responsibilities are outlined in the *Health Quality Council of Alberta Act*.

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## BACKGROUND

Alberta's continuing care system provides people living in Alberta with the healthcare, personal care, and accommodation services they need to support their activities of daily living, independence, and quality of life. There are three streams of continuing care to meet the diverse needs of clients in Alberta, and include: home care, designated supportive living (DSL), and long term care (LTC).<sup>1</sup>

**Continuing Care Home Type B (formerly Designated Supportive Living):** This environment provides a purposeful home-like design with 24-hour a day onsite scheduled and unscheduled professional and personal care provided by LPNs and HCAs. Case management and specialty services (e.g., Allied Health, palliative resource nurse, etc.) are available on a scheduled onsite, on-call or virtual basis based on resident's care needs. The buildings are specifically designed with common areas and features, including private space and a safe, secure and barrier-free environment. Type B facilities promote independence and provides services such as meals, housekeeping, recreational activities and 24-hour monitoring.

More information on [Continuing Care Home Type B](#).

**Continuing Care Home Type B – secure space (formerly Designated Supportive Living Dementia):** This environment provides a purposeful home-like design with small groupings of private bedrooms and associated spaces with security features (i.e., secured spaces).

More information on [Continuing Care Home Type B - Secure Space](#).

Health Quality Alberta conducted a facility-based continuing care (FBCC) family experience survey and resident experience survey in two of these streams, DSL (levels 3,4 and 4D) and LTC, to obtain feedback from family members of residents across Alberta about the quality of care and services residents received. We conducted this survey from July 2022 to January 2023 in collaboration with Alberta Health (AH) and Alberta Health Services (AHS).

## Privacy, confidentiality, and ethical considerations

In accordance with the requirements of the *Health Information Act of Alberta* (HIA) and the *Freedom of Information and Protection of Privacy Act* (FOIPPA), an amendment to Health Quality Alberta's privacy impact assessment for patient experience surveys was submitted to, and accepted by, the Office of the Information and Privacy Commissioner of Alberta specifically for the *Facility-based Continuing Care Family Experience Survey*.

As a provincial custodian, Health Quality Alberta follows the HIA and FOIPPA to ensure the security of the information it collects. Potential respondents were informed of the survey's purpose and process, that participation was voluntary, and that their information would be kept confidential. Those respondents who declined to participate were removed from the survey process. Families were informed about the survey through posters and fact sheets. A contact number was provided for those who had questions.

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<sup>1</sup> Facility-Based Continuing Care Review: [health-improving-quality-life-residents-facility-based-continuing-care-2021-04-30.pdf](https://www.health-improving-quality-life-residents-facility-based-continuing-care-2021-04-30.pdf) (alberta.ca). For more information, see [What is Continuing Care? | Alberta Health Services](#)

# FAMILY EXPERIENCE SURVEY PROCESS AND METHODOLOGY

## The survey instrument

Family members of LTC residents were surveyed using a modified version of the *Consumer Assessment of Healthcare Providers and Services (CAHPS®) Nursing Home Survey: Family Member Instrument*<sup>2</sup> ([Appendix I](#)). This is a 64-question self-report measure that assesses family members' overall rating of a site (Overall Care Rating), whether they would recommend the site (Propensity to Recommend), how they rate Food, and four Dimensions of Care including (1) Staffing, Care of Belongings, and Environment; (2) Providing Information and Encouraging Family Involvement; (3) Kindness and Respect; and (4) Meeting Basic Needs. In addition to the above, the survey includes questions about other topics that have previously been identified in other survey iterations as important to family experiences, including questions about medications, privacy, and Resident and Family Councils.

Each survey question was typically followed by a two-option *Yes or No* response or a four-option response:

- Always
- Usually
- Sometimes
- Never

Two scale-based measures were included in the survey: the Overall Care Rating and the Food Rating Scale. The Overall Care Rating reflects family member's overall experience with a continuing care site. The Overall Care Rating question asks:

*Using any number from 0 to 10, where 0 is the worst and 10 is the best care possible, what number would you use to rate the care at the continuing care home?*

The Food Rating Scale reflects family member's overall experience with the food at a continuing care site. The Food Rating Scale asks:

*Using any number from 0 to 10, where 0 is the worst food possible and 10 is the best food possible, what number would you use to rate the food at the continuing care home?*

To align with the Dimensions of Care, the Food Rating Scale was rescaled to a 0 to 100 scale by multiplying the results by 10.

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<sup>2</sup> For more details on CAHPS, please refer to: <https://cahps.ahrq.gov/>

## Survey sampling design and recruitment

The survey was conducted as a census of all eligible participants where contact data was available. Given the small size of continuing care homes, random sampling techniques were not required and would have added little value at the expense of increased complexity for a few larger sites where random selection might have been justified.

### Site recruitment and site inclusion criteria

Personal care homes (SL1); group or family care homes or lodges (SL2); and special care homes (including mental health support homes) were excluded from participation.

Eligible respondents (family members) were identified with assistance from site liaisons, who were asked to provide the contact information of each resident's most involved family member or friend. Exclusion criteria included:

- Contacts of new (< 1 month stay at the site) or transitional residents.
- Residents who had no contact person (family member), or whose contact person resided outside of Canada.
- Contacts of deceased residents or residents no longer living at the site.
- Contacts of residents who were listed as a public guardian.

Family members of residents who were deceased after the survey rollout were given the option to complete the survey and to provide responses that reflected the last three months the resident lived in the site.

The 2022-23 survey employed a continuous recruitment strategy and mailings were sent from July 2022 to January 2023.

The following three-stage mailing protocol was used to ensure maximum participation rates:

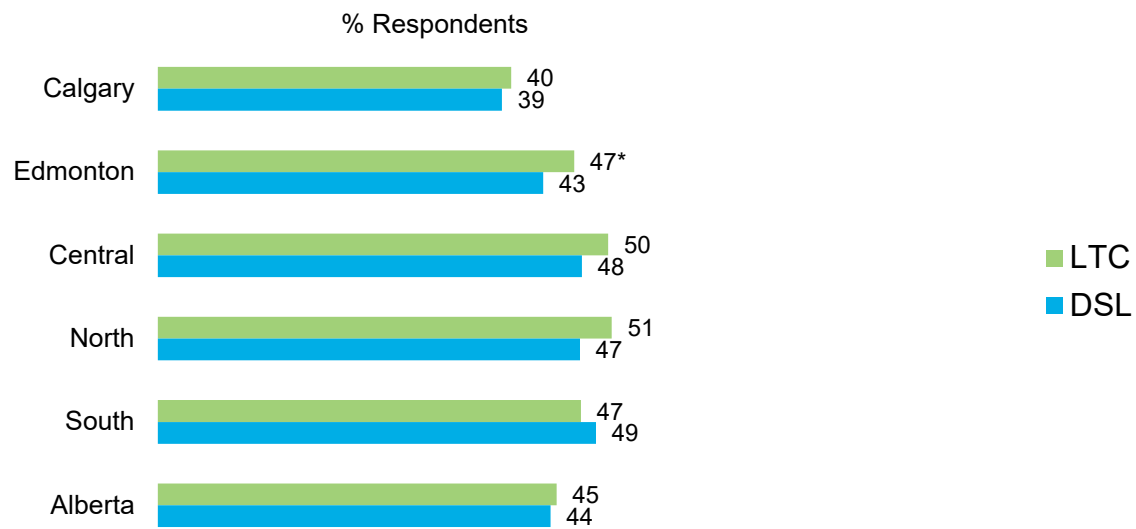
- initial mailing of questionnaire packages
- postcard reminders to all non-respondents
- mailing of questionnaire package with modified cover letter to all non-respondents

## Response rates

To reduce the potential for “non-response bias,” it is desirable to achieve a high response rate.

Of the family member contacts obtained from sites, 19,783 (72 per cent) were deemed eligible to participate (after exclusion criteria were applied). A total of 8,791 family members returned a paper survey or completed a web survey and were considered *respondents* (44 per cent).

**Figure 1:** Response rates by level of care and AHS Zone<sup>3</sup>

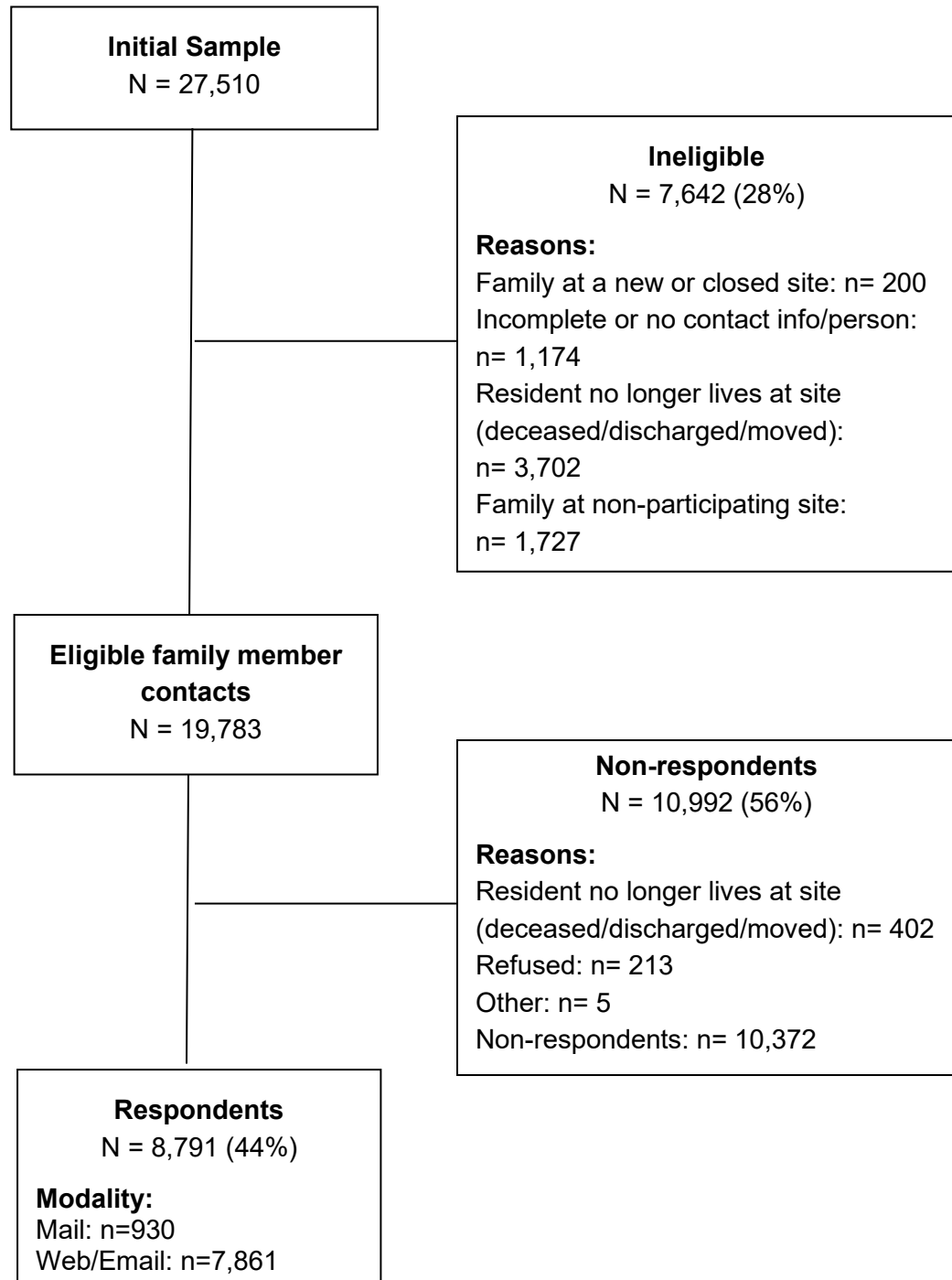


\* **Note:** An asterix beside the result (\*) represents a statistically significant difference between the LTC and DSL results.

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<sup>3</sup> When results refer to AHS Zone, these results refer to the zone in which the respondent's resident resides. In other words, it is the zone in which the site referenced is located.

**Figure 2: Study flowchart<sup>4</sup>**



<sup>4</sup> New sites were excluded if they opened less than one year before the start of data collection.

Incomplete or no contact info includes: (1) Residents whose family contact is themselves, (2) family member contact lives at the same site as the resident, or (3) the site stated the resident has no involved family members.

Non-participating sites were eligible sites that did not participate in the survey. This could be due to a number of reasons (e.g., lack of capacity, outbreaks, etc.).

Other includes (1) Language barrier or (2) Blank survey returned.



## Modality analysis

Respondents received one of two modalities to complete the survey (email or paper returned by mail). To ensure there were no systematic effects based on the way family members received the survey, results were compared between mail and email.

There were no significant differences between mail and email in any of the measures (Overall Care Rating, Propensity to Recommend, four Dimensions of Care and the Food Rating Scale).

| Measure  | Mail | Email |
|--|------|-------|
| Overall Care Rating (0 to 10)                            | 8.3  | 8.3   |
| Propensity to Recommend (%)                              | 93   | 92    |
| <b>Dimensions of Care (0 to 100)</b>                     |      |       |
| Staffing, Care of Belongings, and Environment            | 76   | 75    |
| Kindness and Respect                                     | 86   | 85    |
| Providing Information and Encouraging Family Involvement | 83   | 82    |
| Meeting Basic Needs                                      | 92   | 93    |
| Food Rating Scale  | 71   | 71    |

# RESIDENT EXPERIENCE SURVEY PROCESS AND METHODOLOGY

## The survey instrument

We surveyed residents of facility-based continuing care sites using a modified version of the *Ohio Residential Care Facility Survey* ([Appendix II](#)) developed by the Scripps Gerontology Centre and funded by the Ohio Department of Aging. This is a 59-question instrument that assesses the resident's overall experience with a site (i.e., Overall Care Rating), whether they would recommend the site (Propensity to Recommend), along with seven Dimensions of Care, Quality of Life, and Compassion. After consultation with system partners, Health Quality Alberta added seven additional questions related to care and services ([Appendix II](#)). The purpose of the additional care questions was to assess aspects of care important to the experiences of residents not discussed in the questions that make up the Dimensions of Care, for example, transportation to and from medical appointments. These questions and their response options were constructed with wording consistent with the core instrument. Questions about the resident (Q56-59) were also included.

The Overall Care Rating 0 to 10 scale and Q42: *In the last 3 months, how often did you feel that there were enough nurses and aides at the continuing care home* were taken from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)<sup>5</sup> survey. These questions were used for the purpose of comparison with the other instrument used to measure family experiences in continuing care (such as in Health Quality Alberta's *Facility-based Continuing Care Family Experience Survey Report*).

Each survey question was followed by *Yes* or *No* to help the resident decide on an answer category before deciding on the degree of agreement or disagreement. The survey was designed this way to help accommodate residents with diminished comprehension and/or decision-making capacity (e.g., residents with some degree of cognitive impairment). Once a resident chose either *Yes* or *No*, the interviewer followed with:

*Would that be yes, always, or yes, sometimes?*

*Would that be no, hardly ever, or no, never?*

Similarly, the instructions for the paper version of the survey encouraged residents to think of the questions in this way where each question was immediately followed by *Yes* or *No*?

Most of the questions in the *Facility-based Continuing Care Resident Experience Survey* have the following response options:

- Yes, always
- Yes, sometimes
- No, hardly ever
- No, never
- Don't know/Not applicable

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<sup>5</sup> For more details on CAHPS please refer to: <https://cahps.ahrq.gov/>

## Survey sampling design and recruitment

The survey was conducted as a census of all eligible residents. Given the small size of facility-based continuing care sites, random sampling techniques were not required and would have added little value at the expense of increased complexity for a few larger sites where random selection might have been justified.

### Site recruitment and inclusion criteria

Personal care homes (SL1); group or family care homes or lodges (SL2); and special care homes (including mental health support homes) were excluded from participation as were sites that have been in operation for less than one year, and sites where English was not the first language of most or all residents at the site.

To meet time and budget constraints, criteria were applied at the site-level to limit the number of in-person interviews conducted across the province. Specifically, sites were divided into non-remote and remote sites, the latter of which were defined as greater than 220 kilometres away from a major urban centre including: Calgary, Edmonton, Red Deer, Grande Prairie, or Lethbridge. Sites deemed geographically remote were sent self-administered paper surveys by mail. The survey team visited all other sites where an in-person interview was administered, or a paper survey was delivered to residents for self-administration. The only exception was in cases where there was an active COVID-19 outbreak at the site which did not resolve by the end of data collection.

All eligible sites were contacted via email before survey rollout and were asked to identify a site-based staff member who could act as the designated site liaison for the survey. Site liaisons were provided with specific written instructions about the following survey processes: disseminate Health Quality Alberta's survey communication materials (survey information letters and fact sheets to staff, residents, and families, as well as posters to be placed in visible common areas around the site); verify resident and family information; and code residents with respect to eligibility for participation and survey type.

### Survey administrator recruitment and training

Survey administrators were hired for each major urban centre, which included Calgary, Edmonton, Red Deer, Grande Prairie, and Lethbridge. To accommodate the number of sites located around each urban centre, the plan was to hire four interviewers who were based out of Calgary, two in Red Deer, two in Lethbridge, two in Grande Prairie, and four in Edmonton. However, despite a lengthy recruitment effort for interviewers, no qualified candidates were available in Red Deer and Grande Prairie. Therefore, we were unable to conduct in-person site visits for those two areas. Instead, other strategies were used to overcome this including mobilizing existing survey interviewers to visit sites where feasible (e.g., Calgary staff to visit Central and South Zone sites), increasing mail surveys, and conducting surveys on the phone.

All interviewers underwent security clearance and an extensive five-day training before the survey roll-out. These training sessions included information about the project, Health Quality Alberta's role and mandate, characteristics of the population under study, relevant Alberta legislation (such as the *Protection for Persons in Care Act* and information and privacy legislation), and ethical principles in research with vulnerable populations. In addition, these sessions covered the survey instrument,

survey process and documentation, handling of confidential data, and appropriate ways to communicate and interact with residents who may be living with cognitive impairments or dementia through an education module provided by AHS Seniors Health Education (AHS Cares). Training also involved on-site supervised interviewing at a continuing care site. Survey administrators met with the site liaison and were given a tour of the site. With supervision, survey administrators: (1) navigated a site and located residents, (2) approached residents for an interview, (3) conducted an interview and/or distributed a self-administered paper survey, and (4) dealt with refusals.

Throughout the survey data collection period, weekly conference calls were held where survey administrators could share their experiences for shared learning and to address any concerns. Any deviations from protocol were course corrected and any potential improvements were conveyed to the interviewer.

### **Site visit protocol**

Site visits took place from July to October 2022 and generally ranged from two to three days depending on the size of the site and the number of interviewers. During each initial visit, survey administrators located the site liaison and re-validated the resident list noting resident absences or any other changes. Survey administrators then located each resident to conduct either an interview (i.e., in-person survey) or deliver a paper survey following the survey eligibility protocol. If a resident was not located, survey administrators asked staff to help locate that resident and made at least five attempts to locate them.

### **General mailing protocol and protocol for residents with enacted personal directives**

Site staff indicated which residents had an enacted personal directive. Health Quality Alberta sent a survey package to the residents' agent requesting that, upon consent from the agent, the survey package be delivered to the resident to complete. Paper surveys delivered directly to the resident's designated agent used the following three-stage mailing protocol to ensure maximum participation rates:

- initial mailing of questionnaire packages
- postcard reminders to all non-respondents
- mailing of questionnaire package with modified cover letter to all non-respondents

### **Resident inclusion/exclusion criteria**

Eligible respondents were identified with assistance from site liaisons. Health Quality Alberta implemented a comprehensive method of screening residents for participation. Overall, there were two goals in determining resident inclusion/exclusion criteria:

1. To select residents capable of participating (e.g., not limited by cognitive ability, illness or other physical disabilities that would cause a burden to the resident).
2. To select the appropriate survey type for residents eligible to take part in a survey either through a self-administered paper survey or an in-person interview.<sup>6</sup>

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<sup>6</sup> Priority was given to the self-administered paper survey to control costs.

The full dataset obtained from AHS contained 27,510 residents. First, the following residents were excluded:

- Residents in Designated Supportive Living Level 4 Dementia (DSL4-D).
- Residents in non-English speaking sites.
- Residents with a cognitive performance scale (CPS) score of 5 or 6 (severe to very severe cognitive impairment).

Next, site liaisons were tasked with updating their site's resident list to exclude residents who met the following criteria:

- Residents who subsequently moved to another level of care, were discharged, or were deceased.
- From the site liaison's perspective, residents who had moderate to severe cognitive impairment with whom it would be difficult to communicate with and obtain verbal consent.
- From the site liaison's perspective, residents who had a language barrier and with whom it would be difficult to communicate with and obtain verbal consent.
- Legally blind and hard of hearing.
- From the site liaison's perspective, residents who may pose a risk to the survey administrator.
- Residents who had been at the site for one month or less or were a transitional resident.

In total, 18,859 residents were excluded, and 8,651 residents were considered eligible for the survey. Among eligible residents, residents were pre-assigned to either a self-administered paper survey or an in-person interview based on CPS and vision scores which was further refined by feedback from site staff. To accommodate resident preferences, the survey administrators provided the option of choosing either an in-person interview or a paper survey on-site. In addition, residents who refused to participate were offered the alternate method to which they were assigned. For more details on survey type pre-assignment, see the table below.

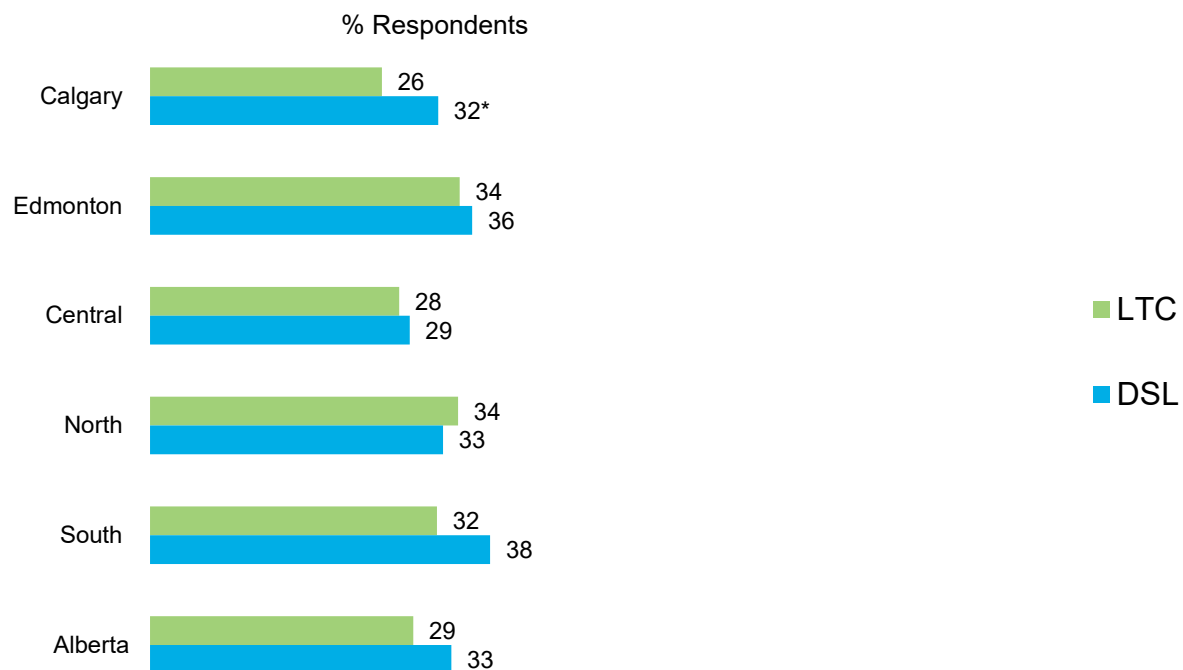
| Paper survey criteria  | Interview criteria  |
|--|---|
| <ul style="list-style-type: none"> <li>▪ All eligible residents at sites that are within Red Deer and Grande Prairie city limits as well as surrounding areas.</li> <li>▪ All eligible residents in small sites (&lt;20 spaces) that are outside of the city limits of Calgary, Edmonton, or Lethbridge.</li> <li>▪ Cognitively well residents (CPS score of 0 or 1) with good vision (vision score of 0 to 2).</li> </ul> | <ul style="list-style-type: none"> <li>▪ A CPS score of 2, 3 or 4 (moderate to moderate-severe impairment).</li> <li>▪ Residents with CPS of 0 or 1 (intact to borderline intact cognition) and a vision assessment score of 3 to 4 (highly to severely impaired) or no vision assessment.</li> </ul> |

## Response rates

To reduce the potential for “non-response bias”, it is desirable to achieve a high response rate.

Of the 27,510 residents in the facility-based continuing care database, 8,651 (31 per cent) were deemed eligible to participate after all exclusion criteria were applied. A total of 2,683 residents returned a survey or completed an in-person interview and were considered *respondents* (31 per cent). The main mode of participation was through in-person interviews (N = 1,278), which constituted 48 per cent of all completed survey responses.

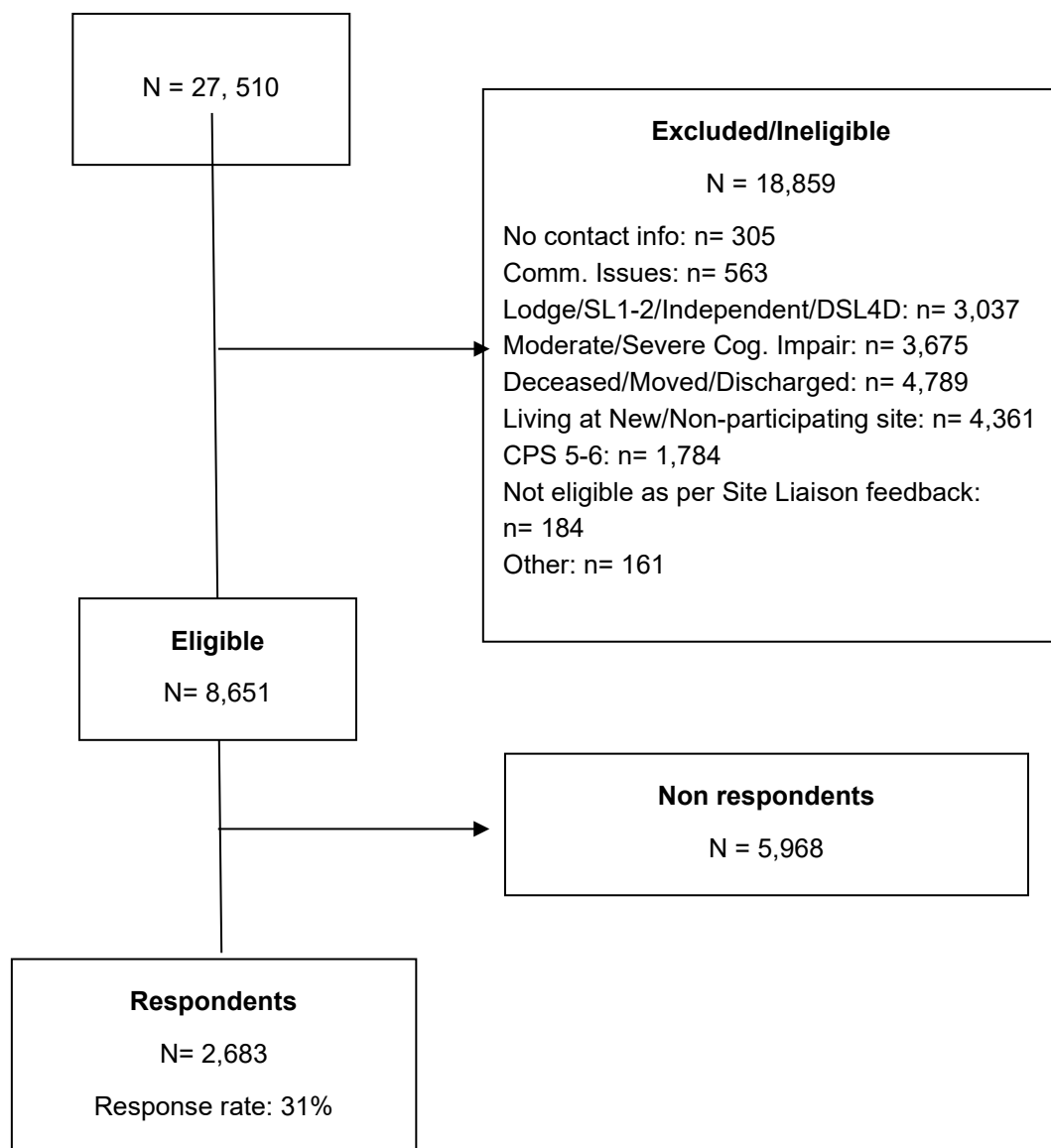
**Figure 3:** Response rates by level of care AHS Zone<sup>7</sup>



**Note:** An asterisk beside the result (\*) represents a statistically significant difference between the LTC and DSL results.

<sup>7</sup> Note: When results refer to AHS Zone comparisons, these results refer to zones in which the site in reference is located and the resident resides.

**Figure 4:** Study flow chart



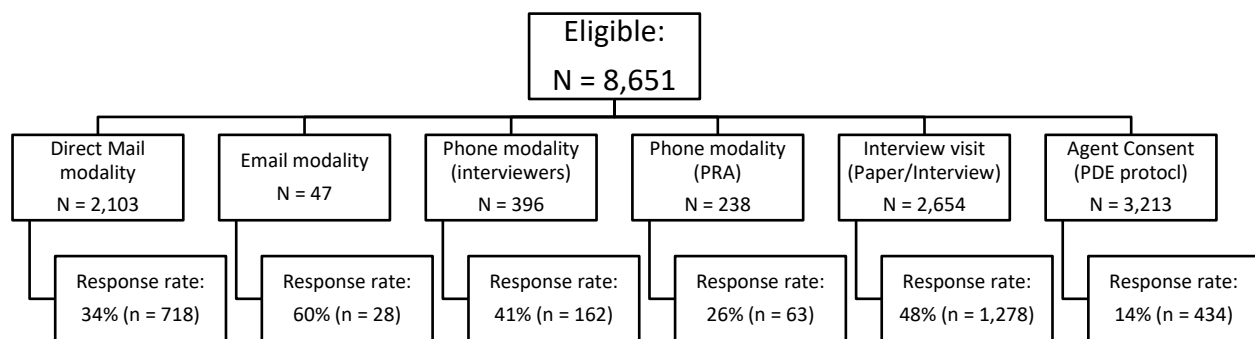
**Notes:** \* Other includes site liaison excluded resident from participation; no other reason provided. Moderate to severe cognitive impairment as judged by site liaison defined as an inability to communicate with the resident and obtaining verbal consent unlikely.

## Modality analysis

The survey type (paper or in-person interview) may affect survey results. This is particularly true for this survey work because the designation of survey type was conditional on characteristics that may have influenced the results, such as CPS. The addition of a phone and email modality along with the increases to the paper modality to account for Health Quality Alberta staff shortages necessitates this analysis.

When results were compared across survey modalities, on average there were no significant differences across survey type. In other words, the method in which the survey was completed did not impact the survey data.

**Figure 5:** Modality break down





## ZONE COMPARISON

AHS is organized into five geographic zones (i.e., South, Calgary, Central, Edmonton, and North), with each site located in one of these zones. Survey results on the FOCUS on Healthcare website are organized using zone as a comparator group.



## **APPENDICES**

## APPENDIX I: FAMILY EXPERIENCE SURVEY TOOL (PAPER VERSION)



### THE RESIDENT

1. Who is the person named on the cover letter?

- ☐ 1 My Spouse/Partner
- ☐ 2 My Parent
- ☐ 3 My Mother-in-law / Father-in-law
- ☐ 4 My Grandparent
- ☐ 5 My Aunt / Uncle
- ☐ 6 My Sister / Brother
- ☐ 7 My Child
- ☐ 8 My Friend
- ☐ 9 Other (specify) \_\_\_\_\_

For this survey, the phrase "family member" refers to the person named in the cover letter and "continuing care home" refers to the site listed on the cover letter.

2. Is your family member now living at the continuing care home listed on the cover letter?

- ☐ 1 Yes → if **Yes**, go to question 4
- ☐ 2 No

3. Was your family member discharged from this continuing care home, moved to another continuing care home or are they deceased?

|  |  |
|--|--|
| <input type="checkbox"/> 1 Discharged                            | If your family member was discharged or moved to another continuing care home please stop and return this survey in the postage-paid envelope.   |
| <input type="checkbox"/> 2 Moved to another continuing care home |  |
| <input type="checkbox"/> 3 Deceased                              | If your family member is deceased, we understand that you may not want to fill out a survey at this time. Please check the box indicating that your family member is deceased and return the survey in the enclosed envelope. If you would like to do the rest of the survey, we would be very grateful for your feedback. Please answer the questions about your family member's <b>last three months</b> at the continuing care home. Thank you for your help. |

4. In the last 3 months, has your family member ever shared a room with another person at this continuing care home?

- ☐ 1 Yes
- ☐ 2 No

5. In the last 3 months, how often was your family member capable of making decisions about their own daily life, such as when to get up, what clothes to wear, and which activities to do?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

### YOUR VISITS

Please answer the following questions for only yourself. Do not include the experiences of other family members.

6. In the last 3 months, about how many times did you visit your family member **in-person** at the continuing care home?

- ☐ 1 0 - 1 times in the last 3 months → go to question 59 on page 8
- ☐ 2 2 - 5 times in the last 3 months
- ☐ 3 6 - 10 times in the last 3 months
- ☐ 4 11 - 20 times in the last 3 months
- ☐ 5 More than 20 times in the last 3 months

7. In the last 3 months, during any of your visits, did you try to find a nurse or aide for any reason?

- ☐ 1 Yes
- ☐ 2 No → if No, go to question 9

8. In the last 3 months, how often were you able to find a nurse or aide when you wanted one?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

9. In the last 3 months, how often did you see the nurses and aides treat your family member with courtesy and respect?

- ☐ 1 Never  
☐ 2 Sometimes  
☐ 3 Usually  
☐ 4 Always

10. In the last 3 months, how often did you see the nurses and aides treat your family member with kindness?

- ☐ 1 Never  
☐ 2 Sometimes  
☐ 3 Usually  
☐ 4 Always

11. In the last 3 months, how often did you feel that the nurses and aides really cared about your family member?

- ☐ 1 Never  
☐ 2 Sometimes  
☐ 3 Usually  
☐ 4 Always

12. In the last 3 months, did you ever see any nurses or aides be rude to your family member or any other resident?

- ☐ 1 Yes  
☐ 2 No

13. In the last 3 months, during any of your visits, did you help your family member with eating?

- ☐ 1 Yes  
☐ 2 No → if No, go to question 15

14. Did you help your family member with eating because the nurses or aides either didn't help or made them wait too long?

- ☐ 1 Yes  
☐ 2 No

15. In the last 3 months, during any of your visits, did you help your family member with drinking?

- ☐ 1 Yes  
☐ 2 No → if No, go to question 17

16. Did you help your family member with drinking because the nurses or aides either didn't help or made them wait too long?

- ☐ 1 Yes  
☐ 2 No

17. "Help toileting" means helping someone get on and off the toilet, or helping to change disposable briefs or pads. In the last 3 months, during any of your visits to the continuing care home, did you help your family member with toileting?

- ☐ 1 Yes  
☐ 2 No → if No, go to question 19

18. Did you help your family member with toileting because the nurses or aides either didn't help or made them wait too long?

- ☐ 1 Yes  
☐ 2 No

19. In the last 3 months, how often did your family member look and smell clean?

- ☐ 1 Never  
☐ 2 Sometimes  
☐ 3 Usually  
☐ 4 Always

**20. Sometimes residents make it hard for nurses and aides to provide care by doing things like yelling, pushing or hitting.**

**In the last 3 months, did you see any resident, including your family member, behave in a way that made it hard for nurses or aides to provide care?**

- 1 ☐ Yes  
 2 ☐ No → if No, go to question 22

**21. In the last 3 months, how often did the nurses and aides handle this situation in a way that you felt was appropriate?**

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always

#### YOUR EXPERIENCE WITH NURSES AND AIDES

**22. In the last 3 months, how often did the nurses and aides treat you with courtesy and respect?**

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always

**23. In the last 3 months, did you want to get information about your family member from a nurse or an aide?**

- 1 ☐ Yes  
 2 ☐ No → if No, go to question 25

**24. In the last 3 months, how often did you get this information as soon as you wanted?**

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always

**25. In the last 3 months, how often did the nurses and aides explain things in a way that was easy for you to understand?**

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always

**26. In the last 3 months, did the nurses and aides ever try to discourage you from asking questions about your family member?**

- 1 ☐ Yes  
 2 ☐ No

**27. In the last 3 months, how often was your family member cared for by the same team of staff?**

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always

**28. In the last 3 months, how often did you feel confident that employees knew how to do their jobs?**

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always

#### THE CONTINUING CARE HOME

**29. In the last 3 months, how often did your family member's room look and smell clean?**

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always

**30. In the last 3 months, how often were you able to find places to talk to your family member in private?**

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always

**31. In the last 3 months, how often did the public areas of the continuing care home look and smell clean?**

- ☐ 1 Never  
☐ 2 Sometimes  
☐ 3 Usually  
☐ 4 Always

**32. In the last 3 months, did you ever see the nurses and aides fail to protect any resident's privacy while the resident was dressing, showering, bathing, or in a public area?**

- ☐ 1 Yes  
☐ 2 No

**33. Personal medical belongings are things like hearing aids, eye-glasses, and dentures. In the last 3 months, how often were your family member's personal medical belongings damaged or lost?**

- ☐ 1 Never  
☐ 2 Once  
☐ 3 Two or more times

**34. In the last 3 months, did your family member use the continuing care home's laundry services for their clothes?**

- ☐ 1 Yes  
☐ 2 No → if No, go to question 36

**35. In the last 3 months, when your family member used the laundry service, how often were clothes damaged or lost?**

- ☐ 1 Never  
☐ 2 Once or twice  
☐ 3 Three times or more

**36. At any time in the last 3 months, were you ever unhappy with the care your family member received at the continuing care home?**

- ☐ 1 Yes  
☐ 2 No → if No, go to question 40

**37. In the last 3 months, did you talk to any of the continuing care home's staff about this concern?**

- ☐ 1 Yes  
☐ 2 No → if No, go to question 39

**38. In the last 3 months, how often were you satisfied with the way the continuing care home's staff handled these problems?**

- ☐ 1 Never  
☐ 2 Sometimes  
☐ 3 Usually  
☐ 4 Always

**39. In the last 3 months, did you ever stop yourself from talking to any of the continuing care home's staff about your concerns because you thought they would take it out on your family member?**

- ☐ 1 Yes  
☐ 2 No

#### **CARE OF YOUR FAMILY MEMBER**

**40. In the last 3 months, have you been involved in decisions about your family member's care?**

- ☐ 1 Yes  
☐ 2 No → if No, go to question 42

**41. In the last 3 months, how often were you involved as much as you wanted to be in the decisions about your family member's care?**

- ☐ 1 Never  
☐ 2 Sometimes  
☐ 3 Usually  
☐ 4 Always

**42. A care conference is a formal meeting about care planning and health progress between a care team and a resident and their family.**

**In the last 12 months, have you been part of a care conference, either in person or by phone?**

- 1 ☐ Yes → if **Yes**, go to question 44  
 2 ☐ No

**43. Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone?**

- 1 ☐ Yes  
 2 ☐ No

#### OVERALL RATINGS

**44. Using any number from 0 to 10 where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate the care at the continuing care home?**

- 0 ☐ 0 Worst Care Possible  
 1 ☐ 1  
 2 ☐ 2  
 3 ☐ 3  
 4 ☐ 4  
 5 ☐ 5  
 6 ☐ 6  
 7 ☐ 7  
 8 ☐ 8  
 9 ☐ 9  
 10 ☐ 10 Best Care Possible

**45. If someone needed facility-based care, would you recommend this continuing care home to them?**

- 1 ☐ Definitely no  
 2 ☐ Probably no  
 3 ☐ Probably yes  
 4 ☐ Definitely yes

**46. In the last 3 months, how often did you feel that there were enough nurses and aides in the continuing care home?**

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always

#### OTHER ISSUES

**Please remember the questions in this survey are about your experiences. Do not include the experiences of other family members.**

**47. In the last 3 months, how often did you feel like your family member was safe at the continuing care home?**

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always

**48. In the last 3 months, did you help with the care of your family member when you visited because the nurses and aides either didn't help or made them wait too long?**

- 1 ☐ Yes  
 2 ☐ No

**49. Do you feel that the continuing care home staff expect you to help with the care of your family member when you visit?**

- 1 ☐ Yes  
 2 ☐ No

50. Using any number from 0 to 10 where 0 is the worst food possible and 10 is the best food possible, what number would you use to rate the food at the continuing care home?

- ☐ 0 Worst Food Possible  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10 Best Food Possible

51. In the last 3 months, how often did your family member receive all of the healthcare services and treatments they needed?

- ☐ 1 Never  
☐ 2 Sometimes  
☐ 3 Usually  
☐ 4 Always

52. In the last 3 months, how often did you have concerns about your family member's medication?

- ☐ 1 Never → if **Never**, go to question 55  
☐ 2 Sometimes  
☐ 3 Usually  
☐ 4 Always

53. Did you talk with any of the continuing care home staff about these medication concerns?

- ☐ 1 Yes  
☐ 2 No → if **No**, go to question 55

54. In the last 3 months, how often were your concerns about your family member's medication resolved?

- ☐ 1 Never  
☐ 2 Sometimes  
☐ 3 Usually  
☐ 4 Always

55. In the last 3 months, did you ask the continuing care home's staff for information about payments or expenses?

- ☐ 1 Yes  
☐ 2 No → if **No**, go to question 57

56. In the last 3 months, how often did you get all the information you wanted about payments or expenses?

- ☐ 1 Never  
☐ 2 Sometimes  
☐ 3 Usually  
☐ 4 Always

57. A Resident and Family Council is a group of residents or family from the same continuing care home that meets on a regular basis to improve the quality of life of residents and to identify and address concerns.

Do you feel that participating in the Resident and Family Council helped you feel heard about the things that matter to you?

- ☐ 1 No, never  
☐ 2 No, hardly ever  
☐ 3 Yes, sometimes  
☐ 4 Yes, always  
☐ 5 I don't know  
☐ 6 I did not participate  
☐ 7 No Resident and Family Council

58. In the last 3 months, how often were the people in charge available to talk with you? (Such as managers, supervisors, administration)

- ☐ 1 Never  
☐ 2 Sometimes  
☐ 3 Usually  
☐ 4 Always  
☐ 5 I did not need this



## YOU AND YOUR ROLE

As a reminder, you do not need to respond to any questions you prefer not to answer.

### 59. What is your age?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

### 60. Which of the following best describes your gender identity?

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ Transgender
- ☐ I prefer to self-describe:

### 61. What is the highest grade or level of school that you have completed?

- ☐ Grade school or some high school
- ☐ Completed high school
- ☐ Post-secondary technical school
- ☐ Some university or college
- ☐ Completed college diploma
- ☐ Completed university degree
- ☐ Postgrad degree (Master's or Ph.D.)

### 62. What language do you mainly speak at home?

- ☐ English
- ☐ French
- ☐ Other

### 63. Considering all of the people who visit your family member in the continuing care home, are you the person who has the most experience with their care?

- ☐ Yes
- ☐ No
- ☐ Don't know

### 64. Do you have any suggestions how care and services at this continuing care home could be improved? If so, please explain.

Feel free to use the back page or attach an extra page if necessary.

***Thank you for completing this survey.  
Your opinions are important to us.***

***Please return the completed survey  
in the postage-paid envelope.***

## APPENDIX II: RESIDENT EXPERIENCE SURVEY TOOL (PAPER VERSION)



### ACTIVITIES

*Please think about the activities the continuing care home offers to entertain you or keep you involved.*

1. Are you satisfied with the activities offered here? Yes or No?

☐ Yes, always ☐ Don't know  
☐ Yes, sometimes ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

### CHOICE

*Please think about the choices you have here.*

2. Can you go to bed when you like? Yes or No?

☐ Yes, always ☐ Don't know  
☐ Yes, sometimes ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

3. Do the employees leave you alone if you don't want to do anything? Yes or No?

☐ Yes, always ☐ Don't know  
☐ Yes, sometimes ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

4. Do the people who work here encourage you to do the things you are able to do yourself? Yes or No?

☐ Yes, always ☐ Don't know  
☐ Yes, sometimes ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

### Facility-based Continuing Care Resident Experience Survey

FACILITY ID:

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

PARTICIPANT ID:

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

5. Are you free to come and go as you are able? Yes or No?

☐ Yes, always ☐ Don't know  
☐ Yes, sometimes ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

6. Are the rules here reasonable? Yes or no? (Rules such as safety policies, dining room policies, curfew)

☐ Yes, always ☐ Don't know  
☐ Yes, sometimes ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

7. Can you choose what clothes to wear? Yes or No?

☐ Yes, always ☐ Don't know  
☐ Yes, sometimes ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

### CARE & SERVICES

*Please think about the care and services that you get here. By care we mean things employees do for you or to help you.*

8. Can you get snacks and drinks whenever you want them? Yes or No?

☐ Yes, always ☐ Don't know  
☐ Yes, sometimes ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

## **CARE & SERVICES** *cont'd*

9. Do you get your medications on time?  
Yes or No? (Do you get your medications in a timely manner?)
- <sup>1</sup>☐ Yes, always      <sup>8</sup>☐ Don't know  
<sup>2</sup>☐ Yes, sometimes      <sup>7</sup>☐ Not applicable  
<sup>3</sup>☐ No, hardly ever  
<sup>4</sup>☐ No, never
10. Do employees explain your care and services to you? Yes or No? (By care we mean the things employees do for you or to help you)
- <sup>1</sup>☐ Yes, always      <sup>8</sup>☐ Don't know  
<sup>2</sup>☐ Yes, sometimes      <sup>7</sup>☐ Not applicable  
<sup>3</sup>☐ No, hardly ever  
<sup>4</sup>☐ No, never
11. Do the employees who take care of you know what you like and you don't like? Yes or No?
- <sup>1</sup>☐ Yes, always      <sup>8</sup>☐ Don't know  
<sup>2</sup>☐ Yes, sometimes      <sup>7</sup>☐ Not applicable  
<sup>3</sup>☐ No, hardly ever  
<sup>4</sup>☐ No, never

## **EMPLOYEE RESPONSIVENESS**

*Please think about the availability of employees who work here.*

12. During the week, are the employees available to help you if you need it? Yes or No?
- <sup>1</sup>☐ Yes, always      <sup>8</sup>☐ Don't know  
<sup>2</sup>☐ Yes, sometimes      <sup>7</sup>☐ Not applicable  
<sup>3</sup>☐ No, hardly ever  
<sup>4</sup>☐ No, never
13. During the weekend, are the employees available to help you if you need it? Yes or No?
- <sup>1</sup>☐ Yes, always      <sup>8</sup>☐ Don't know  
<sup>2</sup>☐ Yes, sometimes      <sup>7</sup>☐ Not applicable  
<sup>3</sup>☐ No, hardly ever  
<sup>4</sup>☐ No, never
14. During the evening and night, are the employees available to help you if you need it? Yes or No?
- <sup>1</sup>☐ Yes, always      <sup>8</sup>☐ Don't know  
<sup>2</sup>☐ Yes, sometimes      <sup>7</sup>☐ Not applicable  
<sup>3</sup>☐ No, hardly ever  
<sup>4</sup>☐ No, never
15. Do you feel confident that employees know how to do their jobs? Yes or No?
- <sup>1</sup>☐ Yes, always      <sup>8</sup>☐ Don't know  
<sup>2</sup>☐ Yes, sometimes      <sup>7</sup>☐ Not applicable  
<sup>3</sup>☐ No, hardly ever  
<sup>4</sup>☐ No, never

## COMMUNICATIONS

*Please think about the communication between you and management here.*

16. Are the people in charge available to talk with you? Yes or No? (Such as managers, supervisors, administration)

☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

17. Do the people in charge treat you with respect? Yes or No? (Such as managers, supervisors, administration)

☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

18. Would you feel comfortable speaking to the people in charge about a problem? Yes or No? (A problem with the care and services that you receive here)

☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

19. Do you know who to go to here when you have a problem? Yes or No? (A problem with the care and services that you receive here)

☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

## COMMUNICATIONS cont'd

20. Do your problems get taken care of here? Yes or No? (Are your problems addressed?)

☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

## MEALS & DINING

*Please think about the food and mealtimes here.*

21. Do you get enough to eat? Yes or No?

☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

22. Is the food here tasty? Yes or No?

☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

23. Can you get the foods you like? Yes or No?

☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

## MEALS & DINING cont'd

24. Is your food served at the right temperature? Yes or No? (Cold foods cold, hot foods hot)
- ☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never
25. Do you like the way that your meals are served here? Yes or No?
- ☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never
26. Does the food here meet your dietary needs? Yes or No?
- ☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never

## FACILITY ENVIRONMENT

*Please think about the building.*

27. Do you like the location of this place? Yes or No?
- ☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never
28. Are the outside walkways and grounds well taken care of? Yes or No?
- ☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never
29. Does this place look attractive to you? Yes or No? (Overall look).
- ☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never
30. Is this place clean enough? Yes or No? (Overall cleanliness)
- ☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never
31. Is this place quiet when it should be? Yes or No?
- ☐ Yes, always      ☐ Don't know  
☐ Yes, sometimes      ☐ Not applicable  
☐ No, hardly ever  
☐ No, never



## RESIDENT ENVIRONMENT

*Please think about your room.*

32. Do you have enough privacy in your room or apartment? Yes or No?
- 1 ☐ Yes, always      8 ☐ Don't know  
2 ☐ Yes, sometimes      7 ☐ Not applicable  
3 ☐ No, hardly ever  
4 ☐ No, never
33. Are you satisfied with your room or apartment? Yes or No?
- 1 ☐ Yes, always      8 ☐ Don't know  
2 ☐ Yes, sometimes      7 ☐ Not applicable  
3 ☐ No, hardly ever  
4 ☐ No, never
34. Do you feel safe here? Yes or No?
- 1 ☐ Yes, always      8 ☐ Don't know  
2 ☐ Yes, sometimes      7 ☐ Not applicable  
3 ☐ No, hardly ever  
4 ☐ No, never
35. Are your belongings safe here? Yes or No? (Belongings are things that belong to you, your property)
- 1 ☐ Yes, always      8 ☐ Don't know  
2 ☐ Yes, sometimes      7 ☐ Not applicable  
3 ☐ No, hardly ever  
4 ☐ No, never
36. Do you think this is a pleasant place for people to visit? Yes or No?
- 1 ☐ Yes, always      8 ☐ Don't know  
2 ☐ Yes, sometimes      7 ☐ Not applicable  
3 ☐ No, hardly ever  
4 ☐ No, never

## RESIDENT ENVIRONMENT cont'd...

*Please think about your room.*

37. Is the room temperature comfortable for you? Yes or No?
- 1 ☐ Yes, always      8 ☐ Don't know  
2 ☐ Yes, sometimes      7 ☐ Not applicable  
3 ☐ No, hardly ever  
4 ☐ No, never

## OVERALL SATISFACTION

*Please think about the continuing care home in general.*

38. Would you recommend this place to a family member or friend? Yes or No?
- 1 ☐ Yes, always      8 ☐ Don't know  
2 ☐ Yes, sometimes      7 ☐ Not applicable  
3 ☐ No, hardly ever  
4 ☐ No, never
39. Using any number from 0-10, where 0 is the worst and 10 is the best...

Overall, what number would you use to rate your home?

| WORST                 |                       |                       |                       |                       | BEST                  |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9 10                  |

## ADDITIONAL CARE QUESTIONS

*The next questions are about your care here.*

40. Can you see a doctor if you need to?  
Yes or No? (Your doctor or a site doctor)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Yes, always     | <input type="checkbox"/> 8 Don't know     |
| <input type="checkbox"/> 2 Yes, sometimes  | <input type="checkbox"/> 7 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever |   |
| <input type="checkbox"/> 4 No, never       |   |

41. Are you able to get transportation to or from medical appointments? Yes or No? (Medical appointments include seeing a doctor, a dentist, a therapist or someone else who takes care of your health)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Yes, always     | <input type="checkbox"/> 8 Don't know     |
| <input type="checkbox"/> 2 Yes, sometimes  | <input type="checkbox"/> 7 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever |   |
| <input type="checkbox"/> 4 No, never       |   |

42. In the last 3 months, how often did you feel that there were enough nurses and aides at the continuing care home?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> 1 Always    | <input type="checkbox"/> 8 Don't know     |
| <input type="checkbox"/> 2 Usually   | <input type="checkbox"/> 7 Not applicable |
| <input type="checkbox"/> 3 Sometimes |   |
| <input type="checkbox"/> 4 Never     |   |

### Facility-based Continuing Care Resident Experience Survey

43. Do you get your mental health and emotional needs met? Yes or No?

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Yes, always     | <input type="checkbox"/> 8 Don't know     |
| <input type="checkbox"/> 2 Yes, sometimes  | <input type="checkbox"/> 7 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever |   |
| <input type="checkbox"/> 4 No, never       |   |

44. Do you get your healthcare needs met? Yes or No? (For example, access to a doctor, physical therapists, occupational therapists, etc.)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Yes, always     | <input type="checkbox"/> 8 Don't know     |
| <input type="checkbox"/> 2 Yes, sometimes  | <input type="checkbox"/> 7 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever |   |
| <input type="checkbox"/> 4 No, never       |   |

45. Are you involved in making decisions about your care? Yes or No? (Such as planning your daily activities, choosing medical treatments or medication schedule)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Yes, always     | <input type="checkbox"/> 8 Don't know     |
| <input type="checkbox"/> 2 Yes, sometimes  | <input type="checkbox"/> 7 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever |   |
| <input type="checkbox"/> 4 No, never       |   |

46. A Resident and Family Council is a group of residents or family from the same home that meets on a regular basis to improve the quality of life of residents and to identify and address concerns.

Do you feel that participating in the Resident and Family Council helped you feel heard about the things that matter to you?

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Yes, always     | <input type="checkbox"/> 8 Don't know                     |
| <input type="checkbox"/> 2 Yes, sometimes  | <input type="checkbox"/> 7 Did not participate            |
| <input type="checkbox"/> 3 No, hardly ever | <input type="checkbox"/> 0 No Resident/<br>Family Council |
| <input type="checkbox"/> 4 No, never       |   |

## QUALITY OF LIFE

*For all of the following questions, we want you to think about the last week.*

**47. These questions ask about your feelings. In the last week, have you felt.....**

|  | <sup>1</sup> A lot       | <sup>2</sup> Quite a bit | <sup>3</sup> A little    | <sup>4</sup> Not at all  | <sup>8</sup> Don't know  | <sup>7</sup> Not applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| a. cheerful?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| b. worried or anxious?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| c. that you are enjoying life?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| d. frustrated?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| e. confident?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| f. full of energy?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| g. sad?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| h. lonely?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| i. distressed?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| j. lively?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| k. irritable?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| l. fed up?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| m. that there are things that you wanted to do but couldn't? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |

**48. Next, these questions are about your memory. In the last week, how worried have you been about.....**

|  | <sup>1</sup> A lot       | <sup>2</sup> Quite a bit | <sup>3</sup> A little    | <sup>4</sup> Not at all  | <sup>8</sup> Don't know  | <sup>7</sup> Not applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| a. forgetting things that happened recently? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| b. forgetting who people are?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| c. forgetting what day it is?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| d. your thoughts being muddled?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| e. difficulty making decisions?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| f. poor concentration?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |



**49. Now, these questions are about your everyday life. In the last week, how worried have you been about.....**

|   | <sup>1</sup> A lot       | <sup>2</sup> Quite a bit | <sup>3</sup> A little    | <sup>4</sup> Not at all  | <sup>6</sup> Don't know  | <sup>7</sup> Not applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| a. not having enough company?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| b. how you get on with people close to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| c. getting the affection that you want?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| d. people not listening to you?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| e. making yourself understood?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| f. getting help when you need it?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| g. getting to the toilet in time?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| h. how you feel in yourself?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| i. your health overall?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |

**50. We've asked about lots of things: your feelings, memory and everyday life. Thinking about all of these things in the last week, how would you rate.....**

|                               | <sup>1</sup> Very good   | <sup>2</sup> Good        | <sup>3</sup> Fair        | <sup>4</sup> Poor        | <sup>6</sup> Don't know  | <sup>7</sup> Not applicable |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| Your quality of life overall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |

## COMPASSION<sup>1</sup>

For this section, "Healthcare Providers" means everyone involved in your care.  
In thinking about your Healthcare Providers over the past 7 days, please rate the following:

51. I felt that my Healthcare Providers were attentive to me.
- |  |   |
|--|---|
| <input type="checkbox"/> 1 Strongly disagree | <input type="checkbox"/> 5 Strongly agree |
| <input type="checkbox"/> 2 Disagree          | <input type="checkbox"/> 6 Don't know     |
| <input type="checkbox"/> 3 Neutral           | <input type="checkbox"/> 7 Not applicable |
| <input type="checkbox"/> 4 Agree             |   |
52. My Healthcare Providers were very supportive when they talked with me.
- |  |   |
|--|---|
| <input type="checkbox"/> 1 Strongly disagree | <input type="checkbox"/> 5 Strongly agree |
| <input type="checkbox"/> 2 Disagree          | <input type="checkbox"/> 6 Don't know     |
| <input type="checkbox"/> 3 Neutral           | <input type="checkbox"/> 7 Not applicable |
| <input type="checkbox"/> 4 Agree             |   |
53. My Healthcare Providers provided care in a gentle manner.
- |  |   |
|--|---|
| <input type="checkbox"/> 1 Strongly disagree | <input type="checkbox"/> 5 Strongly agree |
| <input type="checkbox"/> 2 Disagree          | <input type="checkbox"/> 6 Don't know     |
| <input type="checkbox"/> 3 Neutral           | <input type="checkbox"/> 7 Not applicable |
| <input type="checkbox"/> 4 Agree             |   |
54. My Healthcare Providers saw me as a person and not just as a patient.
- |  |   |
|--|---|
| <input type="checkbox"/> 1 Strongly disagree | <input type="checkbox"/> 5 Strongly agree |
| <input type="checkbox"/> 2 Disagree          | <input type="checkbox"/> 6 Don't know     |
| <input type="checkbox"/> 3 Neutral           | <input type="checkbox"/> 7 Not applicable |
| <input type="checkbox"/> 4 Agree             |   |
55. My Healthcare Providers had a warm presence.
- |  |   |
|--|---|
| <input type="checkbox"/> 1 Strongly disagree | <input type="checkbox"/> 5 Strongly agree |
| <input type="checkbox"/> 2 Disagree          | <input type="checkbox"/> 6 Don't know     |
| <input type="checkbox"/> 3 Neutral           | <input type="checkbox"/> 7 Not applicable |
| <input type="checkbox"/> 4 Agree             |   |

## ABOUT YOU

*This information will only be used to group our results and will not be used to identify you as an individual.*

56. Do you have a roommate?
- |                                |
|--------------------------------|
| <input type="checkbox"/> 1 Yes |
| <input type="checkbox"/> 2 No  |
57. In general, how would you rate your overall health?
- |                                      |
|--------------------------------------|
| <input type="checkbox"/> 1 Excellent |
| <input type="checkbox"/> 2 Very good |
| <input type="checkbox"/> 3 Good      |
| <input type="checkbox"/> 4 Fair      |
| <input type="checkbox"/> 5 Poor      |
58. Did someone help you complete this survey?
- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> 1 Yes |  |
| <input type="checkbox"/> 2 No  | → If No, please return the completed survey in the postage-paid envelope |
59. How did that person help you?  
*Please select all that apply.*
- |  |
|--|
| <input type="checkbox"/> 1 Read the questions to me                  |
| <input type="checkbox"/> 2 Circled the answers I gave                |
| <input type="checkbox"/> 3 Answered the questions for me             |
| <input type="checkbox"/> 4 Translated the questions into my language |
| <input type="checkbox"/> 5 Helped me in another way (how?):          |
| <input type="checkbox"/> 6 _____                                     |
| <input type="checkbox"/> 6 No one helped me complete this survey     |

<sup>1</sup> These questions are from the Sinclair Compassion Questionnaire which is protected by copyright and cannot be reproduced, adapted, published or distributed in whole or in part. To obtain the Sinclair Compassion Questionnaire please email: [compassionresearchlab@gmail.com](mailto:compassionresearchlab@gmail.com) or [ipm@innovatecalgary.com](mailto:ipm@innovatecalgary.com) (Copyright © UTI Limited Partnership, 2019. All rights reserved; permission for commercial use required; [compassionmeasure.com](http://compassionmeasure.com))

*Thank you for completing this survey.  
Your opinions are important to us.*

Please return the completed survey in the postage-paid envelope.

If you feel overwhelmed by discussing your experiences, please use these telephone resources:

- Alberta Mental Health Help Line: 1 (877) 303-2642
- Distress Line (Edmonton and area): (780) 482-4357
- Distress Centre (Calgary and area): (403) 266-4357
- Distress Line of South Western Alberta: (403) 327-7905
- First Nations and Inuit Hope for Wellness Help Line 1 (855) 242-3310
- Rural Distress Line: 1 (800) 232-7288
- 211 can help you find the right community and social services. You can dial 2-1-1 to speak to an Information & Referral Specialist, or search the [online](#) community resource directory, or chat online with them from 12-8 p.m. MT daily.



210, 811 – 14 Street NW  
Calgary, Alberta Canada T2N2A4  
T: 403.297.8162 F: 403.297.8258  
E: [info@hqa.ca](mailto:info@hqa.ca)  
**[hqa.ca](http://hqa.ca)**

Improving Healthcare Together