No Older Adults Left Behind: Why Home-Based Primary Care Is Critical to Integrated Health Systems

Susan Ng, Elizabeth Mui, Andrew LoGiudice and Donya Razavi

APPENDIX 1
Older adult experience survey (following two pages)

SHS SENIORS HOME SUPPORT PROGRAM

SENIORS HOME SUPPORT PROGRAM

Provincial Geriatrics Leadership Ontario

OLDER ADULT EXPERIENCE SURVEY

Thank you for taking time to complete this survey. Your anonymous feedback about your experience as a patient/client with the **Seniors Home Support Program** will help us to improve care and services. Your responses will be kept confidential and will not affect your current or future care.

Check one box:

☐ **I am completing this survey on my own**

☐ **Someone is providing physical assistance to help me complete this survey**

Today's Date

_____

MM - YYYY

	Read the statements below and circle the number to the right that best describes <u>your experience</u> with this program:	**1 = NO definitely not**				**5 = YES definitely**
		☹	☹	😐	☺	☺
1	The time I had to wait for my first appointment was reasonable	1	2	3	4	5
2	Someone was available to talk to me if I needed it	1	2	3	4	5
3	My concerns were addressed	1	2	3	4	5
4	Information was given in a way I could understand	1	2	3	4	5
5	I was treated with respect	1	2	3	4	5
6	I was included in making decisions about my care, as much as I wanted to be	1	2	3	4	5
7	Time was taken to learn about me as a person	1	2	3	4	5
8	I had confidence in the people I saw	1	2	3	4	5
9	I will be able to use the advice I was given	1	2	3	4	5
10	I was referred to other programs/services that I needed	1	2	3	4	5
11	It was clear who would receive information about my care	1	2	3	4	5
12	Someone helped me find the right services for me	1	2	3	4	5
13	My needs have been shared with other professionals caring for me	1	2	3	4	5
14	The Seniors Home Support Program helped me avoid unnecessary visits to the emergency department	1	2	3	4	5
15	I was seen by someone soon enough after hospital discharge (*Skip question if you were only in hospital before this program, or had no hospital visits after being a patient of this program)*	1	2	3	4	5
16	The Seniors Home Support Program met my needs	1	2	3	4	5

PLEASE TURN THE PAGE OVER FOR REMAINING QUESTIONS

17	**Overall, at the Seniors Home Support Program, I have had a:** (0 = Poor experience) 0 1 2 3 4 5 6 7 8 9 10 (10 = Excellent experience)

18	**I would recommend this program to family or friends, if they needed it**	 1 2 3 4 5

19	**What could be improved?**
20	**What worked well?**

Please provide the following information:

My Age:

☐ under 65 ☐ 65-69 ☐ 70-74 ☐ 75-79 ☐ 80-84 ☐ 85-89 ☐ 90-94 ☐ 95+

☐ I prefer not to answer

My Gender:

☐ Woman ☐ Man ☐ Other (please specify):_____

☐ I prefer not to answer

THANK YOU!

Please put the survey into the envelope and seal the envelope.