



Alliance 182

Plate #080

Visit #002

Cohort #

MR centre #

Participant #

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Initials

F M L

Today's date:

year

month

date

I. Access to healthcare services**1. When you are sick or need advice about your health, where do you usually go first? (Choose One)**

- Doctor's office
- Community health centre/CLSC
- Walk-in clinic
- Appointment clinic
- Telephone health line (eg. HealthLinks, Telehealth Ontario, Health-Line)
- Hospital emergency room
- Hospital outpatient clinic
- Pharmacy
- Don't have a usual place for health advice
- Other, specify _____

The next set of questions refers to a primary care provider. This is someone such as a Family doctor, nurse practitioner, or other health care professional, and would generally be the first person you go to when you need routine health care.

2. Do you have a regular primary care provider?

- Yes —————> Go to question 4
- No
- Don't know —————> Go to question 12

3. Why do you not have a primary care provider?

- No primary care providers available in this area —————> Go to question 12
- Primary care providers in the area are not taking new patients —————> Go to question 12
- Have not tried to contact one —————> Go to question 12
- Had a primary care provider who retired —————> Go to question 12
- Other, specify _____ —————> Go to question 12

4. In the past 12 months, have you visited your primary care provider?

- Yes No Don't know



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5. Do you and your primary care provider speak the same language?

 Yes

 No

6. Thinking of your most recent care from your regular primary care provider, how would you rate the quality of the care you received? Would you say it was:

 Excellent

 Fair

 Very good

 Poor

 Good

 Don't know

7. Other than your primary care provider, other doctors and nurses, are there other health care professionals like dietitians and nutritionists working in the same office where you get your regular health care?

 Yes

 No → Go to question 9

 Don't know → Go to question 9

8. Please indicate which health care professionals you have received treatment or advice from in the same office where you get your regular health care. Mark all that apply.

 Nurse practitioner

 Naturopathic/Homeopathic practitioner

 Dietitian or Nutritionist

 Traditional Chinese medicine practitioner

 Physical or Occupational Therapist

 Other, specify _____

 Pharmacist

 None

9. When you go to your primary care provider, how often are you taken care of by the same health care professional(s) who know you?

 Always

 Rarely

 Often

 Never

 Sometimes

 Don't know

10. In the past 12 months, how often did your primary care provider allow you enough time to discuss your feelings, fears and concerns about your health?

 Always

 Rarely

 Often

 Never

 Sometimes

 Don't know



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11. In the past 12 months, how often did your primary care provider explain your test results in a way that you could understand? (such as blood tests, x-rays or cancer screening tests)




- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Often | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Don't know |

12. In the past 12 months, did you ever experience any difficulties getting the routine or ongoing care you needed?

- Yes
- No → Go to question 14
- Don't know → Go to question 14

13. What type of difficulties did you experience getting routine or ongoing care? Mark all that apply.

- Difficulty contacting physician's office/clinic
- Difficulty getting an appointment
- Do not have personal/family physician
- Waited too long - to get an appointment
- Waited too long - to see the doctor (i.e. in-office waiting)
- Service not available - at time required
- Service not available - in the area
- Transportation problem
- Language problem
- Cost
- Did not know where to go (i.e. information problems)
- Unable to leave home because of a health problem
- Other, specify _____

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14. In the past 12 months, did you need a visit to a medical specialist for a diagnosis or consultation?

- Yes
- No —————> Go to question 17
- Don't know —————> Go to question 17

15. In the past 12 months, did you experience any difficulties getting the specialist care you needed for a diagnosis or consultation?

- Yes
- No —————> Go to question 17
- Don't know —————> Go to question 17

16. What types of difficulties did you experience getting specialist care? Mark all that apply.

- Difficulty getting a referral
- Difficulty getting an appointment
- No specialists in the area
- Waited too long between booking appointment and visit
- Waited too long to see the doctor (i.e. in-office waiting)
- Transportation problem
- Language problem
- Cost
- Personal or family responsibilities
- General deterioration of health
- Appointment cancelled or deferred by specialist
- Still waiting for visit
- Unable to leave home because of a health problem
- Other, specify _____

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17. In the past 12 months, did you go to a Hospital Emergency Department for care?

- Yes
- No → Go to question 19
- Don't know → Go to question 19

18. When you last went to a Hospital Emergency Department for care, how long did you wait to be seen by a doctor? Please fill in the number of hours.




- Hours
- Don't know

19. Last time you were sick, how quickly could you get to see a doctor or nurse? Please do not include a visit to the hospital emergency room. (Choose one)

- | | |
|--|--|
| <input type="checkbox"/> On the same day | <input type="checkbox"/> In 6 to 7 days |
| <input type="checkbox"/> The next day | <input type="checkbox"/> After more than one week |
| <input type="checkbox"/> In 2 to 3 days | <input type="checkbox"/> Never able to get an appointment/consultation |
| <input type="checkbox"/> In 4 to 5 days | <input type="checkbox"/> Don't know |

20. Have you ever attended any of the following types of specialized health care clinics? Mark all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Cardiac Rehab Clinic | <input type="checkbox"/> Heart Failure Clinic |
| <input type="checkbox"/> Stroke Prevention Clinic | <input type="checkbox"/> Kidney Clinic |
| <input type="checkbox"/> Stroke Rehab Clinic | <input type="checkbox"/> Smoking Cessation Clinic |
| <input type="checkbox"/> Diabetes Clinic | <input type="checkbox"/> Weight Loss Clinic |
| <input type="checkbox"/> Hypertension Clinic | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Lipid Clinic | <input type="checkbox"/> Have not visited any specialized health clinics |
| <input type="checkbox"/> Anticoagulation Clinic | |

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**21. Have you ever visited any of the following alternative medicine practitioners?
Mark all that apply.**

- Chiropractor
- Herbalist
- Acupuncturist
- Naturopathic/Homeopathic Practitioner
- Traditional Chinese Medicine Practitioner
- Other, specify _____
- Have not visited any alternative medicine practitioners

II. Risk Factors

A. Lifestyle Recommendations

22. In the past 12 months, what lifestyle changes did your health care professional recommend to you to improve your health? Mark all that apply.

- Increase physical activity (e.g. exercise, sports)
- Lose weight
- Change diet/ eating habits
- Reduce salt intake
- Reduce alcohol intake
- Reduce stress level
- Take non-prescription medications or dietary supplements
- Quit smoking
- Other, specify _____
- No lifestyle changes were recommended

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26. During the past 12 months, what smoking cessation aids did you use? Mark all that apply.

- Nicotine patch or gum —————▶ Go to question 28
- Medication such as Zyban, Wellbutrin, Champix, or other —————▶ Go to question 28
- Other, specify _____ —————▶ Go to question 28
- Did not use a smoking cessation aid

27. Why did you not use smoking cessation aids?

- Not trying to quit smoking
- Smoking cessation aids were not offered or recommended by health care professional
- Did not know where to obtain/purchase
- Cost
- Other, specify _____
- Did not feel aids were necessary, helpful or worked in the past

28. During the past 12 months, did you quit smoking completely or reduce your smoking frequency?

- Quit smoking completely
- Reduced frequency of smoking
- Continue to smoke at same frequency
- Did not attempt to quit

C. Body Weight

29. Do you consider yourself:

- Overweight
- Underweight
- Just about right
- Don't know

30. During the past 12 months, did a health care professional weigh you?

- Yes No Don't know

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31. During the past 12 months, did a health care professional measure your waist circumference?

- Yes No Don't know

32. During the past 12 months, did a health care professional discuss with you any risks that your weight might pose to your health?

- Yes No Don't know

D. Diet

33. During the past 12 months, did a health care professional ask you about your food intake or eating habits?

- Yes
- No —————> Go to question 35
- Don't know —————> Go to question 35

34. During the past 12 months, what modifications to your food intake or eating habits were recommended to you by a health care professional? Mark all that apply.

- Increase fruit and vegetable intake
- Increase fibre intake
- Increase fish intake
- Reduce fat or calorie intake
- Reduce sodium (salt) intake
- Reduce red meat intake
- Reduce sugary beverages (e.g. pop, soda)/ sweets
- Reduce fatty/fried food intake
- Reduce alcohol intake
- Take supplements (e.g. vitamins, minerals)
- Other, specify _____
- No modifications to food intake or eating habits were recommended



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E. Physical Activity

35. In the past 12 months, did a health care professional ask you about your physical activity level?

- Yes
- No → Go to question 37
- Don't know → Go to question 37

36. In the past 12 months, what physical activity recommendations did a health care professional recommend to you?

- Increase frequency or intensity of physical activity
- Maintain current level of physical activity
- Reduce screen time (e.g. computer, TV, video games)
- Reduce frequency or intensity of physical activity
- No physical activity recommendations were made
- Don't know

F. Mental Health/Stress

37. During the past 12 months, did a health care professional ask you about your emotional or mental health?




- Yes No Don't know

38. During the past 12 months, was there ever a time you felt sad, blue or depressed for 2 weeks or more in a row?

- Yes No

39. How often have you felt stress in the past 12 months?

- Never experienced stress
- Some period of stress
- Several periods of stress
- Permanent stress

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40. How much flexibility do you have in organizing the events of your workday?

- None
- Little
- Moderate
- Substantial
- Complete
- Not Applicable (i.e. no longer working)

G. Blood Pressure**41. When was the last time you had your blood pressure measured by a health care professional?**

- Less than 6 months ago
- 6 months to <1 year ago
- 1 year to <2 years ago
- 2 or more years ago
- Never had blood pressure measured by a health professional —————> Go to question 46
- Don't know

42. Have you ever been told by a health care professional that your blood pressure was high? (excluding during pregnancy)

- Yes No Don't know

43. In the past 12 months, have you taken any medication for high blood pressure?

- Yes No Don't know

44. During the past 12 months, where did you usually go to check your own blood pressure (or have your blood pressure checked by a family member or friend)? Mark all that apply.

- Home
- Pharmacy
- Other, specify _____
- Do not monitor own blood pressure



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45. In general, do you consider your blood pressure to be:

- Well controlled (normal, fine, ok)
- Borderline
- High
- Low
- Don't know

H. Lipids and Cholesterol**46. When was the last time you had your blood cholesterol measured?**

- Less than 1 year ago
- 1-3 years ago
- More than 3 years to 5 years ago
- More than 5 years ago
- Never had blood cholesterol measured → Go to question 48
- Don't know

47. Have you ever been told by a health care professional that your blood cholesterol was high?




- Yes No Don't know

I. Diabetes**48. When was the last time you had a blood test for high blood sugar or diabetes?**

- Less than 1 year ago
- 1-3 years ago
- More than 3 years ago
- Never had a blood test for high blood sugar or diabetes → Go to question 59
- Don't know

49. Do you have diabetes?

- Yes
- No → Go to question 59
- Don't know → Go to question 59

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50. What type of diabetes do you have?

- Gestational (during pregnancy) diabetes
- Type I diabetes
- Type II diabetes
- Don't know

51. In the past 12 months, did you take pills to control your blood sugar?

- Yes No Don't know

52. In the past 12 months, did you take insulin for your diabetes?

- Yes No Don't know

53. In the past 12 months, has a health care professional tested your blood sugar control (eg. performed a hemoglobin "A-one-C" test to measure the average level of blood sugar over a 3 month period).

- Yes No Don't know

54. In the past 12 months, has a health care professional checked your feet for any sores or irritations?




- Yes No Don't know Not Applicable

55. In the past 12 months, has a health care professional given you an eye exam where the pupils of your eyes were dilated? (This procedure would have made them temporarily sensitive to light).

- Yes No Don't know

56. What type of health care professional(s) have you been referred to, to help you with your diabetes? Mark all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Nutritionist or dietitian | <input type="checkbox"/> Diabetes educator |
| <input type="checkbox"/> Podiatrist or chiropodist (Foot specialist) | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Nephrologist (Kidney specialist) | <input type="checkbox"/> Have not been referred to a health care professional to help with diabetes |
| <input type="checkbox"/> Endocrinologist (Diabetes specialist) | |

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57. During the past 12 months, how often did you check your own blood sugar (or have your blood sugar checked by a family member or friend)? Include times when your blood sugar was checked by a family member or friend, but do not include times it was checked by a health care professional.

- Daily
 At least once per week
 At least once per month
 About once per year
 Did not check my own blood sugar during the past 12 months
 Don't know

58. In the past 12 months, how much have you had to pay "out of pocket" for your own diabetes glucose testing supplies?

- | | |
|--|--|
| <input type="checkbox"/> < \$100 | <input type="checkbox"/> \$1000 to <\$3000 |
| <input type="checkbox"/> \$100 to <\$200 | <input type="checkbox"/> \$3000 to <\$5000 |
| <input type="checkbox"/> \$200 to <\$500 | <input type="checkbox"/> \$5000+ |
| <input type="checkbox"/> \$500 to < \$1000 | <input type="checkbox"/> Don't know |

J. Family History of Heart Disease

59. Did your biological mother have a heart attack before the age of 65?

- Yes No Don't know

60. Did any of your biological full sister(s) have a heart attack before the age of 65?

- Yes No Don't know Not Applicable

61. Did your biological father have a heart attack before the age of 65?

- Yes No Don't know

62. Did any of your biological full brother(s) have a heart attack before the age of 65?

- Yes No Don't know Not Applicable



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67. If “Atrial Fibrillation” is selected, have you ever been advised by a health care professional to take blood thinners (e.g. Coumadin or Pradax) to reduce your risk of stroke?

 Yes

 No

 Don't know

 Not Applicable

B. Cardiac Tests and Procedures

68. Have you had any of the following cardiac (heart) tests? Mark all that apply.

Cardiac MRI

Stress Test

Echocardiogram (ECHO)

Other cardiac (heart) test, specify _____

Electrocardiogram (ECG)

Never had a cardiac (heart) test

Heart CT scan

Don't know

Holter Monitor

69. Have you ever had any of the following cardiovascular (heart) procedures? Mark all that apply.

Angioplasty/Stents (PCI) of coronary (heart) arteries

Angioplasty/Stents of peripheral (leg) arteries

Cardiac bypass surgery

Carotid artery (endarterectomy) surgery or stent

Femoral or lower leg artery surgery

Heart pacemaker insertion

Heart valve surgery

Implantable cardioverter defibrillator (ICD) insertion

Trans catheter aortic valve implantation (TAVI)

Other, specify _____

None of the above

Don't know

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IV. Medications, Medication Adherence and Vaccination

A. Medications

70. Do you take aspirin or other ASA (acetylsalicylic acid) medication everyday or every second day for heart and stroke prevention?

- Yes
- No → Go to question 72
- Don't know → Go to question 72

71. How many years have you been taking aspirin or other ASA (acetylsalicylic acid) medications for? Fill in the number of years.

Years Don't know

72. Do you take cholesterol-lowering statin medication everyday for heart and stroke prevention?

- Yes
- No → Go to question 74
- Don't know → Go to question 74

Examples: atorvastatin (Lipitor), simvastatin (Zocor), rosuvastatin (Crestor), lovastatin (Mevacor), fluvastatin (Lescol), pravastatin (Pravachol)

73. How many years have you been taking cholesterol-lowering statin medications for? Fill in the number of years.

Years Don't know

74. Are you currently taking any medications prescribed by a doctor and dispensed by a pharmacist? Prescription medication could include such things as insulin, nicotine patches, birth controls (pills, patches, or injections) and other hormonal therapies.

- Yes
- No → Go to question 85
- Don't know → Go to question 85

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77. Do you sometimes forget to take your medication?

Yes No

78. People sometimes miss taking their medication for reasons other than forgetting. Thinking back over the past 2 weeks, were there any days when you did not take your medication?

Yes No

79. Have you ever cut back or stopped taking your medication without telling your health care professional because you felt worse when you took it?

Yes No

80. When you travel or leave home, do you sometimes forget to bring along your medication?

Yes No

81. Did you take all your medications yesterday?

Yes No

82. When your symptoms are under control, do you sometimes stop taking your medication?

Yes No

83. Taking medication everyday is a real inconvenience for some people. Do you ever feel hassled about sticking to your treatment plan?

Yes No




84. How often do you have difficulty remembering to take all your medication?

Never/rarely Usually
 Once in a while All the time
 Sometimes

C. Vaccination

85. When was the last time you had a seasonal flu shot?

Less than 1 year ago Never had a flu shot
 1 year to less than 2 years ago Don't know
 2 years or more ago

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V. Health Insurance/Out of Pocket Expenditures

86. Do you have insurance or a government program that covers all or part of your prescription medication expenses? Mark all that apply.

- An employer-sponsored plan
- A provincial program for children or seniors
- A private program
- A government program for social service (welfare) clients
- A government program for First Nations and Inuit
- No prescription medication coverage
- Don't know

87. In the last 12 months, was there a time when you did not fill a prescription for medication because of the cost?

- Yes No

88. Over the last 12 months, about how much have you had to pay “out of pocket” for your own personal prescription medication?

- | | |
|--|--|
| <input type="checkbox"/> < \$100 | <input type="checkbox"/> \$1000 to <\$3000 |
| <input type="checkbox"/> \$100 to <\$200 | <input type="checkbox"/> \$3000 to <\$5000 |
| <input type="checkbox"/> \$200 to <\$500 | <input type="checkbox"/> \$5000+ |
| <input type="checkbox"/> \$500 to < \$1000 | <input type="checkbox"/> Don't know |

89. Over the last 12 months, about how much have you had to pay “out of pocket” for your own personal non-prescription medication?

- | | |
|--|--|
| <input type="checkbox"/> < \$100 | <input type="checkbox"/> \$1000 to <\$3000 |
| <input type="checkbox"/> \$100 to <\$200 | <input type="checkbox"/> \$3000 to <\$5000 |
| <input type="checkbox"/> \$200 to <\$500 | <input type="checkbox"/> \$5000+ |
| <input type="checkbox"/> \$500 to < \$1000 | <input type="checkbox"/> Don't know |