

**Home and Community Care  
Client Experience Survey  
Methodology**

February 2026



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

In Alberta, continuing care services are available to any Albertan, no matter their age, diagnosis, or length of time the services are needed. According to the Government of Alberta ([Continuing care – Overview | Alberta.ca](#)), continuing care includes a range of health and support services, such as help with dressing, eating, bathing, meal preparation, respite, wound care, and administering medications. These supports can be delivered in multiple settings, including a person’s home and community-based locations like day programs, supportive living, and continuing care homes. There are four streams of continuing care to meet the diverse needs of clients in Alberta, and include:

- Home and community care (formerly known as home care),
- Supportive living accommodations,
- Continuing care homes – Type A and B (Type A homes are formerly known as long term care (LTC) while Type B homes are formerly known as designated supportive living (DSL)),
- Palliative and end-of-life care<sup>1</sup>.

The focus of this Methodology Report is home and community care. Home and community care supports individuals’ health and wellness goals, and helps them remain safe and independent in their own home or communities for as long as possible.

The types of services offered through home and community care in Alberta may include:

- Professional care services - treatments such as care for wounds or physiotherapy that are typically provided by staff such as nurses, physical therapists, and occupational therapists.
- Personal care services - services such as help with dressing, eating, bathing, and going to the bathroom. These services are typically provided by personal care staff sometimes referred to as health care aides.
- Medication management.
- Linking clients with the most appropriate medical supplies or assistive equipment and technology.
- Supports for caregivers, such as respite.

Clients may receive services through one of the following types of home and community care providers in Alberta:

- Type 1 – provided to a client directly by the regional health authority.
- Type 2 – provided to a client by a provider who has an agreement with the regional health authority for home and community care services.
- Type 3 – any service model where a client hires a home and community care provider of their choice. For example, client-directed home care or self-managed care.

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<sup>1</sup> For more information, visit: [Continuing care – Overview | Alberta.ca](#)

## Privacy, confidentiality and ethical considerations

Health Quality Alberta is a provincial custodian and follows *the Health Information Act* (HIA) to ensure privacy and protection of the health information it collects. Eligible respondents were provided information about the survey's purpose and process, were informed their participation was voluntary and that their information is confidential. Any person who declined to participate were removed from the survey process. Contact information was provided for individuals who had questions or concerns about the survey.

## CLIENT EXPERIENCE SURVEY PROCESS AND METHODOLOGY

### The survey instrument

Health Quality Alberta conducted the 2024 Alberta Home Care Client Experience Survey in collaboration with Alberta Health Services and the Government of Alberta (including members who are under the Ministry of Assisted Living and Social Services.) The 2024 Alberta Home and Care Client Experience Survey (see [Appendix](#)) is a 65-question self-reported experience survey, that covers a variety of topics about home and community care services in the following sections:

- Becoming a home and community care client
- Your case manager
- Planning your home and community care services
- Medications
- Home and community care professional services
- Professional care services
- Compassion short form
- Personal care services
- Personal care services
- Compassion short form
- Additional care questions
- Overall Rating of Home and community care Services
- Other questions
- Other service needs

EQ-5D-5L which is a standardized measure of health status developed by the EuroQol Group that provides respondents the opportunity to self-report their health-related quality of life.<sup>2</sup>

## About you

An evaluation of home and community care overall (i.e., Overall Care Rating) is included in the survey, an overall rating of professional care services and personal care services from *Poor* to *Excellent*, as well as a measure of whether home and community care enabled clients to stay at home. The survey also invited open-ended feedback about professional and personal care services, and unmet needs.

## Survey development

The *Alberta Home Care Client Experience Survey* questionnaire was developed by Health Quality Alberta in 2014, and refreshed in 2023. The evolution of the survey involved the selection of questions (Phase I), cognitive testing (Phase II), a pilot study (Phase III), and a subsequent survey refresh (Phase IV).

### Phase I: Selection of questions

Phase I involved the initial selection of questions from pre-existing surveys in the areas of continuing care and home health care, consultation with health system partners, and the review of versions of the questions and the format of the questionnaire. Two pre-existing surveys were thoroughly reviewed:

- **Home Health Care<sup>3</sup> - Consumer Assessment of Health Providers and Systems (HHC-CAHPS)<sup>4</sup>:** Items were derived from the HHC-CAHPS because it is a questionnaire with an extensive development process involving literature reviews, cognitive testing, stakeholder input, survey piloting, and psychometric analyses. It was also previously adapted and implemented in the Canadian context as a home care survey in New Brunswick in 2012.<sup>5</sup> Content limitations relative to Alberta's home care context were identified in the review. Items within the survey focused primarily on professional services, including the frequency of professional services being delivered.
- **Home and Community-based Services Experience Survey (HCBS):** This survey was in development by Truven Health Analytics (in partnership with the American Institutes for

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<sup>2</sup> Canada (English) © 2009 EuroQol Group EQ-5D™ is a trademark of the EuroQol Group

<sup>3</sup> Please note, the *Alberta Continuing Care Act* changed on April 1, 2024, renaming what was formerly known as home care. [Learn more about the changes](#). Because this section was created before 2024, the old language reflects the terminology that was used at the time.

<sup>4</sup> Agency for Healthcare Research and Quality. Home Health Care [Internet]. Oct 2014 [cited 2016 Feb 12]. Available from <https://cahps.ahrq.gov/surveys-guidance/home/>

<sup>5</sup> Implementation in New Brunswick is significant because the home care programs in Alberta and New Brunswick are similar; across both provinces, the majority of professional services are delivered by public healthcare, whereas the majority of personal care services are contracted to private organizations.

Research), but a draft of the tool was shared with Health Quality Alberta. Items were identified to address experiences with personal care services that were absent from the HCC-CAHPS.

These surveys and consultation with health system partners informed the first draft of the Alberta Home Care Client Experience Survey<sup>6</sup>.

## Phase II: Cognitive Testing

Phase II of survey development involved cognitive testing and occurred in two phases. Cognitive testing is a systematic and theory-based approach to testing the validity of questionnaires. Items are evaluated within a questionnaire based on the four steps of cognitive response to questions:

1. Comprehension
2. Retrieval/recall
3. Estimation/judgement
4. Response

To answer a question, one must know what is being asked (comprehension), recall a past event or time as a reference point for the question (retrieval/recall), appraise the event relative to the question being asked (estimation/judgement), and respond to the question based on available responses (response). Cognitive interviewing uses probing methods to examine all four steps of question answering. Results inform item selection, the adaptation of existing questions to the population, and the creation of instructions specific to the population that is answering the survey.

Cognitive testing was deemed important for the development process for several reasons:

- Most of the existing surveys in home care were not specific to home care in Alberta and/or had not been implemented in the Canadian context.
- Most of the existing surveys focused solely on professional services or personal care services.
- A substantial proportion of long-term maintenance and support home care clients are seniors who may have some cognitive impairments.

## Cognitive Testing Part I

The intent of Part I of cognitive testing was to identify if clients understood the questionnaire items, and to capture feedback on the survey process from clients and on potential topics from family members. Part I included 30 cognitively intact<sup>7</sup> home care clients (N = 30) from across all five AHS

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<sup>6</sup> Available upon request. Reach out to [homecare.surveys@hqa.ca](mailto:homecare.surveys@hqa.ca) to inquire.

<sup>7</sup> Participants were expected to have a Cognitive Performance Scale score of 0.

zones that lived at home or in a non-designated supportive living facility, and received professional services, personal care services, or both, and 11 family members.

Findings indicated that many clients did not fully understand the scope of home care. For example, some clients expected services beyond the scope of home care to be provided, such as in-house meal preparation. In addition, some clients residing in non-designated supportive living facilities had trouble distinguishing between home care staff and facility staff. Clients also had difficulty distinguishing between professional services staff and personal care staff. To improve the clients' understanding of the questions, it was recommended that definitions (e.g., case manager) and examples of professional services staff and personal care staff be provided in the questionnaire.

In terms of survey process, clients generally liked the format of the questionnaire and stated they would participate in a self-administered mail-in survey. Family members provided feedback on which topics were most important to be covered in the survey.

## **Cognitive Testing Part II**

Part II involved implementing the questionnaire with both cognitively impaired<sup>8</sup> and cognitively intact<sup>9</sup> clients and evaluating the impact of cognitive impairment on responses to the questions.

In general, cognitively impaired clients had more difficulty completing the questionnaire, differentiating between professional and personal care staff, and identifying their case manager.

Clients were also asked whether they would prefer a shorter, simpler questionnaire. Preferences were mixed, however due to difficulties in completing the questionnaire and difficulty in differentiating staff, a simpler and shorter questionnaire was regarded as the preferred option for clients with cognitive impairment.

## **Phase III: Pilot study**

A pilot study was undertaken to further evaluate the questionnaire and survey process. The pilot study surveyed 100 home care clients in the Calgary Zone and Central Zone aged 65 and older who were cognitively intact.<sup>10</sup> An additional 100 cognitively impaired home care clients in the Calgary Zone and Central Zone aged 65 and older with moderate cognitive impairment<sup>11</sup> were also surveyed using a shorter version of the survey with a parallel family version.

Clients with cognitive impairment, even with the shorter version, had difficulty completing the questionnaire, with some returned by a family proxy. The response rate for this group was low

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<sup>8</sup> Participants were expected to have a Cognitive Performance Scale score of 1 to 4.

<sup>9</sup> Participants were expected to have a Cognitive Performance Scale score of 0 to 1.

<sup>10</sup> Participants were expected to have a Cognitive Performance Scale score of 0 to 1.

<sup>11</sup> Participants were expected to have a Cognitive Performance Scale score of 2 to 3.

(31%), and findings could not be generalized to the population. In addition, there were more skip errors, contradictory inter-item responses, and inconsistent ratings on global measures.

The key recommendation from the pilot study was to focus solely on cognitively intact clients and to capture the experiences of clients with cognitive impairment (and their family members) using an in-depth interview and in-person administration of the survey tool.

## **Phase IV: Refreshed survey**

Feedback was received through engagements and evaluations of the 2015 and 2018 Alberta Seniors Home Care Client Experience Survey to expand the scope of the survey to a broader group of home and community care clients. It was felt this would facilitate a broader understanding of the home and community care population in Alberta and help identify areas of success and opportunities to improve services. We addressed this feedback in 2022-23 and engaged with a broad array of participants in the home and community care sector to affirm the expanded population, explore information needs, and refresh the survey to be relevant. This included conversations with system-level leaders, home and community care operations leadership, contracted home and community care providers, frontline home and community care staff, home and community care clients and family caregivers, Health Quality Alberta staff and leadership, and Health Quality Alberta's Patient and Family Advisors. The engagement informed targeted revisions to the survey. The refresh included adding questions to reflect current information needs, removing items that were no longer relevant, and refining wording to improve clarity.

## **Psychometric properties of the survey tool**

The *2024 Home Care Client Experience Survey* includes 57 experience related items. The survey was found to demonstrate good psychometric properties for home and community care clients. The internal consistency of each section of the survey was measured by Cronbach's alpha with estimates ranging from 0.64-0.92. Generally, Cronbach's alpha estimates of 0.70 or greater are considered acceptable.<sup>12</sup>

Construct validity of the questionnaire was assessed by looking at relationships between several ratings of home and community care experience (e.g., Overall Care Rating and ratings of professional services and personal care services). Both ratings of professional services and personal care services (*Poor* to *Excellent*) were positively correlated with the Overall Care Rating (0.72 and 0.75 respectively). They were also correlated with each other (0.72). Furthermore, several individual survey questions as well as summary scores were significantly associated with Overall Care Rating. The pattern of relationships was observed in expected directions, thereby supporting the construct validity of the questionnaire as a whole.

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<sup>12</sup> Nunnally JC. *Psychometric Theory*. Second Edition. New York: McGraw-Hill; 1978.

## SURVEY SAMPLING DESIGN, RECRUITMENT AND RESPONSE RATE

The survey population was expanded for the first time since Health Quality Alberta began surveying home and community care (formerly referred to as home care) clients in 2016. It now includes all clients aged 18 and older who are cognitively well and are acute, long-term supportive, maintenance, rehabilitation, and wellness clients and receive services through Type 1 or Type 2 providers.

Eligible clients were identified from a list of all acute, long-term supportive, maintenance, rehabilitation, and wellness home and community care clients in Alberta. Current clients (defined as receiving one or more personal or professional care services between July 2023 and January 2024) were surveyed between April 15, 2024, and September 3, 2024.

### **Clients were included according to the following criteria:**

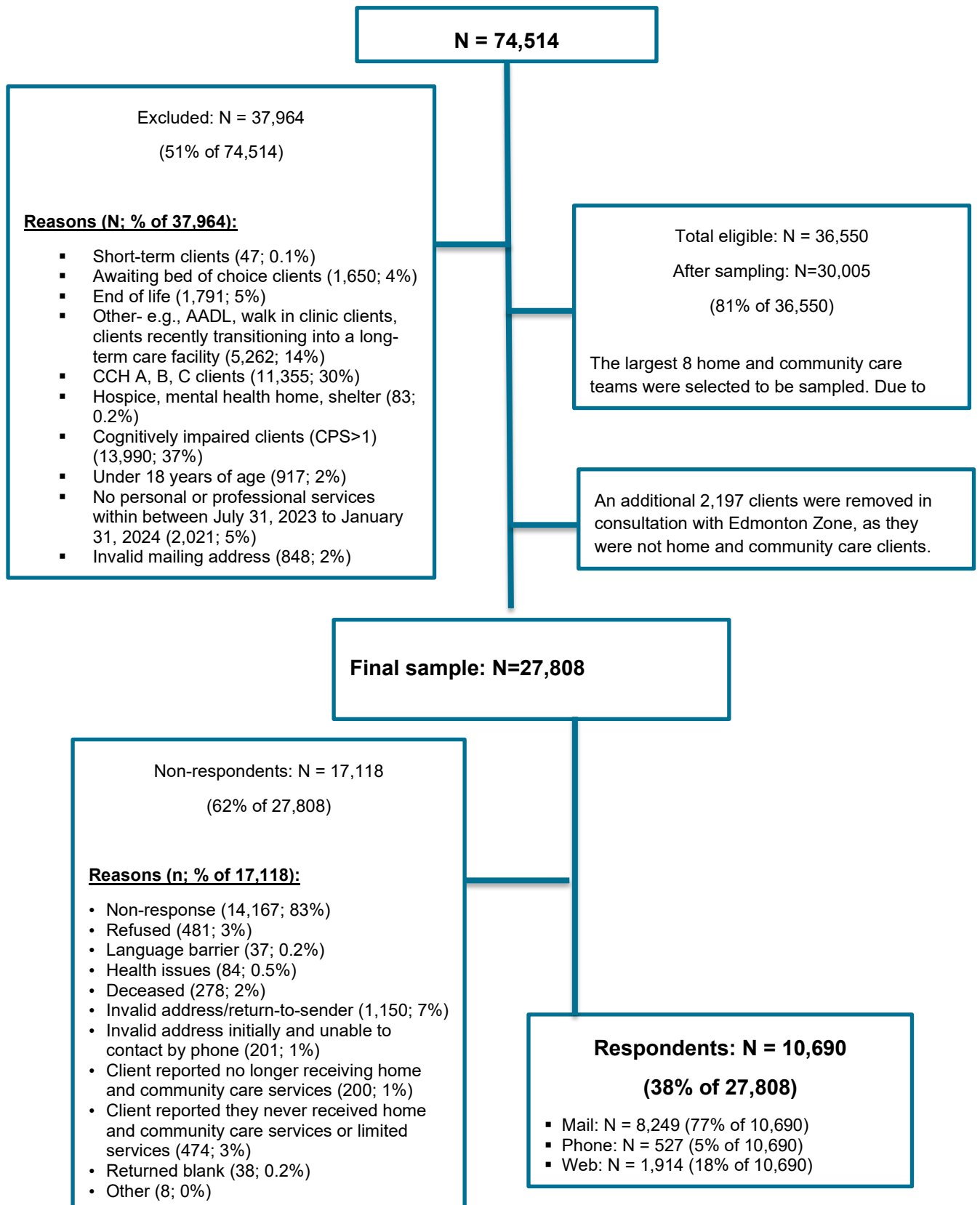
- Received at least one professional or personal care service between July 2023 and January 2024.
- Acute, long-term supportive, maintenance, rehabilitation, or wellness client.
- Received home and community care services in all settings with the exception of Continuing Care Home type A (formerly long-term care), type B (formerly designated supportive living), or type C (formerly hospice), or a mental health home or shelter.
- Age 18 or older as of January 2024.
- Cognitive Performance Scale score of 0 and 1 (intact to borderline intact cognition).
- Valid mailing address
  - Existing postal code
  - No “care of” in address line
  - Address in Alberta

There were 36,550 individuals in Alberta who received home and community care identified as eligible to participate in the survey. This survey’s sampling technique was designed to ensure results were representative of the Alberta population receiving home and community care. Acute, long-term supportive, and maintenance clients were randomly sampled at eight large home and community care type 1 teams (those with more than 1,000 clients). Due to small zone-specific sample sizes, all eligible rehabilitation and wellness clients were surveyed. All clients of small home and community care type 1 teams (those with fewer than 1,000 clients) were surveyed to ensure sufficient sample size for reporting. In total, 27,808 clients were sampled. For an overview of the sampling frame, see [Figure 1](#).

Survey packages were mailed by Health Quality Alberta to eligible home and community care clients beginning April 15, 2024, using a modified Dillman Protocol. The complete survey package was initially mailed, followed by a postcard reminder, and a second survey package with modifications, including a definition of home and community care. Non-respondents were

contacted by phone up to eight times in an attempt to obtain a valid address, reasons for non-response, or to conduct the survey over the phone. The survey was closed September 3, 2024. 10,690 of a possible 27,808 clients responded to the survey, representing a 38 per cent response rate.

**Figure 1: Sampling frame**



## COMPARISON GROUPS

Four comparison groups are used to organize survey results on the FOCUS on Healthcare website. These include: client type, age group, AHS zone, and geography. These comparison groups are defined as follows:

### Client type

Client type is defined by *AHS Seniors Health Provincial Home and community care Service Guidelines* (June 2012):

- **Acute** – A client who needs immediate or urgent time-limited (within 3 months) interventions to improve or stabilize a medical or post-surgical condition.
- **Long-term supportive** – A client who is at significant risk of institutionalization due to unstable, chronic health conditions and/or living conditions(s) and/or personal resources.
- **Maintenance** – A client with stable chronic health conditions, living conditions and personal resources who requires ongoing support to remain at home.
- **Rehabilitation** – A client with a stable health condition that is expected to improve with a time-limited focus on functional rehabilitation. The rehabilitation plan specifies goals and expected duration of therapy.
- **Wellness** – A client who receives only professional service for a single unmet need and does not require case management by AHS Continuing Care. The client has a stable health condition(s), living arrangements and personal resources and is otherwise able to identify and manage his/her health needs. A wellness client is expected to require AHS Continuing Care services for longer than three months. In the Edmonton Zone, a wellness client does not require any case management services from a Home Living Case Manager, and has a single unmet need that can be provided by an AHS professional for longer than three months, or, one personal care service or program enrollment (i.e., weekly bath assist, pressure gradient stocking support, Adult Day Program (CHOICE is excluded), urinary catheter change, or Medication Assistance Program.<sup>13</sup>

### Age group

Age is grouped into 18-64 years and 65 years and older to enable comparisons between younger and older clients.

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<sup>13</sup> Note, for the Edmonton Zone, this definition is from the *Wellness Client: Home Living Completing Meditech Intervention Entries* (July 2024) AHS, Edmonton Zone Practice Development Team

## Zones


AHS is organized into five geographic zones (i.e., South, Calgary, Central, Edmonton, and North), with each site located in one of these zones.

## Geography

Geography was based on the client's postal code, and is defined as:

- **Metropolitan (Metro):** The cities of Calgary and Edmonton, and commuter communities surrounding Calgary and Edmonton.
- **Urban:** Centres with populations over 25,000 people but fewer than 500,000, as well as local geographic areas surrounding these urban centres.
- **Rural:** Centres with less than 25,000 people and/or areas greater than 200 kilometres from a metro or urban centre and remote areas located more than 200 kilometres from a metro and urban centre.

## APPENDIX: 2024 ALBERTA HOME CARE CLIENT EXPERIENCE SURVEY INSTRUCTIONS

- You have been selected for this survey because records show you are currently receiving home care services through Alberta's Home Care Program or received services within the last 6 months.
- This survey asks questions about the home care services you receive from Alberta Health Services (AHS), professional or personal care services staff or the agency staff contracted by AHS to provide these services. This excludes private services that you may be paying out of pocket for, such as self-managed care or through the client directed home care invoicing program.
- It's fine to seek help from family or friends to complete the survey, but it is very important that the answers reflect YOUR own personal opinion as the home care client. Please DO NOT get help filling out the survey from home care staff.
- Please help us save on costs by completing the survey online:
- Go to [survey.pra.ca/SE/1/homecare24](https://survey.pra.ca/SE/1/homecare24) and enter the 8-character access code on the cover letter addressed to you.
- If you have any questions or need assistance in completing the survey you are welcome to call:
- PRA Inc. at 1-888-877-6744 (toll free) and ask to speak to the Home Care Survey Manager
- For each question, please mark your choice with a blue or black pen by filling in the circle as shown here:  

- There are no right or wrong answers – just your views, and you are free to **skip any questions that you don't want to answer**.
- Your feedback is very important for planning and improving home care services in Alberta.  
*Thank you!*

## Becoming a Home Care Client

1. Before you started receiving home care services, how easy or difficult was it to get information about these services?

- ① Very difficult
- ② Somewhat difficult
- ③ Somewhat easy
- ④ Very easy
- ⑧ I don't remember

2. Did your home care services start as soon as you thought you needed it?

- ① Yes
- ② No
- ⑧ I don't remember

## Your Case Manager

*Case manager* refers to the person who is in charge of your services, that is – the person who performs your assessments, checks what you need, arranges for care, and makes sure things are going well for you.

3. Do you know who your case manager is?

- ① Yes
- ② No – If no, go to question 7

4. When my case manager started, they introduced themselves and explained their role in my care.

- ① Yes
- ② No
- ⑧ I don't know

5. In the last 12 months, I was able to reach my case manager when I needed them.

- ① Yes
- ② Partly
- ③ No
- ⑦ I did not need to reach them
- ⑧ I don't know

6. In the last 12 months, my case manager helped me get all the home care services that I needed.

- ① Yes
- ② Partly
- ③ No
- ④ I did not need this
- ⑧ I don't know

## Planning Your Home Care Services

*Care Plan* refers to the written document prepared by your case manager that has the details about your needs and services.

*Family or caregiver* refers to your spouse, siblings, children, friend, or any person that helps you.

7. I was involved in making my Care Plan.

- ③ Yes, a lot
- ② Yes, a little
- ① No, not at all
- ⑦ No, I don't think I should be involved
- ⑧ I don't know

8. My family or caregiver was involved in making my Care Plan.

- ① Yes, a lot
- ② Yes, a little
- ③ No, staff didn't include them
- ④ No, I didn't want family involved
- ⑤ No, my family didn't want to be involved
- ⑥ No, my family was unable to be involved
- ⑦ I have no family available
- ⑧ I don't know

9. My Care Plan included...

- ③ Most of the things I needed
- ② Some of the things I needed
- ① Almost none of the things I needed
- ⑧ I don't know

10. In the last 12 months, home care provided...

- ③ Most of the things in my Care Plan
- ② Some of the things in my Care Plan
- ① Almost none of the things in my Care Plan
- ⑧ I don't know

11. In the last 12 months, my family doctor seemed to know about important details of my home care services.

- ① Yes, most of the time
- ② Yes, some of the time
- ③ No
- ④ I have not seen or spoken to my family doctor in the last 12 months
- ⑦ I don't have a family doctor
- ⑧ I don't know

12. If I wanted to change my home care services, I would talk to...

- ① My case manager
- ② Other home care staff
- ③ Family or friends
- ④ My family doctor
- ⑧ I don't know

## Medications

13. In the last 12 months, did anyone on your care team discuss medications with you? (*select all that apply*)

- ① Yes, my case manager
- ② Yes, other home care staff
- ③ Yes, my community pharmacist
- ④ Yes, my family doctor
- ⑤ Yes, someone else
- ⑦ No one discussed my medications with me (If no one, please skip to Section A)
- ⑧ I don't know

14. In the last 12 months, home care staff talked with me about the purpose of my medications.

- ① Yes
- ② Partly
- ③ No
- ④ Someone else spoke to me about the purpose of my medications
- ⑦ I did not need this
- ⑧ I don't know

15. In the last 12 months, home care staff reviewed my medications.

- ① Yes
- ② Partly
- ③ No
- ④ Someone else reviewed my medications
- ⑦ I did not need this
- ⑧ I don't know

16. In the last 12 months, home care staff talked with me about when to take my medications.

- ① Yes
- ② Partly
- ③ No
- ④ Someone else talked with me about when to take my medications
- ⑦ I did not need this
- ⑧ I don't know

The next two sections ask about home care professional services and home care personal care services **separately**. As you answer each section, think only about each type of service, and staff for that section.

### **Section A Professional Care Services:**

Treatments such as care for your wounds, or physiotherapy, and are typically provided by staff such as nurses, physical therapists, and occupational therapists.

### **Section B Personal Care Services:**

Services such as help with dressing, eating, bathing, and going to the bathroom. These services are typically provided by personal care staff (sometimes called health care aides).

## **Section A: Home Care Professional Services**

*Professional services refer to treatments such as care for your wounds, or physiotherapy, and typically provided by staff such as nurses, physical therapists, and occupational therapists.*

**Please skip to Section B if you did not receive professional care services in last 6 months.**

17. In the last 6 months, how do you feel about the number of different professional care staff you have had?

- ③ I'm very happy with the number I've had
- ② I'm OK with the number I've had
- ① I'm not happy at all with the number I've had
- ⑧ I don't know

18. In the last 6 months, professional home care services met my needs for managing my pain.

- ① Yes
- ② Partly
- ③ No
- ⑦ I did not need this
- ⑧ I don't know

19. In the last 6 months, professional home care services met my needs for setting up my home so I could move around safely.

- ① Yes
- ② Partly
- ③ No
- ⑦ I did not need this
- ⑧ I don't know

20. In the last 6 months, my professional home care staff made me feel safe.

- ① Yes
- ② Partly
- ③ No
- ⑧ I don't know

21. In the last 6 months, my professional home care staff gave me choices about how care was provided.

- ① Yes
- ② Partly
- ③ No
- ④ I don't know

22. In the last 6 months, how often did professional home care staff explain things in a way that was easy to understand?

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

23. In the last 6 months, how often did professional home care staff treat you with courtesy and respect?

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

24. In the last 6 months, how often did professional home care staff listen carefully to you?

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

25. In the last 6 months, how often did professional home care staff respect your ethnic and cultural needs?

- ① Never
- ② Sometimes
- ③ Usually
- ④ Always
- ⑦ I did not need this

26. Do you have any concerns about your professional care services?

- ① No

① Yes (If you wish, please describe your concerns in the box below):

**(Question 26B)**

27. In the last 6 months, how often were you satisfied with the way your professional care services concerns were handled?

- ① Never
- ② Sometimes
- ③ Usually
- ④ Always
- ⑦ I did not have concerns

## COMPASSION<sup>14</sup>

In thinking about your professional care staff **over the past month**, please rate the following:

Note: "Not applicable" means you have not seen professional care staff **over the past month**.

28. I felt that my professional care staff were attentive to me.

- ① Strongly disagree
- ② Disagree
- ③ Neutral
- ④ Agree
- ⑤ Strongly agree
- ⑦ Not applicable

29. My professional care staff were very supportive when they talked with me.

- ① Strongly disagree
- ② Disagree
- ③ Neutral
- ④ Agree
- ⑤ Strongly agree
- ⑦ Not applicable

30. My professional care staff provided care in a gentle manner.

- ① Strongly disagree
- ② Disagree
- ③ Neutral
- ④ Agree
- ⑤ Strongly agree
- ⑧ Not applicable

31. My professional care staff saw me as a person and not just as a patient.

- ① Strongly disagree
- ② Disagree
- ③ Neutral
- ④ Agree
- ⑤ Strongly agree
- ⑦ Not applicable

32. My professional care staff had a warm presence.

- ① Strongly disagree
- ② Disagree
- ③ Neutral
- ④ Agree
- ⑤ Strongly agree
- ⑦ Not applicable

33. In the last 6 months, OVERALL, how would you rate your professional home care services?  
(Please think about all professional staff together)

- ① Poor
- ② Fair
- ③ Good
- ④ Very good
- ⑤ Excellent

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<sup>14</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 visit [www.compassionmeasure.com](http://www.compassionmeasure.com) or 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))

## Section B: Personal Care Services

*Personal care services* refers to things like help with dressing, eating, bathing, and going to the bathroom. These services are typically provided by personal care staff (sometimes called health care aides). Please answer for personal care services you get from home care, not for help you may get from family.

**Please skip to Q51 if you did not receive personal care services in last 6 months.**

34. In the last 6 months, how do you feel about the number of different personal care staff you have had?

- ③ I'm very happy with the number I've had
- ② I'm OK with the number I've had
- ① I'm not happy at all with the number I've had
- ⑧ I don't know

35. In the last 6 months, I was notified when personal care staff could not come.

- ① Yes
- ② Partly
- ③ No
- ⑧ I don't know

36. In the last 6 months, personal care staff treated me with kindness even during difficult or embarrassing tasks.

- ① Yes
- ② Partly
- ③ No
- ④ I don't know

37. In the last 6 months, personal care staff encouraged me to do things for myself if I could.

- ① Yes
- ② Partly
- ③ No
- ⑧ I don't know

38. In the last 6 months, I was kept informed about when personal care staff would arrive.

- ① Yes
- ② Partly
- ③ No
- ⑧ I don't know

39. In the last 6 months, my personal care staff made me feel safe.

- ① Yes
- ② Partly
- ③ No
- ⑧ I don't know

40. In the last 6 months, how often did personal care staff listen carefully to you?

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

41. In the last 6 months, how often did personal care staff respect your ethnic and cultural needs?

- ① Never
- ② Sometimes
- ③ Usually
- ④ Always
- ⑦ I did not need this

42. In the last 6 months, how often did personal care staff explain things in a way that was easy to understand?

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

43. Do you have any concerns about your personal care services?

- ① No
- ① Yes (If you wish to, please describe your concerns in the box below):

**(Question 43B)**

44. In the last 6 months, how often were you satisfied with the way your personal care service concerns were handled?

- ① Never
- ② Sometimes
- ③ Usually
- ④ Always
- ⑦ I did not have concerns

**COMPASSION<sup>15</sup>**

In thinking about your personal care staff over the past month, please rate the following:

Note: "Not applicable" means you have not seen personal care staff over the past month.

45. I felt that my personal care staff were attentive to me.

- ① Strongly disagree
- ② Disagree
- ③ Neutral
- ④ Agree
- ⑤ Strongly agree
- ⑦ Not applicable

46. My personal care staff were very supportive when they talked with me.

- ① Strongly disagree
- ② Disagree
- ③ Neutral
- ④ Agree
- ⑤ Strongly agree
- ⑦ Not applicable

47. My personal care staff provided care in a gentle manner.

- ① Strongly disagree
- ② Disagree
- ③ Neutral
- ④ Agree
- ⑤ Strongly agree
- ⑦ Not applicable

<sup>15</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 visit [www.compassionmeasure.com](http://www.compassionmeasure.com) or email: [compassionresearchlab@gmail.com](mailto:compassionresearchlab@gmail.com) or [ipm@innovatecalgary.com](mailto:ipm@innovatecalgary.com) (Copyright

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48. My personal care staff saw me as a person and not just as a patient.

- ① Strongly disagree
- ② Disagree
- ③ Neutral
- ④ Agree
- ⑤ Strongly agree
- ⑦ Not applicable

49. My personal care staff had a warm presence.

- ① Strongly disagree
- ② Disagree
- ③ Neutral
- ④ Agree
- ⑤ Strongly agree
- ⑦ Not applicable

50. In the last 6 months, OVERALL, how would you rate your personal care services?  
*(Please think about all personal care staff together)*

- ① Poor
- ② Fair
- ③ Good
- ④ Very good
- ⑤ Excellent

## Additional care questions

51. In the last 6 months, OVERALL, how would you rate the quality of your home care services? (including both professional and personal services, where 0 is the worst and 10 is the best)

- ① (worst)
- ① 1
- ② 2
- ③ 3
- ④ 4
- ⑤ 5
- ⑥ 6
- ⑦ 7
- ⑧ 8
- ⑨ 9
- ⑩ 10 (best)

52. Some people need equipment, such as wheelchairs or walkers, to help them. Other people need their equipment replaced or repaired. Have you asked your case manager for help with getting or fixing equipment?

- ① Yes
- ② No – if no, go to question 54

53. Did your case manager work with you when you asked for help with getting or fixing equipment?

- ① Yes
- ② Partly
- ③ No
- ⑦ I did not need this
- ⑧ I don't know

54. Thinking of the home care services you received through a government home care program, did these services help you stay at home?

Note: By “stay at home” we mean that it enabled you to stay out of a hospital, nursing home, hospice, or supportive living facility. By government home care program we mean services arranged through Alberta Health Services.

- ① Yes
- ② No
- ③ I don't know

## Other Service Needs

*The next questions are about any other services that you may have needed that are **NOT** provided by a government home care program (e.g. Alberta Health Services home care), such as yard work or grocery delivery. These may be services you have to pay for, or services provided by family, friends, or volunteers for free.*

55. In the last 6 months, was there any service of any kind that you felt you needed but didn't get?

- ② No – if no, go to the next page
- ① Yes (if you wish to, please describe in the box below):

**(Question 55B)**

56. In the last 6 months, did you try to get these services yourself in your community?

- ① Yes
- ② No

57. In the last 6 months, did your case manager help you get these other types of services in your community?

- ① I needed services but my case manager didn't help me
- ② My case manager tried to help me but I still didn't get other services
- ③ Yes, I was helped by my case manager to get other services

**Under each heading, please tick the ONE box that best describes your health TODAY.**

**MOBILITY**

- I have no problems in walking about ①
- I have slight problems in walking about ②
- I have moderate problems in walking about ③
- I have severe problems in walking about ④
- I am unable to walk about ⑤

**SELF-CARE**

- I have no problems washing or dressing myself ①
- I have slight problems washing or dressing myself ②
- I have moderate problems washing or dressing myself ③
- I have severe problems washing or dressing myself ④
- I am unable to wash or dress myself ⑤

**USUAL ACTIVITIES** (*e.g. work, study, housework, family or leisure activities*)

- I have no problems doing my usual activities ①
- I have slight problems doing my usual activities ②
- I have moderate problems doing my usual activities ③
- I have severe problems doing my usual activities ④
- I am unable to do my usual activities ⑤

**PAIN / DISCOMFORT**

- I have no pain or discomfort ①
- I have slight pain or discomfort ②
- I have moderate pain or discomfort ③
- I have severe pain or discomfort ④
- I have extreme pain or discomfort ⑤

**ANXIETY / DEPRESSION**

- I am not anxious or depressed ①
- I am slightly anxious or depressed ②
- I am moderately anxious or depressed ③
- I am severely anxious or depressed ④
- I am extremely anxious or depressed ⑤



We would like to know how good or bad your health is TODAY.

This scale is numbered from 0 to 100.

100 means the best health you can imagine.

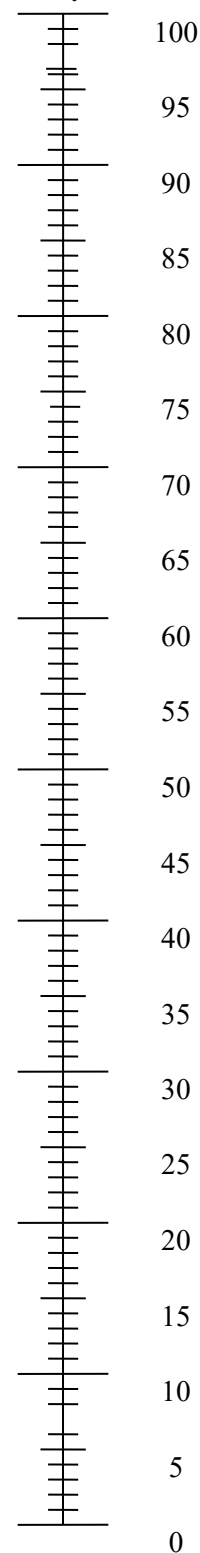
0 means the worst health you can imagine.

Mark an X on the scale to indicate how your health is TODAY.

Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health you can imagine



The worst health you can imagine

**About you**

*The next questions are about you. Remember, you do not have to answer all questions. You can skip any you prefer not to answer.*

58. Which of the following best describes your gender identity?

- ① Man
- ② Woman
- ③ Non-binary
- ④ Transgender
- ⑤ I prefer to self-describe

Please tell us how you self-describe:

59. What is the highest level of education you have completed?

- ① Grade school or some high school
- ② Completed high school
- ③ post-secondary technical school (including trade school)
- ④ Some university or college
- ⑤ Completed college diploma
- ⑥ Completed university degree
- ⑦ post-graduate degree (Masters or PhD)

60. Were you born in Canada?

- ① Yes
- ② No

If no, how many years have you lived in Canada?

61. We know that people of different races do not have significantly different genetics, but our race can play a role in how we are treated by different individuals and institutions. Which race category best describes you?

- ① Black
- ② East/Southeast Asian
- ③ Indigenous (First Nations, Metis, Inuit)
- ④ Latino
- ⑤ Middle Eastern
- ⑥ South Asian
- ⑦ White
- ⑧ Another race category

If another race, how would you describe your race?

62. Which of the following categories best describes the total annual income, before taxes, of all members of your household?

- ① Less than \$25,000
- ② \$25,000 to just under \$50,000
- ③ \$50,000 to just under \$75,000
- ④ \$75,000 to just under \$100,000
- ⑤ \$100,000 to just under \$150,000
- ⑥ \$150,000 to just under \$200,000
- ⑦ \$200,000 or more
- ⑧ Not applicable
- ⑨ Prefer not to answer

63. Which of the following best describes your financial situation?

- ⑥ Very comfortable
- ⑤ Comfortable
- ④ Modestly comfortable
- ③ Tight
- ② Very tight
- ① Poor

64. Did someone help you complete this survey? *(select all that apply)*

- ① No
- ② Yes, my spouse
- ③ Yes, another family member
- ④ Yes, home care staff
- ⑤ Yes, someone else

65. If yes, how did that person help you? *(please select all that apply)*

- ① Read the questions to me
- ② Wrote down the answers I gave
- ③ Answered the questions for me
- ④ Talked with me about what my answer should be
- ⑤ Translated the questions into my language
- ⑥ Helped in another way (please describe how they helped in the box below):

Please return your completed survey in the postage-paid envelope. Results will be available on the HQCA website. Thank you very much for your feedback. It will be used to make home care services in Alberta better!

Thank you for completing this survey. Your opinions are important to us. We understand the topics covered in the survey questions may have caused you distress when reflecting on your experiences. If you feel overwhelmed or distressed, we encourage to use these free and non-judgmental 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 <https://ab.211.ca/>, or chat online with them.



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