

Measuring Patient Experiences in Primary Health Care Survey

We are interested in your experiences using health services at this clinic. You are being invited to take part in this survey because you came here to get care today. We are interested in how care is organized at this clinic. Answering these questions will help us.

Before you answer, please remember that

- You can choose whether to fill in the survey or not. You can even stop answering at any point.
- Your choice will not affect how well you are treated here.
- No one will know who answered this survey.
- There are no right or wrong answers.

About the visit that you just had

Thinking about your visit today . . .

1. Why did you come to the clinic today?

(Check all that apply.)

- Routine examination/annual examination
- Follow-up of a health problem/pregnancy follow-up
- New health problem
- An urgent but minor health problem
- Prescription renewal
- Many issues to discuss
- Other *(please specify)*: _____

2. How long did you wait between making this appointment and your visit today?

- I had a walk-in appointment → *Go to question 5*
- It was the same day
- It was the next day
- Between 2 days and 1 week
- 1 to 2 weeks
- 2 to 4 weeks
- 4 to 6 weeks
- More than 6 weeks



3. How do you rate this wait?

- Not acceptable at all
- Not very acceptable
- Moderately acceptable
- Acceptable
- Very acceptable

4. How easy was it to make this appointment?

- Very easy
- Fairly easy
- Not very easy
- Not at all easy

5. How easy was it to get through to someone at your clinic on the phone?

- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Not applicable

6. How long did you wait for your consultation to start?

- Less than 5 minutes
- 5 to 10 minutes
- 11 to 20 minutes
- 21 to 30 minutes
- More than 30 minutes
- There was no set time for my consultation

7. Is there a person (health professional) who knows you best at this clinic?

- No → *Go to question 8*
- Yes →

This person is

- A family doctor or general practitioner
- A nurse practitioner
- A specialist
- A nurse
- Some other health professional

(please specify): _____

Did you see this person today?

Yes

No

Would you say this person is the most responsible for your health care?

Yes

No

8. How would you evaluate the amount of time that the person gave you?

Very good

Good

Fair

Poor

Very poor

9. How would you evaluate the way the person listened to you during the visit?

Very good

Good

Fair

Poor

Very poor

10. How would you evaluate this person's explanation of tests and treatments?

Very good

Good

Fair

Poor

Very poor

11. How would you evaluate the way the person involved you in decisions about your care?

Very good

Good

Fair

Poor

Very poor

Thinking about the person you saw during your visit today . . .

12. Did he or she really find out what your concerns were?

- Yes, completely
- Yes, mostly
- Yes, a little
- No, not really
- No, not at all

13. Did he or she let you say what you thought was important?

- Yes, completely
- Yes, mostly
- Yes, a little
- No, not really
- No, not at all

14. Did he or she take your health concerns very seriously?

- Yes, completely
- Yes, mostly
- Yes, a little
- No, not really
- No, not at all

15. Was he or she concerned about your feelings?

- Yes, completely
- Yes, mostly
- Yes, a little
- No, not really
- No, not at all

16. Did he or she give you clear instructions about symptoms to watch for and when to seek further care or treatment?

- Yes, completely
- Yes, mostly
- Yes, a little
- No, not really
- No, not at all

17. Did he or she discuss with you your main goals or priorities in caring for your condition?

- Yes, completely
- Yes, mostly
- Yes, a little
- No, not really
- No, not at all

Thinking about your visit today . . .

18. Did you have confidence in the doctor you saw or spoke to?

- Yes, definitely
- Yes, to some extent
- No, not at all

19. Did you speak to any other health care professional at the clinic today?

No, only my usual doctor → *Go to question 20*

Yes →

Please specify:

(Check all that apply.)

- Another family doctor or general practitioner
- A specialist
- A nurse
- A nurse practitioner
- A nutritionist or a dietitian
- A physiotherapist or an occupational therapist
- A psychologist or a social worker
- A complementary/alternative person (for example, acupuncturist, chiropractor, registered massage therapist)
(please specify): _____
- Other *(please specify):* _____

Did you have confidence in this other person you saw or spoke to?

- Yes, definitely
- Yes, to some extent
- No, not at all

About the care you received from the doctor you have seen most over the past 12 months

20. Were there times when you had difficulty getting the health care or advice you needed?

- No → Go to question 21
- Yes, once
- Yes, several times

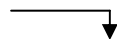
What type of difficulties did you experience?

(Check all that apply.)

- Difficulty contacting a physician
- A specialist was unavailable
- Difficulty getting an appointment
- Do not have a personal/family physician
- Waited too long to get an appointment
- Waited too long in the waiting room
- Service not available at the time required
- Service not available in the area
- Transportation problems
- Cost issues
- Language problems
- Did not feel comfortable with the available doctor or nurse
- Did not know where to go (for example, I didn't have enough information in order to get the help I needed)
- Unable to leave the house because of a health problem
- Other *(please specify)*: _____

21. Based on your experience, how easy is it for you to get health advice from your clinic over the phone?

- Not at all easy
- Not very easy
- A bit easy
- Moderately easy
- Very easy

In the past year . . .**22. Did you ever pay directly for any services in your doctor's office?** No Yes **Please specify:***(Check all that apply.)* Opening a file Filling in forms Getting a sick note Medical services not covered by medicare Medicine or shots Administration costs *(please specify):* _____**23. Were there times when you did not take medication prescribed by a doctor because of the cost?** Never Rarely Sometimes Often Very often I haven't needed any medication in the past year**24. Were there times when you did not have laboratory tests or exams done because of the cost?** Never Rarely Sometimes Often Very often I haven't needed any lab tests or exams in the past year

25. Were there times when you did not get doctor-recommended services that aren't covered by health insurance (such as physiotherapy, psychotherapy, diet-related services) because of the cost?

- Never
- Rarely
- Sometimes
- Often
- Very often
- I haven't had any of these services recommended to me in the past year

26. Were there times when you found it difficult to get health care because you had to take time off work?

- Never
- Rarely
- Sometimes
- Often
- Very often
- I didn't need to use any health care services in the past year

27. Were there times when you found it difficult to get health care services because of the additional costs involved (babysitting, parking, etc.)?

- Never
- Rarely
- Sometimes
- Often
- Very often
- I didn't need to use any health care services in the past year

About your care experiences at this clinic over the past 12 months

28. How helpful has the receptionist been at this clinic?

- Very helpful
- Moderately helpful
- Somewhat helpful
- Not at all helpful

29. Did the clerks and receptionists at this clinic treat you with courtesy and respect?

- Never
- Sometimes
- Often

30. Thinking of the past 12 months, at this clinic, how often were you taken care of by the same person?

- Always
- Usually
- Sometimes
- Rarely
- Never

31. Did you and your doctor work out a treatment plan together?

- No
- Yes, sometimes
- Yes, often
- I haven't received any treatment in the past 12 months

If you answered "no" to question 31, skip to question 35.

32. Did your doctor ask you questions about your daily activities before deciding on a treatment plan?

- No
- Yes, sometimes
- Yes, often
- I haven't received any treatment in the past 12 months

33. Did your doctor ask whether you felt you could do the recommended treatment plan?

- No
- Yes, sometimes
- Yes, often
- I haven't received any treatment in the past 12 months

34. When there were treatment choices, did your doctor ask you what treatment you would prefer?

- No
- Yes, sometimes
- Yes, often
- I haven't received any treatment in the past 12 months

About your visits to your doctor/clinic over the past 12 months

35. Did your doctor or nurse seem to know about your whole medical history?

- Hardly at all
- A little
- Moderately
- A lot
- Totally

36. Did your doctor or nurse seem to know what worries you most about your health?

- Hardly at all
- A little
- Moderately
- A lot
- Totally

37. Did your doctor or nurse seem to know about your responsibilities at work or home?

- Hardly at all
- A little
- Moderately
- A lot
- Totally

38. Did your doctor or nurse seem to know about your personal values?

- Hardly at all
- A little
- Moderately
- A lot
- Totally

About ALL the different people you saw at ALL the different places you received care over the past 12 months

39. Were there times when the person you were seeing did not know your most recent medical history?

- Never
- Rarely
- Sometimes
- Often
- All the time

40. Were there times when the person you were seeing did not have access to your recent tests or exam results?

- Never
- Rarely
- Sometimes
- Often
- All the time

41. Were there times when you had to repeat tests because the person you were seeing did not have access to the results?

- Never
- Rarely
- Sometimes
- Often
- All the time

42. Were there times when the person you were seeing did not know about changes in your treatment that another person had recommended?

- Never
- Rarely
- Sometimes
- Often
- All the time

43. Were there times when you had to repeat information that should be in your medical record?

- Never
- Rarely
- Sometimes
- Often
- All the time

44. How often did the doctor you were seeing tell you about side effects you might get from a medicine?

- Never
- Rarely
- Sometimes
- Often
- Always

45. How often did the doctor you were seeing tell you what could happen if you didn't take the medicine that was being prescribed for you?

- Never
- Rarely
- Sometimes
- Often
- Always

About your experiences with any kind of care outside the clinic over the past 12 months

46. In general, do you feel that you yourself have to arrange the health care you receive from different persons or places?

- No, the person who follows my care always does it for me
- No, the person who follows my care sometimes does it for me
- Yes, but it is my choice to do so
- Yes, I have to organize my care more than I would like
- Yes, I have to organize my care too much and it is too difficult

47. Thinking about all the different persons you saw in all the places you went for care, is there ONE person who makes sure to follow up on your health care?

No —————> *Go to question 48*

Yes —————
↓

This person is

- A nurse
- A nurse practitioner
- Your doctor
- Other health professional (*please specify*): _____

How much does this person keep in contact with you even when you receive care in other places?

- Not at all
- Very little
- Moderately
- Quite a lot
- A lot

How much does this person help you get the health care you need from other places?

- Not at all
- Very little
- Moderately
- Quite a lot
- A lot

How much does this person contact other health professionals about your care?

- Not at all
- Very little
- Moderately
- Quite a lot
- A lot

About all the people working at the clinic where your regular doctor sees you

48. Were there times when persons from your clinic told you different things (that didn't make sense together) about your health?

- Never
- Sometimes
- Often

49. Were there times when persons from your clinic did not seem to work well together?

- Never
- Sometimes
- Often

50. Were there times when persons from your clinic did not seem to know who should be doing what for your health care?

- Never
- Sometimes
- Often

About the care you receive

51. In the last 12 months, has your clinic provided everything you need to help you manage your health concerns?

- Yes, definitely
- Yes, to some extent
- No, not really
- No, not at all
- No, I haven't needed such support

52. In the last 12 months, have you had enough support from local services or organizations to help you to manage your health concerns?

- Yes, definitely
- Yes, to some extent
- No, not really
- No, not at all
- No, I haven't needed such support

53. Over the past 12 months, who at this clinic talked to you about the following subjects?*(Check all that apply in each row.)*

	Your Doctor	Another Doctor	A Nurse	Someone Else (specify)	No One
Impact of healthy and non-healthy foods on your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importance of healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importance of exercise/healthy lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of tobacco use on your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of alcohol or drug use on your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ways to handle family conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of risks at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the past 12 months . . .**54. Did the person you saw most at the clinic help you feel that your everyday activities such as diet and lifestyle make a difference in your health?**

- Yes, definitely
- Yes, to some extent
- No, not really
- No, not at all

55. Did the person you saw most at the clinic help you feel that you could prevent some health problems?

- Yes, definitely
- Yes, to some extent
- No, not really
- No, not at all

56. Did the person you saw most at the clinic give you a sense of control over your health?

- Yes, definitely
- Yes, to some extent
- No, not really
- No, not at all

57. Did the person you saw most at the clinic help you feel that sticking with your treatment would make a difference?

- Yes, definitely
- Yes, to some extent
- No, not really
- No, not at all
- I did not need any treatments in the past 12 months

58. Did the person you saw most at the clinic help you feel confident about your ability to take care of your health?

- Yes, definitely
- Yes, to some extent
- No, not really
- No, not at all

About you and your health

59. How well do you understand the nature and causes of your health problems?

- Completely
- Very well
- Moderately
- A little
- Hardly at all
- I don't have any health problems

60. How well do you know how to prevent problems with your health?

- Completely
- Very well
- Moderately
- A little
- Hardly at all
- I don't have any health problems

61. How confident are you that you can maintain changes in your health habits like diet and exercise, even during times of stress?

- Totally confident
 Very confident
 Moderately confident
 A little confident
 Hardly confident at all

About your health conditions

62. Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions?

(Check all that apply.)

	Yes	No
a. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
b. Arthritis or rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>
c. High blood pressure or hypertension	<input type="checkbox"/>	<input type="checkbox"/>
d. Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>
e. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
f. Other chronic health problems	<input type="checkbox"/> <i>(please specify)</i> <hr/> <hr/>	<input type="checkbox"/>

If you answered "yes" in question 62 (even if just one time), please answer questions 63 to 68.

If you answered "no" to all the options in question 62, skip to question 68.

Over the past 6 months . . .

63. When you received care for your chronic condition(s), were you encouraged to go to a specific group or class to help you cope with your chronic condition(s)?

- Yes, definitely
 Yes, probably
 Maybe, not sure
 No, not really
 No, definitely not
 I haven't needed support for a chronic condition in the past 6 months

64. When you received care for your chronic condition(s), did you get help to make a treatment plan that would work in your daily life?

- Yes, definitely
- Yes, probably
- Maybe, not sure
- No, not really
- No, definitely not
- I haven't needed help making a treatment plan in the past 6 months

65. After you received care for your chronic condition(s), were you contacted to see how things were going?

- Yes, definitely
- Yes, probably
- Maybe, not sure
- No, not really
- No, definitely not
- I haven't needed to be contacted after a visit in the past 6 months

66. When you received care for your chronic condition(s), were you encouraged to attend programs in the community that could help you?

- Yes, definitely
- Yes, probably
- Maybe, not sure
- No, not really
- No, definitely not
- I haven't needed the help of community programs in the past 6 months

67. Other than your doctor, who else at your clinic do you see to manage your health condition?

(Check all that apply.)

- Only my usual doctor
- Another family doctor or general practitioner
- A specialist
- A nurse
- A nurse practitioner
- A nutritionist or a dietitian
- A physiotherapist or an occupational therapist
- A psychologist or a social worker

- A complementary/alternative person (for example, acupuncturist, chiropractor, registered massage therapist) (*please specify*): _____
- Other (*please specify*): _____

68. Other than people at this clinic, who else do you see to manage your health condition?

- Only my usual doctor
- Another family doctor or general practitioner
- A specialist
- A nurse
- A nurse practitioner
- A nutritionist or a dietitian
- A physiotherapist or an occupational therapist
- A psychologist or a social worker
- A complementary/alternative person (for example, acupuncturist, chiropractor, registered massage therapist) (*please specify*): _____
- Other (*please specify*): _____

About the person you see most at this clinic

Over the past 12 months . . .

69. How much importance does this person give to your ideas about your care?

- Hardly any importance
- Only a little
- Moderate importance
- A lot of importance
- Immense importance

70. How comfortable do you feel talking with this person about personal problems related to your health condition?

- Hardly comfortable at all
- Only somewhat comfortable
- Moderately comfortable
- Very comfortable
- Completely comfortable

71. How confident are you that this person will look after you no matter what happens with your health?

- Not very confident at all
- Only somewhat confident
- Moderately confident
- Very confident
- Completely confident

About you

72. In general, how would you rate your health?

- Excellent
- Very good
- Good
- Fair
- Poor

73. What year were you born?

yyyy

74. You are . . .

- Male
- Female

75. Were you born in Canada?

- Yes —→ *Go to question 77*
- No —↓

If no:

What year did you first come to Canada to live? _____

Which country were you born in? (please specify): _____

76. To which ethnic or cultural groups did your ancestors belong (for example, French, Scottish, Chinese, Indian)? An ancestor is usually more distant than a grandparent.

(Check all that apply.)

- Canadian _____
- Of European descent
- Chinese
- South Asian (such as Indian or Pakistani, Sri Lankan)
- Other Asian (Japanese, Korean, Thai)
- Aboriginal (including First Nations, Métis and Inuit)
- Black or African
- Hispanic or Latin American
- Other *(please specify)*: _____

In addition to being “Canadian,” what were the other ethnic or cultural origins of your ancestors who first came to North America?

- Of European descent
- Chinese
- South Asian (such as Indian or Pakistani, including Sri Lankan)
- Other Asian (Japanese, Korean, Thai)
- Aboriginal (including First Nations, Métis and Inuit)
- Black or African
- Other *(please specify)*: _____

77. Are you an Aboriginal person?

- Yes, First Nations
- Yes, Métis
- Yes, Inuit
- No

78. What language(s) do you usually speak with your friends?

- Only English
- Only French
- Only other language *(please specify)*: _____
- More (other language) than English or French
- Both (other language) AND English/French equally
- More English/French than (other language)

79. You are currently

- Married or living with a partner
- Separated
- Divorced
- Widowed
- Never married

80. Which of the following best describes the highest level of education you have completed?

- Did not complete secondary school or high school
- Completed secondary school or high school
- Had some university education or completed a community college, technical college or post-secondary program (for example, trade, technical or vocational school, CEGEP)
- Completed a bachelor's degree (for example, BA, BSc, BSN)
- Completed a graduate or professional degree (for example, MD, DDS, DMD, DVM, OD, PhD)

81. Which of the following describes you best?

- Employed full time (including self-employed or on a work training program)
- Employed part time (including self-employed or on a work training program)
- Unemployed and looking for work
- At school or in full-time education
- Unable to work due to a long-term sickness or disability
- Looking after my home/family
- Retired from paid work

82. What is your household income?

- | | |
|---------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$50,000 to less than \$60,000 |
| <input type="checkbox"/> \$5,000 to less than \$10,000 | <input type="checkbox"/> \$60,000 to less than \$70,000 |
| <input type="checkbox"/> \$10,000 to less than \$15,000 | <input type="checkbox"/> \$70,000 to less than \$80,000 |
| <input type="checkbox"/> \$15,000 to less than \$20,000 | <input type="checkbox"/> \$80,000 to less than \$90,000 |
| <input type="checkbox"/> \$20,000 to less than \$30,000 | <input type="checkbox"/> \$90,000 to less than \$100,000 |
| <input type="checkbox"/> \$30,000 to less than \$40,000 | <input type="checkbox"/> \$100,000 to less than \$150,000 |
| <input type="checkbox"/> \$40,000 to less than \$50,000 | <input type="checkbox"/> \$150,000 or higher |

About the advice you are given at your clinic

83. Other than advice about weight, nutrition or exercise, has there been a time in the past 2 years when you have not followed your regular doctor's advice or treatment plan?

No —————→ *Go to question 84*

Yes —————↓

What are the three main or most important reasons you did not follow your doctor's recommendation or treatment plan?

- It was too difficult to do
- I disagreed with the recommendation
- It cost too much
- My condition had improved
- I didn't understand what I was supposed to do
- I did not want to, or I was concerned about risks/side effects
- I preferred an alternative medicine/treatment
- I forgot
- For some other reason
- No reason/none

About the health system

84. In the past 12 months, have you been given the wrong medication or wrong dose by a doctor, nurse or pharmacist?

- Yes
- No, not that I know of

85. In the past 12 months, have you been given incorrect results for a diagnostic or lab test?

- Yes
- No, not that I know of

86. On a scale of 0 to 10, how confident are you that you can get the primary health care services you need? Primary health care services are the ones we usually receive in a clinic, a doctor's office or a CLSC—not in the emergency room of a hospital.

- Not at all confident Totally confident
- 0 1 2 3 4 5 6 7 8 9 10

87. On a scale of 0 to 10, how confident are you in your provincial/territorial health care system?

Not at all confident

Totally confident

0 1 2 3 4 5 6 7 8 9 10

End of the survey

Thank you for your collaboration!

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