

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

## Client Perceptions of Coordination Questionnaire (CPCQ)

**Health Service (General):** Questions 1-11 relate to the care you received for your health from any doctor or service provider in the last 3 months

1. How often did you get the services you thought you needed?

Never       Rarely       Sometimes       Mostly       Always       Prefer Not to Say

2. How often did you have to wait too long to obtain a service/appointment?

Never       Rarely       Sometimes       Mostly       Always       Prefer Not to Say

3. In the past 3 months, how often did you seem to receive the medicines you thought you needed?

Never       Rarely       Sometimes       Mostly       Always       Not Applicable       Prefer Not to Say

4. How often were the results of tests discussed with you (e.g. blood tests)?

Never       Rarely       Sometimes       Mostly       Always       Not Applicable       Prefer Not to Say

5. In the past 3 months, how often did you feel the care you received was well coordinated?

Never       Rarely       Sometimes       Mostly       Always       Prefer Not to Say

6. How often were you happy with the quality of care you received?

Never       Rarely       Sometimes       Mostly       Always       Prefer Not to Say

7. In the past 3 months, how often have service providers responded appropriately to changes in your needs?

Never       Rarely       Sometimes       Mostly       Always       Not Applicable       Prefer Not to Say

8. How often did you seem to get conflicting advice from service providers?

- Never       Rarely       Sometimes       Mostly       Always       Prefer Not to Say

9. In the past 3 months, how often have you felt like complaining about any of your care?

- Never       Rarely       Sometimes       Mostly       Always       Prefer Not to Say

10. How well did you feel you understood your conditions?

- Not at all well       Fairly well       Very well       Prefer Not to Say

11. Overall, how satisfied are you with the care you have received in the past 3 months?

- Very dissatisfied       Moderately dissatisfied       Neutral       Moderately satisfied       Very satisfied       Prefer Not to Say

**Primary Care Practitioner: Questions 12-15 relate to the care you have received from your Primary Care Provider (PCP) in the last 3 months**

12. How often did you and your PCP agree about your care needs?

- Never       Rarely       Sometimes       Mostly       Always       Not Applicable       Prefer Not to Say

13. How often did your PCP seem to be communicating with your other providers?

- Never       Rarely       Sometimes       Mostly       Always       Not Applicable       Prefer Not to Say

14. How often did your PCP involve you when making decisions about your care?

- Never       Rarely       Sometimes       Mostly       Always       Not Applicable       Prefer Not to Say

15. How often did your PCP talk with you about your future care?

- Never       Rarely       Sometimes       Mostly       Always       Not Applicable       Prefer Not to Say

**Main Carer:** Questions 16-17 relate to the care you have received from your main carer (the individual primarily responsible for your care at home)

16. Who is your main carer?

- No carer     Spouse     Parent     Daughter     Son     Other relative     Friend     Neighbor     Other: \_\_\_\_\_     Prefer Not to Say

17. In the last 3 months, how often do you think your main carer was satisfied with the care you received?

- Never     Rarely     Sometimes     Mostly     Always     Not Applicable     Prefer Not to Say