

### Instructions

Thank you for taking the time to complete this questionnaire.

There are no “right” or “wrong” answers, but please make sure to answer all the questions as best you can.

Participant number		

## Instructions

Please follow the instructions to answer each question. If you are unsure, please check the box that best describes your experience. All your answers will remain confidential.

**Thinking about regular visits with your family doctor, please rate your level of agreement with the following statements:**

<b>1. I feel at ease with my family doctor.</b>
<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Uncertain <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree
<b>2. My family doctor knows my medical history.</b>
<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Uncertain <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree
<b>3. My family doctor asks about the consequences of my health problems on my life.</b>
<input type="checkbox"/> Never/very rarely <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always/very often
<b>4. My family doctor asks me about what I feel.</b>
<input type="checkbox"/> Never/very rarely <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always/very often
<b>5. My family doctor wants to know whether I have any problems in my life other than health problems.</b>
<input type="checkbox"/> Never/very rarely <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always/very often
<b>6. My family doctor gives me tips or useful advice.</b>
<input type="checkbox"/> Never/very rarely <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always/very often
<b>7. I feel that my family doctor understands my suffering or my problems.</b>
<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Uncertain <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree
<b>8. I feel that my family doctor respects my choices.</b>
<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Uncertain <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree
<b>9. My family doctor helps me see things more positively.</b>
<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Uncertain <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree
<b>10. My family doctor is open to discussing my concerns.</b>
<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Uncertain <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree

<b>11. My family doctor listens to me.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
<b>12. I feel that my family doctor is interested in me.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
<b>13. My family doctor asks about my life context (family, work, etc.)</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never/very rarely	Rarely	Sometimes	Often	Always/very often
<b>14. My family doctor knows how I react to various life events.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
<b>15. My family doctor knows what to say to reassure me.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never/very rarely	Rarely	Sometimes	Often	Always/very often
<b>16. My family doctor understands me.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
<b>17. My family doctor takes me seriously.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
<b>18. My family doctor helps me obtain the care I need.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never/very rarely	Rarely	Sometimes	Often	Always/very often
<b>19. I have developed a connection with my family doctor.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
<b>20. I trust my family doctor.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
<b>21. My family doctor helps me become aware of certain situations that can be harmful to my health.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never/very rarely	Rarely	Sometimes	Often	Always/very often

<b>22. My family doctor helps me see what I am capable of doing to improve my health.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never/very rarely	Rarely	Sometimes	Often	Always/very often
<b>23. My family doctor helps (or would help) me access more urgent care when necessary.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
<b>24. My family doctor looks after my interests in the health care system.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
<b>25. My family doctor encourages me to adopt a healthy lifestyle (to exercise, eat well, not smoke, etc.).</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
<b>26. My family doctor knows (or would know) how to provide encouragement if I need it.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never/very rarely	Rarely	Sometimes	Often	Always/very often
<b>27. My family doctor encourages me to ask questions.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never/very rarely	Rarely	Sometimes	Often	Always/very often
<b>28. My family doctor takes my preferences into account.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never/very rarely	Rarely	Sometimes	Often	Always/very often
<b>29. I am satisfied with the way my family doctor involves me in decision-making.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
<b>30. My family doctor congratulates me on my accomplishments.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never/very rarely	Rarely	Sometimes	Often	Always/very often
<b>31. I feel that my family doctor and I are a team.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Uncertain	Agree	Strongly agree

<b>32. My family doctor seems to collaborate well with other health professionals.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
<b>33. My family doctor asks about my hobbies and interests.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never/very rarely	Rarely	Sometimes	Often	Always/very often
<b>34. My family doctor finds (or would find) the right words to give me hope if I am discouraged.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never/very rarely	Rarely	Sometimes	Often	Always/very often

**Thank you! Your participation is greatly appreciated. The information you provide is very important to us.**