

APPENDIX P: Perception of care measure – Ongoing

Client identifier: _____

Completing this questionnaire is important to the evaluation of the IPC process. There are no right or wrong answers. We are interested in your thoughts and experiences within the IPC process. Please answer the following questions based on **your experience in the IPC process**. Indicate if you **Strongly Disagree, Disagree, Agree, or Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply. Your answers are confidential and will not influence current or future services you will receive. Some of the questions are very personal. We appreciate your completion of them. Please answer each question honestly and accurately.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable	Comments
1. My cultural values were respected by the IPC team.	1	2	3	4	NA	
2. My linguistic needs were respected by the IPC team.	1	2	3	4	NA	
3. The IPC team worked well together.	1	2	3	4	NA	
4. The IPC team met often enough to provide appropriate support.	1	2	3	4	NA	
5. I have made progress achieving the set goals.	1	2	3	4	NA	
6. The IPC team encourages me to have hope.	1	2	3	4	NA	

7. Were there any agencies who should have been involved that were not? Yes No

If yes, who was missing? _____

8. Is there anything else you would like to share about your experience in the IPC process?

9. Please indicate how you are participating in the IPC process:

- as the primary client OR
- as a family member or supporter.

a. If you are the primary client, please respond to the following question:

In general, would you say your health is:	excellent	very good	good	fair	poor	Comments
	1	2	3	4	5	

b. If you are a family member or supporter, please respond to the following question:

In general, would you say your child's health is:	excellent	very good	good	fair	poor	Comments
	1	2	3	4	5	