# After Hours Call Survey

## Practice Information

<table>
<thead>
<tr>
<th>Site ID(s)</th>
<th>Doctor/primary health care NP's Name(s)</th>
<th>Doctor/primary health care NP's Phone #</th>
<th>Doctor/primary health care NP's Location</th>
<th>Postal Code</th>
<th>Group Name</th>
</tr>
</thead>
</table>

## Attempt Information

<table>
<thead>
<tr>
<th>Attempt #</th>
<th>Date</th>
<th>Time</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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<td>#2</td>
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<tr>
<td>#5</td>
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</tbody>
</table>

(*If you cannot complete in 5 attempts, note call result and enter in database*)

## Total Number of Calls

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1. **Call**

**SURVEY COMPLETED:**

- Live person answered. Number of rings
- On hold for minutes (*Skip to “If person Answers” Section*)
- Answering machine picked up. Number of rings (*Skip to “If Answering machine picks up”*)

**COULD NOT COMPLETE:**

- After 5 attempts, could not complete
- Number Not in Service
- Wrong Number
- Doctor/primary health care NP no longer there. How long have they been gone?
  - Don’t know
  - ______ months
- Refused
- Other. Please specify

### If answering machine picks up...

1a. Please record the script of the message.

1b. How many times did you need to call back to record contents of message? _____________

1c. Was the message clear?

- Very clear
- Somewhat clear
- Not at all clear

1d. Why was it unclear?

- Spoke too fast
- Used unfamiliar words
- Spoke too soft
- Other.
  - Specify

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2. Are the doctor/primary health care NP’s names mentioned in the message?  
   - Yes  
   - No

3a. Hours of operation provided?  
   - Yes  
   - No (*Skip to Question 3c.*)

3b. What are the hours?  
   - Text

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APPENDIX B

APPENDIX B After Hours Survey from MAAP-NS Study

MARSHALL, EG (note, spaces have been reduced for brevity)
3c. Do they mention when they will reopen?  ☐ Yes  ☐ No

4. Can you leave a message?  ☐ Yes  ☐ No

5a. Is 811 mentioned?  ☐ Yes  ☐ No  *(Skip to Question 6)*

5b. Are you provided with an explanation of 811 services?  ☐ Yes  ☐ No

5c. Do they explain when it would be appropriate to contact 811?  ☐ Yes  ☐ No

6a. Is 911 mentioned?  ☐ Yes  ☐ No

6b. Do they explain when it would be appropriate to call 911?  ☐ Yes  ☐ No

7a. Is the Emergency Department mentioned?  ☐ Yes  ☐ No

7b. Do they explain when it would be appropriate to go to the Emergency Department?  ☐ Yes  ☐ No

8a. Are any other services mentioned?  ☐ Yes  ☐ No  *(Skip to Question 9)*

8b. Specify services.
   - ☐ Walk-in Clinic
   - ☐ Collaborative Emergency Centres
   - ☐ Other. Please Specify_____________________________________________________

9. Would they connect you to a doctor on call?  ☐ Yes  ☐ No

10. Other Comments

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**If person answers...**

*Hi, is this the office of Dr.________/ Name of primary health care NP? If yes, continue...*

*Hello, my name is XXX and I am calling from Dalhousie University. We are conducting a study in conjunction with the Nova Scotia Department of Health and Wellness and Capital District Health Authority. We have previously sent a letter to your practice about this study.*

*Is this an answering service?  ☐ Yes  ☐ No*

*What is the name of this practice (ensure correct spelling)?__________________________________________*

*Could you please tell me the names of the other physicians and primary health care nurse practitioners in the practice?*

   i. Is the office open?    ☐ Yes  *(Ask Qii. then call back after hours)* ☐ No

   ii. What are the regular office hours for this number?  Text *(Then thank them and disconnect)*