Primary Care Provider Participant Questionnaire

A) Primary Care Provider Information

Year of Birth: ________________

Gender: ☐ Female ☐ Male ☐ Other (please specify): ________________
☐ Prefer not to answer

Please indicate whether you are a: ☐ Family Physician ☐ Nurse Practitioner

Name of Medical School (or Graduate School for NPs): ________________________________

Year of Graduation: ____________ Is this a Canadian school? ☐ Yes ☐ No

Do you have an academic appointment in your Department / section of Family Medicine?
☐ Yes ☐ No

Do you participate in training residents or NPs at your primary practice location:
☐ Yes ☐ No

B) Primary Practice Information

Name of Practice: ____________________________________________

Address: ________________________________ Suite/Unit: ________________

City: ________________________________ Postal Code: ________________

In what year did you join this practice: ________________________________

EMR Vendor: ☐ ACCURO ☐ OSCAR ☐ Practice Solutions Suite
☐ Other (please specify): _____________________________

**EMR model:**
☐ ASP  ☐ Local  ☐ Unsure / Do not know

In what year did you start using your current EMR system: ________________

How many family physicians or nurse practitioners with their own practice work at your practice location?

Please indicate your role at this practice:  ☐ Lead provider (physician)  ☐ Staff provider (physician)  
☐ Other (please specify): ________________

**Practice model:**
☐ Interprofessional practice, examples: FHT, CHC, other  
☐ Group practice, not interprofessional  
☐ Solo Practice  
☐ Other (please specify): ______________________________

**Practice compensation model:**
☐ Mainly capitation with some fee for service (ex. FHO)  
☐ Mainly fee for service with some capitation (ex. FHG)  
☐ Fee for service  
☐ Mainly salaried (example, Community Health Centre)  
☐ Other, please specify:

**C) Additional Practice Information:**

Do you have another practice location?  ☐ Yes  ☐ No

*If yes, please provide the following:*

Name of Practice: __________________________________________________________

Address: ____________________________________ Suite/Unit: ________________

City: ____________________________________________ Postal Code: _______________

What percentage of time do you practice at this location: ________________

Thank you!