



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!