

PORTRAIT-10 Questionnaire

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File number:

Last name, first name:

Date of birth:

Health insurance number:

I will ask you 10 questions with a choice of answers. You can give me the answer that you feel best fits your experience. Please don't hesitate to tell me if you have any questions.

1) My health is:

- (0) Excellent
- (1) Very good
- (2) Good
- (3) Fair
- (4) Poor

2) Pain or discomfort:

- (0) I have no pain or discomfort
- (1) Do not limit my activities
- (2) Limit my activities a bit
- (3) Limit some of my activities
- (4) Limit most of my activities

3) I was prescribed medication to take every day:

- (0) No medication
- (1) Between 1 and 4 different medications
- (3) Between 5 and 9 different medications
- (4) 10 or more different medications

4) In the past 30 days, I have felt nervous, hopeless, agitated, depressed, exhausted or good for nothing:

- (0) Never
- (1) Rarely
- (2) Sometimes
- (3) Most of the time
- (4) All the time

5) I use alcohol or drugs more than I would like:

- (0) Never
- (1) Rarely
- (2) Sometimes
- (3) Most of the time
- (4) All the time

6) About my housing, I am:

- (0) Very satisfied
- (1) Satisfied
- (2) Neither satisfied nor dissatisfied
- (3) Unsatisfied
- (4) Very dissatisfied

7) When I need it, I get support from my friends or relatives:

- (0) All the time
- (1) Most of the time
- (2) Sometimes
- (3) Rarely
- (4) Never

8) To meet my needs and/or those of my family (food, housing and other basic needs), I consider my income:

- (0) Very sufficient
- (1) Sufficient
- (2) Neither sufficient nor insufficient
- (3) Insufficient
- (4) Very inadequate

9) My health needs are met:

- (0) All of the time
- (1) Most of the time
- (2) Sometimes
- (3) Rarely
- (4) Never

In other words, care and health services you receive meet your needs and enable you to carry out your daily activities (work, leisure, outings, housework...).

10) My interactions with the health care system and health care professionals make me feel that I have complicated health issues:

- (0) Never
- (1) Rarely
- (2) Sometimes
- (3) Most of the time
- (4) All the time

Overall score (sum of each question's rating): / * → / 40

The hospital or primary care case manager is asked to use the results of the PORTRAIT-10 questionnaire to complete the initial assessment of the person and to note the aspects that appear to be the most complex for that person.

*** If the person refuses to answer one or more questions, subtract 4 points per unanswered question from the total to be reported. Make a rule of three if there are omitted question(s) to obtain the result /40.**

Professional who completed PORTRAIT-10 with the person:

Date: