

# **PORTRAIT-10 Questionnaire**

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Participant number:

Date:

**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: