Health Service Utilisation Questions

1. **Have you visited a G.P (General Practitioner) in the last twelve months? (please tick box)**

a) ☐ No, go to question 2

b) ☐ Yes (see below)

If yes, please indicate how many times you visited your G.P. (tick box)

☐ 1-2 Times ☐ 3-4 Times

☐ 5-9 Times ☐ 10+ Times

i) What was the main reason for your last visit to your G.P. (please tick one):

☐ Health Crisis/Sickness ☐ Health Advice

☐ Medication ☐ Regular Check-Up

☐ Screening (e.g. prostate check) ☐ Immunisation

☐ Family (e.g. children) ☐ Other (please specify)……

ii) Overall, how would you rate your last visit to the G.P. (please tick box)

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

iii) Were any other health concerns addressed by your doctor, other than your main health concern? (please tick box)

a) ☐ No, go to question 2

b) ☐ Unsure, go to question 2

c) ☐ Yes. If yes, did you want this health concern to be addressed (please tick box)

a. ☐ Yes

b. ☐ No

c. ☐ Undecided

2. Other Health Service Providers

i) Please indicate how many times you have visited the following health service providers in the last twelve months (write number of visits in the box)

e.g. [3] Pharmacist (indicates 3 times in last twelve months)

☐ Physiotherapist ☐ Occupational Therapist

☐ Dietitian/Nutritionist ☐ Dentist/Orthodontist

☐ Podiatrist ☐ Pharmacist

☐ Naturopath ☐ Chiropractor

☐ Osteopath ☐ Fitness/ Personal Trainer

☐ Optometrist ☐ Audiologist

☐ Nurse

☐ Medical specialist (e.g. cardiologist), please specify……

☐ Other, please specify…….

ii) Indicate the three most influential health service providers with respect to your health and wellbeing (please tick no more than 3)

☐ Physiotherapist ☐ Occupational Therapist

☐ Dietitian/Nutritionist ☐ Dentist/Orthodontist

☐ Podiatrist ☐ Pharmacist

☐ Naturopath ☐ Chiropractor

☐ Osteopath ☐ Fitness/ Personal Trainer

☐ Optometrist ☐ Audiologist

☐ Nurse ☐ General Practitioner

☐ Medical specialist (e.g. cardiologist), please specify……

☐ Other, please specify……

iii) When seeking health advice, which of the settings below, do you find most welcoming? (tick no more than three)

☐ Community Health Centre ☐ Private Practice (e.g. Dr's rooms)

☐ Hospital (in-patient, e.g. surgery) ☐ Hospital (Dr's rooms)

☐ Emergency/Casualty Department ☐ Fitness Centre/Gym

☐ Service provider's home ☐ Your workplace

☐ Chemist/Pharmacy ☐ Your own home

☐ Other, please specify ……

3. Private Health Insurance

i) Do you currently have private health insurance

a) ☐ No

b) ☐ Yes (see below)

ii) If yes, please indicate the level of cover (tick box)

☐ Basic ☐ Comprehensive (basic with Extras)

☐ Extras only ☐ Other, please specify ……..

iii) What type of cover (tick box)

☐ Individual ☐ Other, please specify ……..

☐ Family