

# Health-seeking Behavior Survey

## Part 1 Self-rated Symptoms

SS1. Have you had any discomfort or illness in the past 30 days?

① No (go to SG1)      ② Yes, please specify the illness and date: \_\_\_\_\_

SS2. Have you been fully recovered from discomfort or illness mentioned in SS1?

① No      ② Yes

SS3. How do you perceive your health in the past 30 days?

①Excellent      ②Very good      ③Good      ④Fair      ⑤Poor

SS4. Have you had any of the following signs or symptoms during the most recent discomfort or illness episode in the past 30 days?

		No	Mild	Moderate	Severe	Don't know
a.	Fever $\geq 37.8^{\circ}\text{C}$ ( $100^{\circ}\text{F}$ ) for 1 day or more	①	②	③	④	⑤
b.	Chills	①	②	③	④	⑤
c.	Headache	①	②	③	④	⑤
d.	Myalgia (aches or pain in muscles)	①	②	③	④	⑤
e.	Cough	①	②	③	④	⑤
f.	Shortness of breath	①	②	③	④	⑤
g.	Dizziness	①	②	③	④	⑤
h.	Runny nose	①	②	③	④	⑤
i.	Sore throat	①	②	③	④	⑤
j.	Diarrhoea (watery)	①	②	③	④	⑤
k.	Diarrhoea (bloody)	①	②	③	④	⑤
l.	Nausea	①	②	③	④	⑤
m.	Vomiting	①	②	③	④	⑤
n.	Low back pain	①	②	③	④	⑤
o.	Fatigue	①	②	③	④	⑤
p.	Loss of appetite	①	②	③	④	⑤
q.	Involuntary muscle twitch	①	②	③	④	⑤
r.	Skin rash (hand / foot)	①	②	③	④	⑤
s.	Skin rash (other than hand / foot)	①	②	③	④	⑤
t.	Blister (oral cavity / tongue / palate)	①	②	③	④	⑤
u.	Blister (skin)	①	②	③	④	⑤
v.	Night sweat	①	②	③	④	⑤
w.	Bright red tongue	①	②	③	④	⑤

- |     |                                    |   |   |   |   |   |
|-----|------------------------------------|---|---|---|---|---|
| x.  | Abdominal pain                     | ① | ② | ③ | ④ | ⑤ |
| y.  | Chest pain                         | ① | ② | ③ | ④ | ⑤ |
| z.  | Red eyes                           | ① | ② | ③ | ④ | ⑤ |
| aa. | Eye irritation                     | ① | ② | ③ | ④ | ⑤ |
| ab. | Watery eyes                        | ① | ② | ③ | ④ | ⑤ |
| ac. | Swollen glands (around ear / neck) | ① | ② | ③ | ④ | ⑤ |
| ad. | Mucous discharge in eye            | ① | ② | ③ | ④ | ⑤ |
| ae. | Other, please specify: _____       | ① | ② | ③ | ④ | ⑤ |

SS6. Do you have any doctor-diagnosed chronic diseases?  
 ①No                    ②Yes, please specify: \_\_\_\_\_ .

SS7. Are you on regular medication?  
 ①No                    ②Yes

## Part 2            Health Services Utilization

HS1. Have you used any of the following health services due to any of the above symptoms:

- |   | Yes                                  | No                       |
|---|--------------------------------------|--------------------------|
| a. Private hospital/ doctor (including 24hours clinics/A&E services) (“GP”) | <input type="checkbox"/> _____ times | <input type="checkbox"/> |
| b. Department of Health General Out-Patient Clinic (“GOPC”)                 | <input type="checkbox"/> _____ times | <input type="checkbox"/> |
| c. Chinese medicine (medical/general/orthopaedic/acupuncture) (“CMP”)       | <input type="checkbox"/> _____ times | <input type="checkbox"/> |
| d. Public Hospital A&E Services (“A&E”)                                     | <input type="checkbox"/> _____ times | <input type="checkbox"/> |

HS2. Which symptoms prompt you to seek for medical consultation?

HS3. How long is the time from symptom onset to medical consultation (for each selected symptoms in SS2)?

	Symptoms	Prompt for consultation	Medical Services	Time from symptom onset to consultation	Self-medication
a.	Fever $\geq 37.8^{\circ}\text{C}$ ( $100^{\circ}\text{F}$ ) for 1 day or more	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
b.	Chills	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
c.	Headache	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
d.	Myalgia (aches or pain)	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No

	in muscles)				
e.	Cough	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
f.	Shortness of breath	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
g.	Dizziness	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
h.	Runny nose	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
i.	Sore throat	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
j.	Diarrhoea (watery)	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
k.	Diarrhoea (bloody)	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
l.	Nausea	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
m.	Vomiting	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
n.	Low back pain	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
o.	Fatigue	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
p.	Loss of appetite	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
q.	Involuntary muscle twitch	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
r.	Skin rash (hand / foot)	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
s.	Skin rash (other than hand / foot)	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
t.	Blister (oral cavity / tongue / palate)	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
u.	Blister (skin)	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
v.	Night sweat	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
w.	Bright red tongue	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
x.	Abdominal pain	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
y.	Chest pain	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
z.	Red eyes	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
aa.	Eye irritation	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
ab.	Watery eyes	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
ac.	Swollen glands (around ear / neck)	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
ad.	Mucous discharge in eye	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No
ae.	Other, please specify:	Yes / No	GP / GOPC / CMP / A&E	Immediate / within 12 hours / __days	Yes / No

HS4. (If HS1=Yes) What is the diagnosis from your selected medical service(s)?

a. Private hospital/ doctor (including 24hours clinics/A&E services) ("GP") \_\_\_\_\_

- b. Chinese medicine (medical/general/orthopaedic/acupuncture) (“CMP”) \_\_\_\_\_
- c. Department of Health General Out-Patient Clinic (“GOPC”) \_\_\_\_\_
- d. Public Hospital A&E Services (“A&E”) \_\_\_\_\_

**Part 3 Other Information on Medical Consultation**

- MC1. Are you holding any medical benefits or insurance?  
 ① No                    ② Yes, employer-provided medical benefits                    ③ Yes, private medical insurance                    ④ Yes, both
- MC2. Do you consider seeking of medical consultation significantly affect your normal life?  
 ① Never            ② Not at all            ③ Sometimes            ④ Moderately So            ⑤ Very Much So
- MC3. Do you consider seeking medical consultation helpful to recovery?  
 ① Never ② Not at all            ③ Sometimes            ④ Moderately So            ⑤ Very Much So
- MC4. Do you consider you may handle the symptoms well by yourself?  
 ① Never ② Not at all            ③ Sometimes            ④ Moderately So            ⑤ Very Much So

**Part 4 Demographics**

- SG1. Gender  
 ① Female            ② Male
- SG2. What is your (or target respondent) age?  
 a) \_\_\_\_\_ years  
 b) (1) 16-24            (2) 25-34            (3) 35-44            (4) 45-54            (5) 55-64            (6) 65 or above            (7) Refused
- SG2b. What is the target respondent’s age (If caregiver was interviewed)?  
 a) \_\_\_\_\_ years  
 b) (1) 0-2            (2) 3-6            (3) 7-15            (4) Refused
- SG3. What is your place of birth?  
 ① Hong Kong            ② Guang Dong province            ③ Macau            ④ Other provinces of China  
 ⑤ Other \_\_\_\_\_  
 \*(If ②-⑤, How many years have you lived in Hong Kong? \_\_\_\_\_ )

- SG4. What is your marital status?  
 ①Single      ②Married      ③Divorced /separated      ④Widowed
- SG5. How many people live in your household, including yourself and domestic helper(s)? \_\_\_\_
- SG6. What is your education level?  
 ①no schooling/kindergarten      ②Primary 1 to 3      ③Primary 4 to 6      ④Secondary 1 to 3  
 ⑤Secondary 4 to 5      ⑥Matriculation      ⑦Tertiary or above
- SG7. What is your occupation?  
 (01) Retired      (02) No job, unemployed, seeking job      (03) Full-time students      (04) Home makers  
 (05) Professionals      (06) Associate professionals      (07) Clerks      (08) Service workers and shop sales workers  
 (09) Skilled agricultural and fishery workers; and occupations not classified      (10) Craft and related workers  
 (11) Plant and machine operators and assemblers      (12) Elementary occupations      (13) Managers and administrators
- SG8. Where do you live?  
 (01) Central & Western      (02) Southern      (03) Eastern      (04) North      (05) Wan Chai      (06) Sham Shui po      (07) Yuen Long  
 (08) Tai Po      (09) Yau Tsim Mong      (10) Tsuen Wan      (11) Wong Tai Sin      (12) Sha Tin      (13) Kwun Tong      (14) Kowloon City  
 (15) Islands      (16) Sai Kung      (17) Kwai Tsing      (18) Tuen Mun
- SG9. Do you have any family members with chronic illnesses?  
 ①No      ②Yes, please specify: \_\_\_\_\_
- SG10. Did you travel abroad in the last 30 days?  
 a) ①Yes ②No  
 b) If “Yes”, please specify: \_\_\_\_\_  
 c) When did you travel back to Hong Kong: \_\_\_\_ (month) \_\_\_\_ (day) (or \_\_\_\_ days before)
- SG11. What is your monthly household income:  
 (1) < \$5,000      (2) \$5,000 - \$9999  
 (3) \$10,000 - \$14,999      (4) \$15,000 - \$19,999  
 (5) \$20,000 - \$24,999      (6) \$25,000 - \$29,999  
 (7) \$30,000 - \$34,999      (8) \$35,000 - \$39,999  
 (9) ≥ \$40,000      (10) No income
- SG12. Would it be possible to contact you again three months later for a follow-up survey?  
 ①Yes      ②No
- SG13. Name / identifier (Chinese): \_\_\_\_\_ \*(Needed if SG12 = Yes, optional if SG12 = No)