

Expression of interest questionnaire

Thank you for your interest in participating in our study. We want to hear from you and discuss ways that healthcare services could be delivered in and around the new Rouse Hill Hospital. The district includes **Annangrove, Acacia Gardens, Angus, Baulkham Hills, Beaumont Hills, Bella Vista, Box Hill, Carlingford, Castle Hill, Cattai, Colebee, Dural, Gables, Glenhaven, Glenorie, Glenwood, Grantham Farm, Kellyville, Kellyville Ridge, Kenthurst, Leets Vale, Lower Portland, Maraylya, Maroota, Marsden Park, Melonba, Middle Dural, Nelson, Nirimba Fields, North Kellyville, North Rocks, Norwest, Parklea, Quakers Hill, Richards, Riverstone, Rouse Hill, Sackville North, Schofields, Shanes Park, South Maroota, Stanhope Gardens, Tallawong, The Ponds, West Pennant Hills, Winston Hills, Wisemans Ferry, and Vineyard**. We will be holding a series of two-hour workshops in the local community with patients, consumers, community members and health care providers. To express interest in attending a workshop, please complete this short questionnaire about yourself. If you are unsure whether you would like to participate, you may wish to attend one of our information sessions first before you decide.

The research team will contact you to provide information about the workshop location and time. We will include a representative sample of the community and health care providers (e.g., we want people of different ages, background, professions, and healthcare needs), but we may not be able to include all of the people that apply. You will be informed either way if you have been invited to participate in the workshop or the other ways you can be involved in this important study.

Questionnaire:

Please tick the boxes for all of the answers that apply to you within each question.

1. Are you interested in talking to us about how services will be delivered in and around the new Rouse Hill Hospital
 - Yes
 - Unsure, I would like more information. Please send me the details of the information sessions.
 - No I am not interested
2. Are you one of the following?:
 - I am a patient/ health consumer/ community member in the Western Sydney community
 - I am a carer/consumer representative in the Western Sydney community
 - I am a health provider in the Western Sydney community

[If selected "I am a health provider" to Q2]

What is your role? (Please tick all that apply)

- Administration/ Clerical
- Allied health professional/Allied health assistant
- Nursing (Registered nurse/Enrolled nurse/Assistant in nursing)
- Midwifery
- Medical (Consultant, Career Medical Officer, Registrar/JMO)
- General practitioner
- Community Pharmacist

Expression of interest questionnaire

- Property services/ Maintenance
- Ancillary services: Catering, cleaning
- Porter
- Management
 - Team leader
 - Nursing Unit Manager
 - Head of Department
 - Director
 - Executive staff
-
- Other (please specify)
.....

Postcode where you work:

.....

Are you employed by Western Sydney Local Health District (WSLHD)?

- Yes
- No
- I would rather not say

Do you work in any specific clinical areas delivering services for people with the following conditions (please tick all that apply):

- Heart conditions
- Bone injuries and conditions
- Abdominal conditions
- Lung conditions
- Dialysis or kidney disease
- Postnatal depression
- Other illnesses

[if selected "I am a health consumer" to Q2]

3. As community members, your views on healthcare are valuable. We are interested in your views on the way healthcare is delivered, whether you are affected by a specific medical condition, or not. We have included a list of some conditions that may affect you, however, we are interested in your perspectives even if none of the conditions apply to you. Do any of these conditions or access to services outlined below personally affect you (please tick all that apply):

- Emergency Care: An injury or illness that required you to visit the Emergency Department at hospital (e.g., heart attack or bone fracture)

Please select all that apply:

- Heart conditions (e.g. cardiac arrest, chest pain, heart attack)
- Bone injuries and conditions (e.g. fractures, knee and hip replacement)

Expression of interest questionnaire

- Abdominal conditions (e.g. pelvic pain, abdominal pain, gastrointestinal pain)
 - Lung conditions (e.g. pneumonia)
 - Postnatal depression
 - Other illnesses or experiences where you went to Emergency Care
- Chronic Care (non-emergency care): where you have a condition that lasts one year or more and requires ongoing medical attention or limits activities of daily living or both (e.g., renal disease or asthma).

Please select all that apply:

- Heart conditions (e.g. congestive heart failure)
 - Dialysis or kidney disease (e.g. haemodialysis)
 - Bone conditions (e.g. osteoporosis, abnormal gait etc.)
 - Lung conditions (e.g. chronic obstructive pulmonary disease, asthma)
 - Other illnesses or experiences (e.g., chronic post-natal depression)
 - I am not affected by any chronic conditions
- Outpatient Clinics

Please select all that apply:

- Fracture
- Cardiac
- Diabetes
- Renal
- Other

[if selected "I am a carer" to Q2]

Are you a carer for someone who is affected by any of these conditions or access to services outlined below (please tick all that apply)?

- Emergency Care: An injury or illness that required the person you care for to visit the Emergency Department at hospital (e.g., heart attack or bone fracture)

Please select all that apply:

- Heart conditions (e.g. cardiac arrest, chest pain, heart attack)
- Bone injuries and conditions (e.g. fractures, knee and hip replacement)
- Abdominal conditions (e.g. pelvic pain, abdominal pain, gastrointestinal pain)
- Lung conditions (e.g. pneumonia)
- Postnatal depression
- Other illnesses or experiences where you went to Emergency Care

Expression of interest questionnaire

- Chronic Care (non-emergency care): where the person you care for has a condition that lasts one year or more and requires ongoing medical attention or limits activities of daily living or both (e.g., renal disease or asthma).

Please select all that apply:

- Heart conditions (e.g. congestive heart failure)
 Dialysis or kidney disease (e.g. haemodialysis)
 Bone conditions (e.g. osteoporosis, abnormal gait etc.)
 Lung conditions (e.g. chronic obstructive pulmonary disease, asthma)
 Other illnesses or experiences
 The person I care for is not affected by any chronic conditions

4. What is your age?

- Under 30y
 31-45y
 46-60y
 61y+
 Prefer not to answer

5. Gender: How do you identify?

- Male
 Female
 Other
 Prefer not to answer

6. Postcode of where you live: (_____)

7. How would you rate your English language skills?

- Excellent
 Good
 Average
 Not good

8. Do you speak a language other than English at home?

- Yes: Please select which one
- Punjabi
 - Hindi
 - Mandarin
 - Korean
 - Arabic
 - Cantonese
 - Dari
 - Greek
 - Italian
 - Maltese
 - Persian

Expression of interest questionnaire

- Tamil
 - Tongan
 - Urdu
 - Other – please specify (_____)
 - No
9. With which ethnic group do you identify? (answer all that apply)
- Australian
 - Aboriginal or Torres Strait Islander
 - New Zealander
 - Asian
 - Indian
 - Middle Eastern
 - European
 - North American
 - South American
 - African
 - Other, please specify: (_____)
10. Are you happy to be contacted to attend a group discussion/workshop?
- Yes
 - No
- [If no to Q10, then end survey]
11. What is your preferred contact method?
- Phone call
 - Email
12. The five main non-English languages spoken in the Rouse Hill district are Punjabi, Hindi, Mandarin, Korean and Arabic so we will offer workshops in these languages. If you would prefer to engage with a person who speaks your language to provide written and spoken information at a group discussion/workshop, please indicate below:
- Yes: I would like a bilingual interpreter available at a group discussion/workshop.
- Please select which language:
- Punjabi
 - Hindi
 - Mandarin
 - Korean
 - Arabic
- No: I am happy to communicate in English (written and spoken).
13. Please leave your name and telephone number and/or email address so we can contact you.

Expression of interest questionnaire

First name:

Surname:

Mobile:

Email Address.....

[Only display Q12 to participants who answered “No” to Q1]

14. If you are interested in the online information sessions, please leave your email address and we will send this information to you.

First name:

Surname:

Email Address.....

END OF SURVEY