

# New Zealand patient experience adult primary care questionnaire

## PROGRAMMING INSTRUCTIONS

Programming instructions are noted **[LIKE THIS]**. They show question type and any routing or visual reference information as well as indicators for piping in responses.

### Introduction

#### **[DO NOT SHOW HEADING]**

Thank you for taking part in this important survey about your experience with **[PRACTICE NAME]**. Your feedback will help us understand and improve patients' experiences.

This survey should take around 10-15 minutes to complete, depending on your answers.

Unless you would like us to contact you your responses are anonymous and will not be connected to you in any way. Please be open and honest in your feedback.

### How to complete this survey

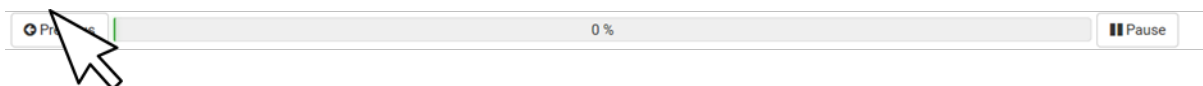
#### **[SHOW HEADING]**

#### **Inst1. Skipping questions**

Sometimes, if a section of the survey is not relevant to you, you will automatically skip past some questions, based on the answers you have provided.

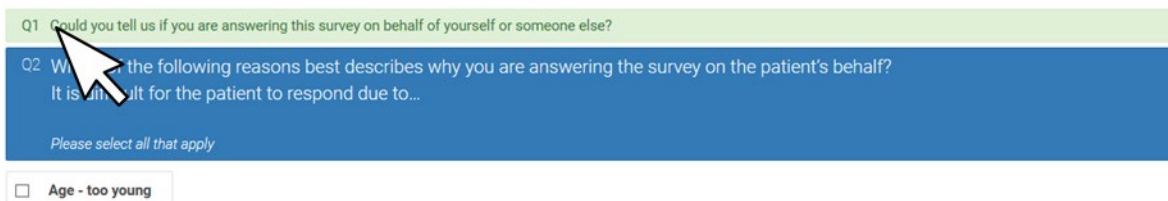
#### **Inst2 – Going back to change an answer**

You can move backwards to change your answers, by clicking the previous button along the top of the page like this:



#### **Do not use your browser's forward and backwards buttons.**

Within a section you can move backwards to change your answers or forwards to skip a question by clicking on previous or future questions like this:



#### **Inst3. Ready to begin?**

If you would like to return to your survey to complete it later, close the window and then return to the website provided in the email or text message and re-enter your login code. Your earlier responses will have been saved.

#### **[BEGIN]**

## Screening Questions

**[DO NOT SHOW HEADING]**

### Q1. S1

**[SINGLE PUNCH]**

Could you tell us if you are answering this survey on behalf of yourself or someone else?

1. Myself
2. Someone else unable to answer this survey

### Q2. S1b

**[ASK IF SOMEONE ELSE]**

**[MULTIPLE CHOICE]**

Which of the following reasons best describes why you are answering the survey on the patient's behalf?

It is difficult for the patient to respond due to...

*Please select all that apply*

1. Age - too young
2. Age - too old
3. Language (not enough English)
4. Computer abilities or access
5. Learning difficulties e.g. unable to read
6. Disabilities e.g. low vision
7. Health issues
97. Other, please specify

## Recent Experience

**[DO NOT SHOW]**

### INTRO\_Recent

These questions are about your recent experience(s) at **[PRACTICE NAME]**, **for your own health**. For the rest of the survey, we will call **[PRACTICE NAME]** "your GP/nurse clinic".

### Q3. QPC\_apptmode

**[MULTIPLE CHOICE]**

In the last 3 months, how have you had an appointment, advice or health information from your GP/nurse clinic **for your own health**?

*Please select all that apply.*

1. In person visit
2. Video call
3. Phone call
4. Email
5. Text message
97. Other, please specify
98. Can't remember / don't know

#### Q4. QPC\_phonetype

[IF ONLY ONE OF QPC\_apptmode='In person' OR QPC\_apptmode='Video call' OR QPC\_apptmode='phone call' CHOSEN AT QPC\_apptmode/QPC\_apptmode\_phone AUTOPUNCH RESPONSE TO QPC\_apptmode\_2]

[OTHERWISE SKIP TO QPC\_tenure]

What best describes the purpose of your phone call(s)?

*Please select all that apply*

1. Phone consultation with GP/doctor or mental health professional
2. Getting advice or information
3. Booking an appointment
4. Getting a prescription
5. Something else, please specify

#### Q5. QPC\_apptmode\_2

[IF HAD MORE THAN ONE OF IN PERSON / VIDEO APT /PHONE AT QPC\_apptmode]  
[SINGLE CHOICE]

Which was your most recent appointment:

1. In person visit
2. Phone call
3. Video call

#### D5. DRecentApptType

[HIDDEN VARIABLE: MOST RECENT APPOINTMENT TYPE = RESPONSE TO Q5 IF ANSWERED ELSE RESPONSE TO Q4]

1. In person visit
2. Video call
3. Telephone call

#### Q6. QPC\_HCP

[IF HAD IN PERSON / VIDEO APT/PHONE AT QPC\_apptmode\_2]  
[SINGLE CHOICE]

Was your most recent [BASED ON QPC\_apptmode\_2 visit OR video call OR phone call] with...

*Please select one option. If it was with more than one, please select the main person.*

1. A GP/doctor
2. A nurse or nurse practitioner [SHOW VIDEO AND VISIT]
3. A mental health professional
4. Another health care professional, please specify [SHOW VIDEO AND VISIT]
98. Don't know / not sure who I saw

#### DHCP

[DO NOT SHOW RESPONDENT]

[IF HAD IN PERSON/VIDEO APT/PHONE AT QPC\_apptmode\_2]  
[SINGLE CHOICE]

Hidden variable to denote HCP seen language for punches to assist with consistent wording throughout.

- o GP [QHCP\_HIDDEN]
- o nurse [QHCP\_HIDDEN]
- o mental health professional [QHCP\_HIDDEN]
- o health care professional [HCP='another' OR 'don't know']

[IF QPC\_HCP='another' OR 'don't know' SKIP TO INTRO\_APT]

**Q7. QPC\_regHCP**

**[IF HAD IN PERSON / VIDEO APT/PHONE AT QPC\_aptmode\_2]  
[SINGLE CHOICE]**

Is there one **[HCP INSERTED FROM ABOVE]** you usually see?

1. Yes
2. No

**Q8. QPC\_regHCPseen**

**[IF YES AT QPC\_regHCP]  
[SINGLE CHOICE]**

Did you get to see your usual **[HCP INSERTED FROM ABOVE]** this time?

1. Yes
2. No

**Appointment booking**

**[ASK IF INPERSON OR VIDEO CONFERENCE/PHONE AT QPC\_aptmode\_2]**

**Intro\_Apt**

**[IF VIDEO/PHONE SKIP TO Q10]**

Please answer this next section about your most recent experience, **for your own health**, with your GP / nurse clinic. Remember when we say your GP / nurse clinic, we are talking about **[PRACTICE NAME]**.

**Q9. QPC\_apptype**

**[IF IN PERSON AT QPC\_aptmode\_2]  
[SINGLE CHOICE]**

And on this occasion, did you have a booked appointment or was it a walk-in?

1. Appointment
2. Walk-in

**Q10. QPC\_apptbook**

**[IF "APPOINTMENT" AT QPC\_apptype OR "Video call"/"Phone call" at QPC\_aptmode2]  
[SINGLE CHOICE]**

When you made the booking, how quickly were you able to get an appointment?

1. Same day
2. Next working day
3. Within a week
4. Over a week

**Q11. QPC\_apptbook2**

**[IF NEXT WORKING DAY OR LONGER at QPC\_apptbook]  
[SINGLE CHOICE]**

How did you feel about the wait?

1. I did not mind the wait
2. I had to wait a bit too long
3. I had to wait far too long

**Q12. QPC\_apptwait**

**[QPC\_aptmode2=VIDEO/PHONE OR IF INPERSON & APPOINTMENT AT QPC\_apptype]  
[SINGLE CHOICE]**

How long after your booked time did you have to wait for your appointment to begin?

1. 5 minutes or less
2. 6-15 minutes
3. 16-30 minutes
4. More than 30 minutes

**Q13. QPC\_aptwait2**

[QPC\_aptmode2=VIDEO/PHONE OR IF INPERSON & APPOINTMENT AT QPC\_apttype]

[SINGLE CHOICE]

How did you feel about the wait?

1. I did not mind the wait
2. I had to wait a bit too long
3. I had to wait far too long

[IF VIDEO/PHONE SKIP TO Q17 QPC\_admin, IF IN PERSON SKIP TO Q16 QPC\_wait]

**Q14.QPC\_walkinwait**

[IF WALK-IN AT QPC\_apttype AND IN PERSON]

[SINGLE CHOICE]

When you arrived at your GP / nurse clinic how long did you have wait to see the [HCP INSERTED FROM ABOVE]?

1. Less than 30 minutes
2. 30 minutes to less than 1 hour
3. 1 hour to less than 2 hours
4. 2 hours to less than 3 hours
5. 3 hours to less than 4 hours
6. 4 or more hours

**Q15. QPC\_walkinwait2**

[IF WALK-IN AT QPC\_apttype AND IN PERSON]

[SINGLE CHOICE]

How did you feel about the wait?

1. I did not mind the wait
2. I had to wait a bit too long
3. I had to wait far too long

**Q16. QPC\_wait**

[IF IN PERSON AT QPC\_apttype]

[SINGLE CHOICE]

Were you advised about the wait time?

1. Yes, but I did not have to wait that long
2. Yes, and it was right
3. Yes, but I had to wait longer
4. No

**Q17. QPC\_admin**

[SINGLE CHOICE]

And on this occasion, did the **reception and/or admin staff** treat you with respect?

1. Yes, definitely

2. Somewhat
3. No
4. I did not talk to / see reception or admin staff

## Interpreters

[SHOW HEADING]

[ASK IF INPERSON OR VIDEO OR PHONE AT QPC\_aptmode\_2 AND QPC\_HCP =GP, nurse OR mental health professional]

### Q18. QPC\_Interp

[SINGLE CHOICE]

Did you need an interpreter to communicate with the [HCP FROM QHCP\_HIDDEN]?

1. No
2. Yes, I had an interpreter
3. Yes, I used a family member as an interpreter
4. Yes, but I did not have an interpreter

### Q19. QPC\_Interp2

[ASK IF QPC\_Interp= Yes, I had an interpreter OR Yes, I used a family member as an interpreter]

[SINGLE CHOICE]

Did the interpreter help you clearly communicate with the [HCP FROM QHCP\_HIDDEN]?

1. Yes, definitely
2. Somewhat
3. No

**Your care from your [HCP FROM QHCP\_HIDDEN].**

[ASK SECTION ONLY IF QPC\_aptmode\_2 =In person OR video call OR phone]

## INFO\_HCP

Now we'd like you to think about what happened during your recent [IF IN PERSON AT QPC\_APTMODE\_2 = visit, VIDEO CALL AT QPC\_APTMODE\_2 = video call PHONE CALL WITH GP AT QPC\_APTMODE\_2 = phone call] with the [HCP FROM QHCP\_HIDDEN] from [practice\_name] about your own health.

### Q20b. QPC\_NamePronounce

[SINGLE CHOICE]

Was your name pronounced properly by the [HCP FROM QHCP\_HIDDEN]?

1. Yes, always
2. Sometimes
3. No
4. No one used my name
98. Unsure / don't know

### Q20c. QPC\_NameAskPronounce\_

[SINGLE CHOICE]

Did the [HCP FROM QHCP\_HIDDEN] ask you how to say your name if they were uncertain?

1. Yes, always
2. Sometimes
3. No
4. They did not need to ask
98. Unsure / don't know

**Q20. QPC\_attributes****[SINGLE CHOICE GRID]**

Did the **[HCP FROM QHCP\_HIDDEN]**...

*Please select one answer for each statement*

**[STATEMENTS]**

- Q20\_1 listen to you?
  - Q20\_2 inform you as much as you wanted about your health condition, treatment or care?
  - Q20\_3 explain things in a way you could understand?
  - Q20\_4 treat you with kindness and understanding?
  - Q20\_5 treat you with respect?
  - Q20\_6 spend enough time with you?
1. Yes, definitely
  2. Somewhat
  3. No

**Q21. QPC\_history****[SINGLE CHOICE]**

Were you confident that the **[HCP FROM QHCP\_HIDDEN]** knew enough about your medical history?

1. Yes, definitely
2. Somewhat
3. No

**Q22. QPC\_trust****[SINGLE CHOICE]**

Did you have trust and confidence in the **[HCP FROM QHCP\_HIDDEN]**?

1. Yes, definitely
2. Somewhat
3. No

**Q23. QPC\_MH****[SINGLE CHOICE]**

During this **[IF APPOINTMENT AT QPC\_apptmode\_2 = visit, IF VIDEO CONFERENCE QPC\_apptmode\_2= video call IF PHONE CALL WITH GP AT QPC\_apptmode\_2= phone call]**, did you feel that the **[HCP FROM QHCP\_HIDDEN]** recognised and/or understood any mental health needs that you might have had?

1. I did not have any mental health needs
2. Yes, definitely
3. Somewhat
4. No
5. Did not apply this time

**Q24. QPC\_involve****[SINGLE CHOICE]**

Did the **[HCP FROM QHCP\_HIDDEN]** involve you as much as you wanted to be in making decisions about your treatment and care?

1. Yes, definitely
2. Somewhat
3. No

4. I did not want to be involved

#### **Q24b. QPC\_involve\_OE**

**[ASK IF QPC\_INVOLVE = SOMEWHAT OR NO]  
[OPEN END]**

What could have been done better to involve you in decisions about your treatment and care?

#### **Q24c. QPC\_askquestions**

**[SINGLE CHOICE]**

Did you feel comfortable to ask the **[HCP FROM QHCP\_HIDDEN]** any questions you had?

1. Yes, definitely
2. Somewhat
3. No
98. Can't remember / don't know

#### **Your overall experience**

**[ASK IF INPERSON OR VIDEO CONFERENCE OR PHONE AT QPC\_apptmode\_2 AND QPC\_HCP =GP, nurse or mental health professional]**

#### **Q25. QPC\_needs**

**[SINGLE CHOICE]**

Everyone in Aotearoa New Zealand comes from a unique background and perspective. This means each person's needs might be different in their treatment or care.

During this **[IF APPOINTMENT AT QPC\_apptmode\_2 = visit, IF VIDEO CONFERENCE AT QPC\_apptmode\_2 = video call, IF PHONE CALL WITH GP AT QPC\_apptmode\_2= phone call]**...

*Please select one answer for each statement*

**[STATEMENTS – DO NOT ROTATE]**

- Did you feel your cultural needs were met?
  - Did you feel your spiritual needs were met?
  - Did you feel your individual needs were met?
1. Yes, definitely
  2. Somewhat
  3. No
  4. I did not have any



**Q26. QPC\_needs\_OE**

**[ASK ALL]**

**[OPEN END]**

How could your needs have been better met?

*Please explain, in as much detail as possible*

**Q27. QPC\_Discrim**

**[MULTIPLE CHOICE]**

During the experience, did you ever feel you were treated unfairly for any of the reasons below?

*Please select all that apply*

1. I was not treated unfairly **[EXCLUSIVE CHOICE]**
2. Your skin colour
3. Your race or ethnic group
4. Your sex
5. Your gender identity
6. Your age
7. A disability or physical health condition you have
8. A mental health condition you have
9. Your sexual orientation
10. Your religious beliefs
11. Your income or your family / whānau's income
12. Your appearance
97. Something else, please specify:
98. Don't know / unsure

**Q28. QDiscrim\_OE**

**[ASK IF ONE OR MORE OPTIONS SELECTED FROM Q27 QPC\_Discrim, EXCLUDING 1 AND 98]**

**[OPEN END]**

You indicated that you felt you were treated unfairly due to **[ANSWER FROM DISCRIM]**.

What happened to make you feel you were treated unfairly?

*Please describe, in as much detail as possible...*

**INTRO\_Overall**

**[DO NOT SHOW HEADING]**

The next questions are about your overall view of your latest experience with your GP / nurse clinic. Please think about all the aspects of experience stay including those we have covered in the questions above and any other aspects that are important to you.

**Q29. QPC\_Overall**

**[SINGLE CHOICE]**

Overall, do you feel the quality of the treatment and care you received was:

1. Very good
2. Good
3. Average
4. Poor
5. Very poor

## OE\_Disclaimer

Your responses to this survey are anonymous – please be careful **not** to give information in your comments that might identify you, (such as dates, names, contact information).

### Q30. QPC\_Better\_OE

**[OPEN END]**

*Please describe, in as much detail as possible...*

What do you think would have made your **[IF APPOINTMENT AT QPC\_aptmode\_2 = 'visit', IF VIDEO CONFERENCE AT QPC\_aptmode\_2='video call' IF PHONE CALL WITH GP AT QPC\_aptmode\_2='phone call']** better?

### Q31. QPC\_Strengths\_OE

**[OPEN END]**

*Please describe, in as much detail as possible...*

What do you think went well about your **[IF APPOINTMENT AT QPC\_aptmode\_2 = visit, IF VIDEO CONFERENCE AT QPC\_aptmode\_2 = video call, IF PHONE CALL WITH GP AT QPC\_aptmode\_2 = phone call]**?

## About your GP / nurse clinic

**[ASK ALL RESPONDENTS]**

The next couple of questions are about **[practice name]** in general.

### Q32. QPC\_tenure

**[SINGLE CHOICE]**

How long have you been a patient there?

1. Less than one year
2. One to five years
3. More than five years

### Q33. QPC\_response

**[SINGLE CHOICE]**

In the last 3 months when you contacted your GP / nurse clinic about something important (other than booking an appointment), did you get an answer the same day?

1. I have not contacted them about something important (other than booking an appointment) in the last 3 months
2. Yes, always
3. Sometimes
4. No

### Q33b. QPC\_family

**[SINGLE CHOICE]**

At **[practice name]**, if you want to, are you able to have family / whānau involved in discussions about your treatment and care?

1. Yes, definitely
2. Somewhat
3. No
95. I do not want them included
98. Not applicable

## Online Portals

**[DO NOT SHOW HEADING]**

**Q34. QPortal\_use****[SINGLE CHOICE]**

Have you heard of or used a general practice online service or patient portal (e.g., ManageMyHealth, Health365, ConnectMed, OpenNotes)?

*These can be used to book appointments, order repeat prescriptions or to see your health records.*

1. Yes, I have heard of and used
2. Yes, I have heard of but not used
3. No, I have not heard of
98. Don't know

**Access in previous 12 months****[DO NOT SHOW HEADING]****INFO\_ACCESS****[DO NOT SHOW HEADING]**

These next questions are about your experiences with health care in general over the last 12 months. This could be at **[Practice Name]** or somewhere else.

**Q35. QPC\_access****[SINGLE CHOICE]**

In the last 12 months, was there ever a time when you wanted health care from a GP or nurse, but you couldn't get it?

1. Yes
2. No

**Q36. QPC\_barriers****[ASK IF Q35 QPC\_ACCESS = YES]****[MULTIPLE CHOICE]**

Why could you not get health care from a GP or nurse when you wanted it during the last 12 months?

*Please select all that apply.*

1. Waiting time to get an appointment too long
2. The appointment was too expensive
3. Owed money to the general practice or medical centre
4. Dislike or fear of the GP
5. Difficult to take time off work
6. Had no transport to get there
7. Could not arrange childcare or care for a dependent (an adult who is ill or disabled)
8. Did not have a carer, support person or interpreter to go with you
9. Unable to visit clinic due to stay home orders
10. Fear of getting sick by visiting in person
11. Alert level restrictions meant I wasn't allowed
12. I didn't want to make the health care providers too busy
13. I was worried about catching COVID-19
99. Other (please tell us why)

**Q37. QPC\_conflict****[SINGLE CHOICE]**

In the last 12 months, have you been given conflicting information by different doctors or health care professionals, e.g. one would tell you one thing and then another would tell you something different?

1. This does not apply to me, I have not seen more than one doctor or health care professional
2. Yes
3. No
98. Unsure / don't know

## Your medicines

### Q38. QMeds\_presc

**[SINGLE CHOICE]**

In the last 12 months has someone from **[PRACTICE NAME]** prescribed you any medicine(s) (either new or a repeat)?

*This includes vitamins, pain killers, supplements and other prescribed medicines.*

1. Yes
2. No
98. Unsure / I cannot remember

### MED\_INFO

**[DO NOT SHOW HEADING]**

**[IF Q38 QMEDS\_PRESC = YES]**

The next questions are about the medicine prescribed to you by someone from **[PRACTICE NAME]** during the last **12 months**. This includes vitamins, pain killers, supplements and other prescribed medicines. From now on we'll refer to these as 'medicines'.

### Q39. QMed\_involve

**[IF Q38 QMEDS\_PRESC = YES]**

**[SINGLE CHOICE]**

In the last 12 months, were you involved as much as you wanted to be in decisions about the best medicine(s) for you?

1. Yes, always
2. Sometimes
3. No
4. I did not want to be involved

### Q40. QMed\_instru

**[IF Q38 QMEDS\_PRESC = 1]**

**[SINGLE CHOICE]**

In the last 12 months, did you follow the instructions when you took the medicine(s)?

1. Yes, always
2. Sometimes
3. No

**Q41. QMed\_instru2****[IF Q38 QMEDS\_PRESC = 1]****[MULTIPLE CHOICE]**

You said that you did not always follow the instructions when you took the medicine(s). Please tell us why.

*Please select all that apply*

1. Cost too much
2. I feel worse when I take the medicine
3. I find it hard to keep to the schedule
4. I need to time it with other things (e.g. food)
5. I have too many medicines to remember them all
6. I forgot to take it
7. I do not like taking medicine
8. The instructions are hard to understand
9. I felt fine / better
10. I couldn't pick it up because of Government's advice to stay home
97. Other (Please tell us more):

**Q42. QMed\_cost****[IF Q38 QMEDS\_PRESC = 1]****[SINGLE CHOICE]**

In the last 12 months, was there a time when cost stopped you from picking up a prescription?

1. Yes
2. No

**Q43. QMed\_wrong****[IF Q38 QMEDS\_PRESC = 1]****[MULTI CHOICE – EXCEPT I HAVE NOT BEEN GIVEN THE WRONG MEDICINE OR DOSE]**

In the last 12 months, have you been given the wrong medicine or wrong dose by someone from:

1. Your GP / nurse clinic
2. A pharmacy (outside of the hospital)
3. Another health care provider
4. I have not been given the wrong medicine or dose **[EXCLUSIVE]**

**Q44. QMed\_wrongOE****[IF YES TO Q43 QMED\_WRONG = 1 OR 2]****[OPEN END]**

You mentioned you have been given the wrong medicine or wrong dose. Please explain what happened?

**Q45. QMed\_wrong2****[IF YES TO Q43 QMED\_WRONG = 1 OR 2]****[SINGLE CHOICE]**

When you were given the wrong medicine or dose, did you...

*Please select one answer for each statement*

- Q45\_1 Stop taking it?
  - Q45\_2 Get medical advice?
  - Q45\_3 Get medical care?
  - Q45\_4 Get admitted to hospital?
1. Yes

2. No

#### Q46. QMed\_info

[IF Q38 QMEDS\_PRESC = 1]

[SINGLE CHOICE]

Thinking about the **all of your current** medicine(s) prescribed to you, have you been told, in a way you could understand, by someone at your GP / nurse clinic or pharmacy...

*Please select one answer for each statement*

- Q46\_1 What the medicine was for?
  - Q46\_2 What could happen if you didn't take the medicine?
  - Q46\_3 What the possible side effects are?
  - Q46\_4 What to do if you experienced side effects?
1. Yes, always
  2. Sometimes
  3. No
  4. Does not apply to me

### Medical tests

#### Q47. QTests\_use

[SINGLE CHOICE]

In the last 12 months, have you had an x-ray, scan, blood test, or other medical test that your GP / nurse clinic ordered for you?

*This does not include any tests that specialists or hospital staff may have ordered for you*

1. Yes
2. No
98. Don't know

### INFO\_TESTS

[DO NOT SHOW HEADING]

[IF Q47 QTESTS\_USE = 1, OTHERWISE SKIP TO FOLLOWING SECTION]

The next questions are about medical tests and scans ordered by **[Practice Name]** you may have had in the last 12 months. Please **do not** include x-rays, scans, blood tests and other tests that were ordered by a specialist or hospital. If you have had more than one, please answer the next questions about the **most recent** medical test you had.

#### Q48. QTest\_type

[IF Q47 QTESTS\_USE = 1]

[SINGLE CHOICE]

Which did you have **most recently**?

1. X-ray
2. Scan
3. Blood test
97. Other medical test

#### Q49. QTest\_understood

[IF Q47 QTESTS\_USE = 1]

[SINGLE CHOICE]

Was the need for this **[TEST FROM QTest\_type]** explained in a way you could understand?

1. Yes, definitely
2. Somewhat
3. No
4. I did not need an explanation

#### **Q50. QTest\_find**

**[IF Q47 QTESTS\_USE = 1]**

**[SINGLE CHOICE]**

Were you told how you could find out the results of this **[TEST FROM QTest\_type]**?

1. Yes
2. No
98. Not sure

#### **Q51. QTest\_results**

**[IF Q47 QTESTS\_USE = 1]**

**[SINGLE CHOICE]**

Were the results of this **[TEST FROM QTest\_type]** explained in a way you could understand?

1. Yes, definitely
2. Somewhat
3. No
4. I was told I would get the results later
5. I never got the results
98. Not sure

### **Emergency departments**

**[SHOW HEADING]**

#### **Q52. QED\_use**

**[SINGLE CHOICE]**

In the last 12 months, have you been to the emergency department at a hospital **for your own health**?

1. Yes
2. No

#### **INFO\_EMERG**

**[DO NOT SHOW HEADING]**

**[IF Q52 QED\_USE = 1, OTHERWISE SKIP TO NEXT SECTION]**

The next questions are about your **most recent** visit to an emergency department for your own health.

**Q53. QED\_visited****[IF Q52 QED\_USE = 1]****[SINGLE CHOICE]**

Which emergency department did you visit?

*If your hospital is not in the list, you can type it in the box and click on the green next button to continue.*

*If you are unsure which hospital you visited please type in don't know and click on the green next button.*

**[LIST OF EDs IN COLLAPSIBLE LIST BASED ON DHBS]**

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| 1. Ashburton Hospital             | 24. Rotorua Hospital                |
| 2. Auckland City Hospital         | 25. Southland Hospital              |
| 3. Bay of Islands Hospital        | 26. Starship Child & Family Unit    |
| 4. Buller Health                  | 27. Taranaki Base Hospital          |
| 5. Christchurch Hospital          | 28. Taumarunui Community Hospital   |
| 6. Clutha Health First            | 29. Taupo Hospital                  |
| 7. Dunedin Hospital               | 30. Tauranga Hospital               |
| 8. Dunstan Hospital               | 31. Te Kuiti Community Hospital     |
| 9. Gisborne Hospital              | 32. Thames Hospital                 |
| 10. Gore Hospital                 | 33. Timaru Hospital                 |
| 11. Greymouth Base Hospital       | 34. Tokoroa Hospital                |
| 12. Hawera Hospital               | 35. Waikato Hospital                |
| 13. Hawkes Bay Hospital           | 36. Wairarapa Hospital              |
| 14. Hutt Hospital                 | 37. Wairau Hospital                 |
| 15. Kaitaia Hospital              | 38. Wairoa Hospital & Health Centre |
| 16. Lakes District Hospital       | 39. Waitakere Hospital              |
| 17. Middlemore Hospital           | 40. Wellington Hospital             |
| 18. Nelson Hospital               | 41. Whakatane Hospital              |
| 19. North Shore Hospital          | 42. Whanganui Hospital              |
| 20. Oamaru Hospital               | 43. Whangarei Hospital              |
| 21. Opotiki Community Care Centre | 97. Other                           |
| 22. Palmerston North Hospital     | 98. Don't know                      |
| 23. Reefton Health Services       |                                     |

**Q54. QED\_why****[IF Q52 QED\_USE = 1]****[MULTI CHOICE]**

Thinking about your last visit to an emergency department for your own health, what were all the reasons you went to a hospital emergency department?

*Please select all that apply*

1. Thought condition was serious/life threatening
2. GP or after-hours too expensive
3. Time of day/day of week (i.e. after hours)
4. Waiting time to get an appointment was too long at usual medical clinic
5. Sent by GP
6. Sent by Healthline (or another telephone helpline)
7. Taken by ambulance or helicopter
8. More confident about hospital than GP
9. Hospital knows me
10. ED recommended by someone else
11. Do not have regular GP
97. Other (please tell us why)



### Q55. QED\_inform

[IF Q52 QED\_USE = 1]

[SINGLE CHOICE]

Did you have enough information about how to manage your condition or recovery after you left the emergency department?

1. Yes, definitely
2. Somewhat
3. No
4. I was not given any information
5. I did not need this information as I was admitted to the hospital or to residential care

### Q56. QED\_uptodate

[IF Q52 QED\_USE = 1]

[SINGLE CHOICE]

Does [Practice Name] seem informed and up-to-date about the care you got from the emergency department?

1. Yes, definitely
2. Somewhat
3. No
98. Don't know

## Hospital stays

### Q57. QHS\_stay

[SINGLE CHOICE]

In the last 12 months have you stayed in a hospital overnight for your own health?

1. Yes
2. No

## INFO\_HOSPITAL

[DO NOT SHOW HEADING]

[IF Q57 QHS\_STAY = 1, OTHERWISE SKIP TO NEXT SECTION]

The next questions are about your most recent overnight stay in hospital for your own health.

### Q58. QHS\_visited

[IF Q57 QHS\_STAY = 1]

[SINGLE CHOICE]

Could you please tell us which hospital you received care from?

*If your hospital is not in the list, you can type it in the box and click on the green next button to continue.*

*If you are unsure which hospital you visited please type in don't know and click on the green next button.*

- |                                |   |
|--------------------------------|---|
| 1. Ashburton Hospital          | 9. Dunedin Hospital                           |
| 2. Auckland City Hospital      | 10. Dunstan Hospital                          |
| 3. Bay of Islands Hospital     | 11. Elective Surgery Centre – Waitemata DHB   |
| 4. Botany Downs Maternity Unit | 12. Gisborne Hospital                         |
| 5. Buller Hospital             | 13. Greymouth Base Hospital                   |
| 6. Burwood Hospital            | 14. Hastings Mental Health and Inpatient Unit |
| 7. Christchurch Hospital       |   |
| 8. Dargaville Hospital         |   |

15. Hawera Hospital
16. Hawkes Bay Regional Hospital
17. Hillmorton Hospital
18. Horowhenua Health Centre
19. Hutt Hospital
20. Kaikoura Hospital
21. Kaitaia Hospital
22. Kenepuru Community Hospital
23. Lakes District Hospital
24. Lincoln Maternity Hospital
25. Manukau SuperClinic
26. Matariki Hospital
27. Middlemore Hospital
28. Nelson Hospital
29. North Shore Hospital
30. Oamaru Hospital
31. Palmerston North Hospital
32. Papakura Primary Birthing Unit
33. Princess Margaret Hospital
34. Pukekohe Maternity Unit
35. Rangiora Hospital
36. Rhoda Read Hospital
37. Rotorua Hospital
38. Southland Hospital

39. Tahoroto Mental Health Unit
40. Taranaki Base Hospital
41. Taumarunui Community Hospital
42. Taupo Hospital
43. Tauranga Hospital
44. Te Atarau Inpatient Psychiatric Unit
45. Te Kuiti Community Hospital
46. Thames Hospital
47. Tiaho Mai Acute Mental Health Unit
48. Timaru Hospital
49. Tokoroa Hospital
50. Waikato Hospital
51. Waikato Psychiatric Inpatient Services
52. Waipukurau Hospital
53. Wairarapa Hospital
54. Wairau Hospital
55. Wairoa Hospital & Health Centre
56. Waitakere Hospital
57. Wakari Hospital
58. Wellington Hospital
59. Whakatane Hospital
60. Whanganui Hospital
61. Whangarei Hospital
97. Other **[ANCHOR LAST]**

**Q59. QHS\_uptodate**

**[IF Q57 QHS\_STAY = 1]**

**[SINGLE CHOICE]**

As far as you know, is your GP / nurse clinic informed and up to date about the plan for follow-up?

1. Yes, definitely
2. Somewhat
3. No
98. Don't know

**Q60. QHS\_return**

**[IF Q57 QHS\_STAY = 1]**

**[SINGLE CHOICE]**

Did you have to go back to hospital or get emergency care because of complications or your condition got worse within a month after being discharged from hospital?

1. Yes
2. No
3. I was discharged from hospital less than a month ago

## Long-term conditions

### INFO\_LTC

**[DO NOT SHOW HEADING]**

**[SHOW ON SAME SCREEN AS TYPE]**

The next questions are about long-term health conditions. A long-term health condition is a physical or mental illness or condition that has lasted, or is expected to last, for more than six months. The symptoms may come and go or be present all the time.

### Q61. QLTC\_type

**[MULTIPLE CHOICE]**

Which, if any, of the following long-term conditions have you been diagnosed with and **currently** have?

*Please select all that apply*

1. Anxiety
2. Arthritis (including gout)
3. Asthma
4. Cancer (diagnosis or treatment in the last 5 years)
5. Chronic Obstructive Pulmonary Disease (COPD)
6. Depression
7. Diabetes
8. Heart disease
9. High blood pressure
10. Long term pain
11. Stroke
97. Other mental health conditions
98. Other
12. I do not currently have any long-term health conditions

### Q62. QLTC\_typeOE

**[IF Q61 QLTC\_TYPE = 98]**

**[OPEN END]**

Which other long-term condition(s) do you currently have?

### Q63. QLTC\_time

**[IF AT LEAST ONE SELECTED AT Q61 QLTC\_TYPE, OTHERWISE SKIP TO NEXT SECTION]**

**[SINGLE CHOICE]**

How long ago were you first diagnosed with...

- **[insert from QLTC\_type in sentence case]?**
1. Less than 6 months ago
  2. 6 months to less than 12 months ago
  3. 1 year to less than 2 years ago
  4. 2 years to less than 5 years ago
  5. 5 years to less than 10 years ago
  6. 10 years ago or more
  98. Don't know

**[REPEAT FOR EACH SELECTED AT QLTC\_type]**

**Q64. QLTC\_general**

**[IF AT LEAST ONE SELECTED AT Q61 QLTC\_TYPE, OTHERWISE SKIP TO NEXT SECTION]  
[SINGLE CHOICE GRID]**

Thinking about the care or treatment you have received for your long-term condition(s) ...

*Please select one answer for each statement*

In the last 12 months, have you:

- Q64\_1 Received information you can understand about what you can do to improve your health?
- Q64\_2 Talked with a health care professional about how your care or treatment is going?

1. Yes, definitely
2. Somewhat
3. No
4. Does not apply to me

**Q65. QLTC\_plan**

**[IF AT LEAST ONE SELECTED AT Q61 QLTC\_TYPE]  
[SINGLE CHOICE]**

Do you have a shared treatment or care plan agreed with a health care professional to manage your condition(s)?

This is usually a formal plan that you can use at home and during appointments. It can include information about your medicine, an eating or exercise plan, or goals you want to work towards.

1. Yes
2. No
98. Don't know

**Q66. QLTC\_planeval**

**[IF Q65 QLTC\_PLAN = 1]  
[SINGLE CHOICE]**

Thinking about this plan over the last 12 months, have you:

*Please select one answer for each statement*

- Q66\_1 Been involved in decisions about what is in the plan?
- Q66\_2 Been able to use it in your daily life?
- Q66\_3 Reviewed the plan with a health care professional?

1. Yes, definitely
2. Somewhat
3. No
4. Not enough time has passed **[SHOW FOR REVIEW STATEMENT ONLY]**
5. Does not apply to me

## Your thoughts overall

### OE\_Disclaimer

#### [DO NOT SHOW HEADING]

Your responses to this survey are anonymous – please be careful **not** to give information in your comments that might identify you (such as dates, names, contact information).

### Q67. QImprove\_OE\_topic

#### [MULTIPLE CHOICE]

Thinking about the past 12 months, which of the following areas, if any, would you like to share feedback about what would have made your health care experiences better?

For each of the topics you choose, you will be provided with a box to insert your comments.

*Please select all that apply. Please explain in as much detail as possible.*

1. Your GP / nurse clinic
2. Access to medical care
3. Medication
4. Medical tests
5. Emergency departments
6. Long-term conditions
7. Hospital stays
8. New Zealand's healthcare system
9. Something else

### Q69. QStrengths\_OE\_topic

#### [MULTIPLE CHOICE]

Thinking about the past 12 months, which of the following areas, if any, would you like to share feedback about what went well?

For each of the topics you choose, you will be provided with a box to insert your comments.

*Please select all that apply. Please explain in as much detail as possible.*

1. Your GP / nurse clinic
2. Access to medical care
3. Medication
4. Medical tests
5. Emergency departments
6. Long-term conditions
7. Hospital stays
8. New Zealand's healthcare system
9. Something else

## About You

### Health Questions

[DO NOT SHOW HEADING]

#### INTRO\_HEALTH

The questions that follow are about difficulties you may have doing certain activities because of a health condition.

#### Q71\_1. WGSS1

[SINGLE CHOICE]

Do you have difficulty seeing, even if wearing glasses?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

#### Q71\_2. WGSS2

[SINGLE CHOICE]

Do you have difficulty hearing, even if using a hearing aid?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

#### Q71\_3. WGSS3

[SINGLE CHOICE]

Do you have difficulty walking or climbing steps?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

#### Q71\_4. WGSS4

[SINGLE CHOICE]

Do you have difficulty remembering or concentrating?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

#### Q71\_5. WGSS5

[SINGLE CHOICE]

Do you have difficulty washing all over or dressing?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

**Q71\_6. WGSS6****[SINGLE CHOICE]**

Using your usual language, do you have difficulty communicating, for example understanding or being understood?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

**Q72. HCRDisability****[SINGLE CHOICE]**

Do you think of yourself as disabled (or as having a disability)?

1. Yes
2. No
3. Unsure

**INFO\_ABOUT****[DO NOT SHOW HEADING]****[IF Q1 S1 = 2]**

If you are answering on behalf of a patient, please complete this section using their details.

**Q73. QGender****[SINGLE CHOICE]**

What is your gender?

1. Male
2. Female
3. Gender diverse

**Q74. QAge\_1**

Please tell us the year of your birth.

**[NUMERICAL RANGE 1900-2005]****Q75. QAge\_2****[IF NO RESPONSE AT AGE\_1, ASK AGE\_2]**

What is your age?

**[NUMERICAL RANGE 15-120]****Q76. QAge\_3****[IF NO RESPONSE AT AGE\_2, ASK AGE\_3]****[SINGLE CHOICE]**

Which age range are you in?

1. 15 – 24 years
2. 25 – 34 years
3. 35 – 44 years
4. 45 – 54 years
5. 55 – 64 years
6. 65 – 74 years
7. 75 – 84 years
8. 85 years or over

## Equity Questions

**[DO NOT SHOW HEADING]**

### Q77. QEthnicity\_1

**[MULTIPLE CHOICE]**

Which ethnic group or groups do you belong to?

*Please select all that apply*

1. New Zealand European
2. Māori
3. Samoan
4. Cook Island Māori
5. Tongan
6. Niuean
7. Chinese
8. Indian
97. Other (such as Dutch, Japanese, Tokelauan)

### Q78. QEthnicity\_2

**[ASK IF Q77 QETHNICITY\_1 = 97]**

**[MULTIPLE CHOICE]**

You selected 'other' as an option for your ethnic group. Which of these ethnic groups do you belong to?

*Please select all that apply*

1. English
2. Australian
3. Dutch
4. Other European
5. Tokelauan
6. Fijian
7. Other Pacific Peoples
8. Filipino
9. Japanese
10. Korean
11. Cambodian
12. Other Asian
13. Middle Eastern
14. Latin American
15. African
97. Other, specify



**Q79. QLGBTQ****[SINGLE CHOICE]**

Which of the following options best describes how you think of yourself?

1. Straight or heterosexual
2. Gay or lesbian
3. Bisexual
97. Other
98. Don't know
99. Prefer not to answer

**Communication Barrier Questions****[DO NOT SHOW HEADING]****Q80. LANG\_1****[MULTIPLE CHOICE]**

What language(s) do you speak most often at home?

*Please select all that apply*

1. English
2. Māori
3. New Zealand Sign Language
4. Samoan
5. Northern Chinese (including Mandarin)
6. Hindi
97. Other language(s), e.g., Gujarati, Cantonese, Greek (Please tell us):
99. Would rather not say

**Q81. LANG\_2****[ASK ALL AT LEAST ONE, OTHER THAN ENGLISH (1), AT Q80 LANG\_1]****[SINGLE CHOICE]**

How well do you speak English?

1. Very well
2. Well
3. Not well
4. Not at all

## Recontact

**[DO NOT SHOW HEADING]**

### Intro\_Recontact

Your answers are used to help improve our care and services.

This survey covered a number of issues and possible areas of concern regarding your recent health care experiences.

### Q82. CONTACT\_1

**[SINGLE CHOICE]**

Would you like someone from **[PRACTICE NAME]** to contact you to discuss your feedback in this survey?

*Please phone your GP clinic as usual for any medical matters that require a consultation.*

1. No thanks
2. Yes, I would like someone to contact me to discuss my feedback or health experience

### Q83. CONTACT\_2

**[SINGLE CHOICE]**

**[IF Q82 CONTACT\_1 = 2]**

Are you happy for the person contacting you to see a copy of your survey response?

This means that your response will no longer be anonymous.

1. Yes, I am happy for them to see a copy of my survey response
2. No, I do not want them to see my survey response – I would like it to remain anonymous

### Q84. CONTACT\_3

**[IF Q82 CONTACT\_1 = 2]**

**[OPEN END]**

Please tell us your contact details.

- First name:
- Last name:
- Phone number:
- Email:

### Q85. Recontact\_Reason\_OE

**[OPEN END]**

Please provide some information on what you would like to talk to **[PRACTICE NAME]** about. We can then ensure the right person contacts you.

## Thank you

Thank you for your valuable time and feedback. You have now finished the New Zealand Patient Experience Adult Primary Care Survey. Your feedback, along with that from others who have completed the survey, will be used to improve the quality of the services we provide.

If you would like to provide feedback on the survey, we would like to hear what you think. If you do not want to answer these quick questions, you can now select 'Exit' or close this window, your survey has been submitted.

Thanks again,

**[PRACTICE SIGNATORY][LOGOS]**

### [NAVIGATION BUTTONS]

- Next
- Exit

## Survey feedback

### Q86. QFeedback

#### [SINGLE CHOICE]

Please indicate whether you agree or disagree with each of the following statements about your experience answering this survey.

- Q86\_1 I would participate if I was invited to this kind of survey again.
- Q86\_2 The survey was visually appealing.
- Q86\_3 I found this survey easy to understand.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

### Q87. QFeedback\_OE

#### [OPEN END]

Any other comments you would like to give us:  
Your feedback can help us make improvements.

## Closing Page

### Thank you

Thank you for your time and feedback. You have now finished this survey.

We have recorded all your answers so you can now close this window.