

Aotearoa New Zealand patient experience adult primary care survey

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

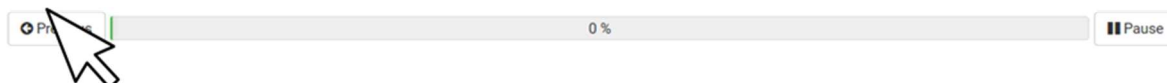
[SHOW HEADING]

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.

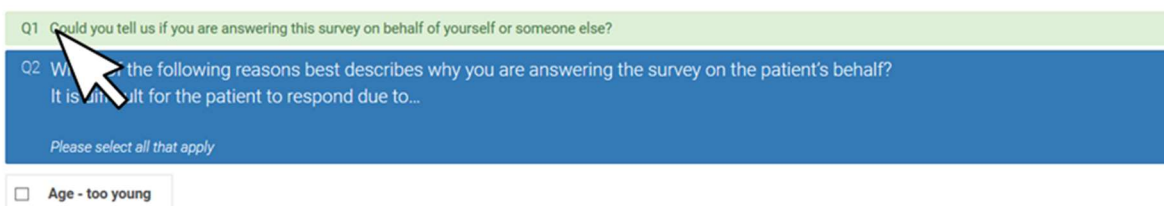
Inst2 – Going back to change an answer

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**[IF SOMEONE ELSE]****(Multicode)**

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 TITLE TO RESPONDENTS FOR ANALYSIS ONLY]****INTRO_Recent****[SHOW AT THE TOP OF THE PAGE FOR EACH QUESTION IN THIS SECTION]**

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_aptmode**[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

[IF ONLY ONE OF QPC_aptmode='In person' OR QPC_aptmode='Video call' OR QPC_aptmode='phone call' CHOSEN AT QPC_aptmode/QPC_aptmode_phone AUTOPUNCH RESPONSE TO QPC_aptmode_2]

[IF QPC_Aptmode includes "Phone" ASK Q4]

Q4. QPC_phonetype

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 [CONTINUE]
2. Getting advice or information
3. Booking an appointment
4. Getting a prescription
5. Something else, please specify

**[IF TWO OR MORE OF Q3=INPERSON OR Q3=VIDEO OR QPC_PHONETYPE=1 ASK QPC_apptmode_2]
[OTHERWISE SKIP TO QPC_Tenure]**

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:

[IF ONLY ONE CHOSEN AT QPC_apptmode AUTOPUNCH RESPONSE]

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

**CALCULATE DERIVED VARIABLE IF Q5=1,2 AND/OR 3 AND IF MULTIPLE Q6≠No Response
IF Q3=1+2, 2+3 or 1+3 or 1+2+3 AND Q5=No Response SKIP TO Q32-QPC_tenure**

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

[IF QPC_HCP=No Response SKIP to Q32 - QPC_Tenure]

DHCP**[DO NOT SHOW RESPONDENT]****[IF HAD IN PERSON/VIDEO APT/PHONE AT QPC_aptmode_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]

NOTE: AS INDICATED ABOVE BY QUESTION THOSE WITHOUT A DEFINED RECENT EXPERIENCE SKIP TO OVERALL PRACTICE QUESTIONS STARTING AT QPC_TENURE. IF NO RESPONSE (CODE 99) TO QPC_APTMODE, QPC_APTMODE_2 AND/OR QPC_HCP OR NONE OF IN-PERSON, VIDEO OR PHONE (1, 2, 3) SELECTED AT QPC_APTMODE, SKIP TO QPC_TENURE]

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
0. 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**[SHOW HEADING]****[ASK IF INPERSON OR VIDEO CONFERENCE/PHONE AT QPC_aptmode_2]****Intro_Apt****[SHOW REFERENCE ON TOP OF PAGE FOR ALL QUESTIONS IN THIS SECTION]**

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]**.

[IF VIDEO/PHONE SKIP TO Q10]

Q9. QPC_apttype**[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

[IF WALK IN SKIP TO QPC_Walkinwait, IF VIDEO OR PHONE ASK Q10, IF APPOINTMENT AND INPERSON ASK Q10]**Q10. QPC_aptbook****[IF "APPOINTMENT" AT QPC_apttype 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_aptbook2**[IF NEXT WORKING DAY OR LONGER at QPC_aptbook]****[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_aptwait**[QPC_aptmode2=VIDEO/PHONE OR IF INPERSON & APPOINTMENT AT QPC_apttype]****[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]****[SHOW ON SAME PAGE AS PREVIOUS QUESTION]****[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 Q16 QPC_wait, IF IN PERSON AND QPC_apttype=Appointment SKIP TO Q16 QPC_wait]

Q14.QPC_walkinwait**[IF WALK-IN AT QPC_appttype 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_appttype 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**[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_apptmode_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].

[SHOW HEADING]

[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]** listen to you?
- Q20_2 **[INFORM]** inform you as much as you wanted about your health condition, treatment or care?
- Q20_3 **[UNDERSTOOD]** explain things in a way you could understand?
- Q20_4 **[KIND]** treat you with kindness and understanding?
- Q20_5 **[RESPECT]** treat you with respect?
- Q20_6 **[TIME]** spend enough time with you?

[GRID SCALE]

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_aptmode_2= 'visit', IF VIDEO CONFERENCE QPC_aptmode_2='video call' IF PHONE CALL WITH GP AT QPC_aptmode_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
95. I did not want to be involved

Q24b. QPC_involve_OE**[ASK IF QPC_INVOLVE = SOMEWHAT OR NO]**

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

[OPEN END]**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

[SHOW HEADING]

[ASK IF INPERSON OR VIDEO CONFERENCE OR PHONE AT QPC_aptmode_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_aptmode_2 = 'visit', IF VIDEO CONFERENCE AT QPC_aptmode_2 = 'video call', IF PHONE CALL WITH GP AT QPC_aptmode_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?

[CHOICES]

1. Yes, definitely
2. Somewhat
3. No
4. I did not have any

Q26. QPC_needs_OE

[TEXTBOX GRID] [ASK ALL]

How could your needs have been better met?

Please explain, in as much detail as possible.

If all your needs were met, please click the Next button to continue.

[OPEN END]

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: **[NOT MANDATORY]**
98. Don't know / unsure

Q27. QDiscrim_HIDDEN**[NOT SHOWN TO RESPONDENT – AUTOPUNCH BASED ON PREVIOUS QUESTIONS]**

Identified perceived unfair treatment

1. Yes **[IF RESPOND YES – TO ANY ABOVE]**
2. No **[IF “I was not treated unfairly” or “Don’t know” ABOVE]**

Q28. QDiscrim_OE**[OPEN END]**

If you felt you were treated unfairly, what happened to make you feel this way?

*Please describe, in as much detail as possible...**If you were not treated unfairly, please click the Next button to continue***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**[SHOW QPC_OVERALL ON NEW SCREEN]****[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**[NO NOT DISPLAY WORD 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****ASK ALL***Please describe, in as much detail as possible...*What do you think would have made your **[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']****] better?****[OPEN END]****Q31. QPC_Strengths_OE****ASK ALL***Please describe, in as much detail as possible...*What do you think went well about your **[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']?****[OPEN END]**

About your GP / nurse clinic**[SHOW HEADING]****[ASK ALL RESPONDENTS]**

The next couple of questions are about **<practice name>** in general.

Q32. QPC_tenure**[SINGLE CHOICE]****[SHOW ON SAME SCREEN AS INTRO]**

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 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)

Q36a QPC_barriers_COVID_OE**ASK IF Q36 =9 or 11****[OPEN END]**

Please describe, in as much detail as possible, why you could not get health care because of COVID-19 restrictions

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**[SHOW HEADING]****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 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 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
95. I did not want to be involved

Q40. QMed_instru**[IF QMeds_presc=Yes]****[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 QMeds_instru=Sometimes or No]****[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 QMeds_presc=Yes]****[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 QMeds_presc=Yes]****[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

Q44. QMed_wrongOE**[IF YES TO QMed_wrong for GP/nurse OR pharmacy] [SHOW ON SAME PAGE AS QMed_wrong2]****[OPEN END GRID]**

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

Q45. QMed_wrong2

**[IF YES TO QMed_wrong][SHOW ON SAME PAGE AS QMed_wrongOE]
[SINGLE CHOICE GRID]**

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

Please select one answer for each statement

[Matrix (radio buttons)]

1. Yes
2. No

[STATEMENTS]

- Q45_1 Stop taking it?
- Q45_2 Get medical advice?
- Q45_3 Get medical care?
- Q45_4 Get admitted to hospital?

Q45. QMed_wrong3

[MULTI CHOICE]

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

Please select all that apply

1. Stop taking it
2. Get medical advice
3. Get medical care
4. Get admitted to hospital
5. None of these **[EXCLUSIVE CHOICE]**

Q46. QMed_info

[IF QMeds_presc=Yes]

[SINGLE CHOICE GRID]

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

[SCALE]

1. Yes, always
2. Sometimes
3. No
95. Does not apply to me

[STATEMENTS]

- 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?

Medical tests**[SHOW HEADING]****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 YES, 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 QTests_use=YES]****[SINGLE CHOICE]**

Which did you have **most recently**?

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

Q49. QTest_understood**[IF QTests_use=YES]****[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 QTests_use=YES]****[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 QTests_use=YES]****[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 YES AT QED_use, 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 YES AT QED_use]****[DROPDOWN 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 | 14. Hutt Hospital |
| 2. Auckland City Hospital | 15. Kaitaia Hospital |
| 3. Bay of Islands Hospital | 16. Lakes District Hospital |
| 4. Buller Health | 17. Middlemore Hospital |
| 5. Christchurch Hospital | 18. Nelson Hospital |
| 6. Clutha Health First | 19. North Shore Hospital |
| 7. Dunedin Hospital | 20. Oamaru Hospital |
| 8. Dunstan Hospital | 21. Opotiki Community Care Centre |
| 9. Gisborne Hospital | 22. Palmerston North Hospital |
| 10. Gore Hospital | 23. Reefton Health Services |
| 11. Greymouth Base Hospital | 24. Rotorua Hospital |
| 12. Hawera Hospital | 25. Southland Hospital |
| 13. Hawkes Bay Hospital | 26. Starship Child & Family Unit |

- | | |
|-----------------------------------|-------------------------------------|
| 27. Taranaki Base Hospital | 37. Wairau Hospital |
| 28. Taumarunui Community Hospital | 38. Wairoa Hospital & Health Centre |
| 29. Taupo Hospital | 39. Waitakere Hospital |
| 30. Tauranga Hospital | 40. Wellington Hospital |
| 31. Te Kuiti Community Hospital | 41. Whakatane Hospital |
| 32. Thames Hospital | 42. Whanganui Hospital |
| 33. Timaru Hospital | 43. Whangarei Hospital |
| 34. Tokoroa Hospital | 97. Other |
| 35. Waikato Hospital | 98. Don't know |
| 36. Wairarapa Hospital | |

Q54. QED_why**[IF YES AT QED_use]****[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 YES AT QED_use]****[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 YES AT QED_use]****[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**[SHOW HEADING]****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 YES AT QHS_stay, 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 YES AT QHS_stay]****[DROPDOWN 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.

[DROPDOWN LIST OF HOSPITALS]

- | | |
|---|--|
| 1. Ashburton Hospital | 26. Matariki Hospital |
| 2. Auckland City Hospital | 27. Middlemore Hospital |
| 3. Bay of Islands Hospital | 28. Nelson Hospital |
| 4. Botany Downs Maternity Unit | 29. North Shore Hospital |
| 5. Buller Hospital | 30. Oamaru Hospital |
| 6. Burwood Hospital | 31. Palmerston North Hospital |
| 7. Christchurch Hospital | 32. Papakura Primary Birthing Unit |
| 8. Dargaville Hospital | 33. Princess Margaret Hospital |
| 9. Dunedin Hospital | 34. Pukekohe Maternity Unit |
| 10. Dunstan Hospital | 35. Rangiora Hospital |
| 11. Elective Surgery Centre – Waitemata DHB | 36. Rhoda Read Hospital |
| 12. Gisborne Hospital | 37. Rotorua Hospital |
| 13. Greymouth Base Hospital | 38. Southland Hospital |
| 14. Hastings Mental Health and Inpatient Unit | 39. Tahoroto Mental Health Unit |
| 15. Hawera Hospital | 40. Taranaki Base Hospital |
| 16. Hawkes Bay Regional Hospital | 41. Taumarunui Community Hospital |
| 17. Hillmorton Hospital | 42. Taupo Hospital |
| 18. Horowhenua Health Centre | 43. Tauranga Hospital |
| 19. Hutt Hospital | 44. Te Atarau Inpatient Psychiatric Unit |
| 20. Kaikoura Hospital | 45. Te Kuiti Community Hospital |
| 21. Kaitaia Hospital | 46. Thames Hospital |
| 22. Kenepuru Community Hospital | 47. Tiaho Mai Acute Mental Health Unit |
| 23. Lakes District Hospital | 48. Timaru Hospital |
| 24. Lincoln Maternity Hospital | 49. Tokoroa Hospital |
| 25. Manukau SuperClinic | 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_up-to-date

[IF YES AT QHS_stay]
[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 YES AT QHS_stay]
[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

[SHOW HEADING]

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

97. Other
12. I do not currently have any long-term health conditions

Q62. QLTC_typeOE**[IF 'OTHER' SELECTED AT QLTC_type]**

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

[OPEN]**Q63. QLTC_time****[IF AT LEAST ONE LTC SELECTED IN ROUTING QUESTION OTHERWISE SKIP TO NEXT SECTION]****[SINGLE CHOICE GRID]**

How long ago were you first diagnosed with...

[MATRIX (RADIO BUTTONS)]

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

[STATEMENTS:]

- **[insert from QLTC_type in sentence case]?**

[REPEAT FOR EACH SELECTED AT QLTC_type]**Q64. QLTC_general****[IF AT LEAST ONE LTC DIAGNOSED SELECTED IN 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:

[SCALE]

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

[STATEMENTS]

- 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?

Q65. QLTC_plan**[IF AT LEAST ONE LTC DIAGNOSED SELECTED IN QLTC_type]****[SHOW DEFINITION WITHIN COLOURED QUESTION HEADER WITH QUESTION WORDING]****[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 YES to QLTC_plan]****[SINGLE CHOICE GRID]**

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

Please select one answer for each statement

[SCALE]

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

[STATEMENTS]

- Q66_1 **[INVOLVE]** Been involved in decisions about what is in the plan?
- Q66_2 **[USE]** Been able to use it in your daily life?
- Q66_3 **[REVIEW]** Reviewed the plan with a health care professional?

Your thoughts overall**[SHOW HEADING]****[ALL RESPONDENTS]****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**[SHOW HEADING]****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

QWGSS_Aggregate (HIDDEN)**[NOT SHOWN TO RESPONDENT – AUTOPUNCH BASED ON PREVIOUS QUESTIONS]**

Has a Disability Based on WGSS

1. Yes **[IF RESPOND YES – A LOT OF DIFFICULTY OR CANNOT DO AT ALL TO AT LEAST ONE OF THE WGSS IMPAIRMENTS.]**
2. No

Q72. HCRDisability**[SHOW ON OWN SCREEN]****[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 'On behalf of someone else' at S1B]**

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. Another gender

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

DAge_Aggregate (HIDDEN)**[NOT SHOWN TO RESPONDENT – AUTOPUNCH BASED ON PREVIOUS QUESTIONS]**

1. 15 – 24 years [IF AGE_1 = 1996-2005 OR AGE_2 = 15-24 OR AGE_3="15-24 years"]
2. 25 – 34 years [IF AGE_1 = 1986-1995 OR AGE_2 = 25-34 OR AGE_3="25-34 years"]
3. 35 – 44 years [IF AGE_1 = 1976-1985 OR AGE_2 = 35-44 OR AGE_3="35-44 years"]
4. 45 – 54 years [IF AGE_1 = 1966-1975 OR AGE_2 = 45-54 OR AGE_3="45-54 years"]
5. 55 – 64 years [IF AGE_1 = 1956-1965 OR AGE_2 = 55-64 OR AGE_3="55-64 years"]
6. 65 – 74 years [IF AGE_1 = 1946-1955 OR AGE_2 = 65-74 OR AGE_3="65-74 years"]
7. 75 – 84 years [IF AGE_1 = 1936-1945 OR AGE_2 = 75-84 OR AGE_3="75-84 years"]
8. 85 years or over [IF AGE_1 = 1900-1935 OR AGE_2 = 85-120 OR AGE_3="85 years or over"]
99. Prefer not to disclose [IF AGE_1 AND AGE_2 AND AGE_3= blank]

Equity Questions**[DO NOT SHOW HEADING]****Q77. QEthnicity_1****[MULTIPLE SELECTION (CHECKBOXES)]**

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 QEthnicity_1 INCLUDES CODE 97]**

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

Please select all that apply

[MULTIPLE SELECTION]

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 ALLIF NOT ENGLISH ONLY]****[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

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

[This statement must be very visual during programming:] Please phone your GP clinic as usual for any medical matters that require a consultation.

[SINGLE SELECTION (RADIO BUTTONS)]

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

Q83. CONTACT_2**[IF YES]**

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.

[SINGLE SELECTION (RADIO BUTTONS)]

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 YES**

Please tell us your contact details.

[VERTICAL TEXT BOX LIST]

- First name: **[100 CHAR]**
- Last name: **[100 CHAR]**
- Phone number: **[NUMERICAL]**
- Email: **[CHECK EMAIL]**

[CONFIRM EITHER PHONE NUMBER OR EMAIL INCLUDED IF NEITHER SHOW ERROR MESSAGE “If you would like someone to follow-up with you about your concerns, please provide relevant contact information.”]

Q85. Recontact_Reason_OE**[SHOW ON SAME SCREEN AS PREVIOUS QUESTION]**

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

[OPEN END]**Thank you****[SHOW ON SAME PAGE AS QFeedback]**

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**[SHOW HEADING]****Q86. QFeedback****[GRID QUESTION]**

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

[SCALE]

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

[STATEMENTS]

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.

Q87. QFeedback_OE

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

[OPEN END]

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.