



**He ara aupiki,
he ara auheke**

Aotearoa New Zealand
patient experience survey

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. They are not visible in the online questionnaire itself.

If nothing is shown for filter the default is all respondents and default question type is single choice.

No questions are compulsory.

Kia ora

[SHOW HEADING]

Thank you for taking part in this important survey about your recent experience with **[PRACTICE NAME]**.

Your feedback will help us understand what went well and if there is anything that we could have done better.

It will take around 10 to 15 minutes to complete this survey 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]

Going back to change an answer

Your responses are submitted as you go through the survey. You can move backwards to change your answers by clicking the “Previous” button at the bottom of the page. If you use the “Back” button on your internet browser or mobile phone and get taken out of the survey, you can return to where you were using your login code. Your earlier responses will have been saved.

Complete later

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

Skipping questions

You can skip any question you do not want to answer, cannot remember or that is not applicable to you. Just leave it blank and click “Next” to move to the next question.

Ready to begin?

Click on the “Next” button to begin the survey.

[NEXT]

Screening questions

[DO NOT SHOW HEADING]

S1

[SINGLE CHOICE]

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

S1b

[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

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 or injuries
97. Other, please specify

Initial demographics

[DO NOT SHOW TITLE TO RESPONDENTS FOR ANALYSIS ONLY]

INFO_ABOUT

[DO NOT SHOW HEADING]

First, we will ask you some general questions about yourself.

[IF S1=2 'On behalf of someone else']

If you are answering on behalf of a patient, please use their details.

QAge_1

Please tell us the year of your birth.

[NUMERICAL RANGE 1900-2008. RANGE IS DYNAMIC AND AUTOMATICALLY UPDATES OVER TIME]

QAge_2

[IF No response AT AGE_1 ASK AGE_2]

[MAKE SURE THIS DOES NOT SHOW ON SCREEN AT SAME TIME AS QAge_1]

What is your age?

[NUMERICAL RANGE 15-120]

QAge_3**[IF No response AT AGE_2 ASK AGE_3]****[MAKE SURE THIS DOES NOT SHOW ON SCREEN AT SAME TIME AS QAge_1 OR QAge_2]****[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. CALCULATION IS DYNAMIC AND AUTOMATICALLY UPDATES OVER TIME]**

1. 15 – 24 years **[IF CALCULATION FOR QAge_1 (CURRENT YEAR – YEAR OF BIRTH)=15-24 OR QAge_2=15-24 OR QAge_3='15 – 24 years']**
2. 25 – 34 years **[IF CALCULATION FOR QAge_1 (CURRENT YEAR – YEAR OF BIRTH)=25-34 OR QAge_2=25-34 OR QAge_3='25 – 34 years']**
3. 35 – 44 years **[IF CALCULATION FOR QAge_1 (CURRENT YEAR – YEAR OF BIRTH)=35-44 OR QAge_2=35-44 OR QAge_3='35 – 44 years']**
4. 45 – 54 years **[IF CALCULATION FOR QAge_1 (CURRENT YEAR – YEAR OF BIRTH)=45-54 OR QAge_2=45-54 OR QAge_3='45 – 54 years']**
5. 55 – 64 years **[IF CALCULATION FOR QAge_1 (CURRENT YEAR – YEAR OF BIRTH)=55-64 OR QAge_2=55-64 OR QAge_3='55 – 64 years']**
6. 65 – 74 years **[IF CALCULATION FOR QAge_1 (CURRENT YEAR – YEAR OF BIRTH)=65-74 OR QAge_2=65-74 OR QAge_3='65 – 74 years']**
7. 75 – 84 years **[IF CALCULATION FOR QAge_1 (CURRENT YEAR – YEAR OF BIRTH)=75-84 OR QAge_2=75-84 OR QAge_3='75 – 84 years']**
8. 85 years or over **[IF CALCULATION FOR QAge_1 (CURRENT YEAR – YEAR OF BIRTH) >= 85 OR QAge_2 >= 85 OR QAge_3='85 years or over']**
99. Prefer not to disclose **[IF QAge_1 AND QAge_2 AND QAge_3= blank]**

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)

QEthnicity_2**[ASK IF QEthnicity_1 INCLUDES CODE 97 'Other']**

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 CHOICE]

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

HCRDisability**[SINGLE CHOICE]**

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

1. Yes
2. No
3. Unsure

Recent experience**[SHOW HEADING]****INTRO_Recent****[ONLY SHOW ON FIRST PAGE OF THIS SECTION]**

The next 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".

QPC_aptmode_1**[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 (QPC_aptmode ONLY = 1 'In person visit' OR 2 'Video call') THEN AUTOPUNCH RESPONSE AT QPC_aptmode_2 AND GO TO DRecentApptType CALCULATION]

[IF (QPC_aptmode = 1 'In person visit' AND = 2 'Video call' AND ≠ 3 'Phone call') THEN GO TO QPC_aptmode_2]

[IF (QPC_aptmode = 3 'Phone call') THEN ASK QPC_phonetype]

[IF (QPC_aptmode ≠ 1 'In person visit' OR 2 'Video call' OR 3 'Phone call') THEN SKIP TO AboutClinic]

QPC_phonetype

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

Please select all that apply

1. Phone consultation with a GP/doctor, nurse, nurse practitioner 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 (QPC_aptmode=1 'In person visit' OR QPC_aptmode=2 'Video call' OR QPC_phonetype=1 'Phone consultation') THEN ASK QPC_aptmode_2]

[IF ((QPC_aptmode ≠ 1 'In person visit' OR 2 'Video call') AND (QPC_phonetype = 1 'Phone consultation')) THEN AUTOPUNCH RESPONSE AT QPC_aptmode_2 AND GO TO DRecentApptType CALCULATION]

[IF ((QPC_aptmode ≠ 1 'In person visit' OR 2 'Video call') AND (QPC_phonetype ≠ 1 'Phone consultation')) THEN SKIP TO AboutClinic]

QPC_apptmode_2

[IF TWO OR MORE OF (QPC_apptmode=1 'In person visit' OR QPC_apptmode=2 'Video call' OR QPC_phonetype=1 'Phone consultation')]

[SINGLE CHOICE]

Which was your most recent appointment:

[IF ((QPC_apptmode ONLY = 1 'In person visit' OR 2 'Video call') OR (QPC_apptmode ≠ 1 'In person visit' OR 2 'Video call' AND QPC_phonetype = 1 'Phone consultation') THEN AUTOPUNCH RESPONSE]

1. In person visit
2. Video call
3. Phone call [SHOW IF QPC_phonetype=1 'Phone consultation']

[IF (QPC_apptmode=1+2 OR 2+3 OR 1+2+3) AND (QPC_apptmode_2=No response) THEN SKIP TO AboutClinic]

[CALCULATE DRecentApptType IF (QPC_apptmode ONLY=1,2 AND QPC_phoneconsultation≠1) OR (QPC_apptmode ≠1,2 AND QPC_phoneconsultation=1) OR (QPC_apptmode_2=1,2,3)]

DRecentApptType

[DO NOT SHOW RESPONDENT]

[HIDDEN VARIABLE TO DERIVE MOST RECENT APPOINTMENT TYPE]

[RESPONSE TO QPC_apptmode_2]

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

RecentApptType_Piping

[DO NOT SHOW RESPONDENT]

[HIDDEN VARIABLE TO DENOTE MOST RECENT APPOINTMENT TYPE FOR PIPING INTO SUBSEQUENT QUESTIONS]

[MOST RECENT APPOINTMENT TYPE = RESPONSE TO QPC_apptmode_2]

1. visit
2. video call
3. phone call

QPC_HCP

[ASK IF QPC_apptmode_2 = 1 'In person visit' OR 2 'Video call' OR 'Phone call']
OR

[IF QPC_apptmode = 3 'Phone call' and QPC_apptmode ≠ 1 'In person visit' AND ≠ 2 'Video call') AND (QPC_phonetype = 1 'Phone consultation')]

[SINGLE CHOICE]

Was your most recent [BASED ON RecentApptType_Piping '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
3. A mental health professional
4. Another health care professional [SHOW IF VIDEO AND VISIT]
98. Don't know / not sure who I saw

[IF QPC_HCP=No Response SKIP TO AboutClinic]

QPC_HCP_other_text_raw

[OPEN END]

You have selected 'Another health care professional', please describe who.

DHCP

[DO NOT SHOW RESPONDENT]

[HIDDEN VARIABLE TO DENOTE HCP SEEN FOR PIPING INTO SUBSEQUENT QUESTIONS]

1. GP [QPC_HCP=1 'A GP/doctor']
2. nurse [QPC_HCP=2 'A nurse or nurse practitioner']
3. mental health professional [QPC_HCP=3 'A mental health professional']
4. health care professional [QPC_HCP=4 'Another' OR 98 'Don't know']

[IF QPC_HCP=4 'Another' OR 98 'Don't know' SKIP TO Intro_Apt]

[NOTE: RESPONDENTS WITHOUT A DEFINED RECENT EXPERIENCE SKIP TO THE OVERALL PRACTICE QUESTIONS STARTING AT AboutClinic. IF NO RESPONSE (CODE 99) TO QPC_aptmode, QPC_aptmode_2 AND/OR QPC_HCP OR NONE OF In person visit, Video OR Phone (1, 2, 3) SELECTED AT QPC_aptmode, SKIP TO AboutClinic]

Appointment booking

[SHOW HEADING]

[ASK IF QPC_aptmode_2 = 1 'In person visit' OR 2 'Video call' OR 'Phone call']

Intro_Apt

[ONLY SHOW ON FIRST PAGE OF 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 QPC_atpmode_2 = 2 'Video call' OR 'Phone call' SKIP TO QPC_apptbook]

QPC_appttype

[IF QPC_aptmode_2=1 'In person']

[SINGLE CHOICE]

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

1. Appointment
2. Walk-in

[IF QPC_appttype=1 'Appointment' THEN ASK QPC_apptbook. IF QPC_appttype=2 'Walk-in' THEN SKIP TO QPC_walkinwait. IF QPC_appttype=No response THEN SKIP TO QPC_admin]

QPC_aptbook

**[IF (QPC_apttype=1 'Appointment') OR (QPC_aptmode_2 = 2 'Video call' OR 3 'Phone call')]
[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

QPC_aptbook2

**[IF QPC_aptbook = NEXT WORKING DAY OR LONGER]
[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

QPC_aptwait

**[IF (QPC_apttype=1 'Appointment') OR (QPC_aptmode_2 = 2 'Video call' OR 3 'Phone call')]
[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

QPC_aptwait2

**[IF (QPC_apttype=1 'Appointment') OR (QPC_aptmode_2 = 2 'Video call' OR 3 'Phone call')]
[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 (QPC_apttype=1 'Appointment') OR (QPC_aptmode_2 = 2 'Video call' OR 3 'Phone call')
SKIP TO QPC_admin]**

QPC_walkinwait

**[IF QPC_apttype=2 'Walk in']
[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

QPC_walkinwait2**[IF QPC_appttype=2 'Walk in']****[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

QPC_wait**[IF QPC_appttype=2 'Walk in']****[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

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

Your care from your [HCP FROM DHCP]**[SHOW HEADING]****[ASK SECTION ONLY IF QPC_apptmode_2 = 1 'In person visit' OR 2 'Video call' OR 'Phone call']****INFO_HCP**Now we'd like you to think about what happened during your recent **[BASED ON RecentApptType_Piping 'visit' OR 'video call' OR 'phone call']** with the **[HCP FROM DHCP]** from **[practice_name]** about your own health.**QPC_NamePronounce****[SINGLE CHOICE]**Was your name pronounced properly by the **[HCP FROM DHCP]**?

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

QPC_NameAskPronounce**[SINGLE CHOICE]**

Did the **[HCP FROM DHCP]** 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
5. No one used my name
98. Unsure / don't know

QPC_attributes_LISTEN**[SINGLE CHOICE]**

Did the **[HCP FROM DHCP]** listen to you?

1. Yes, definitely
2. Somewhat
3. No

QPC_attributes_INFORM**[SINGLE CHOICE]**

Did the **[HCP FROM DHCP]** inform you as much as you wanted about your health condition, treatment or care?

1. Yes, definitely
2. Somewhat
3. No

QPC_attributes_UNDERSTOOD**[SINGLE CHOICE]**

Did the **[HCP FROM DHCP]** explain things in a way you could understand?

1. Yes, definitely
2. Somewhat
3. No

QPC_attributes_RESPECTKIND**[SINGLE CHOICE]**

Did the **[HCP FROM DHCP]** treat you with respect and kindness?

1. Yes, definitely
2. Somewhat
3. No

QPC_attributes_TIME**[SINGLE CHOICE]**

Did the **[HCP FROM DHCP]** spend enough time with you?

1. Yes, definitely
2. Somewhat
3. No

QPC_history**[SINGLE CHOICE]**

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

1. Yes, definitely
2. Somewhat
3. No

QPC_trust**[SINGLE CHOICE]**

Did you have trust and confidence in the **[HCP FROM DHCP]**?

1. Yes, definitely
2. Somewhat
3. No

QPC_MH**[SINGLE CHOICE]**

During this **[BASED ON RecentApptType_Piping 'visit' OR 'video call' OR 'phone call']**, did you feel that the **[HCP FROM DHCP]** 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

[SINGLE CHOICE]**QPC_involve**

Did the **[HCP FROM DHCP]** 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

QPC_involve_OE_raw**[ASK IF QPC_involve = 2 'Somewhat' OR 3 'No']**

What could have been done better to involve you in decisions about your treatment and care?
Please explain, in as much detail as possible.

[OPEN END]**QPC_askquestions****[SINGLE CHOICE]**

Did you feel comfortable to ask the **[HCP FROM DHCP]** 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 (QPC_apptmode_2 = 1 'In person visit' OR 2 'Video call' OR 'Phone call')
AND QPC_HCP =GP, nurse or mental health professional]

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 [BASED ON RecentApptType_Piping 'visit' OR 'video call' OR 'phone call']...

Please select one answer for each statement

[STATEMENTS – DO NOT ROTATE]

- **QPC_needs_1**
Did you feel your cultural needs were met?
- **QPC_needs_2**
Did you feel your spiritual needs were met?
- **QPC_needs_3**
Did you feel your individual needs were met?

[CHOICES]

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

QAccessibility

[SINGLE CHOICE]

More specifically, thinking about any disability, impairment, or long-term health condition that you have, did you feel your accessibility needs were met?
For example, could you get around easily, were you able to communicate easily?

4. I don't have any disability, impairment or long-term condition / does not apply to me
1. Yes, definitely
2. Somewhat
3. No

QPC_needs_OE_raw

[TEXTBOX GRID]

[ASK IF ANY QPC_needs OR QAccessibility = (2 'Somewhat' OR 3 'No')]

[OPEN END]

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

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
98. Unsure / don't know

QPC_Discrim_97_OtherText_raw**[OPEN END]**

You have selected 'Something else', please describe in as much detail as possible.

QDiscrim_HIDDEN

[NOT SHOWN TO RESPONDENT – AUTOPUNCH BASED ON PREVIOUS QUESTIONS]

[HIDDEN VARIABLE TO DERIVE MOST RECENT APPOINTMENT TYPE]

Identified perceived unfair treatment

1. Yes **[IF ANY QPC_Discrim_2/97=1]**
2. No **[IF (QPC_Discrim = 1 'I was not treated unfairly') OR (ALL QPC_Discrim_2/97≠1 AND QPC_Discrim=98 'Don't know')]**

QDiscrim_OE_raw

[IF QDiscrim_HIDDEN=1 'Yes']

[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.

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 your experience including those we have covered in the previous questions and any other aspects that are important to you.

QPC_Overall**[SHOW QPC_OVERALL ON SAME SCREEN AS INTRO_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**[DO 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).**QPC_Better_OE_raw****ASK ALL***Please describe, in as much detail as possible...*What do you think would have made your **[BASED ON RecentApptType_Piping 'visit' OR 'video call' OR 'phone call']** better?**[OPEN END]****QPC_Strengths_OE_raw****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]****Intro_AboutClinic**The next couple of questions are about **<practice name>** in general.**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

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

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.

QPC_access**[SINGLE CHOICE]****[SHOW ON SAME PAGE AS INFO_ACCESS]**

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

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)

Your medicines**[SHOW HEADING]****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=1 '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'.

QMed_involve**[IF QMeds_presc=1 '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

QMed_cost**[IF QMeds_presc=1 '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

QMed_info**[IF QMeds_presc=1 'Yes']****[SINGLE CHOICE GRID]**Thinking about **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***[STATEMENTS]**

- **QMed_info_1**
What the medicine was for?
- **QMed_info_2**
What could happen if you didn't take the medicine?
- **QMed_info_3**
What the possible side effects are?
- **QMed_info_4**
What to do if you experienced side effects?

[SCALE]

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

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.

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

QLTC_typeOE_raw**[IF 'OTHER' SELECTED AT QLTC_type]**

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

[OPEN]**QLTC_time****[IF AT LEAST ONE LTC SELECTED AT QLTC_type 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]

QLTC_general**[IF AT LEAST ONE LTC SELECTED AT QLTC_type]****[SINGLE CHOICE GRID]**

Thinking about the care or treatment you have received for your long-term condition(s), in the last 12 months have you:

Please select one answer for each statement

[STATEMENTS]

- **QLTC_general_1**
Received information you can understand about what you can do to improve your health?
- **QLTC_general_2**
Talked with a health care professional about how your care or treatment is going?

[SCALE]

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

QLTC_plan**[IF AT LEAST ONE LTC SELECTED AT 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

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

[STATEMENTS]

- **QLTC_planeval_1**
Been involved in decisions about what is in the plan?
- **QLTC_planeval_2**
Been able to use it in your daily life?
- **QLTC_planeval_3**
Reviewed the plan with a health care professional?

[SCALE]

1. Yes, definitely
2. Somewhat
3. No
4. Not enough time has passed **[SHOW FOR QLCT_planeval_3 'Reviewed' ONLY]**
5. Does not apply to me

Health Questions

[DO NOT SHOW HEADING]

INTRO_HEALTH

These questions are about difficulties you may have doing certain activities because of a **health problem**.

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

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

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

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

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

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 VARIABLE NOT SHOWN TO RESPONDENT – AUTOPUNCH BASED ON PREVIOUS QUESTIONS]**

Has a disability based on WGSS

1. Yes **[IF RESPOND 3 'Yes, a lot of difficulty' OR 4 'Cannot do at all' TO AT LEAST ONE OF THE WGSS IMPAIRMENTS.]**
2. No

Final demographics**[DO NOT SHOW HEADING]****INFO_END****[DO NOT SHOW HEADING]**

Some final questions about yourself. These will help us to see how experiences vary between different groups of the population. This information will not be used to identify you or affect any services you receive.

INFO_ABOUT**[DO NOT SHOW HEADING]****[IF 'On behalf of someone else' at S1]**

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

QGgender**[SINGLE CHOICE]****[SHOW ON SAME PAGE AS INFO]**

What is your gender?

1. Male
2. Female
3. Another gender

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

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 experience.

[THIS STATEMENT MUST BE VERY VISUAL DURING PROGRAMMING]

Please contact your GP clinic as usual for any medical matters that require a prescription or consultation.

CONTACT_1

If this survey has raised concerns about that experience for you, would you like someone from **[PRACTICE NAME]** to contact you to discuss your feedback?

[SINGLE SELECTION (RADIO BUTTONS)]

1. No, I do not have concerns or I do not need someone to contact me
2. Yes, I would like someone to contact me to discuss my feedback

CONTACT_2

[IF CONTACT_1=2 '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

CONTACT_3

[IF CONTACT_1=2 '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.”]

Recontact_Reason_OE

[IF CONTACT_1=2 'YES']

[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 Aotearoa New Zealand adult primary care patient experience survey.

Your feedback, along with that from others who have completed the survey, will be used to help us understand what went well and how we can improve the quality of the services we provide.

QFeedback_trigger

If you would like to provide feedback on the survey, we would like to hear what you think. Would you like to provide feedback on the survey?

1. Yes **[GO TO QFEEDBACK]**
2. No **[SURVEY COMPLETE MESSAGE]**

Survey feedback

[SHOW HEADING]

QFeedback

[IF QFeedback_trigger =1 YES]

[GRID QUESTION]

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

[STATEMENTS]

- **QFeedback_1**
I would participate if I was invited to this kind of survey again
- **QFeedback_2**
The survey was visually appealing
- **QFeedback_3**
I found this survey easy to understand

[SCALE]

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

QFeedback_OE

Any other comments you would like to give us about your experience answering this survey. Your feedback can help us make improvements to the survey.

[OPEN END]

Closing Page

[DO NOT SHOW HEADING]

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.