



IN CONFIDENCE

Survey of Health Care

SHC

It is important that the survey and consent forms are completed by the person to whom this mail is addressed.

Purpose of Collection

This survey is designed to collect information about your experiences with health care in Australia. Your responses will provide vital information to help guide future health care, policies and health programs to benefit you, your family and your community.

Collection Authority

The information asked for in this form is being requested by the Australian Bureau of Statistics (ABS) under the authority of the *Census and Statistics Act 1905*. Your cooperation is sought in completing and returning this form to the ABS in the reply paid envelope provided.

Confidentiality

The information provided on this form will be treated confidentially. The ABS is required by the *Census and Statistics Act 1905* to maintain the secrecy of this information.

Due Date

Please complete this form and return it in the reply paid envelope to the Australian Bureau of Statistics by **26 April 2016**.

Help Available

If you have problems in completing this form, or feel that you may have difficulties meeting the due date, please contact the Australian Bureau of Statistics by:

Telephone

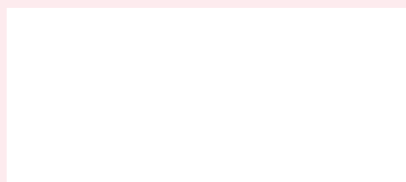
1800 206 696

Freecall (excluding mobile phones)

Mail

Australian Bureau of Statistics
Reply Paid 76746
Sydney NSW 2000

Australian Statistician



Please read this first

- For every question select the answer that best corresponds to your experience. Your answers are very important.
- **Important:** This form will be read using electronic equipment.
- Use **only black ball point pen** when completing this form.
- Keep each number, letter or tick within the data entry boxes provided, for example

	5	9
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What is your sex?

Male

Female

- Leave answer boxes blank where you have no response or data to enter.

- Do not use 'nil', 'n/a' or draw a line in the data entry boxes.
- If you make a mistake, cross out the incorrect answer and fill in the correct answer with the remaining boxes. For example

In general, would you say your health is...?

Excellent

Very good

Good

Fair

Poor

- If you do not know an answer, give the best answer you can.
- The items listed under **Including** and **Excluding** are examples and should not be taken as a complete list of items to be included or excluded.

Your health care

- This survey is designed to collect information about your own personal experiences with health care in Australia. Please exclude any times you took others to see a health professional for their health.

Health care in Australia

- This survey is designed to collect information about your experiences with health care in Australia. If you have experienced health care while overseas in the last 12 months, please exclude this from your responses.

Part 1 – Introduction

1 What is your date of birth?

day month year

2 What is your sex?

Male
Female

3 What is your home post code?

4 What is the post code of your mailing address?

Same as above
Otherwise, it is

5 In general, would you say your health is...?

Tick one box only

(a) Excellent
(b) Very good
(c) Good
(d) Fair
(e) Poor

Part 2 – The way you use health care

6 In the last 12 months, how many times did you see a General Practitioner (GP) for your own health?

I didn't see any GPs in the last 12 months **Go to Question 9**

7 Thinking of the last time you saw a GP, did you wait longer than you felt was acceptable to get this appointment?

Yes
No

8 In the last 12 months, have you seen a GP after hours for your own health? After hours means after 6pm on a weeknight, after 12 noon on a Saturday or any time on a Sunday or public holiday.

Yes
No

9 In the last 12 months, was there a time you felt you needed to see a GP but did not go?

Yes

▶ Go to Question 10

No

▶ Go to Question 11

10 What were all the reasons you did not see a GP?

Tick **all** that apply

(a) Cost of appointment

(b) No GP nearby

(c) I could not get an appointment when I needed one

(d) Other

11 In the last 12 months, did you speak with a GP about your emotional or psychological health?

Tick **one** box only

(a) Yes

▶ Go to Question 12

(b) No

▶ Go to Question 13

(c) I didn't see any GPs in the last 12 months

▶ Go to Question 13

12 Which of the following did the GP do for your emotional or psychological health?

Tick **all** that apply

(a) GP provided counselling

(b) GP created or reviewed a mental health care plan

(c) Prescribed medication

(d) Recommended a book, website or app

(e) Referred me to a psychologist, psychiatrist or counsellor

(f) Referred me to a community health centre or support group

(g) Other

(h) GP didn't do anything for my emotional or psychological health

The next questions are about your usual place of care, that is, the place you usually go to if you are sick or need advice about your health.

13 Do you have a usual place of care?

Yes

▶ Go to Question 14

No

▶ Go to Question 17

14 What kind of place is it?

Tick **one** box only

- (a) Clinic with GPs only
- (b) Clinic with GPs and other health professionals
- (c) Community health centre
- (d) Aboriginal Medical Service
- (e) Hospital Emergency Department
- (f) Other

15 In the last 12 months, how many times did you go to your usual place of care?

16 Does your usual place of care have a GP available to visit or talk with at the following times?

Tick **all** that apply

- (a) Some weekdays after 6pm
- (b) All weekdays after 6pm.....
- (c) Saturdays after 12 noon.....
- (d) Sundays
- (e) Public holidays
- (f) None of the above
- (g) Don't know

The next questions are about your usual GP, that is, the GP you go to for most of your health care.

17 Do you have a usual GP?

Tick **one** box only

- (a) Yes **Go to Question 18**
- (b) No, I don't have a usual GP but I do have a usual place of care ... **Go to Question 20**
- (c) No, I don't have a usual GP or a usual place of care ... **Go to Question 26**

18 How long have you been going to your usual GP?

Tick **one** box only

- (a) Less than 1 year
- (b) 1 year but less than 3 years...
- (c) 3 years but less than 5 years
- (d) 5 years or more

19 In the last 12 months, how many times did you see your usual GP?

20 In the last 12 months, did your usual GP or others in your usual place of care seem aware of your health care history?

Tick **one** box only

- (a) I didn't see my usual GP or go to my usual place of care in the last 12 months ▶ Go to Question **26**
- (b) Yes, always ▶ Go to Question **21**
- (c) Yes, usually ▶ Go to Question **21**
- (d) Yes, sometimes ▶ Go to Question **21**
- (e) No, never ▶ Go to Question **21**
- (f) Don't know ▶ Go to Question **21**

21 In the last 12 months, how often did your usual GP or others in your usual place of care involve you in decisions about your health care?

Tick **one** box only

- (a) Always
- (b) Usually
- (c) Sometimes
- (d) Never
- (e) I did not want to be involved

22 In the last 12 months, did your usual GP or others in your usual place of care ask you about things in your work or life that affect your health?

Tick **one** box only

- (a) Yes, always
- (b) Yes, usually
- (c) Yes, sometimes
- (d) No, never

23 In the last 12 months, how often did your usual GP or others in your usual place of care explain your test results (such as blood tests, x-rays or scans) in a way that you could understand?

Tick **one** box only

- (a) Always
- (b) Usually
- (c) Sometimes
- (d) Never
- (e) I did not have any tests

24 In the last 12 months, how comfortable did you feel talking with your usual GP or others in your usual place of care about personal problems related to your health?

Tick **one** box only

- (a) Completely comfortable
- (b) Very comfortable
- (c) Moderately comfortable
- (d) Only somewhat comfortable
- (e) Not at all comfortable

25 Overall, how do you rate the quality of health care that you have received from your usual GP or usual place of care over the last 12 months?

Tick **one** box only

- (a) Excellent
- (b) Very good
- (c) Good
- (d) Fair
- (e) Poor

Part 3 – Specialist doctors

26 In the last 12 months, have you seen any specialist doctors for your own health (excluding those you saw if you stayed overnight in a hospital)?

Note

- A specialist doctor requires a referral from a doctor.

- Yes **▶ Go to Question 27**
- No **▶ Go to Question 34**

27 In the last 12 months, how many times have you seen a specialist doctor for your own health?

□ □ □ □

28 In the last 12 months, how many different specialist doctors have you seen for your own health?

□ □ □ □

29 In the last 12 months, did you wait longer than you felt was acceptable to see a specialist doctor?

Yes

No

30 In the last 12 months, was there a time when a specialist doctor did not have your medical information or test results?

Tick one box only

(a) Yes

(b) No

(c) Don't know

31 Thinking about the last time you went to a specialist doctor, did the specialist doctor tell you about treatment choices in a way you could understand?

Yes

No

32 After the last time you went to a specialist doctor, did your usual GP or others in your usual place of care seem informed about your specialist care?

Tick one box only

(a) Yes

(b) No

(c) Don't know

(d) GP or others in my usual place of care didn't know until I told them

(e) I didn't go to my usual GP or go to my usual place of care after my specialist doctor visit

(f) I don't have a usual GP or usual place of care

33 In the last 12 months, how often did specialist doctors involve you in decisions about your health care?

Tick **one** box only

- (a) Always
- (b) Usually
- (c) Sometimes
- (d) Never
- (e) I did not want to be involved

34 In the last 12 months, was there a time you felt you needed to see a specialist doctor but did not go?

- Yes ▶ Go to Question **35**
- No ▶ Go to Question **36**

35 What were all the reasons you did not see a specialist doctor?

Tick **all** that apply

- (a) Cost of appointment
- (b) No specialist doctor nearby
- (c) I could not get an appointment when I needed one
- (d) GP didn't refer me
- (e) Other

Part 4 – Medications

36 How many different medications are you taking on a regular and ongoing basis?

Including

- All vitamins, pain killers and medications you are taking on a regular and ongoing basis, whether or not they were recommended by a health professional

Tick **one** box only

- (a) None ▶ Go to Question **40**
- (b) 1 to 4 ▶ Go to Question **37**
- (c) 5 to 9 ▶ Go to Question **37**
- (d) 10 or more ▶ Go to Question **37**

37 In the last 12 months, how often were you involved in making decisions about the best medications for you?

Tick one box only

- (a) Always
- (b) Usually
- (c) Sometimes
- (d) Never
- (e) I did not want to be involved

38 In the last 12 months, did a health professional review all the medication you were taking?

Tick one box only

- (a) Yes
- (b) No
- (c) Don't know

39 In the last 12 months, was there a time you were given the wrong medication or wrong dose by a doctor, nurse or pharmacist?

Tick one box only

- (a) Yes
- (b) No
- (c) Don't know

Part 5 – Tests, x-rays and scans

40 In the last 12 months, did you have any tests, x-rays or scans?

- Yes ► Go to Question **41**
- No ► Go to Question **42**

Thinking about the last 12 months...

41 Were your test, x-ray or scan results always available at the time of your health care appointment?

Tick one box only

- (a) Yes
- (b) No
- (c) Don't know
- (d) I didn't have a health care appointment

42 Was there a time you did not have a test, x-ray or scan even though it had been ordered for you?

Tick **one** box only

- (a) Yes ▶ Go to Question **43**
- (b) No ▶ Go to Question **44**
- (c) Don't remember ▶ Go to Question **44**

43 What were all the reasons you did not get the test, x-ray or scan?

Tick **all** that apply

- (a) Cost
- (b) No place to get test, x-ray or scan nearby
- (c) Other

Part 6 – Emergency department

44 In the last 12 months, did you go to a hospital emergency department for your own health?

- Yes ▶ Go to Question **45**
- No ▶ Go to Question **49**

45 In the last 12 months, how many times did you go to a hospital emergency department for your own health?

46 Thinking about the last time you went to the hospital emergency department, what was the main reason you went there?

Tick **one** box only

- (a) My condition was serious or life threatening
- (b) I was told to go to the emergency department by a doctor or nurse
- (c) Waiting time to see doctor or other health professional was too long.....
- (d) GP not available when required
- (e) Cost of going to the doctor or other health professional
- (f) GP I wanted to see was not available
- (g) Other

47 Still thinking of the last time you went to the hospital emergency department, do you think you could have been treated by a GP?

Tick **one** box only

- (a) Yes
- (b) No
- (c) Don't know

48 Did your usual GP or others at your usual place of care seem informed about your follow-up needs or medication changes, after the last time you went to the hospital emergency department?

Tick **one** box only

- (a) Yes
- (b) No
- (c) Don't know
- (d) GP or others in my usual place of care didn't know until I told them
- (e) I didn't have follow-up needs or medication changes
- (f) I didn't go to my usual GP or go to my usual place of care after my emergency department visit
- (g) I don't have a usual GP or usual place of care

Part 7 – Hospital

49 In the last 12 months, have you been admitted to hospital (excluding stays in an emergency department)?

- Yes **▶ Go to Question 50**
- No **▶ Go to Part 8**

50 In the last 12 months, how many times were you admitted to hospital (excluding stays in an emergency department)?

Note

- Please calculate the number of times you were admitted to hospital, not the number of nights you stayed.
- If you were moved between hospitals please count this as one time.

51 In the last 12 months, how many nights in total did you stay in hospital (excluding stays in an emergency department)?

Thinking about the last time you were admitted to hospital...

52 Was it planned?

- Yes
- No

53 When you left the hospital, did you know who to contact if you had a question about your condition or treatment?

- Yes
- No

54 Were arrangements made by the hospital for any services you needed when you left hospital?

Tick **one** box only

- (a) Yes
- (b) No
- (c) I didn't need any services

55 Did your usual GP or others at your usual place of care seem informed about your follow-up needs or medication changes, after the last time you left hospital?

Tick **one** box only

- (a) Yes
- (b) No
- (c) Don't know
- (d) I didn't have follow-up needs or medication changes
- (e) GP or others in my usual place of care didn't know until I told them
- (f) I didn't go to my usual GP or go to my usual place of care after my hospital stay
- (g) I don't have a usual GP or usual place of care

Part 8 – Your physical health

The next questions are about health care you may have received for physical health from a health care professional who is not a GP, specialist doctor or a nurse.

56 In the last 12 months, did you get care for your physical health from a health professional (excluding GPs, specialist doctors or nurses)?

Including

- Physiotherapist
- Podiatrist
- Dietitian

Yes

Go to Question **57**

No

Go to Question **59**

57 In the last 12 months, how often did health professional(s) (excluding GPs, specialist doctors or nurses) involve you in decisions about care for your physical health?

Tick **one** box only

(a) Always

(b) Usually

(c) Sometimes

(d) Never

(e) I did not want to be involved

Thinking about the last 12 months...

58 Did your usual GP or others in your usual place of care seem informed about care provided to you by health professional(s) (excluding GPs, specialist doctors or nurses) for your physical health?

Tick **one** box only

(a) Yes, always

(b) Yes, usually

(c) Yes, sometimes

(d) No, never

(e) I don't have a usual GP or usual place of care

59 Was there a time you felt you needed to see a health professional (excluding a GP, specialist doctor or nurse) for your physical health but did not go?

Yes

Go to Question **60**

No

Go to **Part 9**

60 What were all the reasons you did not see a health professional for your physical health?

Tick **all** that apply

- (a) Cost of appointment
- (b) No health professional nearby
- (c) I could not get an appointment when I needed one.....
- (d) Other

Part 9 – Your emotional or psychological health

The next questions are about health care you may have received for emotional or psychological health from a health care professional who is not a GP, specialist doctor or a nurse.

61 In the last 12 months, did you get care for your emotional or psychological health from a health professional (excluding GPs, specialist doctors or nurses)?

Including

- Psychologist
- Counsellor
- Social Worker

- Yes
- No

- Go to Question **62**
- Go to Question **64**

Thinking about the last 12 months...

62 How often did health professional(s) (excluding GPs, specialist doctors or nurses) involve you in decisions about care for your emotional or psychological health?

Tick **one** box only

- (a) Always
- (b) Usually
- (c) Sometimes
- (d) Never
- (e) I did not want to be involved

Thinking about the last 12 months...

63 Did your usual GP or others in your usual place of care seem informed about care provided to you by health professional(s) (excluding GPs, specialist doctors or nurses) for your emotional or psychological health?

Tick **one** box only

- (a) Yes, always
- (b) Yes, usually
- (c) Yes, sometimes
- (d) No, never
- (e) I don't have a usual GP or usual place of care

64 Was there a time you felt you needed to see a health professional (excluding a GP, specialist doctor or nurse) for your emotional or psychological health but did not go?

- Yes Go to Question **65**
- No Go to **Part 10**

65 What were all the reasons you did not see a health professional for your emotional or psychological health?

Tick **all** that apply

- (a) Cost of appointment
- (b) No health professional nearby
- (c) I could not get an appointment when I needed one
- (d) I was embarrassed
- (e) Other

Part 10 – Long-term conditions

The next questions are about health conditions that are expected to last or have already lasted 6 months or more and have been diagnosed by a health professional.

66 Do you have any of the following health conditions?

Tick **all** that apply

- (a) Diabetes
- (b) Heart disease (including angina or past heart attack)
- (c) High blood pressure or hypertension
- (d) Effects of a stroke
- (e) Cancer (including melanoma but not other skin cancers)
- (f) Asthma
- (g) Chronic lung disease (including Chronic Obstructive Pulmonary Disease) ...
- (h) Osteoporosis or low bone density
- (i) Arthritis (including osteoarthritis, rheumatoid arthritis or lupus)
- (j) Mental health condition (including anxiety disorder, depression or bipolar disorder)
- (k) Alzheimer’s disease or dementia
- (l) Moderate or severe pain lasting longer than six months
- (m) Other long-term health condition/long-term injury
- (n) None of the above **Go to Part 11**

67 To what extent have your conditions limited your daily activities?

Tick **one** box only

- (a) No limit
- (b) Limited a little
- (c) Limited moderately
- (d) Limited a lot

Thinking about the last 12 months...

68 Were you helped to make a treatment plan for your long-term condition(s) that you could do in your daily life?

Tick **one** box only

- (a) Yes
- (b) No
- (c) Don’t know

69 In the last 12 months, how often were you involved in making decisions about care or treatment for your long-term condition(s)?

Tick **one** box only

- (a) Always
- (b) Usually
- (c) Sometimes
- (d) Never
- (e) I did not want to be involved

Part 11 – Your health and overall experience

The next questions are about your health and overall experience with health care and **all the health professionals you saw** (e.g. GP, specialist doctors or other health professionals).

70 Compared to a year ago, how would you say your health is now?

Tick **one** box only

- (a) Much better
- (b) Somewhat better
- (c) About the same
- (d) Somewhat worse
- (e) Much worse

Thinking about the last 12 months...

71 Does your health limit you with any of the following activities?

Tick **all** that apply

- (a) Lifting or carrying shopping
- (b) Climbing one flight of stairs.....
- (c) Bending or kneeling
- (d) Bathing or dressing yourself
- (e) Spending time with family or friends
- (f) None of the above

72 If you needed it, how many family, friends or other people could help you with activities of daily living, for example dressing or driving?

Tick **one** box only

- (a) None
- (b) One
- (c) More than one

73 Overall, in the last 12 months, did you receive enough information about your care or treatment?

Tick **one** box only

- (a) Yes
- (b) No
- (c) I didn't need information about care or treatment

74 In the last 12 months, was there a health professional who had a good understanding of your health, health care needs and preferences?

Tick **one** box only

- (a) Yes
- (b) No
- (c) I didn't have any health care needs or preferences

Part 12 – About you

75 Which state or territory do you live in?

76 Are you of Aboriginal or Torres Strait Islander origin?

Note

- For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.

- (a) No
- (b) Yes, Aboriginal
- (c) Yes, Torres Strait Islander

77 What language do you usually speak at home?

Tick **one** box only

- (a) English
- (b) Other

78 How many people live in your household?

Tick **one** box only

- (a) 1 (only myself)
- (b) 2 or more

79 What is the highest level of school or tertiary education that you have completed?

Tick **one** box only

- (a) Bachelor Degree or Higher
- (b) Advanced Diploma or Diploma
- (c) Certificate III or IV (including Trade Certificate)
- (d) Year 12 or equivalent
- (e) Year 11 or below
- (f) Did not go to school

80 Are you covered by private health insurance?

Tick **one** box only

- (a) Yes
- (b) No
- (c) Don't know

The next question is about the income of all members of your household aged 15 years or over.

81 What is the total of all income the household usually receives?

Including

- Employee income (including wages and salaries, regular overtime, commissions and bonuses)
- Government pensions, benefits and allowances (such as Age pension, Family Tax Benefit and New Start Allowance)
- Profit or loss from unincorporated business/ farm, and/or rental properties
- Other income (including income from superannuation, private pensions, child support, interest and dividends)

Do not deduct:

- Tax, superannuation contributions, amounts salary sacrificed, or any other automatic deductions

Tick **one** box only

- (a) \$6,000 or more per week (\$312,000 or more per year)
- (b) \$3,000 - \$5,999 per week (\$156,000 - \$311,999 per year)
- (c) \$1,600 - \$2,999 per week (\$83,200 - \$155,999 per year)
- (d) \$800 - \$1,599 per week (\$41,600 - \$83,199 per year)
- (e) \$1 - \$799 per week (\$1 - \$41,599 per year)
- (f) Nil or negative income

Thank you for completing this form. If you agree to the release of data from your health records please also complete the consent forms.