HUNT 3
Questionnaire 3
Health services
Dear HUNT participant,

Thank you for participating in the first part of this health study. We hope that you will also answer this questionnaire that has been given to a random sample of people and to people who have been admitted to hospital in the last 12 months. Please put an X in the box of your answer for each question using a blue or black ball point pen or marker.

**CORRECT** □  **INCORRECT** □

**Date of completion** __/____200__

**The Regular GP Scheme**

The doctor you usually go to, is it:  
- Yes □  No □  your family doctor? 
- another doctor? □

How long have you had your current family doctor?
- Less than 6 mos. □  12 to 24 mos. □  6 to 12 mos. □  More than 2yrs □

Have you changed or wanted to change your family doctor?
- Yes □  No □

If Yes, was it difficult?
- Very difficult □  Relatively easy □
- Somewhat difficult □  Very easy □

In the last 12 months, have you contacted your family doctor for help or advice for yourself?
- Yes □  No □

If Yes, Did you feel you received the help you asked for?
- Never □  Usually □
- Sometimes □  Always □

Do you have a chronic illness or condition that greatly affects your work ability or your daily activities?
- Yes □  No □

Do you feel that your doctor has a good enough understanding about how this illness or condition affects your daily activities?
- Yes □  No □  Don't know □

In the last 12 months, how often have you been to the doctor and have had difficulty understanding the doctor because of language problems?
- Never □  Usually □
- Sometimes □  Always □

Rate the treatment or advice you received the last time you were at the doctor's on a scale from 0 to 10. (0=very poor treatment and 10=very good treatment)  
*Draw a circle around the number*

0 1 2 3 4 5 6 7 8 9 10

**Experience with Referrals**

In the last 12 months, has it been difficult to be referred to special examinations (ex: X-ray, etc.) or to specialist health services?
- Not relevant □  Somewhat problematic □
- Not problematic □  Very problematic □

In the last 12 months, has it been difficult to be referred to a physiotherapist, chiropractor, etc?
- Not relevant □  Somewhat problematic □
- Not problematic □  Very problematic □

All things considered, has it been difficult or easy to be referred to a specialist?
- Not relevant □  Relatively easy □
- Very difficult □  Very easy □
- Somewhat difficult □
Experience with Specialist Health Services
In the last 12 months, have you been to an examination or treatment at specialist health services (specialist in private practice or at hospital)?

Yes ☐ No ☐

If Yes:
Did you have the opportunity to tell what you thought was important about your condition? Answer on a scale from 0 to 10. (0=many things I didn’t get to tell about and 10=I got to tell everything)

0 1 2 3 4 5 6 7 8 9 10

Did the doctor(s) speak to you in a way that you could understand? Answer on a scale from 0 to 10. (0=they were difficult to understand and 10=they were always easy to understand)

0 1 2 3 4 5 6 7 8 9 10

Did you receive information about what you could do if something unexpected happened or you went into relapse? Answer on a scale from 0 to 10. (0=little information and 10=sufficient information)

0 1 2 3 4 5 6 7 8 9 10

All things considered, do feel you can trust the hospital or specialist you were seen by? Answer on a scale from 0 to 10. (0=little trust and 10=very much trust)

0 1 2 3 4 5 6 7 8 9 10

All things considered, how satisfied are you with the care you were given, the medical or surgical treatment you received? Answer on a scale from 0 to 10. (0=not especially satisfied and 10=very satisfied)

0 1 2 3 4 5 6 7 8 9 10

How would you rate the experience you had with the specialist you last met on a scale from 0 to 10? (0=very bad experience and 10=very good experience)

0 1 2 3 4 5 6 7 8 9 10

Total Use of Health Services
In the last 12 months, how many times have you been admitted to hospital?

times

During the last 12 months, how many times have you been to:

Your family doctor (GP)

No. of times

Use of Medication
Do you use/take medicine?

Yes, daily ☐ Yes, sometimes ☐ No, never ☐

If Yes, Are you completely informed about why you use/take the medicine you use/take?

Yes ☐ No ☐

Do you read the information that comes with the medicine when you are prescribed a new type of medicine?

Always ☐ Sometimes ☐ Never ☐

To what extent do you follow the doctor’s advice or the information packet about how the medicine should be used?

Do not use medicine at all ☐

Use medicine, but not always the way it is indicated ☐

Always use medicine the way that is indicated ☐

If you don’t always use the medicine as is indicated, what is the reason for this? (Possibly more than one X)

No benefits from the treatment ☐

Get side effects ☐

Afraid of side effects ☐

Difficult to remember ☐

Difficulty in opening the package ☐

Bad taste or difficult to swallow ☐

Have you experienced problems or injuries that you think were caused by some of the medicines you use?

Yes ☐ No ☐

If Yes, Have you been admitted to hospital because of this type of problem/injury?

Yes ☐ No ☐

Use of Herbal Medicine
Do you use/take herbal medicine?

Never ☐ Yes, sometimes ☐ Daily ☐

Return the questionnaire in the enclosed, stamped envelope. Thank you for your help!