

Г

Т

Г

HUNT 3
Questionnaire 3
Health services

Г

1

Г

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

Return the questionnaire in the enclosed, stamped envelope.

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 Vey 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

My family doctor has a good understanding of my problems

No Yes, on the whole
Not exactly Yes

My family doctor lets me participate in decisions about treatment or choice of medical care

No Yes, on the whole
Not exactly Yes

My family doctor always takes me seriously

No Yes, on the whole
Not exactly Yes

My family doctor explains medicines I take in a way I can understand

No Yes, on the whole
Not exactly Yes

My family doctor is always available by telephone

No Yes, on the whole
Not exactly Yes

Rate your experience with your family doctor on a scale from 0 to 10. (0=very bad experience, 10= very good experience)

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
<input type="text"/>

Another doctor	<input type="text"/>
Specialist health services (private practice or at hospital)	<input type="text"/>
Physiotherapist	<input type="text"/>
Chiropractor	<input type="text"/>

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!