

Finally, we would like you to give us some brief details about yourself!

59. What is your age? 14 or less years 25-44 years 65-74 years 75+ years
 15-24 years 45-64 years 75+ years

60. What is your sex? Female Male Male

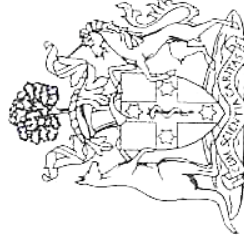
61. When did you last see a General Practice Doctor at this Practice?
 Less than a week ago Less than a year ago
 Less than a month ago Longer than a year ago
 Less than 3 months ago This is my first visit here
 Less than 6 months ago

62. How long have you been visiting this Practice?
 0 - 1 year 4-5 years
 2-3 years 6 or more years

63. Do you regularly visit different General Practice Doctors at more than one Practice?
 Yes No

64. How many other GPs have you seen in the last year have you seen a General Practitioner?
 0 4-6 10-12
 1-3 7-9 13 or more

Please use this space to provide comments and suggestions about ways in which our practice may be improved.



ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

PATIENT PARTICIPATION PROGRAMME

To give you the best possible medical care, we need feedback from you to enable us to improve the services you receive.

Please use this opportunity to help us by providing the information sought in this questionnaire. It is anonymous, so your confidentiality is assured.

When you have completed it, please place it in the box provided.

Thank you for your help.

Sponsored by:

Faulding-

Australia's International Health Care Company

THANK YOU FOR YOUR HELP.
PLEASE PLACE THIS QUESTIONNAIRE
IN THE BOX PROVIDED.



APPENDIX 11

We ask that you fill in the appropriate circle. In the second part we ask you to provide comments and suggestions about ways in which our practice may be improved.

To help you complete the first type of question, here is an example:

Do you eat fresh fruit virtually every day? YES NO

First we want to ask you some questions about preventive health care

- Do not use red pen
- Do not make any stray marks on the sheet

eg: CORRECT INCORRECT

1. Has your blood pressure been checked in the past 12 months? YES NO DON'T KNOW
2. Have you received a tetanus immunisation in the past 10 years? YES NO DON'T KNOW
3. Do you smoke? YES NO DON'T KNOW
4. If you smoke, do you feel you have received all the help and information you need to allow you to stop if you so desire? YES NO DON'T KNOW
5. Has your cholesterol (blood fat) been measured in the past 5 years? YES NO DON'T KNOW
6. Do you exercise regularly? YES NO DON'T KNOW
7. Have you and your doctor ever discussed the benefits diet and exercise may have in enhancing your life? YES NO DON'T KNOW
8. Do you drink alcohol? YES NO DON'T KNOW
9. If you do drink alcohol, have you and your doctor ever discussed the amount of alcohol that you drink? YES NO DON'T KNOW

Does your diet contain plenty of the following foods:

10. Vegetables? YES NO DON'T KNOW
11. Fresh Fruit? YES NO DON'T KNOW
12. Fibre containing foods? YES NO DON'T KNOW

Do you try and limit the amount of the following foods in your diet:

13. Animal Fats? YES NO DON'T KNOW
14. Sugar? YES NO DON'T KNOW
15. Salt? YES NO DON'T KNOW

The next three questions are only to be answered by Female patients aged between 25 and 65 years.

16. Have you had a hysterectomy? YES NO DON'T KNOW

Have you had a cervical (cancer or PAPI) smear in the last 2 years? YES NO V

Do you feel you have received adequate instruction in the technique of breast self examination?

18. Do you have any comments about the issues raised in questions 1 - 18?

Do you have any comments about the issues raised in questions 19 - 28?

19. In general, how satisfied are you with the medical care you receive at this Practice? Very satisfied Satisfied No opinion Dissatisfied

Very dissatisfied

Are you satisfied with the following: YES NO DON'T KNOW

20. The waiting room? YES NO DON'T KNOW
21. The facilities at the surgery? YES NO DON'T KNOW
22. The facilities for children in the waiting room? YES NO DON'T KNOW

In the next section we would like your responses about the way the surgery runs.

Are you satisfied with the following aspects of this practice:

23. The ease of making an appointment to see the doctor? YES NO DON'T KNOW
24. The times when the doctor is available to see you? YES NO DON'T KNOW
25. The ease of seeing the doctor out of normal work hours? YES NO DON'T KNOW
26. The ease of having the doctor see you at your home? YES NO DON'T KNOW
27. The reception you receive when you arrive at the doctor's surgery? YES NO DON'T KNOW

28. The attitude of the office staff to you? YES NO DON'T KNOW

29. The amount of waiting time at the surgery before seeing the doctor? YES NO DON'T KNOW

30. The amount of time the doctor spends with you? YES NO DON'T KNOW

31. The fee charged by the doctor? YES NO DON'T KNOW

32. The handling of accounts by the doctor's office? YES NO DON'T KNOW

33. The number of times the doctor wants to see you? YES NO DON'T KNOW

34. The confidentiality of your medical records? YES NO DON'T KNOW

Do you have any comments about the issues raised in questions 20 - 34?

In the next section we would like your responses to the following items concerning the doctor you see

Are you satisfied with the following: YES NO DON'T KNOW

35. The doctor's ability to deal with children? YES NO DON'T KNOW
36. The doctor's willingness to spend time with you? YES NO DON'T KNOW
37. The doctor's willingness to answer your questions? YES NO DON'T KNOW
38. The doctor's ability to answer your questions? YES NO DON'T KNOW
39. The doctor's willingness to listen to you? YES NO DON'T KNOW
40. The respect shown to you by the doctor? YES NO DON'T KNOW
41. The notice the doctor takes of your wishes? YES NO DON'T KNOW
42. The explanation the doctor gives to you? YES NO DON'T KNOW
43. The doctor's knowledge? YES NO DON'T KNOW
44. The doctor's ability to treat your problems? YES NO DON'T KNOW
45. The doctor's concern about your problems? YES NO DON'T KNOW
46. The way the doctor examines you? YES NO DON'T KNOW
47. The advice the doctor gives you about how to stay well? YES NO DON'T KNOW
48. The amount of preventative health care given by the doctor? YES NO DON'T KNOW
49. Your ability to choose which doctor you see? YES NO DON'T KNOW
50. The doctor's ability to relate to women? YES NO DON'T KNOW
51. The doctor's ability to relate to older people? YES NO DON'T KNOW
52. The amount of drugs prescribed by the doctor? YES NO DON'T KNOW
53. The cost of the drugs prescribed by the doctor? YES NO DON'T KNOW
54. The effects of the drugs prescribed by the doctor? YES NO DON'T KNOW
55. The number of tests ordered by the doctor? YES NO DON'T KNOW
56. The cost of the tests ordered by the doctor? YES NO DON'T KNOW
57. The willingness of the doctor to refer you to a specialist doctor? YES NO DON'T KNOW
58. The willingness of the doctor to refer you to other health workers? YES NO DON'T KNOW

Do you have any comments about the issues raised in questions 35 - 58?

PLEASE TURN OVER