

This practice is currently reviewing the services provided for its patients. To ensure we plan an appropriate service for you we need to know more about your needs and expectations. Please complete the following questionnaire and place in the box at the front desk. ***This survey is confidential and anonymous.***

1. Thinking about your own health generally, are you concerned about the influence on your health of any of the following factors? **(Tick as many boxes as appropriate)**

- | | |
|---|--|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Drinking |
| <input type="checkbox"/> Eating habits | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Family Problems |
| <input type="checkbox"/> Work Environment | <input type="checkbox"/> Not Concerned, >> please go to Q4 |

2. Of the health influences you ticked in Q.1 which do you feel your doctor could be helping you with? **(Tick as many as appropriate)**

- | | |
|---|--|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Drinking |
| <input type="checkbox"/> Eating habits | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Family Problems |
| <input type="checkbox"/> Work Environment | <input type="checkbox"/> None |

3. Which do you think is the most important influence on your health? **(Please tick only one box)**

- | | |
|---|--|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Drinking |
| <input type="checkbox"/> Eating habits | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Family Problems |
| <input type="checkbox"/> Work Environment | <input type="checkbox"/> Don't know |

4. Do you smoke?

- Yes >> please go to Q. 4a
- No, ex smoker
- No

4a. Do you wish to quit?

- Yes
- No
- Undecided

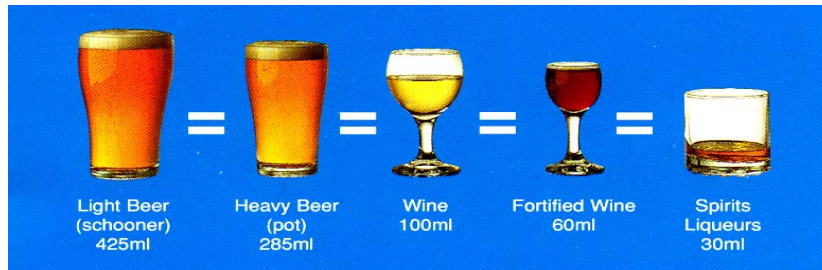
5. How often do you engage in exercise or activity (eg., brisk walking long enough to work up a light sweat (at least 30 minutes)?

- | | |
|---|---------------------------------|
| <input type="checkbox"/> 3 or more times a week | <input type="checkbox"/> seldom |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> never |

6. On how many days a week do you usually drink alcohol?

- Never or less than monthly, >> please go to Q. 9
- 1-2 days a month
- 1-2 days a week
- 3-4 days a week
- 5-6 days a week
- every day

Please Turn Over



7. Using the above key, on a day when you drink alcohol, how many standard drinks do you usually have?

- 1 or 2 7 to 9
 3 or 4 10 or more
 5 or 6

8. How often do you have 6 or more drinks on one occasion?

- Never Weekly
 Less than monthly Daily or almost daily
 Monthly

9. What is a GP's job?

(Tick as many as appropriate, including those ones you feel he or she is already doing)

- Diagnosing conditions
 Prescribing treatment
 Assisting with the prevention of illnesses
 Providing information about healthy lifestyles
 Assisting in ongoing care of chronic illness and disability
 Counselling and providing support for general life issues

10. What would you like your GP to do for you?

(Tick as many as appropriate, including those ones you feel he or she is already doing)

- Teach you about health
 Advise you how to improve your health
 Send letters reminding you when appropriate for a check- up
 Harass you about ways to improve your health

11. What do you do to maintain your health?

12. Do you have any comments or suggestions about ways that your doctor might help to prevent illness and improve your health?

13. Age: Under 18 18-24 25-44 45-64 65-74 75+

14. **Including you**, how many people live in your household? One Two Three +

15. Not counting today's visit, about how many times have you visited the clinic in the past 12 months?

- 0 1-2 3-5 6-10 more than 10

Thank you for your help today. Please place questionnaire in the box at the front desk.

Acknowledgements:

Parts of this questionnaire have been reproduced from:
 Royal Australian College of General Practitioners. (1998). *Putting prevention into practice: Guidelines for the implementation of prevention in the general practice setting*. Melbourne
 McKenzie, R. (1997). *Health promotion needs in a general practice*. MPH Thesis, Curtin University of Technology, Perth
 Queensland Health. (1997). *Making sense of standard drinks*. Brisbane