

### Your details

Please tell us about yourself. This will help us to interpret the results of the questionnaire.

#### Which of the following best describes you? (tick one)

- Member of the public   
Frequent user of health services   
A health professional   
Disabled   
Responding on behalf of a group   
Which group (optional) \_\_\_\_\_

#### What region are you from? (tick one)

- Grey District  Buller   
Westland  South Westland

#### What is your gender?

- (tick one)  
Male   
Female

#### What is your age?

- (tick one)  
Under 25 years   
25-44 years   
45-64 years   
65 year and over

#### Which ethnic group or groups do you belong to? (tick one or more)

- New Zealand European  Maori   
Pacific  Asian   
Other: (Please state) \_\_\_\_\_

#### In general, how would you say that your health is?

##### (Tick one)

- Excellent  Very Good  Good   
Fair  Poor

**Thank you for your time and help.**

FreePost Authority Number 164826



Health Needs Questionnaire  
Grey Base Hospital  
Planning and Funding  
P O Box 387  
Greymouth  
7805

### Health Needs Questionnaire

#### ***We invite you to complete the following questionnaire***

The West District Health Board is conducting a review of health needs within our community. We are analysing data about the health of West Coast people and the services we use to plan for the future. We are interested in your point of view.

#### **How will the information from the questionnaire be used?**

The questionnaire is anonymous. The information will be summarised and published on our website. Results will be provided to our Board to help them make decisions about the key health priorities for our population and it will become part of West Coast District Health Board's Health Needs Assessment.

This questionnaire is also available on our website: [www.westcoastdhb.org.nz](http://www.westcoastdhb.org.nz)

**Instructions:** Please place a tick in the appropriate box. Space is provided for written answers. You do not need to answer all questions.

**What to do with your completed questionnaire:** Pull out the centrespread and fold on the lines. A few options are available in returning the questionnaire: Post free of charge / use the drop off box at Grey Base Hospital Main reception, Buller Health Centre (GP Practice or main reception), Reefton practice, Hokitika Health Centre or Grey Medical Centre Greymouth.

**Deadline:** Please return your completed questionnaire within three weeks of the date received (Monday, 11 October 2010).



1. From the following lists, please tick the three (3) risk factors and three (3) health/disability issues you believe most affect the health of our community?

A. Risk factor or issue (tick 3)

- Drug and alcohol problems
- Smoking
- Lack of physical activity
- Self harm
- Risky sexual behaviours
- Unhealthy nutrition/diet
- Poor oral health

B. Health/disability issue (tick 3)

- Asthma and other respiratory diseases
- Depression and other mental illness
- Cardiovascular (heart disease)
- Physical injury (including violence)
- Obesity
- Diabetes
- Cancer

C. Are there other risk factors and health disability issues you think affect the health of our community? \_\_\_\_\_

2. For two of the risk factors issues you rated in question 1, identify what do you think is needed to address each issue and what difference that will make?

Issue 1 _____	Issue 2 _____
What is needed? _____	What is needed? _____
_____	_____
_____	_____
What difference will this make? _____	What difference will this make? _____
_____	_____
_____	_____

3. Please rate how much each factor would help you to improve your own health (tick one for each line).

Factor:	Help to improve your own health					Rank of order which should be our greatest priority (rank 1-7)
	1	2	3	4	5	
• Access to your own health record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Online health information and advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Exercise/nutrition classes in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Advice and help to quit smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Access to general practice care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Integrated Family Health Centres (one stop shop concept)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• What other factors would help you to improve your own health _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____						<input type="checkbox"/>

4. Please rate each following that West Coast District Health Board should put into action to improve your health and the health of your community (tick one for each line).

	Greatest improvement					Least improvement
	1	2	3	4	5	
• Promoting healthy lifestyles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Increasing clinical leadership in making decisions about services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Providing more high tech/specialised services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Working with communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Influencing other organisations to create healthy environments e.g. air/water quality, housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Better Sooner More Convenient Primary Care Services – Integrated Family Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Increasing clinical partnership with Canterbury District Health Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• What other ways of working would improve the health of you and your community _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	