

Questions about your health care

59. Is there a place you **USUALLY** go when you need healthcare?

- Yes No if NO, go to question 61 Not sure

If YES, is it: (select the main place only)

- GP / family doctor clinic medical specialist clinic
 hospital emergency department other
 hospital outpatient clinic

60. At the place where you **USUALLY** go for healthcare, how often:

- | | always/
often | some
times | rarely/
never | not
applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| can you get a same or next day appointment when you are sick? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| do the medical staff you see know about your medical history? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| does someone help co-ordinate the care you receive from others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

61. In the past 2 years, was there ever a time when doctors or other health care professionals failed to share important information about your medical history or treatment with each other?

- Yes No Unsure Not applicable

62. In the past 2 years, have you ever been given the wrong medicine or wrong dose at a pharmacy or while hospitalized?

- Yes No Unsure Not applicable

63. In the past 2 years, do you believe a medical mistake was made in your treatment or care?

- Yes No Unsure Not applicable

64. If you become seriously ill, how confident are you that you will:

- | | very
confident | some-
what
confident | not
very
confident | not
sure |
|--|--------------------------|----------------------------|--------------------------|--------------------------|
| get high quality care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| receive the most effective medication? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| be able to afford the care you need? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

65. Have you done any of the following: (shade all that apply)

- discussed your wishes for your future health care with someone close to you
 legally nominated a person to make health decisions for you if you lose capacity to do this for yourself (e.g. by nominating an enduring power of attorney)?
 written down your wishes for your future health care in a document such as an advanced care directive?
 made a will?

66. Have you ever served in the Australian Defence Force (this includes permanent and reservists)?

- Yes No

67. Are you a client of the Department of Veterans' Affairs or have you received a benefit or support from the Department of Veterans' Affairs?

- Yes No if NO, go to question 68

If YES, what types of benefits or support have you received? (shade all that apply)

- DVA Gold Card
 DVA White Card
 other

Questions about difficult life events

The following questions relate to difficult life events and may be hard to answer. You do not have to answer if you do not want to.

68. When you were growing up in the first 18 years of your life did you see a parent or household member in your home being:

- | | never | once | a few
times | many
times |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| scared, screamed at, sworn at, insulted or humiliated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| slapped, kicked, punched, hit, beaten up or cut with an object? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

69. When you were growing up in the first 18 years of your life did a parent, guardian or other household member:

- | | never | once | a few
times | many
times |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| spank, slap, punch, hit, beat or cut you with an object? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

70. Within the last year have you been hit, slapped or physically hurt in other ways?

- Yes – by a partner Yes – by an ex-partner
 Yes – by someone else No

If YES, are you frightened of that person?

- Yes No

If you would like support or would like to talk to someone regarding these questions on difficult life events, please call 1800 737 732. **1800RESPECT.**

**Thank you very much for filling in the questionnaire
 WE CAN ONLY USE THIS INFORMATION IF YOU SIGN THE CONSENT FORM OVERLEAF**

