

Your Health - Your Hills Community

Community Forum Questionnaire

Dear community member,

We are in need of your assistance to provide valuable health and wellness information to enable preparation for future community health options.

In relation to health and lifestyle requirements for yourself and your family can you please consider the following questions and provide comments where possible.

We have provided a reply paid envelope for you to return the questionnaire.

Thank you for your involvement.

Dr. Michael Taylor



Firstly, about you...

1. Age _____

2. Post code _____

3. How did you travel here today?

Car

Walk

Bus

Bicycle

Other (*please specify*) _____

4. Which of the following best describes your living arrangements?

Live Alone

With dependent children

Partner only (no children)

Share accommodation

Other (*please specify*) _____

5. Approximately how often do you attend a General Practitioner?

Weekly

Fortnightly

Monthly

6-monthly

Yearly

Other (*please specify*) _____

6. Approximately how often do you attend an Allied Health Professional (eg, Mental Health specialist, physiotherapist, dietician, podiatrist, etc)?

Weekly

Fortnightly

Monthly

6-monthly

Yearly

Other (*please specify*) _____

7. In general, how do you rate your health? *(please circle)*

Very Healthy.....Moderately Healthy.....Unhealthy

8. Would you like to improve your current health status?

Yes No Not sure

Accessing Health Services

9. Do you use a computer to access Health Information?

Home computer
 Other computer
 Do not use a computer for this purpose

10. Are you aware of any services/activities provided by the Adelaide Hills Community Health Service and Division of General Practice?

Yes No Not sure

11. Have you used any of these services?

Yes No Not sure

12. Have you used the GP Care (After Hours Medical Service)?

Yes No

12a. *If No, are you aware that a GP Care After Hours Service is available?*

Yes No

13. What do you see as the main barrier to achieving health and wellbeing for you and your family?

14. Is accessing a health and wellbeing service/activity difficult for you?

Yes No Not sure

14a. *If yes, why is this difficult?*

15. How do you usually travel to your health and wellbeing activities/ services?

- Car
- Walk
- Bus
- Bicycle
- Other (specify) _____
- Do not attend health and wellbeing activities/ services

16. Is cost a factor in how many times you access these services?

- Yes
- No
- Not sure

17. Where do you access information about health services that are available in your community?

- GP
- Internet
- Word-of-mouth
- Referral from other health specialist
- Phone book
- Radio/TV advertising
- Local Council
- Newspaper
- Other (specify) _____

18. Where would you prefer to have your health services provided/located?

19. How do you think Local Councils impact the health and wellness of the community?

20. Please identify any health topics or services that would you like information about?

21. Would you be interested in becoming part of a discussion group (eg Men's Health, Diabetes, Youth Health, healthy ageing, etc)?

(If yes, please nominate an area of interest and supply your contact details below)

Further information

Did you/ will you be attending the Forum? Yes/No

Name and address (*optional*): _____

Email: _____

Thank you for your assistance.

Please return the questionnaire to (or in the reply-paid envelope provided):

***Community Forum Questionnaire
PO Box 1507
Mount Barker SA 5251***

For enquiries phone: 8391 2999
