

- **1.** Have you visited a G.P (General Practitioner) in the last twelve months? (please tick box)
- a) No, go to question 2
- b) Yes (see below)

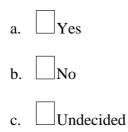
If yes, please indicate how many times you visited your G.P. (tick box)

1-2 Times	3-4 Times
5-9 Times	10+ Times

i) What was the main reason for your last visit to your G.P. (please tick one):

Health Crisis/Sickness	Health Advice		
Medication	Regular Check-Up		
Screening (e.g. prostate check)	Immunisation		
Family (e.g. children)	Other (please specify)		
ii) Overall, how would you rate your last visit to the G.P. (please tick box) Excellent Very Good Good Fair Poor			
iii) Were any other health concerns addressed by your doctor, other than your main health concern? (please tick box)			
a) \Box No, go to question 2			
b) Unsure, go to question 2			
c) Yes. If yes, did you want this heal	th concern to be addressed (please		

tick box)



2. Other Health Service Providers

i) Please indicate <u>how many times</u> you have visited the following health service providers in the last twelve months (<u>write number of visits in the box</u>)

e.g. B Pharmacist (indicates 3 times in last twelve months)			
Physiotherapist	Occupational Therapist		
Dietitian/Nutritionist	Dentist/Orthodontist		
Podiatrist	Pharmacist		
Naturopath	Chiropractor		
Osteopath	Fitness/ Personal Trainer		
Optometrist	Audiologist		
Nurse			
Medical specialist (e.g. cardiologist), please specify			
Other, please specify			

ii) Indicate the three most influential health service providers with respect to your health and wellbeing (please tick no more than 3)



FAMAS Health Service Utilisation Questionnaire. V2. July 2004

Nurse	General Practitioner		
Medical specialist (e.g. cardiologist), please specify			
Other, please specify			
iii) When seeking health advice, which of the settings below, do you find most welcoming? (tick no more than three)			
Community Health Centre	Private Practice (e.g. Dr's rooms)		
Hospital (in-patient, e.g. surgery)	Hospital (Dr's rooms)		
Emergency/Casualty Department	Fitness Centre/Gym		
Service provider's home	Your workplace		
Chemist/Pharmacy	Your own home		

____Other, please specify ______

3. Private Health Insurance

i) Do you currently have private health insurance

- a) \square No
- b) Yes (see below)

ii) If yes, please indicate the level of cover (tick box)

Basic	Comprehensive (basic with Extras)		
Extras only	Other, please specify		
iii) What type of cover (tick box)			
Individual	Other, please specify		
Family			