

# New Zealand General Practice Assessment Questionnaire (NZGPAQ)

Dear Patient

We would be grateful if you would complete this survey about your general practice and your visit today.

The doctors at your practice want to provide the highest standard of care. Feedback from this survey will enable them to identify areas that may need improvement. Your opinions are therefore very valuable.

Please answer ALL the questions that apply to you. There are no right or wrong answers and staff will NOT be able to identify your individual responses.

Thank you.

Because part of the survey is about the doctor you saw today, please write the doctor's name below

The doctor I saw today was Dr \_\_\_\_\_

	None	Once or twice	Three or four times	Five or six times	Seven times or more
1 In the past 12 months, <b>how many times</b> have you seen a doctor from your practice?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

	Very poor	Poor	Fair	Good	Very good	Excellent
2 How do you rate the way you are treated by <b>receptionists</b> at your practice?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

	Very poor	Poor	Fair	Good	Very good	Excellent
3 a) How do you rate the <b>hours</b> that your practice is open for appointments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) What <b>additional</b> hours would you like the practice to be open? (please tick all that apply)	Early morning	Lunch- times	Evenings	Week- ends	None, I am satisfied	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

4 Thinking of times when you want to see a <b>particular</b> doctor: (please tick one box only)	Same day	Next working day	Within 2 working days	Within 3 working days	Within 4 working days	5 or more working days	Does not apply
a) How <b>quickly</b> do you usually get to see that doctor?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) How do you rate this?	Very poor	Poor	Fair	Good	Very good	Excel- lent	Does not apply
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

5 Thinking of times when you are willing to see **any** doctor: (please tick one box only)

- |  | Same day                   | Next working day           | Within 2 working days      | Within 3 working days      | Within 4 working days      | 5 or more working days     | Does not apply             |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) How <b>quickly</b> do you usually get seen? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
|  | Very poor                  | Poor                       | Fair                       | Good                       | Very good                  | Excellent                  | Does not apply             |
| b) How do you rate this?                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

- 6 If you need to see a GP **urgently**, can you normally get seen on the same day?
- |  | Yes                        | No                         | Don't know/ never needed to |
|--|----------------------------|----------------------------|-----------------------------|
|  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  |

- 7 a) How long do you usually have to **wait** at the practice for your consultation to begin? (please tick one box only)
- |                          | 5 minutes or less          | 6-10 minutes               | 11-20 minutes              | 21-30 minutes              | More than 30 minutes       |                            |
|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
|                          | Very poor                  | Poor                       | Fair                       | Good                       | Very good                  | Excellent                  |
| b) How do you rate this? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

8 Thinking of times you have **phoned** the practice, how do you rate the following:

- |  | Very poor                  | Poor                       | Fair                       | Good                       | Very good                  | Excellent                  | Don't know/ never tried    |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Ability to <b>get through to</b> the practice on the phone?                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| b) Ability to <b>speak to</b> a doctor on the phone when you have a question or need medical advice? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

9 This question asks about your **usual doctor**. If you don't have a 'usual doctor', answer about the one doctor at your practice whom you know best. If you don't know any of the doctors, go straight to question 10.

- |  | Always                     | Almost always              | A lot of the time          | Some of the time           | Almost never               | Never                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) In general, how often do you see your <b>usual doctor</b> ? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
|  | Very poor                  | Poor                       | Fair                       | Good                       | Very good                  | Excellent                  |
| b) How do you rate this?                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |



16 How **satisfied** are you with the **After Hours service** you use?

- <sup>1</sup> Very dissatisfied  
 <sup>2</sup> Dissatisfied  
 <sup>3</sup> Average  
 <sup>4</sup> Satisfied  
 <sup>5</sup> Very satisfied  
 <sup>6</sup> Does not apply (You have not used it)

17 All things considered, how **satisfied** are you with your practice? (please tick only one box)

- <sup>1</sup> Completely dissatisfied  
 <sup>2</sup> Dissatisfied  
 <sup>3</sup> Average  
 <sup>4</sup> Satisfied  
 <sup>5</sup> Completely satisfied

Finally, it will help us to understand your answers if you could tell us a little about yourself:

18 Are you:                       <sup>1</sup> Male                       <sup>2</sup> Female

19 How old are you?                      \_\_\_\_\_ years

20 Do you have any **long-standing illness, disability or infirmity**? By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over a period of time.

- <sup>1</sup> Yes                       <sup>2</sup> No

21 Which **ethnic group(s)** do you belong to? (please tick all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> <sup>1</sup> New Zealand European | <input type="checkbox"/> <sup>6</sup> Niuean  |
| <input type="checkbox"/> <sup>2</sup> Māori                | <input type="checkbox"/> <sup>7</sup> Chinese   |
| <input type="checkbox"/> <sup>3</sup> Samoan               | <input type="checkbox"/> <sup>8</sup> Indian  |
| <input type="checkbox"/> <sup>4</sup> Cook Island Māori    | <input type="checkbox"/> <sup>9</sup> Other (such as Dutch, Japanese, Tokelauan), Please state: |
| <input type="checkbox"/> <sup>5</sup> Tongan               |   |

22 Which of the following best describes you? (please tick one box)

- |   |  |
|---|--|
| <input type="checkbox"/> <sup>1</sup> Employed (full or part time, including self-employed) | <input type="checkbox"/> <sup>5</sup> Looking after your home/family |
| <input type="checkbox"/> <sup>2</sup> Unemployed and looking for work                       | <input type="checkbox"/> <sup>6</sup> Retired from paid work         |
| <input type="checkbox"/> <sup>3</sup> At school or in full time education                   | <input type="checkbox"/> <sup>7</sup> Other (please describe) .....  |
| <input type="checkbox"/> <sup>4</sup> Unable to work due to long term sickness              | .....  |

23 We are interested in any other comments you may have. Please write them here.

Is there anything particularly good about your health care?

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Is there anything that could be improved?

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Do you have any other comments?

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Thank you for taking time to complete this questionnaire.