

# Health Needs Questionnaire

## Canterbury

District Health Board  
Te Poari Hauora o Waitaha

## We invite you to complete the following questionnaire

Canterbury District Health Board is conducting a review of health needs within our community. We are looking at data about the health of Canterbury people and the services we provide to plan for future needs. 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 in a later edition of Healthfirst and on our website. The results will be provided to our Board to help them make decisions about key health priorities for our population and it will become part of Canterbury District Health Board's Health Needs Assessment.

### Instructions

Please place a tick in the appropriate box  of your choice. Space is provided for written answers. You do not need to answer all questions.

### What to do with your completed questionnaire

Print the questionnaire, fold and tape or staple as directed with the reply envelope on the outside. Free-post this envelope back to Canterbury District Health Board.

### Deadline

Please return your completed questionnaire by **Monday 21 June 2010**.

## QUESTIONNAIRE

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

#### a. Risk factor or issue (tick 3)

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

#### b. Health/disability issue (tick 3)

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

c. What other risk factors and health and disability issues do you think affect the health of our community?

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**2. For two issues you identified in question 1, what do you think is needed to address each issue and what difference will this 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 you own health				
	Greatest help		Least help		
	1	2	3	4	5
a. Access to your own health record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Online health information and advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exercise/nutrition classes in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Advice and help to quit smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. After hours telephone advice from your general practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Access to after hours general practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 'One-stop' health and social service centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. What other factors would help you to improve your own health?					

**4. To improve your health and the health of your community, please rate each of the following actions that Canterbury District Health Board can carry out. (tick one for each line)**

Actions	Improving health of the community				
	Greatest improvement		Least improvement		
	1	2	3	4	5
a. Promoting healthy lifestyles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Designing and building hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supporting leadership by our health professionals e.g. doctors and nurses making decisions about services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Providing more high tech/specialised services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Working with communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 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"/>
g. What other ways of working would improve the health of you and your community?					
<input type="text"/> <input type="text"/> <input type="text"/>					

**YOUR DETAILS**

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

<p><b>5. Which ethnic group or groups do you belong to? (tick one or more)</b></p> <p>New Zealand European <input type="checkbox"/></p> <p>Maori <input type="checkbox"/></p> <p>Samoan <input type="checkbox"/></p> <p>Cook Island Maori <input type="checkbox"/></p> <p>Tongan <input type="checkbox"/></p> <p>Niuean <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Indian <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Please state (optional)</p> <input type="text"/>	<p><b>6. What is your gender? (tick one)</b></p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p><b>8. Which of the following best describes you? (tick one)</b></p> <p>Member of the public <input type="checkbox"/></p> <p>Frequent user of health services <input type="checkbox"/></p> <p>A health professional <input type="checkbox"/></p> <p>Responding on behalf of a group <input type="checkbox"/></p> <p>Which group? (optional)</p> <input type="text"/>
<p><b>7. What is your age? (tick one)</b></p> <p>Under 25 years <input type="checkbox"/></p> <p>25-44 years <input type="checkbox"/></p> <p>45-64 years <input type="checkbox"/></p> <p>65 year and over <input type="checkbox"/></p>	<p><b>9. In general, how would you say that your health is? (tick one)</b></p> <p>Excellent <input type="checkbox"/></p> <p>Very Good <input type="checkbox"/></p> <p>Good <input type="checkbox"/></p> <p>Fair <input type="checkbox"/></p> <p>Poor <input type="checkbox"/></p>

*Thank you for your help*

fold

staple or tape here

fold

fold

fold

FREEPOST Authority No. 134057

**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha



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Health Needs Assessment Survey  
Canterbury District Health Board  
PO Box 1600  
Christchurch 8140