

Youth Primary Care Experience Survey

A bit about you

1) Are you...

- ☐ Female
☐ Male
☐ Gender Diverse

2) What year were you born?

3) Which ethnic group/s do you identify with? (You can select more than one)

- | | |
|---|----------------------------------|
| <input type="checkbox"/> New Zealand European | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Niuean |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Other _____ | |

4) Are you enrolled at this health service?

5) How often do you use this health service?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Every 6 months |
| <input type="checkbox"/> No | <input type="checkbox"/> Once a year |
| <input type="checkbox"/> Unsure | <input type="checkbox"/> Every couple years |
| | <input type="checkbox"/> This is my first time |

Getting the help you need

6) How did you come to know about this health service?

- ☐ My family goes here
☐ From friends and people I know
☐ Internet search
☐ Pamphlet
☐ Other _____

7) Before coming to the health service, did you know....

- | | |
|---|--|
| <input type="checkbox"/> How much it would cost | <input type="checkbox"/> Where they are located |
| <input type="checkbox"/> Their opening hours | <input type="checkbox"/> The services they offer |

8) If you had the following problem, would you ask for help from the health service you are at today?
(Tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> A physical complaint such as a tummy ache or cough | <input type="checkbox"/> Alcohol related questions |
| <input type="checkbox"/> Injuries | <input type="checkbox"/> Questions about marijuana and other drugs |
| <input type="checkbox"/> Questions about sexual health | <input type="checkbox"/> Family issues |
| <input type="checkbox"/> Relationship concerns | <input type="checkbox"/> School, work or university concerns |
| <input type="checkbox"/> Wanting to quit smoking | <input type="checkbox"/> Questions about eating and sleeping habits |
| <input type="checkbox"/> Employment issues | <input type="checkbox"/> Emotional and mood (eg. sad, depressed, anxious) |
| <input type="checkbox"/> Sickness benefit certificate | <input type="checkbox"/> Questions about violence |

Access

9) Has there been a time that you didn't use the health service because...
(Tick all that apply)

- ☐ It was too expensive
☐ I couldn't get an appointment
☐ The appointment times/service opening hours were inconvenient for me
☐ The waiting time was too long
☐ Other

10) How do you feel about the hours this service is open?



Why? _____

11) How would you prefer to make contact with the health service...

a) To make an appointment:

- ☐ Online
☐ On the phone
☐ Other _____

b) To check results:

- ☐ Online
☐ On the phone
☐ Other _____

Treating others with Respect

12) In your opinion, would a young person be treated differently in this health service because of...
(Tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Their age | <input type="checkbox"/> Experiencing disability |
| <input type="checkbox"/> Their gender | <input type="checkbox"/> Their mental well-being |
| <input type="checkbox"/> Their sexuality | <input type="checkbox"/> Drug use |
| <input type="checkbox"/> Being a girl | <input type="checkbox"/> What they wear |

Confidentiality & Privacy

Confidentiality is knowing that you can talk about something with your service provider without fear that they will talk to anyone (including your parents and other staff members) about it without your permission - unless it will cause you or others harm

Privacy is knowing that you can speak with your provider without anyone listening in or interrupting

13) Do you think young people might not seek help from the health service you visited today because...

- | |
|---|
| <input type="checkbox"/> They are afraid parents will find out and/or disapprove? |
| <input type="checkbox"/> They are afraid school staff will find out? |
| <input type="checkbox"/> They are afraid the police will know? |

14) Did you get any information about confidentiality and privacy?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

15) Do you trust that the staff will not talk about your problems with other adults (including your parents) without your consent?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

16) How sure are you that your problems will be kept confidential?

Not at all	Not sure	Kind of sure	Sure	Very sure
------------	----------	--------------	------	-----------

17) Did a nurse or doctor offer to speak to you without another adult being there?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

18) Were you able to talk to the nurse or doctor where no one else could hear what you were saying?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

Your relationship with the Provider

19) Did reception staff treat you with respect?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

20) While you were with the nurse or the doctor, how comfortable did you feel?



21) What do you think about the level of trust you have toward this provider?

I have no trust	I have low trust	I trust them a little	I trust them	I highly trust them
-----------------	------------------	-----------------------	--------------	---------------------

22) Did the nurse or doctor explain what treatments or tests you needed and why?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

23) Did they explain it in a way that you understand?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

24) Did you have enough time to ask the nurse or doctor everything you wanted to?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

The Built Environment

25) Thinking about your visits to the health clinic...

a) Are the waiting areas and surroundings pleasant?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

b) Did you see any posters or pamphlets about young people and/or youth health?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

c) How would you rate the quality of the posters and pamphlets you saw?



26) Would you like to make any suggestions for improving the service to young people?

Thank you for giving us a chance to hear what you think. Remember that your responses are completely confidential - meaning that no one will know that these are your answers.