

Oxshott Health Survey

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Dear Patient,

As you may be aware the NHS is embarking on some radical changes. The Oxshott Medical Practice is making changes as well and exploring opportunities to provide an increased range of health services in the village. Through this survey we want to find out more about you, and what you think, to help the planning and provision of services.

Therefore we would be grateful if you could fill in this questionnaire and return it to the surgery at your earliest convenience in the envelope provided – it shouldn't take more than a few minutes! Please be assured that all responses will be treated in the strictest confidence.

Please note that, as the healthcare requirements of men, women and children differ, a separate questionnaire should be completed by all adults aged 18 and over living in your household – and, please, don't compare your answers!

Thank you for your help

If you have not registered as a patient with the Oxshott Medical Practice, please do not complete this questionnaire.

From the doctors at the Oxshott Medical Practice – 01372 844000

YOUR HEALTH

1. How would you describe your current state of health, setting aside such things as seasonal coughs and colds?

- Excellent Very good Quite good Not very good Very poor

2a. How many times, if any, have you been to see a doctor or a nurse at the Oxshott Medical Practice in the last 4 weeks?

- Never Once Twice 3 times 4 or more times

2b. And how many times, if any, have you been to see a doctor or a nurse at the Oxshott Medical Practice in the last 12 months?

- Never Once or twice 3 to 5 times 6 to 10 times More than 10 times

3a. How many dental check-ups, if any, have you had in the last 12 months? We just mean check-ups – don't include any subsequent visits for treatment.

- None 1 2 More than 2

3b. And following a dental check-up in the last 12 months, have you had to have any treatment?

- Yes No

3c. Do you receive dental care on the NHS or privately?

- NHS Privately

4a. How often, if at all, do you take part in sporting activities, irrespective of whether it's competitive or individual?

- Several times a week Once a week 2 or 3 times a month Once a month Less often Never

4b. In the last 12 months, have you sustained any injuries requiring medical attention (e.g. broken bones, physiotherapy, etc.) as a result of taking part in sport?

- Yes No

5. How often, if at all, would you say you take exercise? This can range from, say, an hour's gardening to long walks, or cycling or running – anything that exercises your heart and lungs.

- Several times a week Once a week 2 or 3 times a month Once a month Less often Never

6. To what extent, if at all, do you consider you have a problem with your weight?

- I have a serious weight problem I have a weight problem which I ought to deal with
 I have a slight weight problem but it's not serious I don't have a weight problem

7a. Do you smoke cigarettes, cigars or a pipe these days? Yes No, but I used to No, never

7b. If Yes, what do you smoke?

- Cigarettes Cigars Pipe

7c. If Yes, how many times a day do you smoke?

- Less than 5 times 5 to 14 times 15 to 24 times 25 to 34 times More often

7d. If "No, but I used to", how long ago did you stop smoking?

- Less than a year ago 1 to 2 years ago 3 to 5 years ago 6 to 10 years ago Over 10 years ago

8. How many units of alcohol do you drink in a typical week? (For this survey, we will regard each of the following as equal to one unit of alcohol: ½ pint of beer, 150 cc glass of wine or 1 measure of spirits)

- None 1 to 7 8 to 14 15 to 21 22 to 28 29 to 35 Over 35

9a. How many portions of fresh vegetables, if any, do you each in a typical day? Do not include potatoes or fresh fruit.

- None 1 2 3 4 More than 4

9b. How many portions of fresh fruit, if any, do you each in a typical day? A glass of fruit juice (but not from concentrate) would count as one portion.

- None 1 2 3 4 More than 4

9c How many times a week, if any, would you say you eat any of the following?

	Never	Occasionally but not once a week	About once a week	2 or 3 times a week	4 or more times a week
Red meat (beef, ham, pork, lamb, burgers, hot dogs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad vegetables such as lettuce, tomatoes, cucumber, celery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken without the skin or white fish poached, grilled, baked or microwaved but not fried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shallow fried or deep fried foods (whether at home or in a café or restaurant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sausages or bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9d. Do you take regular vitamins or supplements, and if so what types?

- No, don't take any Yes, take multivitamins Yes, take single vitamins Yes, take other supplements

10. Are you disabled in any respect and if so, how serious would you say your disability was?

- Not at all disabled Only minor disability Moderately disabled Seriously disabled

OUR CURRENT SERVICES

11a. Which, if any, of the following services provided by Oxshott Medical Practice have you ever used?

- Consultation with doctor Treatment by a nurse Never used

11b And which, if any, of the following services provided by Oxshott Medical Practice have you used in the last 12 months?

- Consultation with doctor Treatment by a nurse Not used in last 12 months

12. How would you rate the following aspects of the Oxshott Medical Practice?

	Excellent	Very good	Quite good	Not very good	Poor
The overall services provided by the Oxshott Medical Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall satisfaction with the doctor that has been assigned to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of parking (<i>if applicable</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of access into and within the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL SERVICES

13. We hope to develop and improve our medical services here in Oxshott. Would you please tell us your level of interest in each of the following medical services:

	Extremely interested	Very interested	Quite interested	Not very interested	Not at all interested
Sports injury clinic, offering clinical assessment, treatment and physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental check-ups and treatment on the NHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental check-ups and treatment for private patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthodontic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular travel clinics for vaccinations and other health advice before travelling abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular clinics with a visiting chiropodist/podiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One or two consulting rooms to be used by visiting consultant specialists (for example dermatology, cardiology, paediatrics, orthopaedics, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular clinics from visiting specialists in complementary medicine (for example homeopathy, Chinese medicine, hypnotherapy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A permanent pharmacy dispensing prescriptions on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greater range of diagnostic equipment (for example ultrasound, hearing tests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health screening for both men and women as an aid to early diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved services for the elderly and chronically ill, such as asthma care and diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved contraceptive and family planning advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved availability of Pre and Post Natal care and advice (currently fortnightly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks and courses aimed at improving awareness of factors affecting health and how to improve health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks and courses on parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended hours (later evening and earlier morning appointments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A coffee shop in an area where you could meet up with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. And which, if any, of these services would you be prepared to pay for?

- Sports injury clinic, offering clinical assessment, treatment and physiotherapy
- Orthodontic services
- Regular travel clinics
- Regular clinics with a visiting chiropodist/podiatrist
- One or two consulting rooms to be used by visiting consultant specialists (for example dermatology, cardiology, paediatrics, orthopaedics, etc.)
- Regular clinics from visiting specialists in complementary medicine (for example homeopathy, Chinese medicine, hypnotherapy, etc.)
- Greater range of diagnostic equipment (for example ultrasound, hearing tests)
- Health screening for both men and women as an aid to early diagnosis
- Contraceptive advice and family planning
- Pre and Post Natal care and advice
- Talks and courses aimed at improving awareness of factors affecting health and how to lead a healthy lifestyle
- Talks and courses on parenting
- None of these

COMMUNICATIONS FROM THE OXSHOTT MEDICAL PRACTICE

15. How many times in the last 12 months, if any, have you read the Practice Newsletter?

- Didn't know there was one Know there is one but never read it Once Twice 3 or more times

16. Do you currently have access to the internet from your home?
 Yes No

17. How many times in the last 12 months, if any, have you visited the Oxshott Medical Practice website?
 Didn't know there was one Know there is one but never visited it Once 2 or 3 times
 4 or 5 times More than 5 times

ABOUT YOU

We would be grateful if you could answer these questions about yourself. The information will be used purely for analysing the answers to all the questions that we have asked

Gender: Male Female

Age: 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 to 74 75 and over

Marital status: Married/living with partner Single Separated/Divorced Widowed

Do you have any children living at home and if so how many?
 None One Two Three Four or more

If you have any children living at home, which age group or groups do they fall into?
 Under 2 2 to 5 6 to 10 11 to 14 15 to 18 Over 18

How many people in total live in your household, including yourself?
 One Two Three Four Five or more

Do you work either in paid employment or for charitable purposes?
 Yes, full time (more than 20 hours a week) Yes, part-time (less than 20 hours per week)
 Unemployed Retired Of employable age but choose not to work

How would you describe your status in your household?
 Principle or sole income earner Joint income earner with partner or parents
 Homemaker, but don't earn an income Dependent (e.g. children, disabled)

Which of the following income brackets comes closest to what you believe your total household income to be?
 Under £15,000 From £15,000 to £25,000 From £25,000 to £35,000 From £35,000 to £50,000
 From £50,000 to £100,000 Over £100,000 Prefer not to say Don't know

Do you receive any help from carers?
 No Yes, less than 5 hours a week Yes, between 5 to 10 hours per week
 Yes, more than 10 hours per week

Are you on the organ donor register? Yes No

Ethnic group
 White Black or Black British Asian or Asian British Mixed
 Chinese Other ethnic group

Do you have any special needs, such as learning difficulties? Yes No

What is your post code? (PLEASE WRITE IN)

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Name:

Address:

Many thanks for completing our survey. We would be grateful if you could now return your completed questionnaire to:

Oxshott Medical Practice
Holtwood Road, Oxshott, Surrey KT22 0QJ