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### **Supplementary Material**

#### **Why patients attend after-hours medical services: a cross-sectional survey of patients across the Australian Capital Territory**

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## After-hours Primary Health Care Services in the ACT - Patient Survey

Please refer to the information sheet or the research assistant if you have any questions or concerns.

### Demographic information

#### I am completing this form for

- Myself       Someone else

#### Age in years (or if you are filling this out for someone else, the age of the patient)

\_\_\_\_\_  Prefer not to say

#### Sex

- Male       Female       Other       Prefer not to say

#### Do you identify as Aboriginal and/or Torres Strait Islander?

- Yes       No       Prefer not to say

#### Country of Birth

- Australia       Other (Please state) \_\_\_\_\_

#### Do you speak a language other than English at home?

- No       Yes (Please state) \_\_\_\_\_

#### Where do you live?

- Gungahlin       Belconnen       Inner North       Inner South  
 Woden       Weston Creek       Tuggeranong       NSW  
 Other (please specify) \_\_\_\_\_

#### How would you describe your housing situation?







- Secure, I own my home  
 Secure, I can afford to pay my mortgage or rent  
 Insecure or unstable (e.g. *couch surfing, homeless, difficult environment*).

#### Do you identify as

- Straight / heterosexual       Gay       Lesbian       Bisexual  
 Transgender or intersex       Prefer not to say       Other \_\_\_\_\_



Do you currently have?

-   Pension card
-   DVA (Department of Veterans Affairs)
-   Healthcare card
- Private Health

Questions about your usual health care providers

When did you last see your usual GP?

- Today     In the last week     In the last month     In the last 6 months
- More than 6 months ago     I don't have a usual GP

Do you have a health service that you consider your usual service?  Yes  No

Do you try to see the same doctor each time at a health service?  Yes  No

Do you have a usual doctor at this health service?  Yes  No

Are you seeing your usual doctor today?  Yes  No

In general (i.e. not just today) would you say your health is...? (tick one box only)

- Excellent     Very good     Good     Fair     Poor

Questions about your access of this service today

How often have you visited this service within the past 12 months?

- This is my first visit     1-5 previous visits     6 or more visits

Did you schedule an appointment or did you drop in?

- Scheduled     Dropped in



**Why did you choose this service today? (tick as many as applicable)**

- This is my regular GP service
- My regular GP service is not open now
- I like the quality of care provided here
- This service has facilities that I need (e.g. *Pathology, medical imaging etc*)
- I could drop in and I know I will be seen, even if I have to wait
- I could make an appointment
- Services here are free or, I am bulk billed for the services here
- I am here as a follow up from a previous visit
- It is quicker to be seen here than elsewhere
- I didn't think there was anywhere else that could help me
- I was sent here on advice of another health professional (e.g. *pharmacist or nurse*)
- I was sent here on advice of a family member, friend or colleague
- Other \_\_\_\_\_

**Usual working hours are considered Monday to Friday 8am-6pm. Please tell us why you are seeking care outside of usual hours (tick as many as relevant)**

- The problem occurred outside of usual hours
- I am too concerned or too sick to wait until usual working hours to be seen
- This is when my preferred doctor works
- This was the time when I could get here (transport/care issues)
- This was the time offered to me when I made an appointment
- I can't afford to take time off work/life to be seen in usual working hours
- I was not aware this was outside of usual hours
- Other (please specify) \_\_\_\_\_

**Please tell us about when you have used the following health services in the ACT:**

	<b>In the last 24 hours</b>	<b>In the past</b>	<b>Never</b>
GPs with extended hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist / Chemist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Direct (phone service 1800 022 222)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Home Doctor Service (13SICK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canberra Afterhours Locum Medical Service (CALMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk-in centre (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department (The Canberra Hospital, or Calvary Hospital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Has any health care professional (doctor, nurse, telephone service, or pharmacist) advised you specifically to go to the emergency department today?**

- Yes                       No                       Unsure

**Questions about the health problem you have today**

**The problem I am seeking care for is:**

- A long-term issue, a problem I have had for 6 months or more (e.g. my asthma)
- A short-term issue, present less than 6 months (e.g. a check-up of a sprained ankle)
- A new problem, the problem has only just started
- I am uncertain about the problem, which is why I am here

**The problem I am seeking care for is:**

- A non-urgent issue (e.g. *I need a repeat script or a routine pap smear*)
- An urgent issue (e.g. *I have a new pain or my asthma is no longer under control*)
- I am uncertain about the urgency, which is why I am here



**How long do you think it would be SAFE to wait to have this problem assessed?**

- This problem is extremely urgent and needs to be assessed immediately
- With-in the next hour
- 1-4 hours
- 4-6 hours
- 6-12 hours
- 12-24 hours
- Sometime in the next few days
- Sometime in the next week or so

**How long are you WILLING to wait to have this problem assessed?**

- This problem is extremely urgent and needs to be assessed immediately
- With-in the next hour
- 1-4 hours
- 4+-6 hours
- 6+-12 hours
- 12+-24 hours
- Sometime in the next few days
- Sometime in the next week or so

**If you have completed this questionnaire before...**

Name of Service you accessed previously: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did you participate in this study previously (day and approximate time)? \_\_\_\_\_

\_\_\_\_\_

Is your visit now directly related to the issue you were seeking care about earlier?

- Yes
- No
- Unsure

**THANK YOU VERY MUCH FOR PARTICIPATING IN THIS STUDY**

*Please see the return this survey to the researcher.*