

Appendix 5 – Computer Assisted Telephone Interview (CATI 2) Healthcare

Good morn/aftrn/even, my name is .. from the Hunter Valley Research Foundation. Could I please speak to “respondent’s name”

[I'm calling on behalf of the Universities of "NSW and SA]

On XXXX we first spoke to you about your participation in the CareTrack Australia study. We have now received your signed consent which indicates your interest in participating in the study and gives us permission to access your medical records.

First let me confirm that I am speaking to the right person.

Can you please tell me your first and last name?

1. Correct 2. Incorrect

Can you please tell me the date of your birth?

1. Correct 2. Incorrect

Can I please confirm that you have read the Participant Information Sheet and understand what the research project is about?

1. Yes 2. No

We do recommend that you read the information.

(ORGANISE CALL BACK) HIT ENTER TO CONTINUE

Today I'd like to ask you about your healthcare from 1 January 2009 till 31 December 2010

Q1. In 2009 or 2010 did you see your regular GP? [family doctor, general practitioner]

1. Yes 2. No 3. Do not have a regular GP

Could I have the name and address of that GP? [and Practice Name ie Could be part of a group of GPs]

Name #

Practice Name #

Address #

Suburb #

Postcode #

Q2. In 2009 or 2010 did you visit any other GP including any at an after-hours clinic? [doctor, general practitioner]

1. Yes 2. No [8. DON'T KNOW]

Could I have the name and address of that GP?
[and Practice Name ie Could be part of a group of GPs]

Name #

Practice Name #

Address #

Suburb #

Postcode #

Q. And in 2009 or 2010 did you visit any other GP including any at an after-hours clinic? [doctor, general practitioner]

1. Yes 2. No [8. DON'T KNOW]

Could I have the name and address of that GP? [and Practice Name ie Could be part of a group of GPs]

Name #

Practice Name #

Address #

Suburb #

Postcode #

Q3. During 2009 or 2010 were you seen by a community health NURSE.

1. Yes 2. No [8. DON'T KNOW]

Could I have the name and address of that Community Nurse? [and Practice Name -could be a Hospital]

Name #

Practice Name #

Address #

Suburb #

Postcode #

Q3. And in 2009 or 2010 have you been seen by any other Community Nurse?

1. Yes 2. No [8. DON'T KNOW]

Could I have the name and address of that Community Nurse? [and Practice Name -could be a Hospital]

Name #

Practice Name #

Address #

Suburb #

Postcode #

Q4. I am now going to read a list of 18 medical conditions, if you have been treated for any of them, please let me know.

In 2009 or 2010 were you treated for ? [1. YES 2. NO]

- # Alcohol Dependence (Alcoholism)
- # Asthma (Shortness of breath)
- # Atrial Fibrillation (Heart arrhythmia, abnormal heart rhythm)
- # Stroke/TIA (CVA/Trans Ischemic Attack)
- # Community Acquired Pneumonia (Lung disease)
- # Chronic Heart Failure
- # Chronic obstructive pulmonary disease (Emphysema/Chronic bronchitis)
- # Coronary Artery Disease (Heart Attack/Angina)
- # Depression
- # Diabetes (high blood sugar)
- # Dyspepsia (acid reflux/stomach ulcer)
- # Hypertension (high blood pressure)
- # Hyperlipidemia (high cholesterol)
- # Low Back Pain
- # Obesity (overweight)
- # Osteoarthritis
- # Osteoporosis (brittle bones)
- # Panic Disorder

Q4b. Can you tell me roughly how long you have been diagnosed with ?

1. Less than a year
2. 1-2 years
3. 3-5 years [8. UNSURE 9. REFUSED]
4. 5-10 years
5. More than 10 years

- # Alcohol Dependence (Alcoholism)

- # Asthma (Shortness of breath)
- # Atrial Fibrillation (Heart arrhythmia, abnormal heart rhythm)
- # Stroke/TIA (CVA/Trans Ischemic Attack)
- # Community Acquired Pneumonia (Lung disease)
- # Chronic Heart Failure
- # Chronic obstructive pulmonary disease (Emphysema/Chronic bronchitis)
- # Coronary Artery Disease (Heart Attack/Angina)
- # Depression
- # Diabetes (high blood sugar)
- # Dyspepsia (acid reflux/stomach ulcer)
- # Hypertension (high blood pressure)
- # Hyperlipidemia (high cholesterol)
- # Low Back Pain
- # Obesity (overweight)
- # Osteoarthritis
- # Osteoporosis (brittle bones)
- # Panic Disorder

Q4c. In 2009 to 2010 for [READ CONDITION] did you see a [READ EACH PRACTITIONER]

1. Yes 2. No [8. DON'T KNOW 9. REFUSED]

- # Alcohol Dependence (Alcoholism) {4}
a.PSYCHIATRIST b.PSYCHOLOGIST
c.COMMUNITY MENTAL HEALTH WORKER d.DRUG AND ALCOHOL COUNSELLOR
- # Asthma (Shortness of breath) {1}
a.RESPIRATORY SPECIALIST
- # Atrial Fibrillation (Heart arrhythmia, abnormal heart rhythm) {2}
a.CARDIOLOGIST b.PHYSICIAN
- # Stroke/TIA (CVA/Trans Ischemic Attack) {0}
- # Community Acquired Pneumonia (Lung disease) {0}
- # Chronic Heart Failure {3}
a.CARDIOLOGIST b.DIETICIAN c.PHYSICIAN
- # Chronic obstructive pulmonary disease (Emphysema/Chronic bronchitis) {1}
a.RESPIRATORY SPECIALIST
- # Coronary Artery Disease (Heart Attack/Angina) {2}
a.CARDIOLOGIST b.CARDIOTHORACIC SURGEON
- # Depression {3}
a.PSYCHIATRIST b.PSYCHOLOGIST c.COMMUNITY MENTAL HEALTH WORKER
- # Diabetes (high blood sugar) {6}
a.OPTOMETRIST b.CARDIOLOGIST c.ENDOCRINOLOGIST d.DIETICIAN
e.PODIATRIST f.PHYSICIAN

- # Dyspepsia (acid reflux/stomach ulcer) {1}
a.GASTROENTEROLOGIST

- # Hypertension (high blood pressure) {6}
a.CARDIOLOGIST b.ENDOCRINOLOGIST c.HYPERTENSION SPECIALIST
d.NEUROLOGIST e.DIETICIAN f.PHYSICIAN

- # Hyperlipidemia (high cholesterol) {4}
a.CARDIOLOGIST b.ENDOCRINOLOGIST c.DIETICIAN d.PHYSICIAN

- # Low Back Pain {3}
a.PHYSIOTHERAPIST b.ORTHOAEDIC SURGEON c.CHIROPRACTOR

- # Obesity (overweight) {4}
a.PSYCHOLOGIST b.DIETICIAN c.GENERAL SURGEON
d.ENDOCRINOLOGIST

- # Osteoarthritis {2}
a.ORTHOAEDIC SURGEON b.OCCUPATIONAL THERAPIST

- # Osteoporosis (brittle bones) {2}
a.RHEUMATOLOGIST b.PHYSIOTHERAPIST

- # Panic disorder {2}
a.PSYCHIATRIST b.PSYCHOLOGIST

Q5. In 2009 or 2010 did you need to stay overnight at a hospital?

1. Yes 2. No [8. DON'T KNOW]

Could I have the name of that hospital?

[INTERVIEWER - ENTER KEY WORD(S) eg MATER MAITLAND JOHN HUNTER]

#

Could I just check - the name and address of the hospital is ...OR

Could I have the name and address of that hospital?

Name #

Address #

Suburb #

Postcode #

Q. And in 2009 or 2010 did you need to stay overnight at some other hospital?

1. Yes 2. No [8. DON'T KNOW]

Could I have the name of that hospital?

[INTERVIEWER - ENTER KEY WORD(S) eg MATER MAITLAND JOHN HUNTER]

#

Could I just check - the name and address of the hospital is ...OR

Could I have the name and address of that hospital?

Name #

Address #

Suburb #

Postcode #

Q7. In 2009 or 2010 for your Dyspepsia did you have an endoscopy as a day procedure (usually at a Hospital)

1. Yes 2. No [8. DON'T KNOW]

Could I have the name & address of Hospital at which the ENDOSCOPY took place?

Name #

Address #

Suburb #

Postcode #

Q. And in 2009 or 2010 did you have an ENDOSCOPY at any other Hospital?

1. Yes 2. No [8. DON'T KNOW]

Q8. In 2009 or 2010 did you use a Hospital Emergency Department?

1. Yes 2. No [8. DON'T KNOW]

Could I just check - the name and address of the Emergency Department (Hospital) is ...

Could I have the name and address of that Emergency Department (Hospital)?

Name #

Address #

Suburb #

Postcode #

Q. And in 2009 or 2010 did you use any other Emergency Department (usually at a Hospital)

1. Yes 2. No [8. DON'T KNOW]

Could I have the name and address of the PRACTITIONER that treated you for XXXXX

Name #

Practice Name #

Address #

Suburb #

Postcode #

Q. And in 2009 or 2010 did you see any other "specialist"?

1. Yes 2. No [8. DON'T KNOW]

Q13. In 2009 or 2019 were you treated by any of these alternative health care professionals for physical, emotional or mental health?

1. Yes 2. No [8. UNSURE\DON'T KNOW 9. REFUSED]

Acupuncturist

Homeopath

Massage therapist

Naturopath

Iridologist

Feldenkrais or Alexander teacher

Relaxation therapist

Biofeedback teacher

Rolfer

Herbalist

Reflexologist

Spiritual healer

Religious healer

Q14. In the past year, how many times have you been treated by any of these alternative health care professionals for physical, emotional or mental health [88. UNSURE\DON'T KNOW 99. REFUSED]

Q15. In 2009 or 2010, did you see any of these alternative health care professionals for your LOWER BACK

1. Yes 2. No [8. UNSURE\DON'T KNOW 9. REFUSED]

- # Acupuncturist
- # Homeopath
- # Massage therapist
- # Naturopath
- # Iridologist
- # Feldenkrais or Alexander teacher
- # Relaxation therapist
- # Biofeedback teacher
- # Rolfer
- # Herbalist
- # Reflexologist
- # Spiritual healer
- # Religious healer

Q15. In 2009 or 2010, did you see any of these alternative health care professionals for ...

- Depression
- Diabetes (high blood sugar)
- Hypertension (high blood pressure)
- Hyperlipidemia (high cholesterol)
- Osteoarthritis

1. Yes 2. No [8. UNSURE\DON'T KNOW 9. REFUSED]

That completes this interview.

We may be contacting you again to discuss the management of one of the conditions that you have. My name is..... from the Hunter Valley Research Foundation. If you have any concerns about this interview please contact my supervisor on 1800 355 534.

Thank you very much for your time and participation.