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AI-generated content may be incorrect.

**Adult primary care patient experience survey pretesting – expression of interest**

Thank you for your interest in helping us test the new adult primary care patient experience survey questions.

Once completed, please return this form to [survey@hqsc.govt.nz](mailto:survey@hqsc.govt.nz), by **Wednesday 2 April 2025**. Please note that even if we fill the quota required, we will still contact you to thank you for your interest.

|  |  |
| --- | --- |
| **Contact details** | |
| Name |  |
| Phone number |  |
| Email |  |
| Preferred time of day for a phone call |  |
| **About you**  ***To help us find people with a range of different experiences and circumstances*** | |
| Ethnicity |  |
| Do you consider yourself as disabled, as having a disability, or as tāngata whaikaha Māori? |  |
| Do you have a long-term health condition or conditions, and if so, which? |  |
| In the last 12 months, have you been to a hospital emergency department for your own health? |  |
| Which region do you live in?  *For example:*  *Auckland, Bay of Plenty, Waikato, Gisborne, Hawke's Bay, Taranaki, Manawatu-Wanganui, Wellington, Nelson, Marlborough, Tasman, West Coast, Canterbury, Otago, Southland* |  |