

Hauora Survey

Please complete survey to assist our Rūnanga determine a pathway forward for Hauora approaches

1. Do you or anyone in your household experience ongoing health conditions? (Asthma, Respiratory, Diabetes, Heart disease, Cancer, Stroke, Arthritis)
 - Yes
 - No
2. Do you have problems accessing Healthcare?
 - Access issues (ie. Health centre/doctors too far away from me)
 - Appointments (Can't get one/too long to wait)
 - Prescriptions (No Pharmacy close by/ can't afford prescriptions)
 - Familiarity (No regular Doctor/Doctor doesn't know me/Nurses only available)
 - Care (Not listened to/Not respected/Treated unprofessionally/ignored)
 - Other: _____
3. What would a great Health service look like?
 - Easy access (within your location or mobile service)
 - Kaupapa Māori Health service provided
 - Rongoa Māori offered as another health pathway
 - Health service offered within an integrated Whānau Ora context (ie. Social services, budgeting, mental health etc. offered as well)

Other: _____

 - I am interested in being contacted by a Smoking Cessation coordinator to help me quit or go on a Vape Trial.

Name:

Address:

Contact Number:

E-Mail: