

# Hato Hone St John Health Shuttle Survey

We would really like to find out what are your thoughts about having a regular health shuttle providing transport to health appointments in our region.

By completing this survey, you will help us determine our community needs and enable us to establish this service. Email completed form to: [oamaruareaoffice@stjohn.org.nz](mailto:oamaruareaoffice@stjohn.org.nz)

## 1) Which community best represents where you live?

- Oamaru
- Kakanui
- Weston
- Hampden
- Waitaki Valley

Other: \_\_\_\_\_

## 2) Please tell us how many times in the past 12 months people in your household have attended a medical (or health related) appointment \* in each of the following locations

*\*Examples include but are not confined to: Physio, GP Doctor, outpatients, psychiatric, renal, hearing or eye clinics, dialysis, mammogram, radiology, chemotherapy appointments, x-Rays etc*

Oamaru \_\_\_\_\_

Dunedin \_\_\_\_\_

Timaru \_\_\_\_\_

Christchurch \_\_\_\_\_

Elsewhere

If you chose elsewhere, please tell us where: \_\_\_\_\_

## 3) Are you/they able to provide transport to and from your appointments easily?

- Yes
- No

## 4) If no, do you/they need to rely on family, friends, neighbours or others to transport you?

- Yes
- No

## 5) How many times a year might you utilise a health shuttle service if it was able to pick you up from home, take you to the appointment, and then return you home?

- Unlikely
- Once or Twice
- Several Times
- Often



**6) Would you be more comfortable travelling in a standard car, or a van with a wheelchair hoist that could lift you and lower you without you having to use steps?**

- Standard Car
- Van **without** wheelchair hoist
- Van **with** wheelchair hoist

**7) Would having to book a minimum of a full day in advance be a problem?**

- Yes
- No

If you answered yes, please tell us why: \_\_\_\_\_

**8) If there was a donation-based health shuttle service available, would you use it?**

- Yes
- No

**9) Would you be interested in being a Health Shuttle Volunteer?**

*Variable options, but most commonly about 1 day per fortnight*

- Yes
- No

**10) Would you be interested in volunteering your time in some other capacity?**

*St John Youth programme, Community programmes, Frontline ambulance volunteer, or tell us how you would like to volunteer your time.*

- Yes
- No

11) Do you have any other comments you would like to share?

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If you would like to be contacted with the outcome of this survey please provide your details below:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

