

PACIFIC HEALTH PLUS LTD

QUESTIONNAIRE



Meeting needs, changing lives.

These questions do not form part of the Pacific Health Enrolment process.

- Completion of this questionnaire is strictly voluntary.
- You may choose not to answer all questions and can leave the answer space blank to any question.
- Your answers will be kept confidential.

Your Gender (Please tick)	Male	Female				
What age group do you belong to? (Please tick)	18-25	25-35	35-45	45-55	55-65	65+
What is your ethnicity?			What is your primary language?			
In what country were you born?			How long have you lived in NZ?		Years	
What is your current employment status?	Fulltime Employment	Part time Employment	Casual Employment	Unemployed	Seeking Employment	On Benefit
Employment – please advise your Job Title			Do you have a career goal? If so – please advise			
Can you please provide an estimate of your weekly income (Please circle one)	Less than \$100 \$100-\$300 \$300-\$500 \$500-\$1000 More than \$1000	Please provide an estimate of your weekly spending	Less than \$100 \$100-\$300 \$300-\$500 \$500-\$1000 More than \$1000	Please provide an estimate of your assets including savings and car ownership	Less than \$5,000 \$5,000- \$10,000 \$10-\$50,000 \$50,000-\$100,000 More than \$100,00	
Do you own your own home?	Yes / No		How many bedrooms are there in your home?			
What is your usual mode of transport? (Please circle one)	Car	Bus	Bike	Walk	Other – please advise	

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Recreational Activity - what leisure activities do you enjoy?				Do you play any organised sport ? If so, please list			
How tall are you ?				How much do you currently weigh?			
What college /s did you attend in NZ?				Please list any qualifications you hold?			
What is your current relationship status? (Please tick one)	Single	Married	Defacto	In a relationship	Divorced	Do you have any dependent children living with you?	Yes / No
Please list the age and gender of any dependent children living with you	EG: F 3yrs, M 4yrs		Do you have any dependent adults living with you?	Yes / No	Please list the age and gender of any dependent adults living with you		

Your information will contribute to a data collection specific to this Practice, and will assist Pacific Health Plus in appropriately directing its resources and future services for the wellbeing of all clients. Pacific Health Plus will not share this information with anyone else and will keep this information secure. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at info@phplus.co.nz, or [04 8890 3620](tel:0488903620).

Pacific Health Plus may, in the future, provide extended services and special offers. If this is of interest to you, please provide your name below, and the preferred method of contact.

Name		
The best way to contact me is at:	Mobile ph. #	Home phone #
Email Address		
Postal Address		

