

## **Health Survey**

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## 2026 Pre-Budget Health Survey

Could you please take 5 minutes to complete this anonymous survey? We would like to find out what you think are the most important issues in relation to Health, for the upcoming 2026 Budget. This will assist us greatly in preparing a <u>Pre-Budget Submission</u> to **the Department of Health** that truly represents the lived experiences of older people as our ageing population continues to grow.

## **Waiting Lists:**

1.	1. Are you currently or have you been on a waiting list for a GP/Doctors/ Dental, Orthodontic, Physiotherapy, Occupational Therapist, Audiologist, Optician or similar appointment within the last six months?						
	[]Yes	[ ] No	[ ] N/A				
If ans	swered <b>Yes</b> , for how long?						
	[ ] 1 yr	[ ] 18months	[ ] Longer				
lf you	ı have selected <b>Longer</b> , for how long?						
2.	2. While awaiting your appointment, did you find that your health or medical condition worsened over that period of time due to the delay in being seen?						
	[]Yes	[ ] No	[ ] N/A				
3.	3. If receiving ongoing treatment or prescription medication for an illness, has delay in getting an appointment affected your condition?						
	[]Yes	[ ] No	[ ] N/A				
4.	4. Have you ever received a delayed/late diagnosis due to long waiting times for an appointment?						
	[]Yes	[ ] No	[ ] N/A				
5.	Do you think that waiting for an apparent days, would negatively impact you	•	entist, for more than 14				
	[]Yes	[ ] No	[ ] N/A				

Quality of Care:			
<b>6.</b> Are you satisfied with	the quality of care you receive from your G	P/Doctor?	
[]Yes	[ ] No	[ ] N/A	
7. Are you satisfied with Professional?	the quality of care you receive from your n	on_GP/Doctor	Health
[]Yes	[ ] No	[ ] N/A	
	sufficient communication between all of the en your GP and your surgeon/hospital or P	•	ionals you
[]Yes	[ ] No	[ ] N/A	
9. Have you been referre	ed by your GP to a Primary Care Centre?		
[]Yes	[ ] No	[ ] N/A	
Homecare: 11. Have you or a family	member/co-habitant ever availed of home	support service	es (formerly
,	are Package or Home Help Service)?		,
12. If answered yes to the	ne previous question, please tick Yes or NO	below:	
(b) Was there a suffic	I with the standard of care received? ient number of hours of care received? ided hours meet the need of the person?		[ ] NO
13. Have you or a family	member/co-habitant ever been denied or re	efused homeca	are hours?
[]Yes	[ ] No	[ ] N/A	
If answered <b>Yes</b> , please state	reason:		
<b>14.</b> Do you think there is service provision?	sufficient monitoring and/or protections in p	olace in relatior	to homecare
[]Yes	[ ] No	[ ] N/A	

## **Healthcare planning:**

15. If you were in need of any ho of any or all of the below:	mecare assistance in the f	uture, do you think you would avail
[ ] HSE (Public) Homecare	[ ] Private Homecare	[ ] Care provided by family/friends
<b>16.</b> Have you made known your	wishes for, and recorded y	our preferred option for care?
[]Yes	[ ] No	
Medical Card:		
17. Do you think medical cards s	hould be provided at a cert	tain age or on retirement?
[ ] Enter age	[ ] Ret	irement
Should it be means tested?	[]Yes	[ ] No
<b>18.</b> Do you think prescription cha medical card or not?	rges for over 70s should b	e abolished regardless of having a
[]Yes	[ ] No	
<b>19.</b> On average, what is your mo (Over the counter medicine, p		cal visits and/or medical supplies?
<ul> <li>[ ] Less than €50</li> <li>[ ] Less than €100</li> <li>[ ] Less than €150</li> <li>[ ] Less than €200</li> <li>[ ] Other €</li> </ul>		
<b>20.</b> Do you think that the medical	card significantly reduces	monthly medical costs?
[]Yes	[ ] No	
<b>21.</b> Do you think that the GP card	d is a sufficient alternative t	to the medical card?
[]Yes	[ ] No	
<b>22.</b> Do you have Private Health in	nsurance?	
[]Yes	[ ] No	

23. Which of the following best describes where you live?  ☐ Rural area (population less than 1,500 persons)  ☐ Town (Population 1,500 or more)  ☐ City	
24. To which gender do you most identify?	
☐ Female ☐ Male ☐ Transgender ☐ Non-Binary ☐ Other	
25. Which age grouping includes your age?	
☐ 41 - 50 ☐ 51 - 60 ☐ 61 - 70 ☐ 71 - 80 ☐ 81 - 90 ☐ 91+  ny feedback or additional information regarding this survey can be provided below.	

Thank you for taking the time to complete this questionnaire. Please return as soon as possible either **by post** to the address above or **by e-mail** to **office@seniors.ie. BY 16<sup>th</sup> May 2025** 



General:

