

DEPARTMENT OF HEALTH
衛生署
2004 Health Manpower Survey (Optometrists)
2004 年醫療衛生服務人力統計調查 (視光師)

Please read the explanatory notes on page 4 before completing this questionnaire. Please tick (✓) as appropriate for answers with boxes. To keep your personal data in strict confidence, please put the completed questionnaire in the 'RESTRICTED' envelope provided and have it properly sealed before return.

填寫問卷前，請參閱第四頁的註釋。如答案旁邊設有方格，請在適當的方格內加上「✓」號。為確保你的個人資料得以保密，請於遞交前把填妥的問卷放入所提供的「限閱文件」信封內，並妥為密封。

A. PERSONAL DATA 個人資料

1. Sex 性別	<input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女
2. Date of birth 出生日期	Year 年 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Month 月 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
3. Which of the following best describes your work status as at 31.3.2004 ? <i>"Practising in optometry profession" includes the practice of optometry profession, or work that is principally related to the discipline of optometry. This includes research, administration and teaching in the field of optometry.</i> 下列哪項最符合你於 2004年3月31日 的就業情況？ 「從事視光學專業」包括從事視光學專業，或從事主要關乎視光學專科的工作。所涉及的範疇包括視光學領域的研究、行政及教學工作。		
<input type="checkbox"/> Practising in optometry profession 從事視光學專業	<i>(Go to Question 4)</i> (請答第 4 題)	
<input type="checkbox"/> Not practising in optometry profession 並非從事視光學專業	<i>(Go to Question 12)</i> (請答第 12 題)	
4. Where is/are your practice location(s)? 你在哪個地區執業？		
<input type="checkbox"/> HK 香港	<input type="checkbox"/> Kln 九龍	<input type="checkbox"/> N.T. 新界
<input type="checkbox"/> Others (Please specify) 其他 (請說明) _____		

B. PRESENT EMPLOYMENT as at 31.3.2004 現時的受僱工作 (2004 年 3 月 31 日的情況)

5.(a) Please indicate the type(s) of institution in which you worked in the optometry profession **as at 31.3.2004** (Note 1). (Please tick (✓) one box in each column only.)
 請註明你於**2004年3月31日**在哪類型機構從事視光學專業工作(註一)。
 (請在每欄只選一個方格加上✓號)

Type of Institution 機構類別	Main Job (Note 1) 主要職位 (註一)	2nd Job (Note 1) 次要職位 (註一)
Government 政府		
Hospital Authority 醫院管理局		
Academic institution 學術機構		
Subvented organization 資助機構 (Please specify 請說明) _____		
Private institution 私營機構	Medical clinic (Note 2) 診療所 (註二)	
	Optical company / shop 眼鏡公司/店	
Other private institution 其他私營機構 (Please specify 請說明) _____		

B. PRESENT EMPLOYMENT as at 31.3.2004 現時的受僱工作 (2004年3月31日的情況)

5.(b) What was your employment status in the optometry profession **as at 31.3.2004**?

(Please tick(✓) one box in each column only.)

你於 2004 年 3 月 31 日在視光學專業內是屬何僱傭類別？(請在每欄只選一個方格加上✓號)

Employment Status 僱傭類別	Main Job (Note 1) 主要職位 (註一)	2nd Job (Note 1) 次要職位 (註一)
Employee 僱員		
Self-employed / Employer 自僱人士/僱主		

5.(c) Please indicate the proportion of time you spent in your present position.

請把現任職位中用於各工作範疇的工作時間分布比例填於下表內。

Area of Work 工作範疇	Percentage of time spent 佔工作時間的百分率	Percentage of time spent 佔工作時間的百分率
Service of optometric care 視光護理服務	%	%
Administration / Management 行政/管理	%	%
Teaching / Education 教學/教育	%	%
Research 研究	%	%
Others 其他 (Please specify 請說明) _____	%	%
Total 總數	100%	100%

5.(d) How many hours did you work **per week** in your present position?

你於現任職位每週工作共多少個小時？

(i) Hours of work per week (excluding meal breaks) 每週工作時數(不計用膳時間)	Hours 小時	Hours 小時
(ii) Hours of on-call duty per week (excluding normal duty) 每週隨時候召工作時數(不計日常職務時間)	Hours 小時	Hours 小時

C. PROFESSIONAL MEDICAL AND HEALTH QUALIFICATIONS HELD 所持專業醫療衛生資格

6.(a) Please indicate your **basic qualification** in optometry profession (Note 3).

請註明你的視光學專業**基本資格**(註三)。

- | | | |
|---|---|---|
| <input type="checkbox"/> Certificate 證書 | <input type="checkbox"/> Higher Certificate 高級證書 | <input type="checkbox"/> Diploma 文憑 |
| <input type="checkbox"/> Professional Diploma 專業文憑 | <input type="checkbox"/> Bachelor's Degree 學士學位 | <input type="checkbox"/> Post-graduate Diploma 深造文憑 |
| <input type="checkbox"/> Master's Degree 碩士學位 | <input type="checkbox"/> Doctor's Degree 博士學位 | <input type="checkbox"/> Fellowship 高級會士 |
| <input type="checkbox"/> No basic qualification 無基本資格 | <input type="checkbox"/> Others 其他 (Please specify 請說明) _____ | |

6.(b) Where is the issuing country/territory of your **basic qualification** in optometry profession (Note 3)?

你的視光學專業**基本資格**是由哪個國家/地區頒授(註三)？

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Hong Kong 香港 | <input type="checkbox"/> Overseas 海外 _____ |
|---------------------------------------|--|
- (Please specify the country/territory 請註明國家/地區)

7.(a) Have you received or are you receiving **additional training** relevant to the optometry profession (Note 4)?

你是否曾經或正在接受有關視光學專業的**額外訓練**(註四)？

- | | | | |
|-----------------------------------|-----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Yes
是 | (Go to Question 7b)
(請答第 7b 題) | <input type="checkbox"/> No
否 | (Go to Question 8)
(請答第 8 題) |
|-----------------------------------|-----------------------------------|----------------------------------|---------------------------------|

7.(b) Please indicate the **highest level** of additional training relevant to the optometry profession you have received (Note 4).

請註明你所完成有關視光學專業的**最高程度**的額外訓練(註四)。

- | | | |
|---|---|---|
| <input type="checkbox"/> Certificate 證書 | <input type="checkbox"/> Diploma 文憑 | <input type="checkbox"/> Bachelor's Degree 學士學位 |
| <input type="checkbox"/> Post-graduate Diploma 深造文憑 | <input type="checkbox"/> Master's Degree 碩士學位 | <input type="checkbox"/> Doctor's Degree 博士學位 |
| <input type="checkbox"/> Fellowship 高級會士 | <input type="checkbox"/> Others 其他 (Please specify 請說明) _____ | |
| <input type="checkbox"/> Not applicable, as the additional training has not yet been completed. 不適用，因為額外訓練尚未完成。 | | |

- 7.(c) Please indicate below the field(s) in which you have received or are receiving additional training relevant to the optometry profession. If you have received or are receiving **additional training** in more than one field, please indicate the field in which you spend **most of your working time in your main job** (Note 1 & 4). (Please tick (✓) one only.)

請在下方註明你曾經或正在接受有關視光學專業的額外訓練的範疇。如你曾經或正在接受多於一項專業範疇的額外訓練，請註明你在**主要職位中佔用最多工作時間**的範疇(註一及註四)。

(請只選一個方格加上✓號)

- | | |
|--|---|
| <input type="checkbox"/> Optometry
視光學 | <input type="checkbox"/> Optical Mechanics
光學機械 |
| <input type="checkbox"/> Contact Lens Technology
隱形眼鏡技術 | <input type="checkbox"/> Optometric Research
視光學研究 |
| <input type="checkbox"/> Others 其他
(Please specify 請說明) _____ | |

8. Are you currently holding valid practising certificate(s) of statutorily registered healthcare professionals in Hong Kong other than Optometrist? (You may tick (✓) more than one box.)

除視光師外，你現在有沒有持有其他香港法定註冊醫護專業人員的有效執業證明書？

(你可在多於一個方格內加上✓號)

- | | | | | |
|------------|--|---|---|---|
| Yes →
有 | <input type="checkbox"/> Chiropractor
脊醫 | <input type="checkbox"/> Medical Laboratory Technologist
醫務化驗師 | <input type="checkbox"/> Midwife
助產士 | <input type="checkbox"/> Nurse
護士 |
| | <input type="checkbox"/> Occupational Therapist
職業治療師 | <input type="checkbox"/> Pharmacist
藥劑師 | <input type="checkbox"/> Physiotherapist
物理治療師 | <input type="checkbox"/> Radiographer
放射技師 |
| | <input type="checkbox"/> Others 其他
(Please specify 請說明) _____ | | | |

- No →
沒有
- Not holding valid practising certificate other than Optometrist
沒有持有其他有效的執業證明書

9. How many hours of Continuing Professional Development (CPD) training relevant to the optometry profession did you receive **in the past 12 months**?

你在過去 12 個月曾接受多少個小時有關視光學專業的持續專業發展的培訓？

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> < 10 hours
少於 10 小時 | <input type="checkbox"/> 10 to 19 hours
10 至 19 小時 | <input type="checkbox"/> 20 to 29 hours
20 至 29 小時 | <input type="checkbox"/> ≥ 30 hours
等於或多於 30 小時 | <input type="checkbox"/> Not applicable
不適用 |
|---|---|---|--|--|

10. Name of contact person (Note 5)

聯絡人姓名 (註五) _____

11. Contact telephone number(s)

聯絡電話號碼 _____

~Thank you and no further questions~

~問卷完，多謝合作~

D. THOSE NOT PRACTISING IN THE OPTOMETRY PROFESSION

並非從事視光學專業的人士

12. Please indicate the reason for **not practising** in the optometry profession.

(Please tick (✓) one box as appropriate.)

請說明你沒有從事視光學專業的原因。(請只選一個方格加上✓號)

- | | | |
|---|--|--|
| <input type="checkbox"/> Retirement
退休 | <input type="checkbox"/> Undertaking study
進修 | <input type="checkbox"/> Working in other profession
從事其他行業 |
| <input type="checkbox"/> Emigration
移民 | <input type="checkbox"/> Unemployed
失業 | <input type="checkbox"/> Others 其他
(Please specify 請說明) _____ |

13. Did you seek work in optometry profession during the **past 30 days**?

你在過去 30 天內有沒有尋找視光學專業的工作？

- | | | | |
|------------|--|---|---|
| Yes →
有 | <input type="checkbox"/> Either full or part-time
全職或兼職 | <input type="checkbox"/> Full time only
只有全職 | <input type="checkbox"/> Part-time only
只有兼職 |
| No →
沒有 | <input type="checkbox"/> | | |

14. If someone offered you a job in optometry profession, were you available for work in the **past 7 days**?

如有人聘用你擔任視光學專業工作，你能否在過去 7 天內上任？

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Yes
能夠 | <input type="checkbox"/> No
不能夠 |
|------------------------------------|------------------------------------|

~End of Questionnaire. Thank you for your participation ~

~問卷完，多謝填寫問卷~

Explanatory Notes

1. Main job
Refers to the job in which you spend most of your working time, while second job may be a part-time job.
2. Medical clinic
Refers to Medical clinic registered under Section 5 of the Medical Clinics Ordinance (Chapter 343).
3. Basic qualification in optometry profession
Refers to the minimum entry qualifications to the optometry profession.
4. Additional training
Relevant medical and health training obtained from recognized institutions in addition to the basic qualification. In-house training or short courses issued only with certificate of attendance/achievement should not be considered as additional training.
5. Contact information
Please provide your contact information for follow-up when necessary.

註釋

- 一 主要職位
指佔大部分工作時間的職位，而次要職位可以是兼職職位。
- 二 診療所
指根據《診療所條例》(第 343 章)(第 5 條)註冊的診療所。
- 三 視光學專業的基本資格
指視光學專業的最低入職資格。
- 四 額外訓練
指除基本資格外，從認可機構獲得的有關醫療衛生的訓練。只頒發聽講/訓練證書的內部培訓或短期課程不應視為額外訓練。
- 五 聯絡資料
請提供聯絡資料，以便有需要時跟進。

Statement of Purposes

Purpose of Collection

1. The personal data provided will be collected and used by the Department of Health to compile aggregate statistics related to health manpower in Hong Kong and such data will only be used for the purpose of the Survey. The confidentiality of the information you provide will be carefully protected. The provision of personal data is voluntary. If you do not provide sufficient and accurate information, the survey results will be less representative, thus affecting its usefulness as the basis for statistical purposes.

Classes of Transferees

2. The personal data provided by means of this Survey are mainly for use as stated above. Only aggregate information and not details of individual personnel will be released to other government bureaux / departments, agencies or authorities for the purposes mentioned in paragraph 1 above, if required. Apart from this, your personal information provided by means of this Survey will only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided in the questionnaire of this Survey. A fee may be imposed for complying with a data access request.

For enquiries about this Survey or questionnaire, please contact the Statistics Unit of the Department of Health at 2961 8567.

目的聲明

收集資料的目的

1. 你所提供的個人資料將由衛生署收集，用來製備香港醫療人手的總體統計數字，有關資料只會作統計調查之用。我們將會小心處理你所提供的資料，加以保密。至於是否提供個人資料，則屬自願性質。如你未能提供足夠準確的資料，所得調查結果的代表性將會較低，繼而影響其作為統計基礎的效用。

獲給資料者的類別

2. 你在這次調查中所提供的個人資料，主要用作以上所述用途。如有需要，我們亦只會把總體資料而非個人詳細資料發放給其他政府決策局／部門、機構或當局，以作上文第 1 段所載用途。此外，你在這次調查中所提供的個人資料，只會披露給你曾答允向其披露資料的相關各方，或用作《個人資料(私隱)條例》所核准的資料披露。

查閱個人資料

3. 你有權按照《個人資料(私隱)條例》第 18 和 22 條及附表 1 第 6 原則所訂條文來查閱和修正個人資料。你的查閱權力包括索取你在這次調查的問卷中所提供個人資料的副本。索取資料或須繳費。

如對這次統計調查或問卷有任何查詢，請致電 2961 8567 與衛生署統計組職員聯絡。