



53 West Baltimore Pike. Media, PA 19063
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Job #N1115
July 22, 2015

2015 International Survey of Primary Care Doctors

GLOBAL PROGRAMMING INSTRUCTIONS

TEXT

- ANY TEXT RESPONSES COLLECTED SHOULD BE FORWARDED IN A MICROSOFT EXCEL SPREADSHEET MATCHED BY UNIQUE ID (QID.)

WEB VS. PHONE/MAIL

- PHONE ONLY INSTRUCTIONS ARE DENOTED IN BLUE FONT AND/OR MARKED AS "PHONE ONLY" and/or "MAIL ONLY"

NON-RESPONSE CODES

- BLANKS ARE DENOTED BY AN "X" AND CORRESPOND TO SKIPS TO A GIVEN QUESTION IN THE "WEB" MODE OR TO QUESTIONS LEFT BLANK IN THE "MAIL" MODE
- CODES IN THE "PHONE" MODE MARKED WITH A "V" STANDS FOR "VOLUNTARY" AND SHOULD NOT BE READ TO RESPONDENTS

MULTIPLE - RESPONSE

- We will NET the new 'Multi-punch' code with "Not sure" for all cases where "Not Sure" is offered as an option as a separate variable.
- Implement a hierarchy for the few questions where a hierarchy may be warranted. On questions where a hierarchy is implemented, SSRS will create a separate variable in which the multiple-response options will be reassigned according to the hierarchy that is put in place.



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GLOBAL WEB PROGRAMMING NOTES:

- **2015 International Survey of Primary Care Doctors** – the title of the survey should be displayed on every screen
- Respondents should be allowed to skip every question
- Header on every page should contain the client official logo(s)
- The body of the page (question area) should be WHITE
- Please code any skipped/left blank response for a question a respondent saw as an “X” and code all programmatically skipped question as missing or with no code.
- Footer – light grey background for all pages other than landing page – smaller text font – should contain the following information:

US FOOTER (Q500=11)

If you have any technical trouble with this survey, please contact us by emailing **info@internationaldoctorsurvey.org** or call **Rob Manley** at **1-800-633-1986, Ext. 4399**. If you would like to know more about the Commonwealth Fund click [here](#).

AUSTRALIA FOOTER (Q500=1)

If you have any technical trouble with this survey, please contact us by emailing **info@internationaldoctorsurvey-au.org** or call **Geoff Minter** at **02 9979 7615**. If you would like to know more about the Commonwealth Fund click [here](#)

CANADA FOOTER (Q500=2)

If you have any technical trouble with this survey, please contact us by emailing **info@internationaldoctorsurvey.ca** or call **Rob Manley** at **1-800-633-1986, Ext. 4399**. If you would like to know more about the Commonwealth Fund click [here](#).

NEW ZEALAND FOOTER (Q500=6)

If you have any technical trouble with this survey, please contact us by emailing **info@internationaldoctorsurvey.org.nz** or call **Geoff Minter** at **+642 9979 5277**. If you would like to know more about the Commonwealth Fund click [here](#)

UK FOOTER (Q500=10)

If you have any technical trouble with this survey, please contact us by emailing **info@internationaldoctorsurvey.uk** or call **Jen Sear** or **Marie Wright** at **0121 355 7421**. If you would like to know more about the Commonwealth Fund click [here](#)

- Question text should be in larger font than response options
- Question numbers will be removed before going live.
- Preferred fonts – Arial, Helvetica, or Verdana
- Grids:
 - Html tables should be programmed in a way that column widths are set as proportions of the screen size. This will allow content to adjust to different browser window sizes.



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- If possible, we would like grids NOT to display table lines
- Columns should be of equal width
- Rows should be shaded – starting with the first row
- No vertical shading – i.e. columns

- **EM1: [ERROR MESSAGE]:** (PN: IF A RESPONDENT FAILS TO PROVIDE A RESPONSE TO QUESTIONS Q1a, Q1b, Q1, Q40, AND Q41 EM1 SHOULD BE PRESENTED. THE ERROR MESSAGE SHOULD APPEAR ABOVE THE QUESTION MISSED (ON THE SAME SCREEN) IN BOLD BLACK TEXT.)
- **EM1 “Your answers to these questions are very important to us. Can you please take a moment to respond to the question below?”**
- **EM1 FOR SWEDEN (per Indikator): “Your answer to this question is very important to us. We would appreciate if you can try to answer the question below”**

PN – WEB LINK LOGOS

THE USA SHOULD USE THE FUND’S LOGO THROUGHOUT THE WHOLE LINK

CANADA SHOULD HAVE ALL FIVE CANADA LOGOS, PLUS THE FUND’S LOGO (PER THE TEMPLATE FORWARDED.) THE REST OF THE LINK SHOULD USE THE FUND’S LOGO ONLY

UK SHOULD HAVE USE THE COMBINED UK/THE FUND’S LOGO THROUGHOUT THE WHOLE LINK

PN – PLEASE CALCULATE THE RESPONDENT’S RESPONSE RATE. THIS WOULD BE CALCULATED BY TAKING: THE TOTAL NUMBER OF QUESTIONS ASKED – THE TOTAL NUMBER OF SKIPPED QUESTIONS (SHOULD HAVE BEEN CODED AS ‘X’) OVER THE TOTAL NUMBER OF QUESTION ASKED.



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SECTION 500: SAMPLE PRELOAD AND SCREENING

BASE: ALL RESPONDENTS

QID. PRELOAD – UNIQUE ID

BASE: ALL RESPONDENTS

[A. Same as in 2012; Q500 '12]

Q500.PRELOAD – COUNTRY

- 1 Australia
- 2 Canada
- 3 France
- 4 Germany
- 5 Netherlands
- 6 New Zealand
- 7 Norway
- 8 Sweden
- 9 Switzerland
- 10 United Kingdom
- 11 United States

BASE: ALL RESPONDENTS

[NEW 2015]

Q500a. MODE OF COMPLETION

(Mode the interview was completed on per respondent)

- 1 Web
- 2 Mail
- 3 Phone
- 4 Switzerland Only: Web and Phone

P.N.- PLEASE NOTE THAT ALL BLANKS (X's) FOR ANY CASES THAT FALL UNDER CODE 4 "Web and Phone" SHOULD BE NOTED AS CODE "9"

P.N.- SSRS ONLY - PLEASE NOTE THAT ALL OTHER BLANKS "original X's" SHOULD BE NOTED AS "-1"

P.N.- PLEASE NOTE THAT THE UK USED THE SAME WEB PROGRAM FOR PHONE AND WEB, AS THIS IS WHAT IS WHAT ADKINS MENTIONED THEY FEEL MOST CONFORABLE WITH. CONSEQUENTLY, FOR THE UK PHONE CLEAN, BLANKS SHOULD BE ACCEPTED AND CODES '8 or 9' FOR DON'T KNOW/REFUSALS WILL NOT BE USED IN THE SAME WAY AS IN FRANCE OR SWITZERLAND.



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BASE: ALL RESPONDENTS

[NEW 2015]

(For Germany and Norway the date shown is the date the interview got imputed into the database).

Q500b. DATE OF COMPLETION
(Date interview was completed per respondent)

(TWO DIGIT YEAR, TWO DIGIT MONTH, TWO DIGIT DAY)
For example "January 5th, 2015" would show up as "150105"

BASE: AUS. NZ. UK (Q500= 1.6.10)

[NEW 2015]

Q500c. DATE OF RECRUIT
(Date respondent was recruited)

(TWO DIGIT YEAR, TWO DIGIT MONTH, TWO DIGIT DAY)
For example "January 5th, 2015" would show up as "150105"

BASE: AUS. NZ. UK (Q500= 1.6.10)

[NEW 2015]

Q500c. DATE OF RECRUIT
(Date respondent was recruited)

(TWO DIGIT MONTH, TWO DIGIT DAY, TWO DIGIT YEAR)
For example "January 5th, 2015" would show up as "010515"

BASE: CANADA OR SWITZERLAND (Q500=2, 9)

[A. Same as in 2012; Q3005 '12]

Q500d. LANGUAGE OF INTERVIEW (BASED ON SELF-REPORTED DATA)

- 1 English
- 2 French
- 3 Italian
- 4 German

BASE: AUS (Q500= 1)

[NEW 2015]

Q500e. New South Wales Oversample

- 1 New South Wales Oversample
- 2 Not New South Wales Oversample



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BASE: UK (Q500=10)

[C. Same since 2009; Q601 '09, Q501 '12]

Q501.PRELOAD – REGION FOR PHONE QUOTA [REGION 2]

- 1 England excluding London
- 2 London
- 3 Scotland
- 4 Wales
- 5 Northern Ireland

BASE: UK (Q500=10)

[F. Modified but same in 2009 and 2012; Q604 '09, Q504 '12]

Q504.PRELOAD – PRACTICE SETTING

- 1 GP Practice (General Practice)
- 2 CCG (Clinical Commissioning group)
- 3 LHB (Local health board)
- 4 LCG (Local Commissioning Group)
- 5 NHS (National Health Service)



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BASE: France (Q500=3)

[C. Same since 2009; Q609 '09, Q509 '12]

Q509.PRELOAD - POSTCODE

BASE: UK (Q500=10)

[H. Similar to 2009 and 2012; Q613 '09, Q513 '12 - question was obtained through sample in IHP 2012, will now be asked as part of the screener]

Q513. JOB TITLE - FROM SCREENER

- 1 GP Partner
- 2 GP Principal
- 3 Salaried GP
- 4 GP Locum

BASE: US (Q500=11)

[H. Similar to 2009 and 2012; Q1504 '09, Q520 '12]

Q520.PRELOAD - SPECIALTY



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BASE: US (Q500=11)

[C. Same since 2009; Q1500 '09, Q521 '12]

Q521.PRELOAD - STATE

- 01 Alabama
- 02 Alaska
- 03 Arizona
- 04 Arkansas
- 05 California
- 06 Colorado
- 07 Connecticut
- 08 Delaware
- 09 District of Columbia
- 10 Florida
- 11 Georgia
- 12 Hawaii
- 13 Idaho
- 14 Illinois
- 15 Indiana
- 16 Iowa
- 17 Kansas
- 18 Kentucky
- 19 Louisiana
- 20 Maine
- 21 Maryland
- 22 Massachusetts
- 23 Michigan
- 24 Minnesota
- 25 Mississippi
- 26 Missouri
- 27 Montana
- 28 Nebraska
- 29 Nevada
- 30 New Hampshire
- 31 New Jersey
- 32 New Mexico
- 33 New York
- 34 North Carolina
- 35 North Dakota
- 36 Ohio
- 37 Oklahoma
- 38 Oregon
- 39 Pennsylvania
- 40 Rhode Island
- 41 South Carolina



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- 42 South Dakota
- 43 Tennessee
- 44 Texas
- 45 Utah
- 46 Vermont
- 47 Virginia
- 48 Washington
- 49 West Virginia
- 50 Wisconsin
- 51 Wyoming

BASE: US (Q500=11)

[C. Same since 2009; Q1501 '09, Q522 '12]
Q522.PRELOAD - REGION

- 1 EAST
- 2 MIDWEST
- 3 SOUTH
- 4 WEST

BASE: CANADA (Q500=2)

[H. Similar to 2009 and 2012; Q1509 '09, Q530 '12]
Q530.PRELOAD - SAMPLE FILE SPECIALTY

BASE: CANADA (Q500=2)

[C. Same since 2009; Q1507 '09, Q531 '12]
Q531.PRELOAD - SAMPLE FILE PROVINCE

- 1 Alberta
- 2 British Columbia
- 3 Manitoba
- 4 New Brunswick
- 5 Newfoundland
- 6 Northwest Territories
- 7 Nova Scotia
- 8 Nunavut
- 9 Ontario
- 10 Prince Edward Island
- 11 Quebec
- 12 Saskatchewan
- 13 Yukon Territory



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BASE: CANADA (Q500=2)

[C. Same since 2009; Q1508 '09, Q532 '12]
Q532.PRELOAD - SAMPLE FILE GENDER

- 1 MALE
- 2 FEMALE

BASE: GERMANY (Q500=4)

[C. Same since 2009; Q1510 '09, Q540 '12]
Q540.PRAXIS-STEMPEL FROM QUESTIONNAIRE- SPECIALTY

- 1 GP/Internist
- 2 Pediatrician

BASE: GERMANY (Q500=4)

[C. Same since 2009; Q1519 '09, Q541 '12]
Q541.PRAXIS-STEMPEL FROM QUESTIONNAIRE - REGION

- 1 Schleswig-Holstein
- 2 Hamburg
- 3 Niedersachsen
- 4 Bremen
- 5 Nordrhein-Westfalen
- 6 Rheinland Pfalz
- 7 Saarland
- 8 Hessen
- 9 Baden Wuerttemberg
- 10 Bayern
- 11 Berlin
- 12 Mecklenburg Vorpommern
- 13 Brandenburg
- 14 Sachsen-Anhalt
- 15 Thüringen
- 16 Sachsen



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BASE: SWEDEN (Q500=9)

[C. Same since 2009 – however per specifications from Indikator, only codes 1, 4, and 5 will be valid. In IHP 2012 only code 1 had been populated. Per Indikator, a few clarifications in parenthesis; Q1511 '09, Q545 '12]

Q545.PRELOAD - SAMPLE FILE SPECIALTY

- 1 Regular GP (municipality)
- 2 GP located at prisons
- 3 GP located in the military force
- 4 GP at private practice
- 5 Intern (under training)
- 6 Assistant doctor

BASE: SWEDEN (Q500=9)

[NEW 2015]

Q545a. PRELOAD – GROUP OF DOCTORS

- 1 GP specialists (To become a GP in Sweden you need five years of specialist training)
- 2 GP specialists under training (GPs under specialist training work independently with patients at the primary care center combined with studys)

BASE: SWEDEN (Q500=9)

[C. Same since 2009; Q1512 '09, Q546 '12]

Q546.PRELOAD - SAMPLE FILE PUBLIC/PRIVATE

- 1 Public practice
- 2 Private practice

BASE: SWEDEN (Q500=9)

[C. Same since 2009; Q1513 '09, Q547 '12]

Q547.PRELOAD - SAMPLE FILE REGION

- 1 Stockholm
- 2 Uppsala
- 3 Södermanland
- 4 Östergötland
- 5 Jönköping
- 6 Kronoberg
- 7 Kalmar
- 8 Gotland
- 9 Blekinge
- 10 Skåne



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- 11 Halland
- 12 Västra Götaland
- 13 Värmland
- 14 Örebro
- 15 Västmanland
- 16 Dalarna
- 17 Gävleborg
- 18 Västernorrland
- 19 Jämtland
- 20 Västerbotten
- 21 Norrbotten

BASE: AUSTRALIA (Q500=1)

[C. Same since 2009; Q1515 '09, Q556 '12]

Q556.PRELOAD - SAMPLE FILE URBANICITY

- 1 MC - Major Cities
- 2 IR - Inner Regional
- 3 OR - Outer Regional
- 4 R - Remote

BASE: AUSTRALIA (Q500=1)

[C. Same since 2009; Q1525 '09, Q557 '12]

Q557.PRELOAD SAMPLE FILE REGION FROM POST CODE

- 1 New South Wales (NSW)
- 2 Australian Capital Territory (ACT)
- 3 Victoria (VIC)
- 4 Queensland (QLD)
- 5 South Australia (SA)
- 6 Western Australia (WA)
- 7 Tasmania (TAS)
- 8 Northern Territory (NT)



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BASE: NEW ZEALAND (Q500=6)

[NEW 2015]

Q558.PRELOAD SAMPLE FILE REGION

- 1 Northern/Auckland
- 2 Central North Island
- 3 Lower North Island
- 4 South Island

BASE: NORWAY (Q500=7)

[C. Same since 2009; Q1522 '09, Q562 '12]

Q562.PRELOAD - SAMPLE FILE REGION

- 1 Østfold
- 2 Akershus
- 3 Oslo
- 4 Hedmark
- 5 Oppland
- 6 Buskerud
- 7 Vestfold
- 8 Telemark
- 9 Aust-Agder
- 10 Vest-Agder
- 11 Rogaland
- 12 Hordaland
- 14 Sogn og Fjordane
- 15 Møre og Romsdal
- 16 Sør-Trøndelag
- 17 Nord-Trøndelag
- 18 Nordland
- 19 Troms
- 20 Finnmark

BASE: FRANCE (Q500=3)

[C. Same since 2009; Q1524 '09, Q565 '12]

Q565.PRELOAD - SAMPLE FILE TOWN SIZE

- 1 Rural
- 2 Less than 20,000 inhabitants
- 3 20,000 to less than 100,000 inhabitants
- 4 More than 100,000 inhabitants
- 5 Paris and surrounding suburbs



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BASE: SWITZERLAND (Q500=9)

[A. Same as in 2012; Q570 '12]

Q570.LINGUISTIC REGIONS – PRELOAD

- 1 German
- 2 French
- 3 Italian
- 4 Rhaeto-Romansch

BASE: SWITZERLAND (Q500=9)

[A. Same as in 2012; Q571 '12]

Q571.COMMUNITY TYPE – PRELOAD

- 1 City/large town
- 2 Suburbs of a city/large town
- 3 Small town
- 4 Village or rural location

BASE: SWITZERLAND (Q500=9)

[A. Same as in 2012; Q572 '12]

Q572 CANTONS - PRELOAD

- 01 ZH Zürich
- 02 BE Bern
- 03 LU Luzern
- 04 UR Uri
- 05 SZ Schwyz
- 06 OW Obwalden
- 07 NW Nidwalden
- 08 GL Glarus
- 09 ZG Zug
- 10 FR Fribourg
- 11 SO Solothurn
- 12 BS Basel-Stadt
- 13 BL Basel-Landschaft
- 14 SH Schaffhausen
- 15 AR Appenzell Ausserrhoden
- 16 AI Appenzell Innerrhoden
- 17 SG St. Gallen
- 18 GR Graubünden
- 19 AG Aargau
- 20 TG Thurgau
- 21 TI Ticino
- 22 VD Vaud
- 23 VS Valais
- 24 NE Neuchatel



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- 25 GE Geneva
- 26 JU Jura

BASE: SWEDEN OR SWITZERLAND (Q500=8 or 9)

[A. Same as in 2012; Q573 '12 - with exception that it is NEW for Sweden in IHP 2015 and that the allowed range used to be 0-120]

Q573.COMPUTE FOR AGE from PRELOAD.]

[RANGE 18 -108]

BASE: SWEDEN OR SWITZERLAND (Q500=8 or 9)

[A. Same as in 2012; Q574 '12- with exception that it is NEW for Sweden in IHP 2015]

Q574.PRELOAD - SAMPLE FILE GENDER

- 1 Male
- 2 Female

BASE: SWITZERLAND (Q500=9)

[A. Same as in 2012; Q575 '12]

Q575.PRELOAD - SAMPLE FILE SPECIALTY

- 1 Allgemeine Innere Medizin
- 2 Praktischer Arzt
- 3 Pädiatrie



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2015 International Survey of Primary Care Doctors – UK Screener

[SCREEN 1]

(INTERVIEWER NOTE: Click “next” to begin the recruitment screener)

[NEW SCREEN]

BASE: ALL UK (Q500=10)

- S1. Hello, I’m _____ calling from [INSERT CALL CENTER NAME], a professional research firm. We are conducting an international survey of GPs in partnership with The Health Foundation and The Commonwealth Fund and would like to invite you to participate in this interview that should take about 15 minutes. For your participation, we will pay you £30 GBP, if you qualify. Your answers will be completely confidential and used for research purposes only.

Thank you for agreeing to participate in this important study. Please note this call may be monitored by my supervisor.

(IF NECESSARY: The Commonwealth Fund, located in the US, is a private foundation that aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society’s most vulnerable.)

Now, to get started...

BASE: ASK ALL

- S1. What is your specialty?
- 1 General Practitioner
 - 2 Other
 - 8 (DO NOT READ) Not Sure
 - 9 (DO NOT READ) Decline to answer

IF QS1=2, 8, OR 9, TERMINATE

[NEW SCREEN]

BASE: S1=1

- S2. Which of the following best describes your current job title?

(INTERVIEWER NOTE: READ LIST)

- 1 GP Partner
- 2 GP Principal
- 3 Salaried GP
- 4 GP Locum
- 9 (DO NOT READ) Decline to answer

IF QS2=9, TERMINATE



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[NEW SCREEN]

BASE: S2=1-4

S3. What proportion of your time is spent in direct patient care?

(INTERVIEWER NOTE: If respondent is not sure, ask for best estimate; read list if necessary)

- 1 Less than 50%
- 2 50% or more
- 9 (DO NOT READ) Decline to answer

IF QS3=1 OR 9, TERMINATE

[NEW SCREEN]

BASE: S3=2

S4. What region of the UK do you currently practice medicine in?

- 1 England excluding London
- 2 London
- 3 Scotland
- 4 Wales
- 5 Northern Ireland
- 9 (DO NOT READ) Decline to answer

(PN: S4 SHOULD BE USED TO DETERMINE FUTURE SCREENER AND MAIN SURVEY TERMINATES BY REGION FOR COMPLETED SURVEYS ONCE QUOTA IS MET (SEE TABLE BELOW). EACH REGION SHOULD TERMINATE ONCE QUOTA FOR COMPLETES IS FILLED IN THE MAIN SURVEY).

UK - Region	Quota
England excluding London	475
London	200
Scotland	135
Wales	110
Northern Ireland	80
Total	1000

IF QS4=9, TERMINATE



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[NEW SCREEN]

BASE: S4=1-5

S5. Thank you so much. We can take about 15 minutes now to complete the survey over the phone or I can send you an email with a web link or fax to complete the survey.

- 1 Phone Now
- 2 Phone Later
- 3 Email with web link (Online)
- 4 Fax
- 9 (DO NOT READ) Decline to answer/not interested in completing survey

IF QS5=9, TERMINATE

[NEW SCREEN]

BASE: S5=1-4

S6. IF S5=1: (INTERVIEWER NOTE: If respondent wants to complete by PHONE now, enter full web survey **(PN: DISPLAY RESPONDENT'S (WEB LINK)) AND CONTINUE)**

IF S5=2: (INTERVIEWER NOTE: If respondent wants to complete by PHONE later, schedule a time for an appointment and collect/confirm a contact phone number)

IF S5=3: (INTERVIEWER NOTE: If respondent wants to complete by WEB, collect email address and send respondent an email with the web link **(PN: ENTER (WEB LINK))** and additional information (e.g., endorsement letters) to respondent's email address)

IF S5=4: (INTERVIEWER NOTE: If respondent wants to complete by fax, collect fax number and send respondent hardcopy version of the questionnaire) and additional information (e.g., endorsement letters) to respondent's email address)

[NEW SCREEN]

[PN: ASK IF TERMINATE]

S7. Thank you for your time.



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MAIN SURVEY

WEB ONLY: [SCREEN 1]

[BOLD, CENTERED] 2015 International Survey of Primary Care Doctors

INSTRUCTION: Thank you for your help with this important study.

To get started, please enter your unique passcode that you received by mail or email here:
<<PASSCODE>>

[NEW SCREEN]

BASE: CAN (Q500=2)

[NEW 2015]

Would you prefer to take this survey in:

- 1 English
- 2 French



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[NEW SCREEN]

BASE: AUS (Q500=1)

[NEW 2015 – note, however, that the first paragraph is a modified version of the IHP 2014 intro]

2015 International Survey of Primary Care Doctors

Welcome and thank you for taking part in this survey, being conducted by **[FOR NSW Q557=1 SHOW “the Bureau of Health Information of New South Wales and”]** the Commonwealth Fund, a U.S. health care foundation, with support from The Royal Australian College of General Practitioners. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. Your response is very important to help us better understand how primary care doctors view the health care system in Australia.

This survey should take about 15 minutes of your time. **WEB ONLY:** If necessary, you have the option to pause the survey and finish it later by clicking “Finish the survey later.” To resume taking the survey, go to the survey home page at www.internationaldoctorsurvey-au.org, and click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.



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[NEW SCREEN]

BASE: CAN NON-ONTARIO AND NON-QUEBEC (Q500=2 AND Q531=1-8, 10, 12-13)

[NEW 2015 – note, however, that the first paragraph is a modified version of the IHP 2014 intro]

2015 International Survey of Primary Care Doctors

Welcome and thank you for taking part in this survey, being conducted by the Canadian Institutes of Health Research (CIHR), the Canadian Institute for Health Information (CIHI), Canada Health Infoway, and other national health organizations, and the Commonwealth Fund, a U.S. health care foundation. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. Your response is very important to help us better understand how primary care doctors view the health care system in Canada,

This survey should take about 15 minutes of your time. **WEB ONLY:** If necessary, you have the option to pause the survey and finish it later by clicking “Finish the survey later.” To resume taking the survey, go to the survey home page at www.internationaldoctorsurvey.ca (PN – use “.org” for USA and link it to “.com;” use “.uk” for the UK, and “.ca” for Canada), log in again with your passcode, and click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.



[NEW SCREEN]

BASE: CAN ONTARIO (Q500=2 AND Q531=9)

[NEW 2015 – note, however, that the first paragraph is a modified version of the IHP 2014 intro]

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Welcome and thank you for taking part in this survey, being conducted by Health Quality Ontario, other national health organizations, and the Commonwealth Fund, a U.S. health care foundation. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. Your response is very important to help us better understand how primary care doctors view the health care system in Canada.

This survey should take about 15 minutes of your time. **WEB ONLY:** If necessary, you have the option to pause the survey and finish it later by clicking “Finish the survey later.” To resume taking the survey, go to the survey home page at www.internationaldoctorsurvey.ca (PN – use “.org” for USA and link it to “.com;” use “.uk” for the UK, and “.ca” for Canada), log in again with your passcode, and click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.



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[NEW SCREEN]

BASE: CAN QUEBEC (Q500=2 AND Q531=11)

[NEW 2015 – note, however, that the first paragraph is a modified version of the IHP 2014 intro]

2015 International Survey of Primary Care Doctors

Welcome and thank you for taking part in this survey, being conducted by Quebec Health and Welfare Commissioner, other national health organizations, and the Commonwealth Fund, a U.S. health care foundation. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. Your response is very important to help us better understand how primary care doctors view the health care system in Canada.

This survey should take about 15 minutes of your time. **WEB ONLY:** If necessary, you have the option to pause the survey and finish it later by clicking “Finish the survey later.” To resume taking the survey, go to the survey home page at www.internationaldoctorsurvey.ca (PN – use “.org” for USA and link it to “.com;” use “.uk” for the UK, and “.ca” for Canada), log in again with your passcode, and click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.



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PHONE ONLY INTRO FOR FRANCE

BASE: FRANCE (Q500=3)

[NEW 2015 – note, however, that this is basically pulled from IHP 2014, the only difference corresponds to the following three sections sentences A) " I am calling on behalf of la Haute Autorité de santé et la Caisse nationale d'assurance maladie and the Commonwealth Fund, a U.S. health care foundation", B) ". Your response is very important to help us better understand how primary care doctors view the health care system in France. This project is a follow-up to a similar international survey of physicians conducted in 2006, 2009, and 2012, and offers an opportunity for your voice to be heard, C) this sentence as part of the IF NECESSARY NOTE "This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients", and D) this phrase got moved from the IF NECESSARY to actually show up in the main INTRO text "This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. It is also being conducted in 10 other countries".]

Good morning/afternoon/evening, my name is _____. I am calling on behalf of la Haute Autorité de santé et la Caisse nationale d'assurance maladie and the Commonwealth Fund, a U.S. health care foundation. We are conducting a worldwide study about healthcare issues. Your response is very important to help us better understand how primary care doctors view the health care system in France. This project is a follow-up to a similar international survey of physicians conducted in 2006, 2009, and 2012, and offers an opportunity for your voice to be heard. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. It is also being conducted in 10 other countries. We are not selling anything.

(IF NECESSARY: The interview will take approximately 15 minutes, depending on your responses)

(IF NECESSARY: This survey is completely confidential. Your answers will be combined with those of other people and there will be nothing in the results that could identify you.)

(IF NECESSARY: This survey is being conducted by The Commonwealth Fund, a non-profit foundation in the United States that conducts international health research, and a partnership of international policy organizations.)

(IF NECESSARY: The answers you give will be kept strictly confidential and only be used to help understand how well the French health care system works in comparison to other countries.)



[NEW SCREEN]

BASE: NZ (Q500=6)

[NEW 2015 – note, however, that the first paragraph is a modified version of the IHP 2014 intro]

2015 International Survey of Primary Care Doctors

Welcome and thank you for taking part in this survey, being conducted by the Commonwealth Fund, a U.S. health care foundation, with support from The Royal New Zealand College of General Practitioners. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. Your response is very important to help us better understand how primary care doctors view the health care system in Australia.

This survey should take about 15 minutes of your time. **WEB ONLY:** If necessary, you have the option to pause the survey and finish it later by clicking “Finish the survey later.” To resume taking the survey, go to the survey home page at www.internationaldoctorsurvey.org.nz, and click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.



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[NEW SCREEN]

BASE: Sweden (Q500=8)

[NEW 2015 – note, however, that the first paragraph is a modified version of the IHP 2014 intro and, for Sweden, it includes information according to their confidentiality requirements]

2015 International Survey of Primary Care Doctors

Welcome and thank you for taking part in this survey, being conducted by Myndigheten för vårdanalys and an American health care foundation. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. Your response is very important to help us better understand how primary care doctors view the health care system in Sweden. The information you provide are protected according to The Freedom of the Press Act (1949:105) and the Public Access to Information and Secrecy Act (2009: 400).

This survey should take about 15 minutes of your time. **WEB ONLY:** If necessary, you have the option to pause the survey and finish it later by clicking “Finish the survey later.” To resume taking the survey, go to the survey home page at **WEBSITE NAME - WE SUGGEST USING www.internationaldoctorsurvey**. **‘and the appropriate country-specific domain, for example in the UK, we are using “.uk”**, log in again with your passcode, and click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.

[NEW SCREEN]

BASE: Switzerland (Q500=9)

[NEW 2015 – note, however, that the first paragraph is a modified version of the IHP 2014 intro]

Enquête auprès des médecins de famille en Suisse : International Health Policy Survey 2015 [BOLD, CENTERED]

Bienvenue et merci de participer à cette enquête conduite par l'Office fédéral de la santé publique. Cette enquête fournit aux décideurs une meilleure compréhension des points de vue et des expériences des médecins généralistes en ce qui concerne les soins apportés à leurs patients. Vos réponses sont très importantes pour nous aider à mieux comprendre comment des médecins généralistes voient le système de santé en Suisse.

Cette enquête devrait prendre environ 20 minutes de votre temps. **WEB ONLY :** Si nécessaire, vous avez la possibilité de faire une pause dans l'enquête et de la finir ultérieurement en cliquant sur "Finir l'enquête plus tard". Pour reprendre l'enquête, allez



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sur la page d'accueil de l'étude <https://survey.mis-trend.ch/IHP15> et connectez-vous à nouveau avec vos données d'accès. Vous devrez aussi vous reconnecter après dix minutes d'inactivité.

Merci pour votre aide dans cette importante enquête.

Veillez cliquer sur 'Suivant' pour continuer.

[NEW SCREEN]

BASE: UK (Q500=10)

[NEW 2015 – note, however, that the first paragraph is a modified version of the IHP 2014 intro]

2015 International Survey of Primary Care Doctors

Welcome and thank you for taking part in this survey, being conducted by the Health Foundation and the Commonwealth Fund, a U.S. health care foundation. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. Your response is very important to help us better understand how primary care doctors view the health care system in the UK.

This survey should take about 15 minutes of your time. **WEB ONLY:** If necessary, you have the option to pause the survey and finish it later by clicking “Finish the survey later.” To resume taking the survey, go to the survey home page at www.internationaldoctorsurvey.uk **(DISPLAY THE RESPONDENT'S UNIQUE LINK)** click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.

Thank you for your help with this important study.

Please click 'NEXT' to continue.



[NEW SCREEN]
BASE: US (Q500=11)
[NEW 2015]

2015 International Survey of Primary Care Doctors

Welcome and thank you for taking part in this survey, being conducted by The Commonwealth Fund. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. Your response is very important to help us better understand how primary care doctors view the health care system in the US.

This survey should take about 15 minutes of your time. **WEB ONLY:** If necessary, you have the option to pause the survey and finish it later by clicking “Finish the survey later.” To resume taking the survey, go to the survey home page at www.internationaldoctorsurvey.org (PN – use “.org” for USA and link it to “.com;” use “.uk” for the UK, and “.ca” for Canada), log in again with your passcode, and click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.



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WEB ONLY: HELP LINK INSTRUCTIONS

Instructions complémentaires

Veillez répondre à CHAQUE question en choisissant la réponse ou la catégorie qui décrit le mieux votre opinion ou situation.

Sur chaque page, vous trouvez 3 boutons pour vous aider à naviguer dans le questionnaire:

"Suivant" pour aller à la question suivante.

"Précédent" pour retourner à la question précédente.

"Finir l'enquête plus tard" pour suspendre temporairement l'enquête.

Si vous ne pouvez pas répondre à une question en particulier, vous pouvez cliquer sur "Suivant" pour passer à la question suivante.

Pour sélectionner des réponses à des questions avec boutons, cliquez sur le bouton à côté de votre réponse. Si une question requiert une réponse en texte, cliquez sur la case prévue à cet effet et commencez à écrire.

Quand vous voudrez reprendre l'enquête, retournez sur <https://survey.mis-trend.ch/IHP15> et réintroduisez les données d'accès qui vous ont été attribuées. Cela vous amènera à la dernière question à laquelle vous avez répondu.



Original Tracking Labels:

The Commonwealth Fund's original tracking labels have been left in green font.

Emphasized words:

Unlike 2012 in which words were underlined, IHP 2015 words to be emphasized have been put in bold font to be consistent across formats questionnaire formats.



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[NEW SCREEN]

BASE: AUSTRALIA (Q500=1)

[NEW 2015]

1a. Please select your state:

- 01 New South Wales (NSW)
- 02 Australian Capital Territory (ACT)
- 03 Victoria (VIC)
- 04 Queensland (QLD)
- 05 South Australia (SA)
- 06 Western Australia (WA)
- 07 Tasmania (TAS)
- 08 Northern Territory (NT)
- X WEB/MAIL ONLY: Blank
- 97 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

IF Q1a=X, SHOW EM1, IF RESPONDENT SKIPS AGAIN, ALLOW SKIP.

P.N.- Q1A SHOULD BE USED TO DETERMINE FUTURE MAIN SURVEY TERMINATES BY REGION FOR COMPLETED SURVEYS ONCE QUOTA IS MET . EACH REGION SHOULD TERMINATE ONCE QUOTA FOR COMPLETES IS FILLED IN THE MAIN SURVEY. PLEASE USE THIS WORDING “Thank you for your time.”

(PN: IF RESPONDENT REFUSES REGION, SAMPLE INFORMATION SHOULD BE USED)

Australia - Region	Original (Main)	NSW Oversample	Total Quota
New South Wales (NSW)	157	243	400
Australian Capital Territory (ACT)	11		11
Victoria (VIC)	107		107
Queensland (QLD)	112		112
South Australia (SA)	41		41
Western Australia (WA)	52		52
Tasmania (TAS)	12		12
Northern Territory (NT)	8		8
Total	500		743

P.N.- Q1A SHOULD BE SET UP SUCH THAT ONCE A QUOTA IS REACHED WE MAY BE ABLE TO START SCREENING RESPONDENTS OUT.



[NEW SCREEN]

BASE: NZ (Q500=6)

[NEW 2015]

1b. In which of these regions are you located?

- 1 Northern/Auckland
- 2 Central North Island
- 3 Lower North Island
- 4 South Island
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- X WEB/MAIL ONLY: Blank

IF Q1b=X, SHOW EM1, IF RESPONDENT SKIPS AGAIN, ALLOW SKIP.

P.N.- Q1B SHOULD BE USED TO DETERMINE FUTURE MAIN SURVEY TERMINATES BY REGION FOR COMPLETED SURVEYS ONCE QUOTA IS MET . EACH REGION SHOULD TERMINATE ONCE QUOTA FOR COMPLETES IS FILLED IN THE MAIN SURVEY. PLEASE USE THIS WORDING "Thank you for your time."

(PN: IF RESPONDENT REFUSES REGION, SAMPLE INFORMATION SHOULD BE USED)

New Zealand - Region	Quota
Northern/Auckland	181
Central North Island	90
Lower North Island	99
South Island	130
TOTAL	500

[NEW SCREEN]

BASE: ALL RESPONDENTS

[Modified but same in 2009 and 2012 – it used to read “the following three statement;”; Q700 '09, Q805 '12]

[IHP 2012, 2009, 2006]

1. **Laquelle des phrases suivantes décrit le mieux votre opinion générale du système de santé en Suisse?**
(Veuillez choisir une phrase SVP.)

(PHONE ONLY: LIRE)



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- 1 Globalement, le système de santé fonctionne assez bien et seuls des changements mineurs sont nécessaires pour qu'il fonctionne mieux.
- 2 Il y a de bonnes choses dans notre système de santé mais il faut des changements fondamentaux pour qu'il fonctionne mieux.
- 3 Notre système de santé a tellement de défauts que nous devons le rebâtir entièrement.
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

IF Q1=X, SHOW EM1, IF RESPONDENT SKIPS AGAIN ALLOW SKIP.

[NEW SCREEN]

BASE: ALL RESPONDENTS

*[Same since 2009 – Only AUS, NZ and UK read “practising” with an “s” instead of practicing with a “c”, according to the 2012 master questionnaire practicing was spelled with an “s”;
Q705 '09, Q810 '12]*

[IHP 2012, 2009]

- 2. **Quelle est votre satisfaction globale concernant votre [IF AUS, NZ, UK (Q500=1,6
10 DISPLAY: “practising” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY:
“pratique”] de la médecine?**

(PHONE ONLY: LIRE)

- 1 Très satisfait
- 2 Satisfait
- 3 Légèrement insatisfait
- 4 Très insatisfait
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[Same since 2009; Q710 '09, Q815 '12]

[Haute Autorité de Santé, de l'Assurance Maladie preceded with minor changes at this question so that it better matches the English version without affecting the meaning.]

[IHP 2012, 2009, modified 2006]

3. D'une manière générale, pensez-vous que la qualité des soins médicaux que vos patients reçoivent par le système de santé s'est améliorée, s'est détériorée ou est semblable à celle d'il y a trois ans ?
- 1 Améliorée
 - 2 Détériorée
 - 3 Semblable
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Ne sait pas
 - 9 PHONE ONLY: (V) Refus
 - X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: ALL RESPONDENTS

[Modified 2012; Q820 '12 - 1) Sweden updated pipe in in 2015 to read "doctors in specialist health care", 2) the word "their" was removed IHP 2012 read "from all their providers" IHP 2015 reads "from all providers", 3)the "Don't know" response option was changed to "Not sure"] [IHP 2012]

4. Pensez à tous les soins médicaux que vos patients reçoivent – pas seulement de vous mais de tous les prestataires de soins y compris [IF UK (Q500=10, DISPLAY: "consultants" IF SWEDEN (Q500=8, DISPLAY: "doctors in specialist health care" IF ELSE, (Q500=1- 7, 9, 11), DISPLAY: "les spécialistes")] – quel est votre avis sur la quantité de soins médicaux qu'ils reçoivent? Est-ce que c'est...?

(PHONE ONLY: LIRE)

- 1 Beaucoup trop peu
- 2 Trop peu
- 3 Juste assez
- 4 Trop
- 5 Beaucoup trop
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Ne sait pas / PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank



SECTION B: ACCESS TO CARE AND CARING FOR PATIENTS

[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-d) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[Same as in 2009 but different from 2012 - Question text same as 2009, 1) item C Sweden pipe-in added in IHP 2015 "doctors in specialist health care"; Q805 '09, Q905 '12]]

[Question text and Items A, B, D IHP 2012 and IHP 2009; Item C IHP 2012, IHP 2009, IHP 2006]

5. WEB/MAIL ONLY: : A quelle fréquence pensez-vous que vos patients vivent les situations suivantes?

PHONE ONLY: je vais vous lire plusieurs affirmations et je vous prie de me dire si vous pensez que vos patients vivent les situations suivantes souvent, parfois, rarement ou jamais ?

- 1 Souvent
- 2 Parfois
- 3 Rarement
- 4 Jamais

- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

- a. Ont des difficultés à payer des médicaments ou autres frais de santé qui sont à leur charge
[IF SWITZ (Q500=9), DISPLAY INSTEAD: Ont des difficultés à payer des médicaments ou autres frais de santé qui sont à leur charge]
- b. Ont des difficultés à obtenir des examens diagnostiques spécialisés
WEB/MAIL ONLY: (p.ex., tomographie, mammographie, IRM) PHONE ONLY: par exemple tomographie, mammographie ou IRM
- c. Attendent longtemps avant de pouvoir voir un **[IF UK (Q500=10, DISPLAY: "consultant" IF SWEDEN (Q500=8, DISPLAY: "hospital or private specialist" IF ELSE, (Q500=1- 7, 9, 11), DISPLAY: "spécialiste"]**
- d. Attendent longtemps avant d'être traités à la suite d'un diagnostic



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-b) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[NEW 2015]

[NEW IN 2015]

6. Si vous pensez à vos décisions concernant les traitements, à quelle fréquence diriez-vous que ...

(PHONE ONLY: LIRE)

1 Souvent

2 Parfois

3 Rarement

4 Jamais

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

a. vous connaissez les coûts réels des examens ou des traitements que vous prescrivez à vos patients

b. vous prenez en considération les coûts pour le système de santé lors de vos décisions concernant les traitements



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SECTION C: PROVIDING PATIENT CARE

[NEW SCREEN]

BASE: ALL RESPONDENTS

[Similar to 2009 and 2012 - Response options 1, 3, 5, 8 slightly modified "More than 80%" used to read ">80%," "About 50%" used to read "~50%," and "Less than 20%" used to read "<20 %; AND that the "Don't know" code now reads "Not sure"; Q810'09, Q910 '12]

[IHP 2012, 2009]

7. Quelle proportion de vos patients qui demandent un rendez-vous le jour même ou le jour suivant peuvent l'obtenir?

(PHONE ONLY: LIRE)

- 1 Presque tous (*Plus de 80%*)
- 2 La plupart (*60-80%*)
- 3 Environ la moitié (*Environ 50%*)
- 4 Quelques-uns (*20-40%*)
- 5 Peu (*Moins de 20%*)
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: **Ne sait pas** / PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[Same as in 2012 for US, UK, Switzerland and France; modified for all other countries - Sweden pipe in new in 2015, All other country pipe in new in 2015 (except for Switzerland and France)]; Q815 '09, Q915 '12]

[IHP 2012, 2009, modified 2006]

8. **Votre cabinet a-t-il un arrangement (IF Sweden, DISPLAY: "e.g., includes practices you do or don't cooperate with") pour que les patients puissent voir un médecin ou une assistante médicale lorsque le cabinet est fermé [IF UK (Q500=10, DISPLAY: "out-of-hours" IF ELSE, (Q500=1-9, 11), DISPLAY: "(en dehors des horaires d'ouverture)"] sans devoir aller aux urgences d'un hôpital?**
[THIS FIRST RESPONSE LIST APPLIES TO ALL COUNTRIES EXCEPT NORWAY (Q500 = 1-6, 8-11)]

1 Oui

3 Non

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

[THIS SECOND RESPONSE LIST APPLIES TO NORWAY ONLY (Q500 = 7)]

1 Yes, practice has arrangements

2 Yes, regional arrangements

3 No

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-d) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[Modified 2012 - 1) Question text is different, 2) Item B is new (items A and C, D are identical to 2012's items 1, 5, 3; Q1010 '12)

Additionally per Vårdanalys, Item D got translated as "Coordinates health care and personal care with the municipality."

[Question text and Items A and C IHP 2012, Item B modified 2012]

9. Est-ce que vous-même et / ou d'autres collaborateurs qui travaillent avec vous dans votre cabinet aidez vos patients des façons suivantes ? PHONE ONLY: Diriez-vous fréquemment, occasionnellement ou non?

- 1 Oui, fréquemment
- 2 Oui, occasionnellement
- 3 Non
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

- a. Faire des visites à domicile
- b. Coordonner avec les hôpitaux les soins des patients après la sortie
- c. Contacter les patients entre les visites pour surveiller leur état
- d. Coordonner les soins avec les services sociaux et autres services de soins à domicile



SECTION D: CHRONIC CARE MANAGEMENT

[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-h) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[NEW 2015 – items C, E, F, G, H]

[IHP 2006 -- MODIFIED for items A, B, D – Main question text modified since 2006 to be asked at the practice level; for items A and B main question text and the item-specific wording are modified; for item D only main question text is modified and item wording is the same as in IHP 2006]

[ITEM H is unknown if NEW or from IHP 2006]

Additionally per Vårdanalys, translations of items E and F do not include residential care, nursing homes, institutional care or home for the elderly. Only health care, personal care and services given in their own home.

[Question text and Item D IHP 2006; Items C, E, F, G, H NEW IN 2015]

10. **A quelle fréquence recevez-vous les patients suivants dans votre cabinet??**

(PHONE ONLY: LIRE)

1 **Souvent**

2 **Parfois**

3 **Rarement**

4 **Jamais**

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

- a. **Patients avec de multiples maladies chroniques**
- b. **Patients avec de graves problèmes de santé mentale**
- c. **Patients avec des problèmes liés à l'usage de substances**
- d. **Patients ayant besoin de soins palliatifs, y compris pour le cancer**
- e. **Patients ayant besoin de [IF NZ (Q500=6, DISPLAY: "home base support services" IF ELSE, (Q500=1- 5, 7-11), DISPLAY: "services de soins à domicile à long terme"] WEB/MAIL ONLY: (p.ex., soins infirmiers ou soins personnels) PHONE ONLY: comme des soins infirmiers ou des soins personnels**
- f. **Patients ayant besoin d'aides spéciales WEB/MAIL ONLY: (p.ex., le ménage, les repas et les transports) PHONE ONLY: comme le ménage, les repas et les transports**
- g. **Patients ayant besoin de traductions**
- h. **Patients avec démence**



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-h) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[NEW 2015 – items C, E, F]

[IHP 2006 -- MODIFIED for items A, B, D – Main question text modified since 2006 to be asked at the practice level and to read “following patients” instead of “following types of patients”; for items A and B main question text and the item-specific wording are modified; for item D only main question text is modified and item wording is the same as in IHP 2006]

[ITEM H is unknown if NEW or from IHP 2006]

Additionally per Vårdanalys, translations of items E and F do not include residential care, nursing homes, institutional care or home for the elderly. Only health care, personal care and services given in their own home.

[Question text and Item D IHP 2006; Items C, E, F NEW IN 2015]

11. **Dans quelle mesure est-ce que votre cabinet est préparé pour gérer les soins des patients suivants?**

(PHONE ONLY: LIRE)

- 1 **Bien préparé**
- 2 **Quelque peu préparé**
- 3 **Pas préparé**
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

- a. **Patients avec de multiples troubles chroniques**
- b. **Patients avec de graves problèmes de santé mentale**
- c. **Patients avec des problèmes liés à l'usage de substances**
- d. **Patients ayant besoin de soins palliatifs, y compris pour le cancer**
- e. **Patients ayant besoin de [IF NZ (Q500=6, DISPLAY: “home base support services” IF ELSE, (Q500=1- 5, 7-11), DISPLAY: “services de soins à domicile à long terme”] WEB/MAIL ONLY: (p.ex., soins infirmiers ou soins personnels) PHONE ONLY: comme des soins infirmiers ou des soins personnels**
- f. **Patients ayant besoin d'aides spéciales WEB/MAIL ONLY: (p.ex., le ménage, les repas et les transports) PHONE ONLY: comme le ménage, les repas et les transports**
- g. **Patients ayant besoin de traductions**
- h. **Patients avec démence**



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[Modified 2012 - Both question text and response options are different; Q1020 '12]

[Modified IHP 2012]

12. Est-ce que votre cabinet collabore avec du personnel tel que des infirmiers (-ères) ou des gestionnaires de cas qui gèrent les soins et surveillent l'état des patients avec des maladies chroniques qui ont besoin de soins de suivi ?

PHONE ONLY: (SI LE REpondant DIT "Oui" RELANCER "Est-ce que vous collaborez avec du personnel au sein de votre cabinet ou hors de votre cabinet?")

- 1 Oui, au sein du cabinet
- 2 Oui, hors du cabinet
- 3 Non
- 4 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Yes , within and outside of practice
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: ALL RESPONDENTS

[Similar to 2009 and 2012 - Question text is modified] ; Q825 '09, Q1025 '12]

(The note about "Does not include prescriptions" is new in IHP 2015)

[Modified IHP 2012, 2009]

13. Est-ce que vous donnez des instructions écrites aux patients qui ont des maladies chroniques pour leur expliquer comment gérer leurs propres soins à domicile WEB/MAIL ONLY: (p.ex. instructions sur comment maîtriser les symptômes, éviter des rechutes ou surveiller la maladie à la maison)?
[Note: les ordonnances ne sont pas incluses]

PHONE ONLY: par exemple des instructions sur comment maîtriser les symptômes, éviter des rechutes ou surveiller la maladie à la maison?

PHONE ONLY: Diriez-vous régulièrement, occasionnellement ou non?

- 1 Oui, régulièrement
- 2 Oui, occasionnellement
- 3 Non
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code



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- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: ALL RESPONDENTS

[NEW IN 2015]

14. Est-ce que les objectifs d'autogestion de vos patients ayant des maladies chroniques sont **enregistrés** dans leur dossier médical? PHONE ONLY: Diriez-vous régulièrement, occasionnellement ou non?

- 1 Oui, régulièrement
- 2 Oui, occasionnellement
- 3 Non

- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank



SECTION E: CARE COORDINATION

[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-c) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[Similar to 2009 and 2012 - 1)UK and Sweden have country specific pipe-ins in the question text, 2) the second sentence of question text "Would you say always, often, sometimes, rarely or never?" is not included in IHP 2015, 3) for items A and B Sweden has modified their pipe-in to read "doctors in specialist health care" for IHP 2015, 4) items A and B pipe in for Australia, Canada, Germany, Netherlands, Norway, NZ, US has been added in 2015; Q915 '09, Q1105 '12] [Haute Autorité de Santé, de l'Assurance Maladie preceded with minor changes at this question so that it better matches the English version without affecting the meaning.] [IHP 2012]

15. **Quand vos patients consultent un [IF UK (Q500=10, DISPLAY: "consultant" IF SWEDEN (Q500=8, DISPLAY: "doctors in specialist health care" IF ELSE, (Q500=1- 7, 9, 11), DISPLAY: spécialiste], à quelle fréquence recevez-vous les informations suivantes?**

(PHONE ONLY: LIRE)

- 1 **Toujours**
- 2 **Souvent**
- 3 **Parfois**
- 4 **Rarement**
- 5 **Jamais**

- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

- a. **Un rapport du [IF UK (Q500=10, DISPLAY: "consultant" IF SWEDEN (Q500=8, DISPLAY: "hospital or private specialist" IF ELSE, (Q500=1- 7, 9, 11), DISPLAY: "spécialiste"] contenant toutes les informations de santé pertinentes**
- b. **Des informations sur les changements que le [IF UK (Q500=10, DISPLAY: "consultant" IF SWEDEN (Q500=8, DISPLAY: "hospital or private specialist" IF ELSE, (Q500=1- 7, 9, 11), DISPLAY: "spécialiste"] a faits par rapport aux médicaments ou au programme de soins du patient**
- c. **Des informations en temps opportun et accessibles au moment où vous en avez besoin**



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-b) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[Modified 2012 – the following text was not in 2012 “are admitted to the”, and this second question “Would you say always, often, sometimes, rarely or never?” is not included after the word “following?” in IHP 2015; Q1110 ‘12]

[Haute Autorité de Santé, de l’Assurance Maladie preceded with minor changes at the items so that they better match the English version without affecting the meaning.]

[IHP 2012]

16. Lorsque vos patients vont aux urgences d’un hôpital, à quelle fréquence recevez-vous les informations suivantes...?

(PHONE ONLY: LIRE)

- 1 Toujours
- 2 Souvent
- 3 Parfois
- 4 Rarement
- 5 Jamais

- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

- a. Un avis indiquant qu’un de vos patients a été aux urgences
- b. Un avis indiquant que votre patient est sorti de l’hôpital



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[Same since 2009– Note that in some hard copy version “Less than 24 hours” used to read “<,” and that “More than 30 days” used to read “>”; Q920 '09, Q1115 '12]

[IHP 2012, 2009]

17. **Quand votre patient est sorti de l'hôpital, quel délai s'écoule-t-il, en général, avant que vous receviez les informations cliniques nécessaires pour continuer à prendre soin de ce patient, y compris les recommandations en matière de suivi ?**

(PHONE ONLY: LIRE)

- 1 **Moins de 24 heures**
- 2 **24-48 heures**
- 3 **2-4 jours**
- 4 **5-14 jours**
- 5 **15-30 jours**
- 6 **Plus de 30 jours**
- 7 **Rarement ou jamais**

- 97 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 98 PHONE ONLY: (V) Ne sait pas
- 99 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: RESPONDENTS WHO TAKE LESS THAN 24 HOURS THROUGH MORE THAN 30 DAYS TO RECEIVE THE INFORMATION THEY NEED TO CONTINUE MANAGING THEIR PATIENT AFTER DISCHARGE FROM THE HOSPITAL (Q17=1-6 and 97)

[Modified but same in 2009 and 2012 - 1) WEB/PHONE ONLY LEAD IN added for 2015, 2) response options are different (only response options 1 through 3 match IHP 2009/2012), 3) in IHP 2009/2012 this was a multiple response question whereas it is a single response question in IHP 2015, 4) in IHP 2015 "usually" is now being bolded, 5) code '07' "Directly from the patient journal" got added for Sweden only ; Q2125 '09, Q1120 '12]

[Modified IHP 2012, 2009]

18. WEB/PHONE ONLY LEAD IN: Vous avez indiqué que cela prend (INSERT CODE 1-6 FROM Q17) pour obtenir l'information dont vous avez besoin pour continuer à prendre soin de votre patient.

Comment recevez-vous **généralement** ces informations?
(Note: Sélectionnez une réponse seulement)

(PHONE ONLY: LIRE)

- 1 Fax
- 2 Poste
- 3 Courriel
- 4 En ligne WEB/MAIL ONLY: (par ex., portail Internet/site de transfert de fichiers) PHONE ONLY: comme un portail Internet ou un site de transfert de fichiers
- 5 Apporté par le patient
- 6 Autres
- 97 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 98 PHONE ONLY: (V) Ne sait pas
- 99 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-c) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[NEW IN 2015]

19. Au cours du mois dernier, est-ce que les choses suivantes sont arrivées concernant un de vos patients?

1 Oui

2 Non

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

- a. Le dossier médical ou d'autres informations cliniques pertinentes n'étaient pas disponibles lors de la visite prévue du patient
- b. Des analyses ou des procédures ont dû être refaites parce que les résultats étaient indisponibles
- c. Un patient a eu des problèmes parce que les soins n'ont pas été bien coordonnés entre les divers sites ou fournisseurs de soins



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-b) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[NEW IN 2015]

Additionally per Vårdanalys, translations does not include residential care, nursing homes, institutional care or home for the elderly. Only health care, personal care and services given in their own home.

20. Si l'un de vos patients reçoit [IF NZ (Q500=6, DISPLAY: "home base support services" IF ELSE, (Q500=1- 5, 7-11), DISPLAY: "des services de soins à domicile"] WEB/MAIL ONLY (p.ex., soins infirmiers ou soins personnels), à quelle fréquence (INSERT ITEM), PHONE ONLY: comme des soins infirmiers ou des soins personnels, à quelle fréquence ... (INSERT ITEM)

PHONE ONLY: Diriez-vous régulièrement, occasionnellement ou non?

- 1 Régulièrement
 - 2 Occasionnellement
 - 3 Jamais
 - 4 WEB/MAIL ONLY: Pas concerné PHONE ONLY: (V) Pas concerné
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Ne sait pas
 - 9 PHONE ONLY: (V) Refus
 - X WEB/MAIL ONLY: Blank
- a. vous-même ou un autre collaborateur de votre cabinet communiquez avec le [IF CAN (Q500=2, DISPLAY: "gestionnaires de cas ou"] fournisseur de soins à domicile de votre patient au sujet des besoins de votre patient et des services à lui fournir?
- b. êtes-vous informé d'un changement significatif des conditions ou de l'état de santé de votre patient?



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[NEW IN 2015]

Additionally per Vårdanalys, Health care and personal care is not included only service such as cleaning, meals and transportations.

21. Dans quelle mesure est-ce facile ou non de coordonner les soins de votre patient avec les services d'aide et de soins à domicile WEB/MAIL ONLY (p.ex., ménage, repas et transports)? PHONE ONLY: comme le ménage, les repas et les transports?

(PHONE ONLY: LIRE)

- 1 Très facile
- 2 Facile
- 3 Quelque peu difficile
- 4 Très difficile
- 5 WEB/MAIL ONLY: Pas concerné / PHONE ONLY: (V) Pas concerné
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

SECTION F: END-OF-LIFE DISCUSSIONS AND ADVANCED CARE PLANNING

[NEW SCREEN]

BASE: ALL RESPONDENTS

[NEW IN 2015]

22. Discutez-vous avec vos patients plus âgés ou plus malades des traitements médicaux qu'ils souhaitent ou non s'ils deviennent très malades, s'ils sont blessés, ou s'ils ne peuvent pas prendre de décisions pour eux-mêmes? PHONE ONLY: Diriez-vous régulièrement, occasionnellement ou non?

- 1 Oui, régulièrement
- 2 Oui, occasionnellement
- 3 Non
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: RESPONDENTS WHO HAVE CONVERSATIONS WITH OLDER OR SICKER PATIENTS ABOUT THE HEALTH CARE TREATMENT THEY WANT OR DO NOT WANT IN THE EVENT THEY BECOME VERY ILL OR INJURED (Q22=1-2)

[NEW IN 2015]

23. WEB AND PHONE ONLY LEAD-IN: Vous avez indiqué que vous discutez (INSERT régulièrement/occasionnellement FROM Q22) avec vos patients plus âgés ou plus malades des traitements médicaux qu'ils souhaitent ou non s'ils deviennent très malades, s'ils sont blessés, ou s'ils ne peuvent pas prendre de décisions pour eux-mêmes:

FRANCE ONLY PHONE MODE LEAD-IN -- SET UP AS AN IF_NECESSARY NOTE (Q500=3): [IF NECESSARY - You mentioned that you (INSERT routinely/occasionally FROM Q22) have conversations with older or sicker patients about their health care treatment in the event they become very ill, injured or cannot make decisions for themselves:]

ALL MODES: Est-ce que les préférences de vos clients sont enregistrées dans leur dossier médical??

PHONE ONLY: Diriez-vous régulièrement, occasionnellement ou non?

- 1 Oui, régulièrement
- 2 Oui, occasionnellement
- 3 Non

- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank



SECTION G: OFFICE SYSTEMS AND INFORMATION TECHNOLOGY

[NEW SCREEN]

BASE: ALL RESPONDENTS

[C. Same since 2009; Q1000 '09, Q1205 '12]

[Haute Autorité de Santé, de l'Assurance Maladie proceeded with minor changes at this question so that it better matches the English version without affecting the meaning- in particular "de facturation ou" was removed.]

[IHP 2012, 2009, 2006]

24. WEB/MAIL ONLY: Est-ce que vous avez un système électronique pour gérer les dossiers médicaux de vos patients (à l'exclusion des systèmes de facturation)?

PHONE ONLY: Est-ce que vous avez un système électronique pour gérer les dossiers médicaux de vos patients à l'exclusion des systems de facturation?

1 Oui

2 Non

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-b) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[Similar to 2009 and 2012; 1) The second sentence of the question text "Would you say routinely, occasionally or no?" is not included in IHP 2015 WEB and HC but is included in IHP 2015 Phone survey, 2) response option 8 "Don't know" was changed to "Not sure" in IHP 2015, 3) Items 3 and 4 were removed in IHP 2015; Q1005 '09, Q1210 '12]

[Item A IHP 2012, 2009, 2006; Item B IHP 2012, 2009]

25. Est-ce que vous utilisez les technologies suivantes dans votre cabinet? PHONE ONLY: Diriez-vous régulièrement, occasionnellement ou pas?

1 Oui, régulièrement

2 Oui, occasionnellement

3 Non

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 WEB/MAIL ONLY: Ne sait pas/ PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

a. Requêtes électroniques des analyses de laboratoire



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b. Message ou alertes électroniques concernant un problème potentiel de dosage ou d'interaction de médicaments



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[Modified 2012 — the “(Note: Do not include fax.)” is new in IHP 2015 ; Q1010 '09, Q1215 '12] is new in IHP 2015]

[IHP 2012, 2009]

26. **Pouvez-vous faire le transfert électronique d'ordonnances à une pharmacie?**

WEB/MAIL ONLY: *(Note: ne pas inclure le fax.)*

PHONE ONLY: Merci de NE PAS inclure le fax

1 **Oui**

2 **Non**

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

Q27 - deleted - 01/28/15

[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-b) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[D. Modified 2012 - 1) "Note" was added to the instruction in the question in 2015, 2) Phone only instruction added in 2015, 3) item B added the word "results" to the end of the item in 2015; Q1220 '12]

Additionally per Vårdanalyt, they found when reviewing previous translations the word ANY was left out of the Swedish question in earlier translations. They will correct this in this version.

[IHP 2012]

28. **Pouvez-vous faire des échanges électroniques des documents suivants avec des médecins à l'extérieur de votre cabinet ?**

WEB/MAIL ONLY: *Note: ne pas inclure le fax*

PHONE ONLY: Merci de NE PAS inclure le fax comme méthode pour ces échanges électroniques d'informations.

1 Oui

2 Non

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 WEB/MAIL ONLY: Ne sait pas/ PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

a. **Résumés cliniques des patients**

b. **Analyses de diagnostics et de laboratoire**



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Q28a - deleted - 01/28/15

[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-b) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

(Question text modified; Q1135 '12)

(ITEM A - Q1135 Item 2 from 2012)

[ITEM B - NEW 2015]

28b. **Veillez indiquer si votre cabinet offre aux patients la possibilité ...:**

1 **Oui**

2 **Non**

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 WEB/MAIL ONLY: Ne sait pas/ PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

- a. **d'envoyer un courriel concernant des questions ou des préoccupations médicales**
- b. **de consulter en ligne, télécharger ou transmettre par Internet des informations de leur dossier médical**



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-f) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). THE PHRASE COMPUTERIZED?" SHOULD APPEAR ABOVE THE TWO COLUMNS ON THE RIGHT ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[Similar to 2009 and 2012 -1) Question text is different, 2) Response options have been modified for PHONE, 3) 2015 item A=2012 item A, 2015 item B=2012 item C, 2015 item C=2012 item E, 2015 item D=2012 item D, 2015 item E=2012 item F, 2015 item F=2012 item G; Q1020-Q1055 '09, Q1060-Q1125 '12]

Additionally per Vårdanalys, this was translated as "Can the information system (i.e. EMR) your practice uses generate the following information about your patients"

[Question text Modified IHP 2012; Items A and C IHP 2012, 2009; Items B and D IHP 2012, 2009, 2006; Item E IHP 2012; Item F IHP 2012 modified]

29. **Est-ce que votre cabinet peut produire les informations suivantes concernant vos patients en utilisant un processus informatisé?**

- 1 **Oui**
2 **Non**

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

- a. **Liste de patients par diagnostic WEB/MAIL ONLY: (p.ex., diabète ou cancer)**
PHONE ONLY: comme le diabète ou le cancer
- b. **Liste de patients pour qui des examens ou soins préventifs doivent être faits ou auraient dû être faits antérieurement WEB/MAIL ONLY: (p.ex. vaccin contre la grippe)**
PHONE ONLY: p.ex. vaccin contre la grippe
- c. **Liste de tous les patients qui ont une médication précise**
- d. **Liste de tous les médicaments qu'un patient doit prendre WEB/MAIL ONLY: (y compris ceux prescrits par d'autres médecins)**
PHONE ONLY: incluant ceux prescrits par d'autres médecins
- e. **Liste de tous les résultats de laboratoire pour un patient particulier WEB/MAIL ONLY: (y compris les analyses ordonnées par d'autres médecins)**
PHONE ONLY: y compris les analyses ordonnées par d'autres médecins
- f. **Un résumé de diagnostic pour chaque consultation pour le donner au patient**



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-d) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[Similar to 2009 and 2012 - Question text is different (items A through D are the same since 2009); Q1060 '09, Q1130 '12]

Additionally per Vårdanalys, the text for "reminder notices" (item A) was slightly changed to match terminology used in health care in the 2015 questionnaire.

[Haute Autorité de Santé, de l'Assurance Maladie proceeded with minor changes at this question so that it better matches the English version without affecting the meaning – the main question text, and text for items B and D were modified.]

[Modified IHP 2012]

30. Est-ce que les tâches suivantes sont effectuées régulièrement dans votre cabinet en utilisant un système électronique?

1 Oui

2 Non

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

a. Envoi de rappels aux patients à qui des soins préventifs ou de suivi doivent être dispensés WEB/MAIL ONLY: (par ex. vaccin contre la grippe ou HbA1C pour des patients diabétiques) PHONE ONLY: comme le vaccin contre la grippe ou le HbA1C pour des patients diabétiques

b. Suivi de toutes les analyses de laboratoire demandées jusqu'à ce que les résultats arrivent au cabinet

c. Vous recevez une alerte ou une notification quand il faut donner des résultats d'analyses aux patients

d. Vous recevez un rappel pour des interventions et/ ou des tests de dépistage fondés sur les guides de pratique



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SECTION H: MEASURING PRACTICE IMPROVEMENT

[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-d) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[Similar to 2012 – Question text is the same, however, in terms of the items:1) Item D in 2015 is modified from Item 4 in 2012, 2) PHONE only adaptations at item A to read “such as”; Q1100 ‘09, Q1305 ‘12]

[Item D IS NEW in 2015]

Additionally per Vårdanalys, Same as for question 30. And item B has also been slightly changed to match terminology used in health care.

[Haute Autorité de Santé, de l’Assurance Maladie preceded with minor changes at the items so that they better match the English version without affecting the meaning.]

(The response options seem to have been scrambled in 2012 as per the following note in the 2012 French questionnaire “Enquêteur : citer, une seule réponse possible, rotation aléatoire des sous questions”)

(The text for item ‘c’ was missing in the French version of the 2012 instrument)

[Item A IHP 2012, 2009, 2006; Item B IHP 2012, 2009; Item C IHP 2012, Item D IS NEW in 2015]

31. **Est-ce que votre cabinet reçoit et utilise régulièrement des données sur les aspects suivants?**
- 1 **Oui**
 - 2 **Non**
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Ne sait pas
 - 9 PHONE ONLY: (V) Refus
 - X WEB/MAIL ONLY: Blank
- a. **Résultats cliniques** WEB/MAIL ONLY: **(p.ex. pourcentage de diabétiques ou d’asthmatiques pour lesquels la maladie est sous contrôle)** PHONE ONLY: comme le pourcentage de diabétiques ou d’asthmatiques pour lesquels la maladie est sous contrôle
- b. **Sondages sur la satisfaction de vos patients et leurs expériences avec les soins médicaux**
- c. **Admission de patients à l’hôpital ou aux urgences**
- d. **Pourcentage de patients qui ont reçu un soin préventif recommandé** WEB/MAIL ONLY: **(p.ex., test Pap, immunisations, coloscopies, mammographies, etc.)** PHONE ONLY: comme le test Pap, les immunisations, les coloscopies, les mammographies ou d’autres soins préventifs



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[Modified but same in 2009 and 2012 - IHP 2015 is different in terms of the phrase "your own" being added; Q1105 '09, Q1310 '12]

[IHP 2012, 2009]

32. Est-ce que certains aspects de votre performance sont comparés à des cibles de performance au moins une fois par an?

1 Oui

2 Non

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: ALL RESPONDENTS

[Similar to 2012 -PHONE only verbiage "Would you say routinely, occasionally or no?" was added in 2015; Q1110 '09, Q1315 '12]

[Haute Autorité de Santé, de l'Assurance Maladie proceeded with minor changes at the question-text so that it better matches the English version without affecting the meaning. Resulting from this, the response options were updated to match the question text. Additionally, response option 4 for "4.Vous n'êtes pas sûr" was not included]

[IHP 2012, 2009]

33. Est-ce que vous recevez des informations sur la performance de votre cabinet comparée à celle d'autres cabinets? PHONE ONLY: Diriez-vous régulièrement, occasionnellement ou non?

1 Oui, régulièrement

2 Oui, occasionnellement

3 Non

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 WEB/MAIL ONLY: Ne sait pas/ PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-c) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[Modified 2015 – 1) second line of question text was removed in 2015 Web/Phone, 2) ITEM C is new in 2012, 3) UK pipe in at item A added; Q1120 '09, Q1325/Q5000 '12]

Additionally per Vårdanalys, they will include "health care insurance" at items A and B, however they mentioned "The way item a is put it is not clear whether the question refers to the public SICK LEAVE insurance (which causes doctors administrative work certifying that the patient is or is not able to work) and/or they should think of only (private) HEALTH CARE insurances (about 700 000 Swedes have a private HEALTH CARE insurance). The main part of health care is tax funded and not insurance based - everyone is entitled to health care based on their medical needs. Minor changes done to translation but the problem persists - this will probably affect how respondents answer".

[Haute Autorité de Santé, de l'Assurance Maladie proceeded with minor changes at the question-text and to item C so that they better match the English version without affecting the meaning.]

[Item A IHP 2012; Item B IHP 2012, 2009; Item C IS NEW in 2015]

34. **A quel point est-ce que le temps que vous ou vos employés prennent pour les situations suivantes est problématique ?**

(PHONE ONLY: LIRE)

- 1 **Problème majeur**
- 2 **Problème mineur**
- 3 **Pas un problème**
- 4 WEB/MAIL ONLY **Pas concerné** / PHONE ONLY: (V) Pas concerné
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

- a. **Temps consacré aux questions administratives liées aux [IF UK (Q500=10, DISPLAY: "medical") assurances ou aux décomptes**
- b. **Temps consacré à obtenir les médicaments ou les traitements dont les patients ont besoin lors de restrictions de couverture**
- c. **Temps consacré à établir des données cliniques ou sur la qualité des soins pour l'Etat ou d'autres institutions externes comme des compagnies d'assurance-maladie**



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SECTION I: PRACTICE PROFILE AND DEMOGRAPHIC DATA

[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: DECIMALS SHOULD BE ALLOWED]

[PN: ALLOW RANGE 0-999]

[PN: If a respondent enters a non-numeric value please show the following error message ("Please enter a numeric value)."]

[Modified 2012 – Please note that the aid text "(For example, 2 fulltime doctors = 2.00 FTE)" is new in IHP 2015 ; Q1200 '09, Q2000 '12]

35. **En équivalent plein temps (EPT), combien de médecins font partie de votre cabinet, vous-même y compris?**

WEB/MAIL ONLY: *(Par exemple, 2 médecins à plein temps = 2.00 EPT)*

PHONE ONLY: Par exemple, 2 médecins à plein temps équivalent à 2.00 EPT

(PHONE ONLY: RELANCER SI NE SAIT PAS OU REFUS. SI NE SAIT VRAIMENT PAS CODER 9998 ET SI REFUS CODER 9999. DECIMALES ACCEPTEES (p.ex., 99.99))

ENTRY SHOULD BE OF LENGTH OF 7, WITH LEADING ZEROS WHEN NECESSARY. (e.g. For 2 fulltime doctors, data to be reported as: 0002.00)

_____ [PN: MEMO BOX] **médecins EPT**

9996 MAIL ONLY (AS PART OF BACK END PROCEDURES AS DESCRIBED IN THE EDITING AND CODING MEMO): Invalid

9997 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

9998 PHONE ONLY: (V) Ne sait pas

9999 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

Q36 - deleted - 01/13/15



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: DECIMALS SHOULD BE ALLOWED]

[PN: ALLOW RANGE 0-168]

[PN: If a respondent enters a non-numeric value please show the following error message ("Please enter a number between 0.00-168)."]

[Modified but same in 2009 and 2012 - Only question text is different; Q1210 '09, Q2015 '12]

[IHP 2012, 2009, 2006]

37. **Si vous pensez à votre cabinet médical, combien d'heures travaillez-vous en moyenne par semaine?**

(PHONE ONLY: RELANCER SI NE SAIT PAS OU REFUS. SI NE SAIT VRAIMENT PAS CODER 998 ET SI REFUS CODER 999. DECIMALES ACCEPTEES (p.ex., 99.99))

ENTRY SHOULD BE OF LENGTH OF 7, WITH LEADING ZEROS WHEN NECESSARY. (e.g. For 2 full hours, data to be reported as: 0002.00)

_____ [PN: MEMO BOX] **heures**

996 MAIL ONLY (AS PART OF BACK END PROCEDURES AS DESCRIBED IN THE EDITING AND CODING MEMO): Invalid

997 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank



[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. 2 column grid. ITEMS (a-c) SHOULD BE ON THE far LEFT (DO NOT DISPLAY LETTERS). Numbers should be the 2nd column. ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[PN: ALLOW RANGE 0-100]

[PN: DECIMALS SHOULD BE ALLOWED]

[PN: If a respondent enters a non-numeric value please show the following error message ("Please enter a numeric value)."]

[Modified but same in 2009 and 2012 - Question text is different, items B and C added for 2015; Q1220 '09, Q2020 '12]

[Item A IHP 2012; Items B and C ARE NEW in 2015]

38. **Lors d'une semaine régulière, quel pourcentage de vos heures de travail passez-vous en ...:**

WEB/MAIL ONLY: **[Note: N'a pas besoin de totaliser 100%.]**

PHONE ONLY: (SI NECESSAIRE: N'a pas besoin de totaliser 100%)

(PHONE ONLY: RELANCER SI NE SAIT PAS OU REFUS. SI NE SAIT VRAIMENT PAS CODER 998, ET SI REFUS CODER 999. DECIMALES ACCEPTEES (p.ex., 99.99))

ENTRY SHOULD BE OF LENGTH OF 7, WITH LEADING ZEROS WHEN NECESSARY. (e.g. For 2 percent, data to be reported as: 0002.00)

Pourcentage de temps

a **Contacts face-à-face avec des patients** _____ [PN: MEMO BOX]

b **Autres contacts avec des patients (p.ex., courriel ou téléphone)** _____ [PN: MEMO BOX]

c **Affaires administratives** _____ [PN: MEMO BOX]

X WEB/MAIL ONLY: Blank

996 MAIL ONLY (AS PART OF BACK END PROCEDURES AS DESCRIBED IN THE EDITING AND CODING MEMO): Invalid

997 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

998 PHONE ONLY [PN- PLEASE ALLOW THIS CODE PER ITEM A through D]: (V) Not sure

999 PHONE ONLY [PN- PLEASE ALLOW THIS CODE PER ITEM A through D]: (V) Decline to answer



[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: DECIMALS SHOULD BE ALLOWED]

[PN: ALLOW RANGE 0-999]

[PN: If a respondent enters a non-numeric value please show the following error message ("Please enter a numeric value)."]

[NEW in 2015]

39. **En moyenne, combien de temps pouvez-vous passer avec un patient pendant une visite de routine** [IF UK (Q500=10, DISPLAY: "appointment" IF ELSE, (Q500=1-9, 11), DISPLAY: "visit")?]

ENTRY SHOULD BE OF LENGTH OF 7, WITH LEADING ZEROS WHEN NECESSARY.
(e.g. For 2 minutes, data to be reported as: 0002.00)

_____ [PN: MEMO BOX] **minutes**

9996 MAIL ONLY (AS PART OF BACK END PROCEDURES AS DESCRIBED IN THE EDITING AND CODING MEMO): Invalid

9997 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

9998 PHONE ONLY: (V) Ne sait pas

9999 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: NON SWEDEN/SWITZERLAND RESPONDENTS (Q600=1-7, 10-11)

[Same as in 2012; Q1240 '09, Q2040 '12]

[IHP 2012, Modified IHP 2009]

40. **Quel âge avez-vous?**

(PHONE ONLY: LIRE)

1 **Moins de 35 ans**

2 **35-44 ans**

3 **45-54 ans**

4 **55-64 ans**

5 **65ans ou plus**

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank



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IF Q40=X, SHOW EM1, IF RESPONDENT SKIPS AGAIN, ALLOW SKIP.

[NEW SCREEN]

BASE: NON SWEDEN/SWITZERLAND RESPONDENTS (Q600=1-7, 10-11)

[Same since 2009; Q1245'09, Q2045 '12]

[IHP 2012, 2009, 2006]

41. WEB/MAIL ONLY: Êtes-vous...

PHONE ONLY: (NE PAS DEMANDER. ENREGISTER SELON VOTRE CONSTAT. SI VOUS N'ÊTES PAS CERTAIN, VEUILLEZ DEMANDER, "Êtes-vous...?")

1 Un homme

2 Une femme

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

IF Q41=X, SHOW EM1, IF RESPONDENT SKIPS AGAIN, ALLOW SKIP.



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[Same since 2009 --Inconsistency between the IHP 2012 paper and master instruments. The paper survey read "rural" whereas the master questionnaire reads "rural area.;" Q1235 '09, Q2035 '12]

Additionally per Vårdanalys, they will use registry information instead of this question for their analysis

[IHP 2012, 2009, 2006]

42. **Où se situe votre cabinet?**

(PHONE ONLY: LIRE)

1 dans une ville

2 en banlieue

3 dans une petite ville

4 en zone rurale

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: ALL RESPONDENTS

[NEW IN 2015]

43. **Dans quelle mesure votre travail est-il stressant en tant que [IF NZ, UK (Q500=6, 10, DISPLAY: "general practitioner" IF ELSE, (Q500=1-5, 7-9, 11), DISPLAY: "médecin généraliste"]?**

(PHONE ONLY: LIRE)

1 Extrêmement stressant

2 Très stressant

3 Quelque peu stressant

4 Pas trop stressant

5 Pas stressant du tout

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: SET UP AS A GRID. ITEMS (a-d) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[Modified 2012 - 1) question text is different, 2) Item D was added for 2015, 3) Item A removed Switzerland pipe-in, 4) item B updated pipe-in for all countries except UK, France, and Switzerland and now uses the word "of" instead of "from"]; Q2050 '12]

[Item D IS NEW in 2015]

(Please note that data collected for item D may benefit from being assessed in conjunction with data at Q24 – about whether the respondent uses electronic patient medical records in its practice or not)

[Question text IHP 2012; Item A IHP 2012, 2006; Items B and C IHP 2012; Item D IS NEW]

44. **Veillez indiquer dans quelle mesure vous êtes satisfait avec les aspects suivants de votre activité médicale.**

(PHONE ONLY: LIRE)

- 1 **Très satisfait**
- 2 **Satisfait**
- 3 **Légèrement insatisfait**
- 4 **Très insatisfait**

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

- a. **Votre revenu provenant de la pratique médicale**
- b. **Votre revenu comparé aux revenus des [IF UK (Q500=10, DISPLAY: "consultants" IF SWEDEN (Q500=8, DISPLAY: "hospital or private specialists" IF ELSE, (Q500=1- 7, 9, 11), DISPLAY: "médecins spécialistes"]**
- c. **Le temps que vous pouvez passer avec chaque patient**
- d. **Le système électronique de dossiers médicaux que vous utilisez actuellement dans votre cabinet**



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SECTION J: US-ONLY QUESTIONS

US1 - deleted - 01/16/15

[NEW SCREEN]

BASE: US (Q500=11)

[PN: If a respondent enters a non-numeric value please show the following error message ("Please enter a number between 1925-2015)."]

[PN: ALLOW RANGE 1925-2015]

[NEW 2015]

[NEW IN 2015]

US1a. What year did you complete your residency?

_____ [PN: MEMO BOX] Year

9996 MAIL ONLY (AS PART OF BACK END PROCEDURES AS DESCRIBED IN THE EDITING AND CODING MEMO): Invalid

9997 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: US (Q500=11)

[Modified but same in 2009 and 2012 - only difference is the inclusion of this text

"Permanente, Mayo Clinic"; Q1415 '09, Q1435 '12]

[IHP 2012, 2009]

US2. Is your practice part of a larger integrated provider system (e.g., Kaiser Permanente, Mayo Clinic, VA, etc.)?

1 Yes

2 No

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: US (Q500=11)

[PN: SET UP AS A GRID. ITEMS (a-c) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[Modified 2012 - Both question text and response options are different (Items A and C are the same as in IHP 2012); Q1410 '12]

[IHP 2012]

US3. How are you paid for seeing patients?

WEB/MAIL ONLY: *(Please select "yes" or "no" for each item.)*

- 1 Yes
- 2 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

- a. Fee-for-service based
- b. Capitation
- c. Salary based

[NEW SCREEN]

BASE: US (Q500=11)

[PN: SET UP AS A GRID. ITEMS (a-c) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[Modified 2009 - Only question text is different (Items A and B are the same as in IHP 2009; ITEM C is NEW in IHP 2015); Q1115 '09]

[IHP 2009, 2006]

US4. PHONE ONLY: I am going to read you a few statements.

Do you personally receive extra financial support or incentives based on any of the following?

(Note: This includes bonuses, special payments, higher fees, or reimbursements.)

- 1 Yes
- 2 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

- a. High patient satisfaction ratings
- b. Achieving certain clinical care targets



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QUS4 ITEM c - deleted - 01/28/15

[NEW SCREEN]

BASE: US (Q500=11)

[NEW 2015]

US4a. Medicare and Medicaid offer incentives to practices that demonstrate “meaningful use of health IT.” Are you currently receiving these incentive payments?

- 1 Yes
- 2 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: US (Q500=11)

[PN: SET UP AS A GRID. ITEMS (a-b) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

[Modified 2012 - Both question text and response options are different; Q1430 '12]

US5. Is your practice currently participating in the following:

- 1 Yes
 - 2 No
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Ne sait pas
 - 9 PHONE ONLY: (V) Refus
 - X WEB/MAIL ONLY: Blank
-
- a. Accountable Care Organization (ACO)
 - b. Patient-Centered Medical Home (PCMH) or Advanced Primary Care Practice (APCP)



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[NEW SCREEN]

BASE: US (Q500=11)

[NEW IN 2015]

US6. Thinking about the healthcare law that was passed in 2010, also known as the Affordable Care Act (ACA) or Obamacare, would you say that you have a:

- 1 Very favorable opinion
- 2 Somewhat favorable opinion
- 3 Somewhat unfavorable opinion
- 4 Very unfavorable opinion
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank



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SECTION K: CAN-ONLY QUESTIONS

[NEW SCREEN]

BASE: CANADA ONLY (Q500=2)

[PN: SET UP AS A GRID. ITEMS (a-c) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

CAN-1. Does your practice offer any of the following means of electronic communication for patients?

- 1 Yes
 - 2 No
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 WEB/MAIL ONLY: Not sure
 - X WEB/MAIL ONLY: Blank
-
- a. Request appointments or referrals online
 - b. Request refills for prescriptions online
 - c. View test results on a secure website

[NEW SCREEN]

BASE: CANADA ONLY (Q500=2)

CAN-2. What is the **primary** setting of your practice site?
(Please select one.)

- 1 A private solo practice
- 2 A physician group practice
- 3 Community clinic/health centre
- 4 Hospital-based practice
- 6 Other
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: IF NOT IN PRIVATE SOLO PRACTICE (IF CAN-2= 2-7 AND Q500=2)

CAN-3. How satisfied are you with how members of the practice share information about patients to facilitate collaborative care?

- 1 Very satisfied
- 2 Satisfied
- 3 Somewhat dissatisfied
- 4 Dissatisfied
- 5 Not applicable
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: CANADA ONLY (Q500=2)

CAN-4. Is your practice part of a primary care model supported by public funding (e.g., GMF or Cliniques-réseau in Québec, Family Health Teams in Ontario, Primary Care Networks or family care clinics in Alberta, etc.)?

- 1 Yes
- 2 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- X WEB/MAIL ONLY: Blank



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SECTION L: GERMANY-ONLY QUESTIONS

[NEW SCREEN]

BASE: GERMANY ONLY (Q500=4)

- GER-1. Die finanziellen Anreize zur Delegation ärztlicher Leistungen an qualifizierte Medizinische Fachangestellte (MFA) sind ausreichend.
- 1 Ja
 - 2 Nein
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: GERMANY ONLY (Q500=4)

- GER-2. Es gibt geeignete Weiterbildungsangebote in meinem Fachgebiet für die Qualifizierung von MFAs zur Übernahme von bisher ärztlichen Tätigkeiten.
- 1 Ja
 - 2 Nein
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: GERMANY ONLY (Q500=4)

[PN: SET UP AS A GRID. ITEMS (a-f) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

- GER-3. Welche ärztlichen Aufgaben könnten speziell weitergebildete MFAs auf Anweisung selbstständig ausführen?
- 1 Stimme gar nicht zu
 - 2 Stimme eher nicht zu
 - 3 Teils-teils
 - 4 Stimme eher zu
 - 5 Stimme voll und ganz zu
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - X WEB/MAIL ONLY: Blank
-
- a. Durchführung von Routinehausbesuchen bei chronisch kranken Patienten
 - b. Definierte Untersuchungen (z.B. Fußinspektion bei Diabetikern)
 - c. Medikamentenanamnese einschließlich der Befragung zu Nebenwirkungen
 - d. Selbständige Durchführung von Injektionen und Impfungen



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- e. Selbständige Durchführung von Verbandswechsel
- f. Beratung und Schulung von Patienten und Angehörigen

[NEW SCREEN]

BASE: GERMANY ONLY (Q500=4)

[PN: SET UP AS A GRID. ITEMS (a-d) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

GER-4. Die Delegation ärztlicher Leistungen an speziell weitergebildeten MFAs erfordert...

- 1 Stimme gar nicht zu
 - 2 Stimme eher nicht zu
 - 3 Teils-teils
 - 4 Stimme eher zu
 - 5 Stimme voll und ganz zu
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - X WEB/MAIL ONLY: Blank
-
- a. ... eine Neuausrichtung der Aufgabenverteilung im Praxisteam
 - b. ...eine Einführung einer neuen Versorgungsebene für nichtärztliche Gesundheitsberufe verbunden mit der Zuweisung neuer Rollen an nichtärztliche Gesundheitsberufe
 - c. ... ausreichend finanzielle Anreize zur Delegation ärztlicher Leistungen
 - d. ... ausreichend hochwertige Weiterbildungsangebote für MFAs

[NEW SCREEN]

BASE: GERMANY ONLY (Q500=4)

GER-5. Die Delegation ärztlicher Leistungen an speziell weitergebildete MFAs wirkt sich meiner Meinung nach auf die ärztliche Tätigkeit folgendermaßen aus:

- 1 Man hat mehr Zeit für die ärztlichen Tätigkeiten
- 2 Man hat unverändert viel Zeit für die ärztlichen Tätigkeiten
- 3 Man hat weniger Zeit für ärztliche Tätigkeiten (z.B. aufgrund notwendiger Kontrollen zur Qualitätssicherung in der Delegation)
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: GERMANY ONLY (Q500=4)

[PN: SET UP AS A GRID. ITEMS (a-e) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

GER-6. Die Delegation ärztlicher Leistungen an speziell weitergebildete MFAs wirkt sich meiner Meinung nach auf die Versorgung von Patienten folgendermaßen aus:

- 1 Stimme gar nicht zu
 - 2 Stimme eher nicht zu
 - 3 Teils-teils
 - 4 Stimme eher zu
 - 5 Stimme voll und ganz zu
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - X WEB/MAIL ONLY: Blank
-
- a. Die Qualität der Versorgung wird verbessert
 - b. Die Koordination der Versorgung wird verbessert
 - c. Die Zufriedenheit der Patienten mit der Versorgung wird verbessert
 - d. Die Therapie-Adhärenz der Patienten wird positiv beeinflusst
 - e. Die Patientensicherheit wird erhöht



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SECTION M: NORWAY-ONLY QUESTIONS

[NEW SCREEN]

BASE: NORWAY (Q500=7)

[PN: SET UP AS A GRID. ITEMS (a-c) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

NOR-1. Now we would like to ask some question about health care for cancer patients, and your opinion on access and coordination of cancer care. Please think about your experiences from the past 12 months.

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 Do not know
- 9 Blank/No answer

- a. How often do you feel that the waiting time from referral of patients until the first consultation is satisfactory?
- b. How often do you feel that communication with the hospital during the examination and treatment of patients is satisfactory?
- c. How often do you feel that communication with the hospital following the discharge of patients is satisfactory?



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SECTION N: SWEDEN-ONLY QUESTIONS

[NEW SCREEN]

BASE: SWEDEN (Q500=8)

SWED-1. To what extent can patients at your practice choose a permanent personal doctor?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: SWEDEN (Q500=8)

[PN: SET UP AS A GRID. ITEMS (a-c) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

SWED-2. To what extent do you, in your contacts with other caregivers, have

- 1 To a high extent
 - 2 To some extent
 - 3 To a small extent
 - 4 Not at all
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - X WEB/MAIL ONLY: Blank
-
- a. the mandate required to coordinate and plan the care of your patients?
 - b. the time required to coordinate and plan the care of your patients?
 - c. the communication channels required to plan and coordinate the care of your patients?
 - d. the IT systems required to coordinate and plan the care of your patients?



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[NEW SCREEN]

BASE: SWEDEN (Q500=8)

SWED-3. To what extent do you perform patient-oriented tasks that other health care professionals could perform in order make greater benefit of your skills as a doctor?

- 1 To a high extent
- 2 To some extent
- 3 To a small extent
- 4 Not at all
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- X WEB/MAIL ONLY: Blank



SECTION O: SWITZERLAND-ONLY QUESTIONS

[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

SWI-1. Est-ce que votre cabinet réserve un moment pendant la journée pour offrir des rendez-vous le jour même (ou sans rendez-vous)?

1 Oui

2 Non

8 WEB/MAIL ONLY: Ne sait pas/ PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

[PN: SET UP AS A GRID. ITEMS (a-c) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

SWI-2. Merci d'indiquer dans quelle mesure vous êtes satisfait des aspects suivants.

1 Très satisfait

2 Satisfait

3 Légèrement insatisfait

4 Très insatisfait

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

a. La qualité de votre formation et formation continue

b. La collaboration avec des spécialistes que vos patients consultent

c. La collaboration avec des professionnels de la santé qui interagissent avec vos patients en milieu hospitalier

[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

SWI-3. A quelle fréquence participez-vous à des cercles de qualité / des groupes d'amélioration de qualité?

1 Chaque semaine

2 Plusieurs fois par mois

3 Une fois par mois

4 Plusieurs fois par année

5 Jamais

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank



[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

SWI-4. **Y a-t-il, dans votre région des services d'urgence un service d'urgence géré par des médecins généralistes et rattaché à un hôpital?**

1 **Oui**

2 **Non**

8 WEB/MAIL ONLY: **Ne sait pas**/ PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

SWI-5. **Est-ce que vous acceptez de nouveaux patients?**

1 **Oui**

2 **Non**

8 WEB/MAIL ONLY: **Ne sait pas**/ PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

SWI-6. **Quelle forme correspond principalement à votre cabinet medical ?**

1 **Un cabinet privé (cabinet individuel)**

2 **Un cabinet commun pour un groupe de médecins**

3 **Une permanence médicale d'urgence ou clinique affiliée à un hôpital**

4 **Une permanence médicale non-affiliée à un hôpital (walk-in)**

7 **Autres (précisez SVP):** _____

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: SWITZERLAND AND SAMPLE-AGE=60+ (Q500=9 AND Q573=60+)

SWI-7. **Avez-vous un successeur pour votre cabinet?**

1 **Oui**

2 **Non**

8 WEB/MAIL ONLY: **Ne sait pas**/ PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: SWITZERLAND AND SAMPLE-AGE=60-64 (Q500=9 AND Q573=60-64)

SWI-8. **Allez-vous arrêter de travailler à 65 ans?**

1 **Oui**

2 **Non**

8 WEB/MAIL ONLY: **Ne sait pas**/ PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

SWI-9. **En général, à quelle fréquence est-ce que vos patients ont des difficultés à comprendre les informations que vous leur donnez comme : comment prendre des médicaments que vous leur avez prescrits ou des instructions concernant les symptômes à surveiller ou quand consulter à nouveau?**

1 **Souvent**

2 **Parfois**

3 **Rarement**

4 **Jamais**

8 WEB/MAIL ONLY: **Ne sait pas**/ PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: SWITZERLAND AND OFTEN/SOMETIMES PATIENTS HAVE DIFFICULTY UNDERSTANDING INFORMATION GIVEN (Q500=9 AND SWI-9=1 or2)

[PN: SET UP AS A GRID. ITEMS (a-b) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

SWI-10. **Comment vous assurez-vous que vos patients comprennent les informations vous leur donnez ? Est-ce que vous...**

1 **Oui, habituellement**

2 **Oui, occasionnellement**

3 **Non**

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

a. **demandez à vos patients s'ils comprennent les informations que vous leur avez données?**

b. **demandez à vos patients de répéter les instructions que vous leur avez données?**



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[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

SWI-11. Avez-vous des patients avec lesquels il n'est pas possible de communiquer dans l'une des langues nationales?

1 Oui

2 Non

8 WEB/MAIL ONLY: Ne sait pas/ PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: SWITZERLAND (Q500=9 AND SWI-11 = 1)

[PN: SET UP AS A GRID. ITEMS (a-f) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

SWI-12. Lorsque cela arrive, quelles ressources utilisez-vous dans votre cabinet pour surmonter les barrières de communication?

1 Toujours

2 Souvent

3 Parfois

4 Rarement

5 Jamais

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

a. Distribution d'informations / instructions écrites dans la langue du patient

b. Traduction sur place par un interprète communautaire

c. Traduction par téléphone

d. Traduction par des membres de la famille

e. Traduction par du personnel du cabinet (incl. docteur lui-même)

f. Utilisation de symboles / dessins ou d'autres aides



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[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

[PN: SET UP AS A GRID. ITEMS (a-d) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

SWI-13. Comme vous le savez peut-être, de **nouvelles** mesures et de nouveaux instruments pourraient améliorer la coordination entre les professionnels de la santé. Croyez-vous que :

(Veuillez choisir entre "Oui" et "Non" pour chaque affirmation)

1 **Oui**

2 **Non**

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

- a. Les prestataires de la santé vont considérer l'utilisation de plans de traitement et de lignes directrices comme une perte de liberté thérapeutique et d'autonomie d'action, oui ou non?
- b. La transparence accrue dans les domaines d'assurance de qualité et de la vérifiabilité des prestations fournies peuvent générer de l'insécurité, oui ou non?
- c. Les dépenses financières et en personnel pour les modifications nécessaires de procédures sont trop élevées, oui ou non?
- d. Des plans de traitement des patients ou des programmes de gestion de maladies peuvent restreindre la liberté de choix des patients, oui ou non?



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SECTION L: UK-ONLY QUESTIONS

[NEW SCREEN]

BASE: UK ONLY (Q500=10)

[PN: SET UP AS A GRID. ITEMS (a-c) SHOULD BE ON THE LEFT (DO NOT DISPLAY LETTERS). ALL COLUMNS SHOULD BE THE SAME WIDTH.]

UK-1. In the past 12 months, have you participated in a significant event review or audit (SEA) for any of the following? :

- 1 Yes
 - 2 No
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Ne sait pas
 - 9 PHONE ONLY: (V) Refus
 - X WEB/MAIL ONLY: Blank
-
- a. Clinical incident (e.g., a significant missed diagnosis)
 - b. Administrative incident
 - c. Patient complaints

[NEW SCREEN]

BASE: ANY UK-1a-c=1

UK-1d. Did any of the SEAs in which you participated in the past 12 months lead to discussions about how to prevent similar incidents or complaints from happening in the future?

- 1 Yes
- 2 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: UK ONLY (Q500=10)

UK-2. In the past 12 months, have you been involved in any activities intended to improve quality in general practice?

- 1 Yes
- 2 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Ne sait pas



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- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: UK ONLY (Q500=10)

UK-3. In the past 12 months, have you participated in revalidation?

- 1 Yes
- 2 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: UK-3=1

UK-3a. When you participated in revalidation, was the effect on your work:

- 1 Very positive
- 2 Somewhat positive
- 3 No impact
- 4 Somewhat negative
- 5 Very negative
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: UK ONLY (Q500=10)

UK-4. Has the stress of your work made you ill in the last 12 months?

- 1 Yes
- 2 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: UK ONLY (Q500=10)

UK-5. In five years, do you intend to:

- 1 Continue in general practice
- 2 Retire from all work
- 3 Leave medicine for a different career
- 4 Continue in medicine but leave general practice
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Ne sait pas
- 9 PHONE ONLY: (V) Refus
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: CANADA, FRANCE, SWITZERLAND AND THE US (Q500=2, 3, 9, 11)

(C. Same since 2009; Q1250 '09, Q3000 '12)

Q3000. **Nous sommes presque à la fin du questionnaire. Souhaiteriez-vous recevoir par courriel un résumé des résultats de cette enquête ?**

1 **Oui**

2 **Non**

3 (US AND CANADA ONLY) Yes but did not provide an email address

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

8 PHONE ONLY: (V) Ne sait pas

9 PHONE ONLY: (V) Refus

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: 'CANADA, FRANCE, SWITZERLAND OR THE US AND SAID 'YES' TO WANTING SURVEY HIGHLIGHTS ENT VIA EMAIL [(Q500=2, 3, 9, 11) AND (Q3000=1)]

(C. Same since 2009; Q2127 '09, Q3001 '12)

(Email addresses excluded from data file due to confidentiality purposes)

Q3001 **Pourriez-vous, s'il-vous-plaît, indiquer votre adresse électronique afin de pouvoir vous envoyer ce résumé?**

Enter Email Address

[NEW SCREEN]

BASE: ALL AUS/NZ RESPONDENTS (Q500=1 or Q500=6)

[NEW 2015]

QINC1. Would you like to receive the honorarium of \$50 (cheque) for your contribution to this important research?

1 Yes, please

3 No, do not want the \$50

7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code

X Blank

P.N.- PLEASE SEND AUTOMATED EMAIL TO e-research1@minter.com.au WITH

- **LINK AND PASSCODE FOR THE COMPLETED INTERVIEW**
 - **AND TEXT FOR EITHER**
 - **"YES, ACCEPTED HONORARIUM" (1)**
 - **"NO, DID NOT ACCEPT HONORARIUM" (r)**
- OR**
- **Skipped this question (x)**



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[NEW 2015]

Vous êtes à la fin de l'enquête. Merci, nous apprécions énormément votre temps et votre collaboration!

Error Messages
You entered (PROGRAM DISPLAYS NUMBER). Please enter a number between (PROGRAM DISPLAYS NUMBER)
Please enter a numeric value.
Please enter a number between (PROGRAM DISPLAYS NUMBER) and (PROGRAM DISPLAYS NUMBER).
Please enter a number up to (NUMBER) decimal places
Navigation Buttons
Next
Previous
Finish the survey later
Restart
Password
Suspend screen
This Survey has been Suspended at your request.
Please return later to finish the survey.
When you do, remember your name, password, and URL
Quota Thank You Wording
Thank you for your time

Canadian-French
Error Messages
Vous avez entré (PROGRAM DISPLAYS NUMBER). Veuillez entrer un nombre entre (PROGRAM DISPLAYS NUMBER)
Veuillez entrer un nombre.
Veuillez entrer un nombre (PROGRAM DISPLAYS NUMBER) et (PROGRAM DISPLAYS NUMBER).
Veuillez entrer un nombre avec un maximum de (NUMBER) décimales.
Navigation Buttons
Suivant
Précédent
Poursuivre l'enquête plus tard
Reprendre
Mot de passe



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Suspend screen
L'enquête a été interrompue à votre demande
Merci de revenir plus tard pour poursuivre l'enquête
Lorsque vous reviendrez, vous aurez besoin de votre nom, votre mot de passe et l'hyperlien suivant :
Quota Thank You Wording
Merci pour votre temps.

BASE: (Applies to all self-administered modes) – All countries but France and excluding any phone-based interviews in Switzerland and the UK (Q500=1-2, 4-8, 11 OR (Q500=9,10 and Q500a=1))

“QreResponseRate“

Total Questions Asked – Total Questions Skipped

Total Questions Asked

For example if a respondent was asked 104 question and skipped 5 their overall item response rate would be:

$$\frac{104 - 5}{104} = 95\%$$