



**2022 INTERNATIONAL HEALTH POLICY STUDY OF PRIMARY CARE PHYSICIANS  
TRANSLATION MASTER**

**(P.N.- PLEASE PLACE TIMERS PER SECTION)**

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**SUBJECTS FOR QUESTIONNAIRE:**

- SECTION 500: SAMPLE PRELOADS
  - SECTION 700: INTRODUCTIONS AND SCREENERS
  - SECTION A: ACCESS TO HEALTH CARE
  - SECTION B: USE OF TELEHEALTH
  - SECTION C: CARE MANAGEMENT FOR PATIENTS WITH CHRONIC CONDITIONS AND OTHER SPECIAL NEEDS
  - SECTION D: CARE COORDINATION WITH OTHER PROVIDERS
  - SECTION E: CARE COORDINATION WITH HOME CARE AND SOCIAL SERVICE PROVIDERS
  - SECTION F: OFFICE SYSTEMS AND USE OF INFORMATION TECHNOLOGY
  - SECTION G: PROVIDER EXPERIENCES WITH THEIR PRACTICE
  - SECTION H: PERSONAL AND PRACTICE CHANGES SINCE COVID
  - SECTION I: PERSPECTIVES ON THE HEALTH CARE SYSTEM
  - SECTION J: PRACTICE PROFILE AND DEMOGRAPHIC DATA
  - SECTION K: DEMOGRAPHICS AND PRACTICE PROFILE
  - SECTION L: SWITZERLAND-ONLY QUESTIONS
  - SECTION M: CANADA-ONLY QUESTIONS
  - SECTION N: US-ONLY QUESTIONS
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## **GLOBAL PROGRAMMING INSTRUCTIONS**

### **TEXT**

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

### **WEB VS. PHONE/MAIL**

- PHONE ONLY INSTRUCTIONS ARE MARKED AS “PHONE ONLY” and WEB AND MAIL INSTRUCTIONS ARE MARKED AS “WEB/MAIL ONLY” or “MAIL ONLY”
- Some interviewer notes/instructions should be modified and be shown to all respondents for web. These will be denoted with “(WEB NOTE ONLY:...)” These notes should be placed below the question-text in italic font.

### **NON-RESPONSE CODES**

- BLANKS ARE DENOTED BY A “9” 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” STAND FOR “VOLUNTARY” AND SHOULD NOT BE READ TO RESPONDENTS

### **MULTIPLE - RESPONSE**

- We will NET the ‘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.

**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 9) OVER THE TOTAL NUMBER OF QUESTION ASKED.**

### **GLOBAL WEB PROGRAMMING NOTES:**

- **International Health Policy Survey 2022 – Enquête auprès des médecins de famille exerçant en Suisse** – the title of the survey should be displayed on every screen for MOBILE OPTIMIZATION only.
- Respondents should be allowed to skip every question, unless noted otherwise in programming notes
- Header on every page should contain the client official logo(s)
- The body of the page (question area) should be WHITE
- 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@internationaldoctorstudy.org** or call **Christian Kline** at **1-800-633-1986, Ext. 4428**. 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@internationaldoctorstudy-au.org** or call [TBD]. 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@internationaldoctorstudy.ca** or call **Christian Kline** at **1-800-633-1986, Ext. 4428**. If you would like to know more about the Commonwealth Fund, click [here](#).

### **FRANCE FOOTER (Q500=3)**

If you have any technical trouble with this survey, please contact us by emailing **info@etudeinternationaledesmedecins.fr** or call [TBD]. 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@internationaldoctorstudy.org.nz** or call [TBD]. 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@internationaldoctorstudy.uk** or call **Nick Doyle** or **Skyla Tinsley** at **0121 355 7421**. If you would like to know more about the Commonwealth Fund, click [here](#).

### **SWITZERLAND FOOTER (Q500=9)**

Si vous avez un problème technique par rapport à cette enquête, veuillez nous contacter par e-mail à **INSERT EMAIL ADDRESS** ou par téléphone au **INSERT PHONE NUMBER**. Si vous souhaitez des informations complémentaires sur l'International Health Policy Survey, veuillez cliquer ici : [www.bag.admin.ch/cwf](http://www.bag.admin.ch/cwf).

- 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.
  - 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: EM1 SHOULD BE PRESENTED AT THE RESPONDENT'S FIRST ATTEMPT TO SKIP A QUESTION. IF A RESPONDENT FAILS TO PROVIDE A RESPONSE TO ANY WEIGHTING TARGET VARIABLE QUESTION (i.e., Q1a, Q1b, Q44, AND Q45) – EM1 SHOULD BE PRESENTED.
- **EM1 “Vos réponses à ces questions sont très importantes pour nous. Pourriez-vous s'il vous plaît pendre un moment pour répondre à la question ci-dessous?”**

- **CLOSED FIELD MESSAGE:** (PN: THIS MESSAGE SHOULD BE DISPLAYED FOR ALL COUNTRIES' VERSIONS OF THE PROGRAM THAT HAVE BEEN CLOSED) – "L'enquête est terminée. Merci beaucoup pour votre compréhension."

**PN – WEB LINK LOGOS**

- **The US, Australia, and NZ:** should use the IHP 2022 logo and the Commonwealth Fund's logo (2). See logos here: <H:\U1096\DP\Logos for Web Program\Australia, NZ, US>.
- **Canada:** should use the IHP 2022, Commonwealth Fund, CIHI, and Quebec logos (4). See logos here: <H:\U1096\DP\Logos for Web Program\Canada>.
- **France:** should use the IHP 2022 (in French), Commonwealth Fund, and HAS logos (3). See logos here: <H:\U1096\DP\Logos for Web Program\France>.
- **The UK:** should use the IHP 2022, Commonwealth Fund, and UK logos (3). See logos here: <H:\U1096\DP\Logos for Web Program\UK>.

**SECTION 500: SAMPLE PRELOADS**

[IHP 2012, 2015]

**BASE: ALL RESPONDENTS**

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

[IHP 2015]

**BASE: ALL RESPONDENTS**

Q500a. MODE OF COMPLETION  
(Mode the interview was completed on per respondent)

- 1 Web
- 2 Mail
- 3 Phone
- 4 [SWITZERLAND (Q500=9) ONLY]: Web and Phone

[IHP 2015]

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

**BASE: ALL RESPONDENTS**

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

(TWO DIGIT YEAR, TWO DIGIT MONTH, TWO DIGIT DAY)  
For example "January 5<sup>th</sup>, 2019" would show up as "190105"

*[IHP 2012, 2015]*

**BASE: CANADA OR SWITZERLAND (Q500=2.9)**

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

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

*[IHP 2009, 2012, 2015]*

**BASE: UK (Q500=10)**

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

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

*[IHP 2009, 2012, 2015]*

**BASE: UK (Q500=10)**

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)

*[IHP 2009, 2012, 2015]*

**BASE: France (Q500=3)**

Q509.PRELOAD - POSTCODE

[ALPHANUMERIC; MAX 5 CHARACTERS]  
|\_|\_|\_|\_|\_|

*[IHP 2009, 2012, 2015]*

**BASE: UK (Q500=10)**

Q513. JOB TITLE - FROM SCREENER

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

[IHP 2009, 2012, 2015]

**BASE: US (Q500=11)**

Q520.PRELOAD - SPECIALTY

- 1 Internal medicine physicians
- 2 Family medicine physicians
- 3 General practitioners
- 4 Internal medicine - Pediatric/Pediatricians

[IHP 2009, 2012, 2015]

**BASE: US (Q500=11)**

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

*[IHP 2009, 2012, 2015]*

**BASE: US (Q500=11)**

Q522.PRELOAD - REGION

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

*[IHP 2019 Q523 Modified – updated list of codes to account for main sample only]*

**BASE: US (Q500=11)**

Q523.PRELOAD – US SAMPLE TYPE

- 1 Main Wave 1
- 2 Main Wave 2

*(IHP 2019 Q524 Modified – updated variable and breaks to designate experimental conditions of the US mail protocol(s))*

**BASE: US (Q500=11)**

Q524.PRELOAD – US MAIL EXPERIMENT

- 1 \$10 pre-incentive with \$25 post-incentive
- 2 \$5 pre-incentive with \$40 post-incentive
- 3 \$5 pre-incentive with \$75 post-incentive
- 4 \$20 pre-incentive, no post-incentive

*[Revised IHP 2009, 2012, 2015 - new code 3 for missing sample-data]*

**BASE: CANADA (Q500=2)**

Q530.PRELOAD - SAMPLE FILE SPECIALTY

- 1 GP/FM
- 2 GP/FM Best Cut
- 3 Sample Information Not Available

*[IHP 2009, 2012, 2015]*

**BASE: CANADA (Q500=2)**

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

*[Revised IHP 2009, 2012, 2015 - no alphabetical set of codes; just numeric codes]*

**BASE: CANADA (Q500=2)**

Q532.PRELOAD - SAMPLE FILE GENDER

- 1 MALE
- 2 FEMALE

*[New 2019]*

**BASE: CANADA (Q500=2)**

Q533.PRELOAD CANADA SAMPLE TYPE

- 1 Wave 1
- 2 Wave 2
- 3 Census

*[New 2019]*

**BASE: CANADA (Q500=2)**

Q535.CANADIAN HARD-COPY QRE TYPE

- 1 French Main
- 2 English Main

*[New 2019]*

**BASE: CANADA (Q500=2)**

Q536.PRELOAD CANADIAN EMAIL ADDRESS AVAILABILITY

- 1 Email address available from sample
- 2 Email address unavailable from sample

*[IHP 2009, 2012, 2015]*

**BASE: GERMANY (Q500=4)**

Q540.PRAXIS-STEMPEL FROM QUESTIONNAIRE- SPECIALTY



- 1 GP/Internist
- 2 Pediatrician

*[IHP 2009, 2012, 2015]*

**BASE: GERMANY (Q500=4)**

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

*[New 2019]*

**BASE: GERMANY (Q500=4)**

Q542.PRELOAD GERMANY EMAIL ADDRESS

- 1 Email address obtained from sample
- 2 Email address missing from sample

*[IHP 2009, 2012, 2015]*

**BASE: SWEDEN (Q500=8)**

Q546.PRELOAD - SAMPLE FILE PUBLIC/PRIVATE

- 1 Public practice
- 2 Private practice

*[Revised IHP 2009, 2012, 2015 – combined Stockholm and Gotland at code 1 and removed code 8.]*

**BASE: SWEDEN (Q500=8)**

Q547.PRELOAD - SAMPLE FILE REGION

- 1 Stockholm and Gotland
- 2 Uppsala
- 3 Södermanland
- 4 Östergötland
- 5 Jönköping

- 6 Kronoberg
- 7 Kalmar
- 9 Blekinge
- 10 Skåne
- 11 Halland
- 12 Västra Götaland
- 13 Värmland
- 14 Örebro
- 15 Västmanland
- 16 Dalarna
- 17 Gävleborg
- 18 Västernorrland
- 19 Jämtland
- 20 Västerbotten
- 21 Norrbotten

*(IHP 2019 Q555 Modified – updated to be a flag for matching MDA’s sample against RACGP’s sample)*

**BASE: AUSTRALIA (Q500=1)**

Q555.PRELOAD - AUSTRALIAN SAMPLE MATCHED BETWEEN SOURCES

- 1 MDA only
- 2 MDA matched to RACGP

*[IHP 2009, 2012, 2015]*

**BASE: AUSTRALIA (Q500=1)**

Q556.PRELOAD - SAMPLE FILE URBANICITY

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

*[Revised IHP 2009, 2012, 2015 - new set of codes for NSW strata]*

**BASE: AUSTRALIA (Q500=1)**

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)

*[IHP 2015]*

**BASE: NEW ZEALAND (Q500=6)**

Q558.PRELOAD SAMPLE FILE REGION

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

*[New 2019]*

**BASE: NETH (Q500=5)**

Q563.PRELOAD – DUTCH REGION

- 01 Drenthe
- 02 Flevoland
- 03 Friesland
- 04 Gelderland
- 05 Groningen
- 06 Limburg
- 07 Noord-Brabant
- 08 Noord-Holland
- 09 Overijssel
- 10 Utrecht
- 11 Zeeland
- 12 Zuid-Holland

*[IHP 2009, 2012, 2015]*

**BASE: FRANCE (Q500=3)**

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

*[IHP 2012, 2015]*

**BASE: SWITZERLAND (Q500=9)**

Q570.LINGUISTIC REGIONS – PRELOAD

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

*[IHP 2012, 2015]*

**BASE: SWITZERLAND (Q500=9)**

Q571.COMMUNITY TYPE – PRELOAD

- 1 City/large town
- 2 Suburbs of a city/large town

- 3 Small town
- 4 Village or rural location

[IHP 2012, 2015]

**BASE: SWITZERLAND (Q500=9)**

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
- 25 GE Geneva
- 26 JU Jura

[IHP 2012, 2015]

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

Q573.COMPUTE FOR AGE from PRELOAD.

[PN: RANGE 18 -108]

[Revised IHP 2012, 2015 – new code 9]

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

Q574.PRELOAD - SAMPLE FILE GENDER

- 1 Male
- 2 Female
- 9 Information Missing From Sample

[IHP 2012, 2015]

**BASE: SWITZERLAND (Q500=9)**

Q575.PRELOAD - SAMPLE FILE SPECIALTY

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

*[New 2019]*

**BASE: US, CAN (Q500=02,11) AND MAIL (Q500a=2)**

QRCODE. QRCODE FOR MAIL COMPLETES

[PN: 4 alphanumeric digits]

*[New 2019]*

**BASE: ALL RESPONDENTS**

WEIGHT. WEIGHTS FOR ALL COUNTRIES

[PN: ALLOW 10 DIGITS FOR THIS VARIABLE.]

**SECTION 700: INTRODUCTIONS AND SCREENERS**

*(IHP 2019 SCREEN 1)*

**BASE: UK PHONE RESPONDENTS (Q500=10 AND Q500a=3)**

[SCREEN 1]

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

*(IHP 2019 INTID)*

**BASE: UK PHONE RESPONDENTS (Q500=10 AND Q500a=3)**

**[PN: FOR BACK-END PROCESSING, IF INTID IS BLANK OR SYSTEM-MISSING, THIS IS ACCEPTABLE AND INDICATES A SELF-SCREENED WEB RECORD.]**

INTID. Please enter your unique interviewer ID.

\_\_\_\_\_ [PN: RANGE AD01-AD15]

*(IHP 2019 S1 Modified – updated Web text)*

**BASE: UK RESPONDENTS (Q500=10)**

S1.

**[PHONE ONLY:** “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...”]

**[WEB ONLY:**

**2022 International Health Policy Study of Primary Care Physicians [BOLD AND CENTERED ON THE SCREEN]**

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. For your participation, we will pay you £30 GBP, if you qualify. Your answers will be completely confidential and used for research purposes only.

If necessary, you have the option to pause the survey and finish it later by clicking “Finish later.” To resume taking the survey, return to the link that was provided to you via email. 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.]

*(IHP 2021 SC5 Modified – added code 2 for Web, IHP 2020 SC5)*

**BASE: UK RESPONDENTS (Q500=10)**

S1a. Your phone number has been randomly selected for this survey, which is voluntary and can be stopped at any time. The survey should take around 15 to 20 minutes to complete.

Your personal information and any opinions you share will be treated in confidence, used for research purposes only and combined with other people's responses so you will not be identified. The data will be sent to SSRS in the United States for processing.

If you agree to participate, you are entitled to all rights included in the General Data Protection Regulation, such as the right to access your information. For more information, you can visit our website at [www.ssrs.com/privacy-policy](http://www.ssrs.com/privacy-policy) or email us at [info@ssrs.com](mailto:info@ssrs.com).

Do you agree to participate in the survey?

1 Yes

2 WEB ONLY: No

999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank THANK & TERM.  
Record as RQS1a.

*(IHP 2019 S1, IHP 2015 S1 Modified – included on Web, added text for self-screening on Web)*

**BASE: UK RESPONDENTS (Q500=10)**

S1b. What is your specialty?

1 General Practitioner

2 Other

998 PHONE ONLY: (DO NOT READ) Not Sure

999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

**[PN: IF S1b=2,998,999, TERMINATE. DO NOT ALLOW SKIPPING.]**

*(IHP 2019 S2, IHP 2015 S2 Modified – included on Web, revised text to be Web and Phone)*

**BASE: UK GENERAL PRACTITIONERS (S1b=1)**

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

PHONE ONLY: "(INTERVIEWER NOTE: READ LIST)"

1 GP Partner

2 GP Principal

3 Salaried GP

4 GP Locum

999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

**[PN: IF S2=999, TERMINATE. DO NOT ALLOW SKIPPING.]**

*(IHP 2019 S3, IHP 2015 S3 Modified – included on Web, revised text to be Web and Phone)*

**BASE: QUALIFYING UK GENERAL PRACTITIONERS (S2=1-4)**

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

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

1 Less than 50%

2 50% or more

999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

**[PN: IF S3=1,999, TERMINATE. DO NOT ALLOW SKIPPING.]**

*(IHP 2019 S4, IHP 2015 Modified – included on Web, added programming note to auto-populate S5 for Web)*

**BASE: QUALIFYING UK GENERAL PRACTITIONERS SPENDING AT LEAST 50% OF TIME IN DIRECT PATIENT CARE (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

999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

**[PN: IF S4=999, TERMINATE. DO NOT ALLOW SKIPPING.]**

*(IHP 2019 S5 Modified – added code 4 to streamline programming logic for screening process and updated code 3, IHP 2015 Modified – removed response-option 4 for fax)*

**BASE: QUALIFYING UK RESPONDENTS (S4=1-5)**

**[PN: IF SELF-SCREENED WEB (Q500a=1 AND S4=1-5), AUTO-POPULATE S5=4 AND CONTINUE TO Q1.]**

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 to complete the survey.

1 Phone Now

2 Phone Later

3 Email with web link (Online), screened on Phone

4 Self-screened Web

999 PHONE ONLY: (DO NOT READ) Decline to answer/not interested in completing survey

**[PN: IF QS5=999, TERMINATE. DO NOT ALLOW SKIPPING.]**



*(IHP 2019 S6, IHP 2015 Modified – removed option for fax and revised interviewer notes)*

**BASE: UK PHONE RESPONDENTS (Q500a=3 AND S5=1-3)**

- S6. IF S5=1: (INTERVIEWER NOTE: If respondent wants to complete by PHONE now, click “Next” to continue to the survey.)

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. Once all of the information is collected, click “Next” and then click “Finish Later” on the INTRO screen to exit from the program.)

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. Once all of the information is collected, click “Next” and then click “Finish Later” on the INTRO screen to exit from the program.)

*(IHP 2019 Modified – updated survey name and instructions for returning to individualized web link, IHP 2015 Modified – updated base for Web or scheduled Phone, revised survey title, and revised text of second paragraph)*

**BASE: UK RESPONDENTS SCREENED ON THE PHONE AND BEGIN SURVEY LATER (S5=2,3)**

UKINTRO. **2022 International Health Policy Study of Primary Care Physicians** [BOLD AND CENTERED ON THE SCREEN]

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 later.” To resume taking the survey, return to the link that was provided to you via email. 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.**

**[WEB ONLY:** Please click ‘NEXT’ to continue.]

*(IHP 2019 S7, IHP 2015 Modified – included on Web, revised text to be Web and Phone)*

**BASE: UK TERMINATES (S1=2,8,9 OR S2=9 OR S3=1,9 OR S4=9 OR S5=9)**

- S7. PHONE ONLY: Thank you for your time.  
SELF-SCREENED WEB: Unfortunately, you do not qualify for this study. Thank you for your time.

*(IHP 2019)*

**BASE: WEB AUSTRALIA, CANADA, FRANCE, NZ, US RESPONDENTS (Q500=1,2,3,6,11 AND Q500a=1)**

LANDING PAGE. 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>>

**Survey Instructions (linked to 'please click here' in the landing page's footer):**

Survey Instructions

NAVIGATING:

Do not use the browser's back button or browser menus while taking the survey. To move from page to page, use the navigation buttons at the bottom of each screen. On the bottom of each page, there are 3 buttons to help move you through the survey:

"BACK" to go back to an earlier question.

"NEXT" to go to the next question.

"FINISH LATER" to temporarily stop taking the survey.

ANSWERING QUESTIONS:

Please answer EACH question by selecting the item or category that best describes your response.

To select responses in questions with buttons, click on the button beside your response. If a question asks for a text response, click in the box and begin typing.

FINISH LATER:

When you wish to resume, return to the link you were provided, and it will take you to the last question you answered.

*(IHP 2019 CANFR1, IHP 2015 Modified – revised code 2 to be in French)*

**BASE: CANADA RESPONDENTS (Q500=2)**

CANFR1. Would you prefer to take this survey in:

- 1 English
- 2 Français

**[PN: IF RESPONDENT SKIPS, AUTO-PUNCH CANFR1=1 TO DISPLAY ENGLISH.]**

*(IHP 2019 Modified – updated survey name, removed state-specific partner language, and updated instructions for returning to individualized web link, Revised IHP 2015 – revised survey title and text of first paragraph)*

**BASE: AUSTRALIA RESPONDENTS (Q500=1)**

AUSINTRO. **2022 International Health Policy Study of Primary Care Physicians** [BOLD AND CENTERED ON THE SCREEN]

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 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. If necessary, you have the option to pause the survey and finish it later by clicking “Finish later.” To resume taking the survey, return to the link that was provided to you via email. 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. For more information about the study, click here. [PN: LINK THE “click here” TEXT TO THE FAQ PAGE CONTENT LOCATED IN <H:\U1096\DP\FAQ for Web Program>]

*(IHP 2019 Modified – updated survey name, IHP 2015 Modified – revised survey title with current year and revised text of first paragraph)*

**BASE: CANADA NON-QUEBEC RESPONDENTS (Q500=2 AND Q531=1-10, 12-13)**

CANINTRO. **2022 International Health Policy Study of Primary Care Physicians** [BOLD AND CENTERED ON THE SCREEN]

Welcome and thank you for taking part in this survey, being conducted by the Canadian Institute for Health Information (CIHI), 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 later.” To resume taking the survey, go to the survey home page at [www.internationaldoctorstudy.ca](http://www.internationaldoctorstudy.ca), 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. For more information about the study, click here. [PN: LINK THE “click here” TEXT TO THE FAQ PAGE CONTENT LOCATED IN <H:\U1096\DP\FAQ for Web Program>]

*(IHP 2019 Modified – updated survey name, IHP 2015 Modified – revised survey title with current year and change of sponsor)*

**BASE: QUEBEC RESPONDENTS (Q531=11)**

QUEBINTRO. **2022 International Health Policy Study of Primary Care Physicians** [BOLD AND CENTERED ON THE SCREEN]

Welcome and thank you for taking part in this survey, being conducted by Commissaire à la Santé et au bien-être (CSBE), 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 later.” To resume taking the survey, go to the survey home page at [www.internationaldoctorstudy.ca](http://www.internationaldoctorstudy.ca), 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. For more information about the study, click here. [PN: LINK THE “click here” TEXT TO THE FAQ PAGE CONTENT LOCATED IN <H:\U1096\DP\FAQ for Web Program>]]

*(IHP 2019 Modified – updated text to match the framing of the UK’s Phone introduction, IHP 2015 Modified - revised text to include 2015 as the last year for data-collection and revised text to include both PHONE ONLY and WEB ONLY text)*

**BASE: FRANCE RESPONDENTS (Q500=3)**

FRANINTRO.

**[PHONE ONLY:** “Hello, I’m \_\_\_\_\_ calling from [INSERT CALL CENTER NAME], a professional research firm. We are conducting an international survey of primary care doctors in partnership with la Haute Autorité de santé (HAS), la Caisse Nationale de l’Assurance Maladie des Travailleurs Salariés (CNAMTS), 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 €XX, 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...”]

**[WEB ONLY:  
2022 International Health Policy Study of Primary Care Physicians [BOLD AND CENTERED ON  
THE SCREEN]**

Welcome and thank you for taking part in this survey, being conducted by la Haute Autorité de santé (HAS), la Caisse Nationale de l'Assurance Maladie des Travailleurs Salariés (CNAMTS), 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 France.

This survey should take about 15 minutes of your time. For your participation, we will pay you €XX, if you qualify. Your answers will be completely confidential and used for research purposes only.

If necessary, you have the option to pause the survey and finish it later by clicking "Finish later." To resume taking the survey, return to the link that was provided to you via email. 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. For more information about the study, click here. [PN: LINK THE "click here" TEXT TO THE FAQ PAGE CONTENT LOCATED IN <H:\U1096\DP\FAQ for Web Program>]]

*(IHP 2021 SC5 Modified – added code 2 for Web, IHP 2020 SC5)*

**BASE: FRANCE RESPONDENTS (Q500=3)**

FR1. Your phone number has been randomly selected for this survey, which is voluntary and can be stopped at any time. The survey should take around 15 to 20 minutes to complete.

Your personal information and any opinions you share will be treated in confidence, used for research purposes only and combined with other people's responses so you will not be identified. The data will be sent to SSRS in the United States for processing.

If you agree to participate, you are entitled to all rights included in the General Data Protection Regulation, such as the right to access your information. For more information, you can visit our website at [www.ssrs.com/privacy-policy](http://www.ssrs.com/privacy-policy) or email us at [info@ssrs.com](mailto:info@ssrs.com).

Do you agree to participate in the survey?

1 Yes

2 WEB ONLY: No

999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank      THANK & TERM.  
Record as RFR1.

*(IHP 2022 New)*

**BASE: FRANCE RESPONDENTS (Q500=3)**

FR2. What is your specialty?

1 General Practitioner

- 2 Other
- 998 PHONE ONLY: (DO NOT READ) Not Sure
- 999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

**[PN: IF FR2=2,998,999, TERMINATE. DO NOT ALLOW SKIPPING.]**

*(IHP 2022 New)*

**BASE: FRANCE RESPONDENTS (Q500=3)**

FR3. As a general practitioner, are you involved with direct patient care, or not?

- 1 Yes, involved in direct patient care
- 2 No, not involved in direct patient care
- 999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

**[PN: IF FR3=2,999, TERMINATE. DO NOT ALLOW SKIPPING.]**

*(IHP 2022 New)*

**BASE: QUALIFYING FRANCE RESPONDENTS (FR3=1)**

**[PN: IF SELF-SCREENED WEB (Q500a=1 AND FR3=1), AUTO-POPULATE FR4=4 AND CONTINUE TO Q1.]**

FR4. 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 to complete the survey at a time that is convenient for you.

1 Phone Now

2 Phone Later

3 Email with web link (Online), screened on Phone

4 Self-screened Web

999 PHONE ONLY: (DO NOT READ) Decline to answer/not interested in completing survey

**[PN: IF FR4=999, TERMINATE. DO NOT ALLOW SKIPPING.]**

*(IHP 2022 New)*

**BASE: FRANCE PHONE RESPONDENTS (Q500a=3 AND FR4=1-3)**

FR5. IF FR4=1: (INTERVIEWER NOTE: If respondent wants to complete by PHONE now, click "Next" to continue to the survey.)

IF FR4=2: (INTERVIEWER NOTE: If respondent wants to complete by PHONE later, schedule a time for an appointment and collect/confirm a contact phone number. Once all of the information is collected, click "Next" and then click "Finish Later" on the INTRO screen to exit from the program.)

IF FR4=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. Once all of the information is collected, click "Next" and then click "Finish Later" on the INTRO screen to exit from the program.)

*(IHP 2022 New)*

**BASE: FRANCE RESPONDENTS SCREENED ON THE PHONE AND BEGIN SURVEY LATER (FR4=2,3)**

FRANINTRO\_1. **2022 International Health Policy Study of Primary Care Physicians** [BOLD AND CENTERED ON THE SCREEN]

Welcome and thank you for taking part in this survey, being conducted by la Haute Autorité de santé (HAS), la Caisse Nationale de l'Assurance Maladie des Travailleurs Salaries (CNAMTS), 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 France.

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 later." To resume taking the survey,

return to the link that was provided to you via email. 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.**

**[WEB ONLY:** Please click 'NEXT' to continue. For more information about the study, click here. [PN: LINK THE "click here" TEXT TO THE FAQ PAGE CONTENT LOCATED IN <H:\U1096\DP\FAQ for Web Program>]]

*(IHP 2022 New)*

**BASE: FRANCE TERMINATES (FR1=2,999 OR FR2=2,998,999 OR FR3=2,999 OR FR4=999)**

FR6. PHONE ONLY: Thank you for your time.

SELF-SCREENED WEB: Unfortunately, you do not qualify for this study. Thank you for your time.

*(IHP 2019 Modified – updated survey name and instructions for returning to individualized web link, IHP 2015 Modified – revised survey title)*

**BASE: NZ RESPONDENTS (Q500=6)**

**NZINTRO. 2022 International Health Policy Study of Primary Care Physicians [BOLD AND CENTERED ON THE SCREEN]**

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 New Zealand.

This survey should take about 15 minutes of your time. If necessary, you have the option to pause the survey and finish it later by clicking "Finish later." To resume taking the survey, return to the link that was provided to you via email. 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. For more information about the study, click here. [PN: LINK THE "click here" TEXT TO THE FAQ PAGE CONTENT LOCATED IN <H:\U1096\DP\FAQ for Web Program>]]



*(IHP 2019 Modified – updated survey name, IHP 2015 Modified – revised survey title with current year)*

**BASE: Sweden RESPONDENTS (Q500=8)**

SWEDINTRO. **2022 International Health Policy Study of Primary Care Physicians** [BOLD AND CENTERED ON THE SCREEN]

Welcome and thank you for taking part in this survey, being conducted by the Swedish Agency for Health and Care Services Analysis 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 later.” To resume taking the survey, go to the survey home page at **(ADD WEBSITE NAME - WE SUGGEST USING [www.internationaldoctorstudy.se](http://www.internationaldoctorstudy.se))**, 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.

*(IHP 2019 Modified – updated survey name, IHP 2015 Modified – revised survey title with current year)*

**BASE: Switzerland RESPONDENTS (Q500=9)**

SWITZINTRO. **International Health Policy Survey 2022 – Enquête auprès des médecins de famille exerçant en Suisse** [BOLD AND CENTERED ON THE SCREEN]

Bienvenue et merci de participer à cette enquête conduite par la **Fédération des médecins suisses (FMH)** et l'**Office fédéral de la santé publique (OFSP)**. 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 15 minutes de votre temps. Votre participation est volontaire.

**[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 sur la page d'accueil de l'étude [www.demoscope-survey.ch/ihp22](http://www.demoscope-survey.ch/ihp22) 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.**

**Veuillez cliquer sur ‘Suivant’ pour continuer.**

*(IHP 2019 Modified – updated survey name, IHP 2015 Modified – revised survey title with current year)*

**BASE: US RESPONDENTS (Q500=11)**

USINTRO. **2022 International Health Policy Study of Primary Care Physicians** [BOLD AND CENTERED ON THE SCREEN]

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 U.S.

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 later.” To resume taking the survey, go to the survey home page at [www.internationaldoctorstudy.org](http://www.internationaldoctorstudy.org), 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. For more information about the study, click here. [PN: LINK THE “click here” TEXT TO THE FAQ PAGE CONTENT LOCATED IN <H:\U1096\DP\FAQ for Web Program>]

*(IHP 2019 AUSNZSCREEN Modified – added code 9)*

**BASE: AUSTRALIA AND NEW ZEALAND RESPONDENTS (Q500=1.6)**

AUSNZSCREEN. As a general practitioner, are you involved with direct patient care, or not?

- 1 Yes, involved in direct patient care
- 2 No, not involved in direct patient care
- 999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

**[PN: IF AUSNZSCREEN=2,9, TERMINATE. DO NOT ALLOW SKIPPING.]**

*(IHP 2019 Q1a, IHP 2015 Modified – only contains WEB/MAIL set of codes rather than both a web-exclusive set and a WEB/MAIL set, sample-data used when self-report data is missing)*

**BASE: AUSTRALIA RESPONDENTS (Q500=1)**

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)
- 996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code
- 999 WEB/MAIL ONLY: Blank

**[PN: IF WEB AND Q1a=999, SHOW EM1. IF RESPONDENT SKIPS AGAIN, ALLOW SKIP.]**

*(IHP 2019 Q1b, IHP 2015)*

**BASE: NZ RESPONDENTS (Q500=6)**

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

- 1 Auckland
- 2 Bay of Plenty
- 3 Capital & Coast
- 4 Counties Manukau
- 5 Hawkes Bay
- 6 Hutt Valley
- 7 Lakes
- 8 Mid Central
- 9 Northland
- 10 Tairāwhiti
- 11 Taranaki
- 12 Waikato
- 13 Wairarapa
- 14 Waitematā
- 15 Whanganui
- 16 Canterbury
- 17 Nelson-Marlborough
- 18 South Canterbury
- 19 Southern
- 20 West Coast

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

999 WEB/MAIL ONLY: Blank

**[PN: IF WEB AND Q1b=999, SHOW EM1. IF RESPONDENT SKIPS AGAIN, ALLOW SKIP.]**

*(IHP 2019 GER1)*

**BASE: GERMANY RESPONDENTS (Q500=4)**

GER1. What is your main activity in your practice?

- 1 Specialist in general medicine
- 2 Specialist in internal medicine with primary care
- 3 Specialist in paediatrics and juvenile medicine
- 4 Practitioner
- 5 Another area of activity
- 6 Not sure

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

999 WEB/MAIL ONLY: Blank

*(IHP 2019 Q1, IHP 2015 Q1 Modified – updated question-text and 5 pt. bipolar scale, IHP 2012 Q805 Modified – slightly updated question-text, IHP 2009 Q700)*

**BASE: ALL RESPONDENTS**

1. **Comment évalueriez-vous la performance générale du système de santé en Suisse?**

**PHONE ONLY: Diriez-vous qu'elle est... (READ LIST)?**

- 1 Très bonne
- 2 Bonne
- 3 Acceptable
- 4 Mauvaise
- 5 Très mauvaise
- 996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code
- 998 PHONE ONLY: (V) Ne sait pas
- 999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

**IF WEB AND Q1=999, SHOW EM1, IF RESPONDENT SKIPS AGAIN ALLOW SKIP.**

*(IHP 2019 Q2, IHP 2015 Q2 Modified – updated 5 pt. unipolar scale, IHP 2012 Q810, IHP 2009 Q705)*

**BASE: ALL RESPONDENTS**

2. **Quelle est votre satisfaction globale concernant votre pratique de la médecine?**

PHONE ONLY: Would you say... (READ LIST)?

1 Extrêmement satisfait

2 Très satisfait

3 Moyennement satisfait

4 Légèrement satisfait

5 Pas du tout satisfait

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

*(IHP 2019 Q3 Modified – updated frame of reference to ask about time since the COVID-19 pandemic, IHP 2015 Q3, IHP 2012 Q815, IHP 2009 Q710)*

**BASE: ALL RESPONDENTS**

3. **D'une manière générale, pensez-vous que la qualité des soins médicaux que vos patients reçoivent par le système de santé depuis le début de la pandémie Covid-19 en mars 2020 s'est améliorée, s'est détériorée ou est restée à peu près semblable?**

1 Améliorée

2 Détériorée

3 Semblable

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

**PN: SHOW TO ALL:** “Si votre cabinet se trouve sur plusieurs sites, veuillez tenir compte du site principal de votre cabinet en répondant à cette enquête (i.e. l'endroit où vous passez le plus de temps avec vos patients).”

**SECTION A: ACCESS TO CARE**

(IHP 2019 Q5 Modified – new item d, IHP 2015 Q9 Modified – updated question-text, 2015 item d is now item b and new item c, IHP 2012 Q1010 Modified – updated question-text, new item b (item 5 is now item c, and item 3 is now item d)

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

4. Est-ce que vous-même ou d'autres collaborateurs qui travaillent avec vous dans votre cabinet aidez vos patients des façons suivantes ?

PHONE ONLY: (IF RESPONDENT SAYS " Oui," ASK: "Diriez-vous fréquemment, occasionnellement ou non?)

PHONE ONLY: How about (READ ITEM)?

- 1 Oui, fréquemment
- 2 Oui, occasionnellement
- 3 Jamais

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

- a. Faire des visites à domicile
- b. Coordonner les soins avec les services sociaux et autres services de soins à domicile
- c. Faire des consultations par vidéo

(IHP 2019 Q6 Modified – removed code 5 for Norway)

**BASE: ALL RESPONDENTS**

5. A quelle fréquence votre cabinet propose-t-il des rendez-vous après 18h pendant la semaine (i.e. du lundi au vendredi)?

WEB/MAIL ONLY: (Remarque: veuillez inclure les rendez-vous en présentiel et les téléconsultations.)

PHONE ONLY: (IF NECESSARY: Please include both in-person and telehealth appointments)

PHONE ONLY: (READ LIST)

- 1 Jamais
- 2 Un jour par semaine
- 3 2 à 3 jours par semaine
- 4 4 jours ou plus par semaine

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

(IHP 2019 Q7 Modified – removed code 5 for Norway)

**BASE: ALL RESPONDENTS**

6. A quelle fréquence votre cabinet propose-t-il des rendez-vous le week-end (i.e., samedi ou dimanche)?

WEB/MAIL ONLY: (Remarque: veuillez inclure les rendez-vous en présentiel et les téléconsultations.)

PHONE ONLY: (IF NECESSARY: Please include both in-person and telehealth appointments)

PHONE ONLY: (READ LIST)

1 Jamais

2 Un jour par mois

3 2 à 3 jours par mois

4 4 jours ou plus par mois

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

(IHP 2019 Q8, IHP 2015 Q8 Modified – updated question-text to emphasize in-person visits and include specific translated examples per country, IHP 2012 Q915 Modified -- 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, IHP 2009 Q815)

**BASE: ALL RESPONDENTS**

7. Sans compter les services des urgences d'un hôpital, votre cabinet a-t-il un arrangement, soit à l'interne, soit avec un autre cabinet où les patients puissent voir un médecin ou une infirmière lorsque le cabinet est fermé (en dehors des horaires d'ouverture)?

1 Oui, les patients sont uniquement reçus en personne

2 Oui, les patients sont uniquement reçus en téléconsultation

3 Oui, les patients peuvent à la fois être reçus en personne et en téléconsultation

2 Non

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

**SECTION B: USE OF TELEHEALTH**

**PN: SHOW TO ALL:** Les quelques questions suivantes portent sur la télémédecine, c'est-à-dire les prestations de soins cliniques ou d'autres services médicaux fournis à des patients via une consultation vidéo ou par téléphone au lieu d'une consultation en personne.

(IHP 2022 New)

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

[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).”]

8. Actuellement, au cours d’une semaine type, quel est le pourcentage de consultations organisées de la manière suivante:  
[IF NZ OR UK, (Q500=6,10), DISPLAY: “consultations”; IF ELSE, (Q500=1-5, 7-9,11), DISPLAY: “visits”]

WEB ONLY: (Remarque: votre estimation suffit. La somme des réponses doit être égale à 100 %.)

PHONE ONLY: (IF NECESSARY: Your best estimate is fine. Total should add to about 100%)

	Pourcentage de consultations ...
1 en personne	_____ %
2 par téléphone (voix ou texte)	_____ %
3 en vidéo	_____ %
998 PHONE ONLY: (V) Ne sait pas	
999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank	

(IHP 2022 New)

**BASE: RESPONDENTS WHO CURRENTLY USE TELEHEALTH (Q8 2>0% OR Q8 3>0%)**

9. Globalement, dans quelle mesure êtes-vous satisfait·e de la pratique de la téléconsultation?

- 1 Très satisfait·e  
2 Assez satisfait·e  
3 Pas vraiment satisfait·e  
4 Pas du tout satisfait·e

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

998 PHONE ONLY: (V) Not sure

999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank



(IHP 2022 New)

**BASE: RESPONDENTS WHO CURRENTLY USE TELEHEALTH (Q8 2>0% OR Q8 3>0%)**

10. Dans quelle mesure a-t-il été facile de mettre en œuvre une plateforme de téléconsultation au sein de votre cabinet?

PHONE ONLY: (READ LIST)

- 1 Très facile
- 2 Assez facile
- 3 Assez difficile
- 4 Très difficile

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

(IHP 2022 New)

**BASE: RESPONDENTS WHO CURRENTLY USE TELEHEALTH (Q8 2>0% OR Q8 3>0%)**

[PN: SET UP AS GRID FOR WEB]

11. D'après vous, la télémédecine a-t-elle:

[PHONE ONLY: (READ FIRST ITEM)]

[PHONE ONLY: IF YES, ASK: "Is that to a great extent or to some extent?"]

[PHONE ONLY: Would you say (READ ITEM)?]

- 1 Oui, dans une large mesure
- 2 Oui, un peu
- 3 Non

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

- a. amélioré la rapidité de prise en charge des patients ?
- b. permis de compenser les pertes financières potentielles pendant la pandémie de Covid-19 ?
- c. permis d'évaluer efficacement les besoins en matière de santé mentale et comportementale ?
- d. augmenté vos commandes de tests en laboratoire ou examens d'imagerie ?
- e. augmenté la prescription d'antibiotiques ?

(IHP 2022 New)

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

12. Globalement, dans quelle mesure les caractéristiques suivantes de la télémédecine représentent-elles un défi ?

[PHONE ONLY: "Would you say (READ FIRST ITEM) is a major challenge, a minor challenge, or not a challenge?"]

[PHONE ONLY: "How about (READ ITEM)?" ]

1 Défi majeur

2 Défi mineur

3 Ce n'est pas un défi

6 Non applicable

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

b. Remboursement faible ou pas de remboursement

e. Hausse des coûts liée à la mise en œuvre et/ou à la maintenance d'une plateforme de télémédecine

## **SECTION C: CARE MANAGEMENT FOR PATIENTS WITH CHRONIC CONDITIONS AND OTHER SPECIAL NEEDS**

### **PN: SHOW TO ALL:**

**(WEB/PHONE):** Les questions suivantes abordent la gestion des soins des personnes atteintes de maladies chroniques et ayant des besoins spécifiques en général.

**(PAPER SURVEY):** "The next questions are about the care provided to patients in general, both via telehealth and in-person."

*(IHP 2019 Q9 Modified – item a added examples, item c updated phrasing, 2019 item f is now item g with new item f, IHP 2015 Q11 Modified -- revised question-text, shortened list of revised items, new response-option 4, IHP 2012 Modified – new items C, E, F; Question text and Item D IHP 2006, IHP 2009 Modified -- 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; 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)*

### **BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

[PN: ITEM g IS FOR CANADA ONLY]

13. **Dans quelle mesure votre cabinet est-il préparé pour avoir les compétences et expériences suffisantes pour gérer les soins des patients avec:**

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Bien préparé
- 2 Quelque peu préparé
- 3 Pas préparé
- 4 N'a pas ce type de patient

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

- a. Maladies chroniques (par ex.: diabète, MOPC, insuffisance cardiaque)
- b. Maladies mentales (par ex: angoisse, dépression légère ou modérée)
- c. Problèmes liés à l'abus de substances (p. ex. drogues, opiacés, alcool)
- d. Besoins de soins palliatifs
- e. Démence
- g. [FOR CAN RESPONDENTS ONLY, (Q500=2), DISPLAY: "Patients requesting medical assistance in dying"]

(IHP 2019 Q10, IHP 2015 Modified – new PHONE ONLY Interviewer Note, response-options 1 and 2 reference "personnel," Revised IHP 2012 Q1030 – both question text and response options are different; Q1020 '12)

**BASE: ALL RESPONDENTS**

[PN: ALLOW ONLY CODES 1 AND 2 TO BE SELECTED AS A MULTI-PUNCH]

14. Est-ce que votre cabinet a recours à du personnel tel que des infirmiers (-ères) ou des gestionnaires de cas pour gérer et contrôler les soins des patients avec des maladies chroniques qui ont besoin d'un suivi de soins régulier ?

WEB/MAIL ONLY: (Remarque: veuillez sélectionner toutes les réponses qui conviennent.)

PHONE ONLY: (SI LE RÉPONDANT DIT "Oui" RELANCER ""Est-ce que vous avez recours à du personnel au sein de votre cabinet ou hors de votre cabinet?"')

PHONE ONLY: (IF RESPONDENT SAYS "Both within and outside of practice," CODE WITH BOTH "within practice" AND "outside of practice" OPTIONS.)

1 Oui, a recours à du personnel à l'interne du cabinet

2 Oui, a recours à du personnel hors du cabinet

3 Non

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

(IHP 2019 Q11 Modified – updated item e to include examples, IHP 2015 Q9b/Q13/Q14 Modified – compiled items b, c, and d from separate questions with revised text and implemented 5 pt. unipolar scale, IHP 2012 Q1025/Q1010 Modified – updated question-text is modified and new note about “Does not include prescriptions,” IHP 2009 Q825)

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

15. Pour les patients avec des maladies chroniques, à quelle fréquence vous-même ou d'autres professionnels au sein de votre cabinet fournissez des soins de la manière suivante:

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

1 La plupart du temps (75-100% des fois)

2 Souvent (50-74% des fois)

3 Parfois (25-49% des fois)

4 Rarement (1-24% des fois)

5 Jamais

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

- a. Elaborer avec les patients des plans de traitements qu'ils peuvent mettre en pratique dans leur vie quotidienne
- b. Fournir aux patients des instructions écrites sur comment gérer leurs soins à la maison (par ex: instructions sur ce qu'il faut faire pour contrôler les symptômes)
- c. Enregistrer leurs objectifs d'autogestion dans leur dossier médical
- d. Contacter les patients entre les visites pour surveiller leur état
- e. Utiliser le contrôle à distance ou des appareils médicaux connectés pour surveiller les patients lorsque cela est médicalement approprié (p. ex. contrôle de la tension, du niveau de glycémie ou du poids)

(IHP 2019 Q12, IHP 2015 Q22 Revised - question-text and response-option 3, new response-option 4)

**BASE: ALL RESPONDENTS**

16. Discutez-vous avec vos patients d'une "planification anticipée de soins" sur les 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: (READ LIST)

- 1 Oui, régulièrement
- 2 Oui, occasionnellement
- 3 Non, pas du tout
- 4 Ne s'applique pas

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

**SECTION D: CARE COORDINATION WITH OTHER PROVIDERS**

(IHP 2019 Q14, IHP 2015 Q15 Modified – revised question-text, list of items, and 5 pt. bipolar scale, IHP 2012 Q1105 Modified – 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; 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 2009 Q915)

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

17. Quand vos patients consultent un spécialiste, à quelle fréquence:

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 La plupart du temps (75-100% des fois)
- 2 Souvent (50-74% des fois)
- 3 Parfois (25-49% des fois)
- 4 Rarement (1-24% des fois)
- 5 Jamais

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

- a. Envoyez-vous l'historique du patient et la raison de la consultation chez le spécialiste
- b. Recevez-vous de la part du spécialiste des informations sur les changements faits par rapport aux médicaments ou au programme de soins du patient
- c. Recevez-vous un rapport des résultats de la visite du spécialiste dans le délai d'une semaine ouvrable

(IHP 2019 Q15 Modified – updated item a to include examples, IHP 2015 Q16 – revised question-text, new item a and revised items b and c, and revised 5 pt. bipolar scale, IHP 2012 Q1110 Modified – 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, and 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)

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

18. **A quelle fréquence recevez-vous des avis que vos patients ont été :**

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

1 La plupart du temps (75-100% des fois)

2 Souvent (50-74% des fois)

3 Parfois (25-49% des fois)

4 Rarement (1-24% des fois)

5 Jamais

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

a. **reçus en dehors des heures normales de service (possibilité de consulter un professionnel de santé lorsque le cabinet est fermé, sans se rendre aux urgences)**

b. **vu dans un service d'urgence**

c. **admis à l'hôpital**

(IHP 2019 Q16, IHP 2015 Q17 Modified – revised question-text and updated text in response-options, IHP 2012 Q1115 – in some hard copy version “Less than 24 hours” used to read “<,” and that “More than 30 days” used to read “>”, IHP 2009 Q920 – in some hard copy version “Less than 24 hours” used to read “<,” and that “More than 30 days” used to read “>”)

**BASE: ALL RESPONDENTS**

19. **Quand vos patients sont sortis 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: (READ LIST)

1 Moins de 24 heures

2 24 à moins de 48 heures

3 2-4 jours

4 5-14 jours

5 15-30 jours

6 Plus de 30 jours

7 Reçoit rarement ou jamais ce type d'information

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

(IHP 2019 SWI-1 Modified – added Germany to base, IHP 2015 Q18 Modified – asked only of Switzerland respondents with revised question-text, IHP 2012 Q1120 Modified – 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, IHP 2009 Q2125)

**BASE: GERMANY AND SWITZERLAND RESPONDENTS THAT RECEIVE HOSPITAL DISCHARGE INFO (Q500=4,9 AND Q19=1-6)**

[PN: DISPLAY AFTER Q19]

GSWI-1. **Comment obtenez-vous habituellement cette information? (Sélectionnez une réponse seulement)**

- 1 Fax
- 2 Poste
- 3 Courriel
- 4 En ligne (e.g., web portal/file transfer site)
- 5 Apporté par le patient
- 6 Autres
- 998 PHONE ONLY: (V) Ne sait pas
- 999 PHONE ONLY: (V) Refus; WEB ONLY: Blank

**SECTION E: CARE COORDINATION WITH HOME CARE AND SOCIAL SERVICE PROVIDERS**

(IHP 2019 Q17, IHP 2015 Q20 Modified – revised question-text, revised list of items, and revised scale to be 5 pt. bipolar with “Does not apply” response-option)

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

20. **Pour vos patients qui reçoivent des soins à domicile, à quelle fréquence :**

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)  
PHONE ONLY: How often (READ ITEM)?

- 1 La plupart du temps (75-100% des fois)
- 2 Souvent (50-74% des fois)
- 3 Parfois (25-49% des fois)
- 4 Rarement (1-24% des fois)
- 5 Jamais
- 6 Ne s'applique pas
- 996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code
- 998 PHONE ONLY: (V) Ne sait pas
- 999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

- a. **communiquez-vous avec le prestataire de soins au sujet des besoins de vos patients et des services à leur fournir?**
- b. **êtes-vous informé par les prestataires de soins à domicile d'un changement significatif des conditions ou de l'état de santé de vos patients?**



(IHP 2019 Q18 Modified -- item e removed)

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

21. A quelle fréquence, le cas échéant, vous-même ou du personnel qui travaille avec vous dans votre cabinet examine ou évalue vos patients par rapport aux besoins sociaux suivants?

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

1 La plupart du temps (75-100% des fois)

2 Souvent (50-74% des fois)

3 Parfois (25-49% des fois)

4 Rarement (1-24% des fois)

5 Jamais

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

a. Problèmes avec le logement (par ex: expulsion, sans-abri, etc.)

b. Sécurité financière (par ex: emploi)

c. Problèmes d'alimentation (par ex: avoir faim et nutrition)

d. Besoins en matière de déplacements (par ex: pour rendez-vous, travail, supermarché ou autres lieux nécessaires au quotidien)

f. Violence domestique

g. Isolement social et solitude (par ex: aucune relation proche ou personne à contacter dans l'entourage pour de l'aide)

*(IHP 2019 Q19 Modified – updated item a, code 4 included for Sweden and Switzerland)*

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

22. Quels sont les défis que vous ou le personnel de votre cabinet rencontrez actuellement lors de la coordination des soins de vos patients avec les services sociaux?

PHONE ONLY: Would you say (READ FIRST ITEM) is a major challenge, a minor challenge, or not a challenge?

PHONE ONLY: How about (READ ITEM)?

1 Défi majeur

2 Défi mineur

3 Ce n'est pas un défi

4 [FOR SWITZ AND SWED RESPONDENTS ONLY, (Q500=9), DISPLAY: Aucune coordination avec les services sociaux]

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

a. Manque d'information sur les organisations compétentes dans le domaine social au sein de la communauté

b. Manque de mécanismes ou d'un système pour faire des délégations de patients

c. Manque de personnel pour effectuer des délégations de patients et pour coordonner les soins avec les services sociaux

d. Trop de travail administratif concernant la coordination avec les services sociaux

e. Manque de suivi de la part des services sociaux sur les prestations que les patients ont reçu ou dont ils ont besoin

**SECTION F: OFFICE SYSTEMS AND USE OF INFORMATION TECHNOLOGY**

*(IHP 2019 Q20, IHP 2015 Q24 Modified – France conducted the study via panel and asked this question to the panelists only during the pretest rather than the main fielding period, IHP 2012 Q1205 Modified – While the survey was already in field, on 10/12/15 the Haute Autorité de Santé, de l'Assurance Maladie proceeded with a translation change at Q24 to match the English version more accurately and to improve respondent comprehension, IHP 2009 Q1000)*

**BASE: ALL RESPONDENTS**

23. WEB/MAIL ONLY: Est-ce que vous utilisez un système de dossier médical informatisé (à l'exclusion des systèmes de facturation)?

PHONE ONLY: Do you use electronic patient medical records in your practice, not including billing systems?

Remarque: Il s'agit ici des dossiers médicaux des patients conservés dans le cabinet au format numérique et non pas du dossier électronique du patient (DEP) national.

1 Oui

2 Non

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

(IHP 2019 CAN-1)

**BASE: CANADA RESPONDENTS (Q500=2)**

[PN: DISPLAY AFTER Q23 IN WEB]

CAN-1. Do you have electronic access to any regional (e.g., hospital/hospital network), provincial or territorial information systems where you can access patient information that is from outside your practice?

1 Yes

2 No

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

999 WEB/MAIL ONLY: Blank

*(IHP 2019 Q22 Modified – updated question-text to read “health care providers,” IHP 2015 Q27 Modified – extended WEB/MAIL ONLY note to include “...or regular email,” shortened PHONE ONLY note to read, “...or regular mail.” instead of “...as a method for this electronic exchange of information,” and new item c, IHP 2012 Q1220 Modified - 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; Additionally per Vårdanalys, 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.)*

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

24. Pouvez-vous faire des échanges électroniques des documents suivants avec des prestataires de soins à l'extérieur de votre cabinet? [PHONE ONLY: “, not including fax or regular email”]? [PHONE ONLY: (READ FIRST ITEM)]

WEB/MAIL ONLY: (Note: ne pas inclure le fax ou le simple email.)

PHONE ONLY: How about (READ ITEM)?

1 Oui

2 Non

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

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

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

a. Résumés cliniques des patients

b. Analyses de diagnostics et de laboratoires

c. Listes de tous les médicaments pris par un patient individuel

(IHP 2019 Q23 Modified – updated item b, IHP 2015 Q28 Modified – revised question-text to include "...your patients..." and include WEB/MAIL ONLY and PHONE ONLY lead-ins, revised item a, and new items b, c, d, e)

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

25. **WEB/MAIL ONLY: Veuillez indiquer si votre cabinet offre à vos patients la possibilité de:**  
PHONE ONLY: Votre cabinet offre-t-il la possibilité à vos patients de: (READ FIRST ITEM)?  
PHONE ONLY: How about (READ ITEM)?

1 Oui

2 Non

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

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

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

- a. Communiquer avec votre cabinet par e-mail or par un site Internet sécurisé sur une question ou préoccupation médicale
- b. Prise de rendez-vous en ligne (Note: Ne pas inclure les e-mail)
- c. Demander des renouvellements d'ordonnances en ligne (Note: Ne pas inclure les e-mail)
- d. Consulter des résultats d'analyse en ligne
- e. Consulter en ligne le récapitulatif des visites d'un patient (raisons de la visite, diagnostic, résultat de visite)

(IHP 2019 SWI-2)

**BASE: SWITZ RESPONDENTS (Q500=9)**

[PN: DISPLAY AFTER Q25]

**SWI-2. Envisagez-vous d'adhérer au dossier électronique du patient (DEP) au niveau national (échange d'informations avec les autres professionnels de la santé) dans votre cabinet?**

1 Oui, en cours de cette année

2 Oui, durant les 1-2 ans à suivre

3 Oui, durant les 2-3 ans à suivre

4 Oui, mais cela prendra 3 ans ou plus

5 Non, je n'envisage pas d'adhérer au dossier électronique du patient (DEP) au niveau national

6 J'utilise déjà le dossier électronique du patient (DEP) au niveau national et je fais partie d'une communauté de base

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB ONLY: Blank

## **SECTION G: PROVIDER EXPERIENCES WITH THEIR PRACTICE**

**PN: SHOW TO ALL:** Les questions suivantes abordent l'expérience actuelle vécue dans votre cabinet, par rapport à la situation avant le début de la pandémie de Covid-19.

*(IHP 2019 UK1 Modified – updated frame of reference, expanded base to be asked of all countries, added item b)*

### **BASE: ALL RESPONDENTS**

33. Si l'on compare avec la période avant la pandémie de Covid-19, diriez-vous que votre charge de travail a:

- 1 beaucoup augmenté
- 2 un peu augmenté
- 3 été stable
- 4 un peu diminué
- 5 beaucoup diminué

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

998 PHONE ONLY: (V) Not sure

999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

*(IHP 2022 New)*

### **BASE: ALL RESPONDENTS**

34. Si l'on compare avec la période avant la pandémie de Covid-19, diriez-vous que les revenus de votre cabinet ont:

- 1 beaucoup augmenté
- 2 un peu augmenté
- 3 été stable
- 4 un peu diminué
- 5 beaucoup diminué

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

998 WEB/MAIL ONLY: pas sûr / PHONE ONLY: (V) Not sure

9 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

*(IHP 2019 UK2 Modified – updated frame of reference to be the past two years, expanded base to be asked of all countries)*

### **BASE: ALL RESPONDENTS**

35. Si l'on compare avec la période avant la pandémie de Covid-19, diriez-vous globalement que la qualité des soins que vous apportez à vos patients a:

- 1 s'est nettement améliorée
- 2 s'est un peu améliorée
- 3 est restée la même
- 4 s'est un peu dégradée
- 5 s'est fortement dégradée

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

998 PHONE ONLY: (V) Not sure

999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

(IHP 2019 Q24, IHP 2015 Q31 Modified – revised question-text, revised list of items with new items c and e, revised 4 pt. scale, IHP 2012 Q1305 Modified – 1) Item D in 2015 is modified from Item 4 in 2012 and PHONE only adaptations at item A to read “such as”; 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 D IS NEW in 2015, IHP 2009 Q1100)

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

26. À quelle fréquence, le cas échéant, votre cabinet analyse-t-il des données sur les aspects suivants par rapport aux soins de vos patients? [PHONE ONLY: “(READ FIRST ITEM)”]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

1 Trimestriellement

2 Annuellement

3 Moins fréquemment

4 Jamais

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

- a. Résultats cliniques WEB/MAIL ONLY: (par 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. Admission de patients à l'hôpital ou aux urgences
- c. Pratiques de prescription (par ex: usage de médicaments génériques, antibiotiques ou opiacés)
- d. Sondages sur la satisfaction de vos patients et leurs expériences avec les soins médicaux
- e. Indicateurs de résultats fondés sur les déclarations des patients (PROMs, Patient Reported Outcome Measures)

(IHP 2019 Q25 Modified – new items d, e, and f, IHP 2015 Q34 Modified – revised question-text to end with a colon rather than a question-mark, revised item c to read, "...such as health insurers" rather than "...such as health insurance plans", IHP 2012 Q1325 Modified –1) second line of question text was removed in 2015 Web/Phone and UK pipe in at item A added; 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 C IS NEW in 2015, IHP 2009 Q1120)

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

[PN: DO NOT ASK ITEM B IN SWEDEN (IF Q500=8)]

27. À quel point est-ce que le temps-effort que vous ou votre personnel prenez pour les situations suivantes est problématique, le cas échéant ? [PHONE ONLY: "(READ FIRST ITEM)"; WEB/MAIL ONLY: ":"]

PHONE ONLY: Is this a (READ LIST OF RESPONSE-OPTIONS)?

PHONE ONLY: How about (READ ITEM)?

1 Problème majeur

2 Problème mineur

3 Pas un problème

4 WEB/MAIL ONLY: Non applicable / PHONE ONLY: (V) Not applicable

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

a. Temps consacré aux questions administratives liées aux 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 caisses d'assurances-maladie

d. Documentation des soins aux patients et des consultations, y compris les comptes rendus des médecins et les mises à jour des dossiers de santé électroniques

e. Coordination des orientations vers des spécialistes (p. ex. aucune réponse aux orientations, suivi des refus)

f. Conformité aux changements de protocoles et de réglementations liés à la prise en charge du Covid-19

(IHP 2019 Q26, IHP 2015 Q43 Modified – revised question-text to read, "How stressful, if at all..." and insert "general practitioner" for Australia)

**BASE: ALL RESPONDENTS**

28. **Dans quelle mesure votre travail est-il stressant en tant que médecin généraliste?**

**PHONE ONLY: (READ LIST)**

- 1 Extrêmement stressant
- 2 Très stressant
- 3 Quelque peu stressant
- 4 Pas trop stressant
- 5 Pas stressant du tout

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

(IHP 2019 Q27 Modified – new items d and e, IHP 2015 Q44 Modified – revised list of items with removed 2015 item b; 2015 item c becoming item b with revised text to read, "...can spend..." instead of "...have to spend..."; new item c; revised scale to be 5 pt. unipolar; NETH used 2015 scale, IHP 2012 Q2050 Modified – 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", and 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)

**BASE: ALL RESPONDENTS**

[PN: SET UP AS GRID FOR WEB]

29. **Veuillez indiquer dans quelle mesure vous êtes satisfait avec les aspects suivants de votre activité médicale.** [PHONE ONLY: "(READ FIRST ITEM)"]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Extrêmement satisfait
- 2 Très satisfait
- 3 Moyennement satisfait
- 4 Légèrement satisfait
- 5 Pas du tout satisfait

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

- a. Votre revenu provenant de la pratique médicale
- b. Le temps que vous pouvez passer par patient
- c. Votre charge de travail quotidienne
- d. Le temps consacré aux tâches administratives
- e. Votre équilibre vie professionnelle/vie privée



(IHP 2019 Q28 Modified – removed list of items and updated text to ask about no longer regularly seeing patients)

**BASE: ALL RESPONDENTS**

30. Dans les trois prochaines années, envisagez-vous d'arrêter vos consultations (p. ex. Départ à la retraite ou changement de carrière) ?

- 1 Oui
- 2 Non

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

998 Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

(IHP 2022 New)

**BASE: ALL RESPONDENTS**

31. Globalement, d'après votre propre définition du burnout (syndrome de l'épuisement professionnel), comment évalueriez-vous votre niveau actuel de burnout ?

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

- 1 J'aime mon travail. Je n'ai aucun symptôme de burnout.
- 2 Je ressens parfois du stress et je n'ai pas toujours autant d'énergie qu'avant, mais je ne me sens pas en burnout.
- 3 Je suis réellement en train de faire un burnout et j'ai un ou plusieurs symptômes, comme l'épuisement physique et mental.
- 4 Mes symptômes de burnout ne me quittent plus. Je pense souvent à ma frustration professionnelle.
- 5 Je me sens complètement en burnout et je me demande souvent si je peux continuer ainsi. J'en suis au point d'avoir besoin d'un changement ou de devoir demander de l'aide.

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

**SECTION H: PERSONAL AND PRACTICE CHANGES SINCE COVID**

(IHP 2022 New)

**BASE: ALL RESPONDENTS**

32. Depuis le début de la pandémie de Covid-19 en mars 2020, avez-vous...?  
[PHONE ONLY: "(READ FIRST ITEM)"]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

- 1 Oui
- 2 Non

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

a. ressenti des troubles émotionnels comme de l'anxiété, une grande tristesse, de la colère ou un sentiment de désespoir

- b. sollicité l'attention de professionnels de santé pour un problème de santé mentale

### **SECTION I: PERSPECTIVES ON THE HEALTH CARE SYSTEM**

(IHP 2021 Q1700)

#### **BASE: ALL RESPONDENTS**

36. Dans quelle mesure, considérez-vous, le cas échéant, que le système de santé en [IF UK, US, NETH (Q600=5,10,11) DISPLAY: "the"] [INSERT COUNTRY FROM Q600] traite de manière injuste les personnes en raison de leur origine ethnique ?  
[PHONE ONLY: READ LIST]

- 1 Très souvent
- 2 Souvent
- 3 Parfois
- 4 Rarement
- 5 Jamais

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

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

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

(IHP 2021 Q1705 Modified – updated to ask about patients' reports of experiences rather than direct experiences)

#### **BASE: ALL RESPONDENTS**

37. L'un de vos patients vous a-t-il déjà indiqué qu'en raison de son origine ethnique ou raciale, il a subi un traitement non équitable ou n'a pas été pris au sérieux par des professionnels de santé ?

- 1 Oui
- 2 Non

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

### **SECTION I: PRACTICE PROFILE AND DEMOGRAPHIC DATA**

(IHP 2019 Q31, IHP 2015 Q35 Modified – revised WEB/MAIL ONLY and PHONE ONLY inserts, IHP 2012 Q2000 Modified – the aid text "(For example, 2 fulltime doctors = 2.00 FTE)" is new in IHP 2015, IHP 2009 Q1200)

#### **BASE: ALL RESPONDENTS**

[PN: DECIMALS SHOULD BE ALLOWED; ENTRY SHOULD BE OF LENGTH OF 7 INCLUDING THE DECIMAL POINT. (e.g., For 2 fulltime doctors, data to be reported as: 0002.00)]

[PN: ALLOW RANGE 0.1-999]

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

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

WEB/MAIL ONLY: (Par exemple, un médecin travaille 5 jours par semaine et un autre 2 jours par semaine = 1.4 FTE; 2 médecins à plein temps = 2.0 FTE)

PHONE ONLY: Par exemple, un médecin travaille 5 jours par semaine et un autre 2 jours par semaine équivalent à 1.4 FTE and 2 médecins à plein temps équivalent à 2.0 FTE.

(PHONE ONLY: PROBE IF NE SAIT PAS OR DECLINE)

\_\_\_\_\_ EPT médecins

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; WEB/MAIL ONLY: Blank

*(IHP 2019 Q32, IHP 2015 Q37 Modified – revised question-text to include a note about the calculation of total hours worked, revised range; France conducted the study via panel and asked this question to the panelists only during the pretest rather than the main fielding period, IHP 2012 Q2015 Modified – updated question-text, IHP 2009 Q1210)*

**BASE: ALL RESPONDENTS**

[PN: DECIMALS SHOULD BE ALLOWED; ENTRY SHOULD BE OF LENGTH OF 7 INCLUDING THE DECIMAL POINT. (e.g., For 2 full hours, data to be reported as: 0002.00)]

[PN: ALLOW RANGE 0.1-168]

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

41. **Si vous pensez à votre cabinet médical, combien d’heures travaillez-vous en moyenne par semaine.**

**WEB/MAIL ONLY: (Remarque: veuillez inclure toutes les heures travaillées en cabinet, à domicile et lors d’astreintes.)**

PHONE ONLY: Include all hours you work across practices including hours worked at home and on-call.

(PHONE ONLY: PROBE IF NE SAIT PAS OR DECLINE)

\_\_\_\_\_ Heures

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; WEB/MAIL ONLY: Blank

*(IHP 2019 Q33 Modified – updated question-text to include NZ insert)*

**BASE: ALL RESPONDENTS**

[PN: DECIMALS SHOULD NOT 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.”)]

42. **En moyenne, combien de patients voyez-vous pendant une semaine habituelle de travail?**

**WEB/MAIL ONLY: (Remarque: veuillez inclure les rendez-vous en personne et en téléconsultation.)**

PHONE ONLY: (IF NECESSARY: Please include both in-person and telehealth appointments)

[PHONE ONLY: PROBE IF NE SAIT PAS OR DECLINE.]

\_\_\_\_\_ Patients

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; WEB/MAIL ONLY: Blank

*(IHP 2019 Q34, IHP 2015 Q39 Modified – revised question-text to emphasize one number-response and include "office" in "routine office visit," revised range; France conducted the study via panel and asked this question to the panelists only during the pretest rather than the main fielding period)*

**BASE: ALL RESPONDENTS**

[PN: DECIMALS SHOULD NOT BE ALLOWED]

[PN: ALLOW RANGE 1-999]

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

43. En moyenne, combien de temps pouvez-vous passer avec un patient au cours d'une visite de routine ?

WEB/MAIL ONLY: (Remarque: veuillez inclure les rendez-vous en personne et en téléconsultation.)

PHONE ONLY: (IF NECESSARY: Please include both in-person and telehealth appointments)

[PHONE ONLY: PROBE IF NE SAIT PAS OR DECLINE.]

\_\_\_\_\_ 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; WEB/MAIL ONLY: Blank

*(IHP 2019 SWI-12, IHP 2015 Q38 Modified – asked only of Switzerland respondents with revised response-option 3, new response-option 4, and DNR response-options 8 and 9 for PHONE/WEB, IHP 2012 Q2020 Modified – question text is different, items B and C added for 2015, IHP 2009 Q1220)*

**BASE: SWITZ RESPONDENTS ONLY (Q500=9)**

[PN: DISPLAY AFTER Q43]

SWI-12. Lors d'une semaine régulière, quel pourcentage de vos heures de travail passez-vous en:

WEB ONLY: (Remarque: N'a pas besoin de totaliser 100%.)

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

[PHONE ONLY: PROBE IF NE SAIT PAS OR DECLINE.]

Pourcentage de temps

- |     |                                                                                     |         |
|-----|-------------------------------------------------------------------------------------|---------|
| 1   | Contacts face-à-face avec des patients                                              | _____ % |
| 2   | Autres contacts avec des patients (p.ex., courriel ou téléphone)                    | _____ % |
| 3   | Affaires administratives<br>(par ex. dossiers médicaux, séances, assurance qualité) | _____ % |
| 4   | Tâches liées à des questions d'assurance ou de facturation                          | _____ % |
| 998 | PHONE ONLY: (V) Ne sait pas                                                         |         |
| 999 | PHONE ONLY: (V) Refus; WEB ONLY: Blank                                              |         |

## **SECTION K: DEMOGRAPHICS AND PRACTICE PROFILE**

*(IHP 2019 Q35, IHP 2015 Q39 Modified – France conducted the study via panel and asked this question to the panelists only during the pretest rather than the main fielding period, IHP 2012 Q2040, IHP 2009 Q1420 Modified, 2012, 2015 Q39)*

### **BASE: NON-SWEDEN/SWITZERLAND RESPONDENTS (Q500=1-7, 10, 11)**

44. How old are you?

[PHONE ONLY: (READ LIST)]

- |     |                                                                         |
|-----|-------------------------------------------------------------------------|
| 1   | Under 35                                                                |
| 2   | 35-44                                                                   |
| 3   | 45-54                                                                   |
| 4   | 55-64                                                                   |
| 5   | 65 or older                                                             |
| 996 | MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code |
| 998 | PHONE ONLY: (V) Ne sait pas                                             |
| 999 | PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank                             |

### **IF WEB AND Q44=999, SHOW EM1, IF RESPONDENT SKIPS AGAIN, ALLOW SKIP.**

*(IHP 2019 Q36 Modified – updated code 3 to include country-specific text the US, Canada, and Switzerland, added Switzerland to base, IHP 2015 Q40 Modified – revised question-text to contain a colon rather than an ellipse, new response-option 3; France conducted the study via panel and asked this question to the panelists only during the pretest rather than the main fielding period, IHP 2012 Q2045, IHP 2009 Q1245)*

### **BASE: NON-SWEDEN RESPONDENTS (Q500=1-7, 9, 10, 11)**

45. Vous êtes:

- |     |                                                                                                                                                                                                                                              |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1   | Un homme                                                                                                                                                                                                                                     |
| 2   | Une femme                                                                                                                                                                                                                                    |
| 3   | [FOR NON-US AND NON-CAN RESPONDENTS ONLY (Q500=1, 3-10), DISPLAY: "Gender diverse"; FOR US (Q500=11), DISPLAY: Non-binary/third gender; FOR CAN (Q500=2), DISPLAY: "Another gender"; FOR SWITZ (Q500=9), DISPLAY: "Autre, à savoir: _____)"] |
| 4   | [FOR US] Prefer not to answer                                                                                                                                                                                                                |
| 996 | MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code                                                                                                                                                                      |
| 998 | PHONE ONLY: (V) Ne sait pas                                                                                                                                                                                                                  |
| 999 | PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank                                                                                                                                                                                                  |

**IF WEB AND Q45=999, SHOW EM1, IF RESPONDENT SKIPS AGAIN, ALLOW SKIP.**

*[IHP 2019 Q37 Modified – updated code 5 to be for countries outside the Netherlands, Revised IHP 2006, 2009, 2012, 2015 Q41 - new response-option 5; France conducted the study via panel and asked this question to the panelists only during the pretest rather than the main fielding period]*

**BASE: ALL RESPONDENTS**

46. **Où se situe votre cabinet?**

[PHONE ONLY: (READ LIST)]

- 1 En ville ou zone urbaine
- 2 En périphérie ou dans une petite ville
- 3 En zone rurale ou isolée

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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

**SECTION L: SWITZERLAND-ONLY QUESTIONS**

*(IHP 2019 SWI-4, IHP 2015 SWI-3)*

**BASE: SWITZ RESPONDENTS (Q500=9)**

SWI-4. **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

998 PHONE ONLY: (V) Ne sait pas

999 PHONE ONLY: (V) Refus; WEB ONLY: Blank

*(IHP 2019 SWI-5, IHP 2015 SWI-5)*

**BASE: SWITZ RESPONDENTS (Q500=9)**

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

- 1 Oui
- 2 Non

998 PHONE ONLY: (V) Ne sait pas; WEB ONLY: Ne sait pas

999 PHONE ONLY: (V) Refus; WEB ONLY: Blank

(IHP 2019 SWI-6, IHP 2015 SWI-6)

**BASE: SWITZ RESPONDENTS (Q500=9)**

SWI-6. Quelle forme correspond **principalement** à votre cabinet médical?  
(Veuillez sélectionner une seule réponse.)

- 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)
- 998 PHONE ONLY: (V) Ne sait pas  
999 PHONE ONLY: (V) Refus; WEB ONLY: Blank

(IHP 2019 SWI-7, IHP 2015 SWI-7)

**BASE: SWITZ RESPONDENTS 60+ (Q500=9 AND Q573=60+)**

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

- 1 Oui
  - 2 Non
- 998 PHONE ONLY: (V) Ne sait pas; WEB ONLY: Ne sait pas  
999 PHONE ONLY: (V) Refus; WEB ONLY: Blank

(IHP 2019 SWI-8, IHP 2015 SWI-8)

**BASE: SWITZ RESPONDENTS 60-64 (Q500=9 AND Q573=60-64)**

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

- 1 Oui
  - 2 Non
- 998 PHONE ONLY: (V) Ne sait pas; WEB ONLY: Ne sait pas  
999 PHONE ONLY: (V) Refus; WEB ONLY: Blank

(IHP 2019 SWI-9, IHP 2015 SWI-9)

**BASE: SWITZ RESPONDENTS (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
- 998 PHONE ONLY: (V) Ne sait pas; WEB ONLY: Ne sait pas  
999 PHONE ONLY: (V) Refus; WEB ONLY: Blank

(IHP 2019 SWI-10\_NETH-1, IHP 2015 Q4 Modified – asked only of the Netherlands and Switzerland respondents with added interviewer note, IHP 2012 Q820 Modified – 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 “Ne sait pas”)

**BASE: NETHERLANDS AND SWITZERLAND RESPONDENTS (Q500=5.9)**

SWI-10\_NETH-1. Pensez à tous les soins médicaux que vos patients reçoivent – pas seulement de vous mais de tous les prestataires de soins y compris les spécialistes – quel est votre avis sur la quantité de soins médicaux qu’ils reçoivent? Est-ce que c’est…?

(PHONE ONLY: READ LIST)

1 Beaucoup trop peu

2 Trop peu

3 Juste assez

4 Trop

5 Beaucoup trop

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

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

999 PHONE ONLY: (V) Refus; WEB/MAIL ONLY: Blank

**SECTION M: CANADA-ONLY QUESTIONS**

(IHP 2019 CAN-2 Modified – removed language-insert based itinerancy in the territories)

**BASE: CANADA RESPONDENTS (Q500=2)**

CAN-2. Considering your roster and your work schedule, do you have the capacity to accept new patients in your main care setting?

1 Yes, have the capacity and accepting all patients who inquire

2 Yes, have the capacity and accepting only patients who fit certain criteria

3 Yes, have the capacity, but not accepting new patients

4 No, do not have the capacity

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

999 WEB/MAIL ONLY: Blank

(IHP 2019 CAN-3, IHP 2015 Modified - revised question-text with removed parenthetical instruction and “primary” underlined)

**BASE: CANADA RESPONDENTS (Q500=2)**

CAN-3. What is the primary setting of your practice site?

1 A private solo practice

2 A physician group practice

3 Community clinic/health centre

4 Hospital-based practice

6 Other

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



999 WEB/MAIL ONLY: Blank

*(IHP 2022 New)*

**BASE: CANADA RESPONDENTS (Q500=2)**

CAN-4. How frequently do you use the lists created by Choosing Wisely Canada in your day to day clinical practice?

- 1 Very frequently
- 2 Frequently
- 3 Occasionally
- 4 Rarely
- 5 Never

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

999 WEB/MAIL ONLY: Blank

**SECTION N: US-ONLY QUESTIONS**

*(IHP 2022 New)*

**BASE: US RESPONDENTS (Q500=11)**

US-1. What is your race or ethnicity?

WEB/MAIL ONLY: *(Note: Select all that apply.)*

- 1 White
- 2 Hispanic, Latino(a), or Spanish origin
- 3 Black or African American
- 4 Asian
- 7 Other

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

999 WEB/MAIL ONLY: Blank

*(IHP 2019 US3 Modified – updated question-text, new items a and b from 2019 US1, and updated item-text for c and d (2019 items a and b), IHP 2015 US5 Modified -- revised question-text and reverse-ordered, revised list of items, IHP 2012 Q1430 Modified -- both question text and response options are different)*

**BASE: US RESPONDENTS (Q500=11)**

[PN: SET UP AS GRID FOR WEB]

US-3. Is your main practice:

- 1 Yes
- 2 No
- 3 Not sure

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

999 WEB/MAIL ONLY: Blank

- a. Part of a larger integrated provider system (e.g., Kaiser Permanente, Mayo Clinic, VA, etc.)
- b. Part of a community clinic or community health center (including a Federally Qualified Health Center)

- c. Recognized as a Patient-Centered Medical Home (PCMH) or Advanced Primary Care Practice (APCP)
- d. Affiliated with an Accountable Care Organization (ACO)

*(IHP 2019 US2 Modified –updated and rearranged list of items, IHP 2015 US3 Modified – revised question-text, removed "based" from the end of item a, revised item c, and new items d and e, IHP 2012 Q1410 Modified – both question text and response options are different (A and C are the same as in IHP 2012))*

**BASE: US RESPONDENTS (Q500=11)**

[PN: SET UP AS GRID FOR WEB]

US-2. Does your practice receive any revenue from the following:

- 1 Yes
- 2 No
- 3 Not sure

996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code  
 999 WEB/MAIL ONLY: Blank

- a. Fee-for-service payment with no link to quality
- b. Fee-for-service payment with link to quality (e.g. bonuses for performance)
- c. Shared savings models with upside and/or downside risk
- d. Capitation- or Population-based payment (e.g. per member or per month payment)

*(IHP 2019 US4, CMWF-KFF Primary Care Provider Survey 2015)*

**BASE: US RESPONDENTS (Q500=11)**

[PN: SET UP AS GRID FOR WEB]

[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).”]

US-4. What percent of your patients fall into the following categories?

*(Your best estimate is fine. Total should add to about 100%)*

		Current Percentage
1	Medicare	_____ %
2	Medicaid	_____ %
3	Private insurance	_____ %
4	Uninsured	_____ %
6	MAIL ONLY (AS PART OF BACK-END PROCEDURES AS DESCRIBED IN THE EDITING AND CODING MEMO): Invalid	
	996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code	
	999 WEB/MAIL ONLY: Blank	

*(IHP 2022 New)*

**BASE: US RESPONDENTS (Q500=11)**

[PN: SET UP AS GRID FOR WEB]

US-5. Are you currently accepting any of the following types of new patients?

1 Yes

2 No

3 Not sure

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

999 WEB/MAIL ONLY: Blank

- a. New patients with Medicare
- b. New patients with Medicaid
- c. New patients with private insurance
- d. New patients who are uninsured

(IHP 2022 New)

**BASE: US RESPONDENTS (Q500=11)**

US-6. What is your NPI number?

Please note this information will only be used by researchers to review data in aggregate. Providing this information is strictly voluntary.

- 1 NPI number: \_\_\_\_\_  
999 WEB/MAIL ONLY: Blank

**SECTION O: NZ-ONLY QUESTIONS**

(IHP 2022 New)

**BASE: NZ RESPONDENTS (Q500=6)**

NZ-1. How confident, if at all, that the health reform in New Zealand is heading in the right direction?

- 1 Extremely confident  
2 Very confident  
3 Moderately confident  
4 Slightly confident  
5 Not at all confident  
999 WEB ONLY: Blank

(IHP 2022 New)

**BASE: NZ RESPONDENTS (Q500=6)**

NZ-2. How optimistic, if at all, are you that the changes to the health system will improve the quality-of-care patients receive?

- 1 Extremely optimistic  
2 Very optimistic  
3 Moderately optimistic  
4 Slightly optimistic  
5 Not at all optimistic  
999 WEB ONLY: Blank

(IHP 2022 New)

**BASE: ALL RESPONDENTS**

QUAL. Un suivi peut avoir lieu auprès de certaines personnes pour recueillir des informations plus approfondies. Nous autorisez-vous à vous recontacter pour répondre à quelques questions supplémentaires ?

- 1 Oui  
2 Non  
999 PHONE ONLY: (V) Decline to answer; WEB ONLY: Blank

(IHP 2022 New)

**(ASK IF QUAL=1)**

QUAL2. Merci. Pourriez-vous nous indiquer votre nom, votre adresse e-mail et le numéro de téléphone où nous pouvons vous joindre ?

(PHONE ONLY: PROGRAM WILL ALLOW YOU TO LEAVE BLANKS.)

Nom: \_\_\_\_\_  
99 (DO NOT READ) REFUSED/WEB BLANK

Adresse e-mail: \_\_\_\_\_  
99 (DO NOT READ) REFUSED/WEB BLANK

Numéro de téléphone: \_\_\_\_\_  
99 (DO NOT READ) REFUSED/WEB BLANK

PROGRAM: ADD VALIDATION FOR EMAIL (@) AND PHONE NUMBER (10 digits).

(IHP 2019 Q3000, IHP 2015 Q3000 Modified – removed code 8, IHP 2012 Q3000, IHP 2009 Q1250)  
**BASE: CANADA, FRANCE, SWITZ, AND US RESPONDENTS (Q500=2, 3, 9, 11)**

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

1 Oui

2 Non

3 (FOR US AND CAN RESPONDENTS ONLY (Q500=2, 11), AS PART OF BACK-END PROCEDURES ONLY: “Yes but did not provide an email address”)

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

999 WEB/MAIL ONLY: Blank

(IHP 2019 Q3001, IHP 2015 Q3001 Modified – revised text, IHP 2012 Q3001, IHP 2009 Q2127)  
**BASE: CANADA, FRANCE, SWITZ, AND US RESPONDENTS WHO WANT SUMMARY OF STUDY RESULTS (Q500=2, 3, 9, 11 AND Q3000=1)**

[PN: 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?

Adresse e-mail : \_\_\_\_\_

(IHP 2019 Q3001a)

**BASE: CANADA, FRANCE, SWITZ, AND US RESPONDENTS WHO WANT SUMMARY OF STUDY RESULTS AND ENTERED EMAIL ADDRESS (Q500=2, 3, 9, 11 AND Q3000=1 AND Q3001 IS NOT BLANK)**

Q3001a. Veuillez vérifier une nouvelle fois que votre adresse e-mail est correcte.

[PN: DISPLAY ENTERED TEXT FROM Q3001.]

1 Oui

2 Non [IF SELECTED, GO BACK TO Q3001.]

(IHP 2020 MONEY Modified – updated incentive amounts and mode of receipt)

**BASE: U.S. WEB RESPONDENTS (Q500=11 AND Q500a=1 AND Q524=1-3)**

INC1. As a thank you for completing the survey, we would like to offer you [IF Q524=1, DISPLAY: "\$25"; IF Q524=2, DISPLAY "\$40"; IF Q524=3, DISPLAY: "\$75"] in the form of an instant gift code provided by email. Would you like to receive this gift code?

- 1 Yes, I want to receive my instant gift code
  - 2 No, I do not want to receive my gift code
- 999 WEB ONLY: Blank

*(IHP 2022 New)*

**BASE: U.S. WEB RESPONDENTS WHO WANT GIFT CODE (Q500=11 AND MONEY=1)**

INC2. Please provide an email address, below, where we can send your gift code.

- 1 Email Address: \_\_\_\_\_
- 999 WEB ONLY: Blank

**BASE: ALL RESPONDENTS**

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