



53 West Baltimore Pike. Media, PA 19063
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August 19, 2015

2015 International Survey of Primary Care Doctors

GLOBAL PROGRAMMING INSTRUCTIONS

TEXT

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

WEB VS. PHONE/MAIL

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

NON-RESPONSE CODES

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

MULTIPLE - RESPONSE

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



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GLOBAL WEB PROGRAMMING NOTES:

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

US FOOTER (Q500=11)

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

AUSTRALIA FOOTER (Q500=1)

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

CANADA FOOTER (Q500=2)

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

NEW ZEALAND FOOTER (Q500=6)

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

UK FOOTER (Q500=10)

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

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



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

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

PN – WEB LINK LOGOS

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

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

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

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



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SECTION 500: SAMPLE PRELOAD AND SCREENING

BASE: ALL RESPONDENTS

QID. PRELOAD – UNIQUE ID

BASE: ALL RESPONDENTS

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

Q500.PRELOAD – COUNTRY

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

BASE: ALL RESPONDENTS

[NEW 2015]

Q500a. MODE OF COMPLETION

(Mode the interview was completed on per respondent)

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

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

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

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



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BASE: ALL RESPONDENTS

[NEW 2015]

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

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

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

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

[NEW 2015]

Q500c. DATE OF RECRUIT
(Date respondent was recruited)

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

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

[NEW 2015]

Q500c. DATE OF RECRUIT
(Date respondent was recruited)

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

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

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

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

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

BASE: AUS (Q500= 1)

[NEW 2015]

Q500e. New South Wales Oversample

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



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BASE: UK (Q500=10)

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

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

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

BASE: UK (Q500=10)

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

Q504.PRELOAD – PRACTICE SETTING

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



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BASE: France (Q500=3)

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

Q509.PRELOAD – POSTCODE

BASE: UK (Q500=10)

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

Q513. JOB TITLE - FROM SCREENER

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

BASE: US (Q500=11)

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

Q520.PRELOAD - SPECIALTY



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BASE: US (Q500=11)

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

Q521.PRELOAD - STATE

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



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

BASE: US (Q500=11)

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

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

BASE: CANADA (Q500=2)

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

BASE: CANADA (Q500=2)

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

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



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BASE: CANADA (Q500=2)

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

- 1 MALE
- 2 FEMALE

BASE: GERMANY (Q500=4)

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

- 1 GP/Internist
- 2 Pediatrician

BASE: GERMANY (Q500=4)

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

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



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BASE: SWEDEN (Q500=9)

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

Q545.PRELOAD - SAMPLE FILE SPECIALTY

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

BASE: SWEDEN (Q500=9)

[NEW 2015]

Q545a. PRELOAD – GROUP OF DOCTORS

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

BASE: SWEDEN (Q500=9)

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

Q546.PRELOAD - SAMPLE FILE PUBLIC/PRIVATE

- 1 Public practice
- 2 Private practice

BASE: SWEDEN (Q500=9)

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

Q547.PRELOAD - SAMPLE FILE REGION

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



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

BASE: AUSTRALIA (Q500=1)

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

Q556.PRELOAD - SAMPLE FILE URBANICITY

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

BASE: AUSTRALIA (Q500=1)

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

Q557.PRELOAD SAMPLE FILE REGION FROM POST CODE

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



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BASE: NEW ZEALAND (Q500=6)

[NEW 2015]

Q558.PRELOAD SAMPLE FILE REGION

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

BASE: NORWAY (Q500=7)

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

Q562.PRELOAD - SAMPLE FILE REGION

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

BASE: FRANCE (Q500=3)

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

Q565.PRELOAD - SAMPLE FILE TOWN SIZE

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



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BASE: SWITZERLAND (Q500=9)

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

Q570.LINGUISTIC REGIONS – PRELOAD

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

BASE: SWITZERLAND (Q500=9)

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

Q571.COMMUNITY TYPE – PRELOAD

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

BASE: SWITZERLAND (Q500=9)

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

Q572 CANTONS - PRELOAD

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



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- 25 GE Geneva
- 26 JU Jura

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

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

Q573.COMPUTE FOR AGE from PRELOAD.]

[RANGE 18 -108]

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

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

Q574.PRELOAD - SAMPLE FILE GENDER

- 1 Male
- 2 Female

BASE: SWITZERLAND (Q500=9)

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

Q575.PRELOAD - SAMPLE FILE SPECIALTY

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



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2015 International Survey of Primary Care Doctors – UK Screener

[SCREEN 1]

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

[NEW SCREEN]

BASE: ALL UK (Q500=10)

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

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

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

Now, to get started...

BASE: ASK ALL

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

IF QS1=2, 8, OR 9, TERMINATE

[NEW SCREEN]

BASE: S1=1

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

(INTERVIEWER NOTE: READ LIST)

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

IF QS2=9, TERMINATE



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[NEW SCREEN]

BASE: S2=1-4

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

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

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

IF QS3=1 OR 9, TERMINATE

[NEW SCREEN]

BASE: S3=2

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

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

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

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

IF QS4=9, TERMINATE



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[NEW SCREEN]

BASE: S4=1-5

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

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

IF QS5=9, TERMINATE

[NEW SCREEN]

BASE: S5=1-4

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

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

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

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

[NEW SCREEN]

[PN: ASK IF TERMINATE]

S7. Thank you for your time.



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MAIN SURVEY

WEB ONLY: [SCREEN 1]

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

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

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

[NEW SCREEN]

BASE: CAN (Q500=2)

[NEW 2015]

Would you prefer to take this survey in:

- 1 English
- 2 French



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[NEW SCREEN]

BASE: AUS (Q500=1)

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

2015 International Survey of Primary Care Doctors

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

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

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.



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[NEW SCREEN]

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

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

2015 International Survey of Primary Care Doctors

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

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

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.



[NEW SCREEN]

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

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

2015 International Survey of Primary Care Doctors

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

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

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.



[NEW SCREEN]

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

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

2015 International Survey of Primary Care Doctors

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

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

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.



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PHONE ONLY INTRO FOR FRANCE

BASE: FRANCE (Q500=3)

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

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

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

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

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

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



[NEW SCREEN]

BASE: NZ (Q500=6)

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

2015 International Survey of Primary Care Doctors

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

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

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.



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[NEW SCREEN]

BASE: Sweden (Q500=8)

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

2015 International Survey of Primary Care Doctors

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

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

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.

[NEW SCREEN]

BASE: Switzerland (Q500=9)

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

2015 International Survey of Primary Care Doctors

Welcome and thank you for taking part in this survey, being conducted by Federal Office of Public Health. 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 Switzerland.

This survey should take about 15 minutes of your time. **WEB ONLY:** If necessary, you have the option to pause the survey and finish it later by clicking “Finish the survey later.” To resume taking the survey, go to the survey home page at **WEBSITE NAME - WE SUGGEST USING www.internationaldoctorsurvey. ‘and the appropriate country-specific**



domain, for example in the UK, we are using ".uk", log in again with your passcode, and click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.

Thank you for your help with this important study.

Please click 'NEXT' to continue.

[NEW SCREEN]

BASE: UK (Q500=10)

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

2015 International Survey of Primary Care Doctors

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

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

Thank you for your help with this important study.

Please click 'NEXT' to continue.



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

2015 International Survey of Primary Care Doctors

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

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

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.



WEB ONLY: HELP LINK INSTRUCTIONS

Additional Instructions

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

On the bottom of each page, there are 3 buttons to help move you through the survey:

"NEXT" to go to the next question.

"PREVIOUS" to go back to an earlier question.

"FINISH THE SURVEY LATER" to temporarily stop taking the survey.

If you can't answer a particular question, you may select "NEXT" to skip it.

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

When you wish to resume, return to www.internationaldoctorsurvey.org (PN – use “.org” for USA and link it to “.com;” use “.uk” for the UK, and “.ca” for Canada) reinsert the passcode you were given and it will take you to the last question you answered.



Original Tracking Labels:

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

Emphasized words:

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



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[NEW SCREEN]

BASE: AUSTRALIA (Q500=1)

[NEW 2015]

1a. Please select your state:

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

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

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

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

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

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



[NEW SCREEN]

BASE: NZ (Q500=6)

[NEW 2015]

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

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

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

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

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

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

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[IHP 2012, 2009, 2006]

- 1. Which of the following statements comes closest to expressing your overall view of the health care system in your country?
(Please select one.)

(PHONE ONLY: READ LIST)



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- 1 On the whole the health care system works pretty well and only minor changes are necessary to make it work better.
- 2 There are some good things in our health system, but fundamental changes are needed to make it work better.
- 3 Our health care system has so much wrong with it that we need to completely rebuild it.
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not Sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

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

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[IHP 2012, 2009]

2. Overall, how satisfied are you with **[IF AUS, NZ, UK (Q500=1,6 10 DISPLAY: “practising” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practicing”]**medicine?

(PHONE ONLY: READ LIST)

- 1 Very satisfied
- 2 Satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not Sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

[IHP 2012, 2009, modified 2006]

3. In general, do you think the quality of medical care your patients receive throughout the health care system has improved, has become worse, or is it about the same as it was three years ago?

- 1 Improved
- 2 Worse
- 3 About the same
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not Sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

4. Thinking about all the medical care your patients receive – not just from you, but from all providers, including **[IF UK (Q500=10, DISPLAY: "consultants" IF SWEDEN (Q500=8, DISPLAY: "doctors in specialist health care" IF ELSE, (Q500=1- 7, 9, 11), DISPLAY: "specialists"]** – what is your opinion about the amount of medical care they receive? Is it...?

(PHONE ONLY: READ LIST)

- 1 Much too little
- 2 Too little
- 3 Just about right
- 4 Too much
- 5 Much too much
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank



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SECTION B: ACCESS TO CARE AND CARING FOR PATIENTS

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

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

5. WEB/MAIL ONLY: How often do you think your patients experience the following?

PHONE ONLY: I am going to read several statements and I would like you to tell me how often you think your patients experience the following - often, sometimes, rarely, or never?

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Not Sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
-
- a. Have difficulty paying for medications or other out-of-pocket costs
[IF SWITZ (Q500=9), DISPLAY INSTEAD: Have difficulty paying for medications that they have to pay for themselves or other out-of-pocket costs]
 - b. Have difficulty getting specialized diagnostic tests WEB/MAIL ONLY: (e.g., CT imaging, mammogram, MRI) PHONE ONLY: such as CT imaging, mammogram or MRI
 - c. Experience long waiting times to see a **[IF UK (Q500=10, DISPLAY: "consultant" IF SWEDEN (Q500=8, DISPLAY: "doctors in specialist health care" IF ELSE, (Q500=1- 7, 9, 11), DISPLAY: "specialist"]**
 - d. Experience long waiting times to receive treatment after diagnosis



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[NEW 2015]

[NEW IN 2015]

6. When you think about your treatment decisions, how often would you say...

(PHONE ONLY: READ LIST)

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Not Sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
- a. You are aware of how much the tests or treatments that you recommend to your patients actually cost
- b. You consider the cost to the health care system when making treatment decisions



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SECTION C: PROVIDING PATIENT CARE

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[IHP 2012, 2009]

7. What proportion of your patients who request a same- or next-day appointment can get one?

(PHONE ONLY: READ LIST)

- 1 Almost all (*More than 80%*)
- 2 Most (*60-80%*)
- 3 About half (*About 50%*)
- 4 Some (*20-40%*)
- 5 Few (*Less than 20%*)
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[IHP 2012, 2009, modified 2006]

8. Does your practice have an arrangement **(IF Sweden, DISPLAY: "e.g., includes practices you do or don't cooperate with")** where patients can **see** a doctor or nurse if needed when the practice is closed **[IF UK (Q500=10, DISPLAY: "out-of-hours" IF ELSE, (Q500=1-9, 11), DISPLAY: "(after-hours)"]** without going to the hospital emergency room or department?

[THIS FIRST RESPONSE LIST APPLIES TO ALL COUNTRIES EXCEPT NORWAY (Q500 = 1-6, 8-11)]

- 1 Yes
- 3 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

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

- 1 Yes, practice has arrangements
- 2 Yes, regional arrangements
- 3 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

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

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

9. Do you and/or other personnel that work with you in your practice provide care in any of the following ways? **PHONE ONLY:** Would you say frequently, occasionally or no?
- 1 Yes, frequently
 - 2 Yes, occasionally
 - 3 No
 - 7 **MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY):** Multiple-response code
 - 8 **PHONE ONLY: (V)** Not sure
 - 9 **PHONE ONLY: (V)** Decline to answer
 - X **WEB/MAIL ONLY:** Blank
-
- a. Make home visits
 - b. Coordinate follow-up care with hospitals for patients being discharged
 - c. Contact patients between visits to monitor their condition
 - d. Coordinate care with social services or other community providers



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SECTION D: CHRONIC CARE MANAGEMENT

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[NEW 2015 – items C, E, F, G, H]

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

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

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

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

10. How often does your practice see the following patients?

(PHONE ONLY: READ LIST)

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
-
- a. Patients with multiple chronic conditions
 - b. Patients with severe mental health problems
 - c. Patients with substance-use related issues
 - d. Patients in need of palliative care, including for cancer
 - e. Patients in need of long term **[IF NZ (Q500=6, DISPLAY: “home base support services” IF ELSE, (Q500=1- 5, 7-11), DISPLAY: “home care services”]** WEB/MAIL ONLY: (e.g., nursing or personal care) PHONE ONLY: such as nursing or personal care
 - f. Patients in need of social services in the community WEB/MAIL ONLY: (e.g., housing, meals and transportation) PHONE ONLY: such as housing, meals and transportation
 - g. Patients needing language translation
 - h. Patients with dementia



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[NEW 2015 – items C, E, F]

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

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

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

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

11. How prepared is your practice to manage care for the following patients?

(PHONE ONLY: READ LIST)

- 1 Well-prepared
 - 2 Somewhat-prepared
 - 3 Not prepared
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
-
- a. Patients with multiple chronic conditions
 - b. Patients with severe mental health problems
 - c. Patients with substance-use related issues
 - d. Patients in need of palliative care, including for cancer
 - e. Patients in need of long term **[IF NZ (Q500=6, DISPLAY: “home base support services” IF ELSE, (Q500=1- 5, 7-11), DISPLAY: “home care services”]**
WEB/MAIL ONLY: (e.g. nursing or personal care) PHONE ONLY: such as nursing or personal care
 - f. Patients in need of social services in the community WEB/MAIL ONLY: (e.g., housing, meals and transportation) PHONE ONLY: such as housing, meals and transportation
 - g. Patients needing language translation
 - h. Patients with dementia



[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[Modified IHP 2012]

12. Does your practice use personnel, such as nurses or case managers, to monitor and manage care for patients with chronic conditions that need regular follow-up care?

PHONE ONLY: (IF RESPONDENT SAYS "Yes" PROBE WITH "Do you use personnel who are within your practice or outside your practice?")

- 1 Yes, within practice
- 2 Yes, outside of practice
- 3 No
- 4 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Yes , within and outside of practice
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

[Modified IHP 2012, 2009]

13. Are your patients with chronic conditions given **written** instructions about how to manage their own care at home WEB/MAIL ONLY: (e.g., instructions on what to do to control symptoms, prevent flare-ups, or monitor their condition at home)?
(Note: Does not include prescriptions)

PHONE ONLY:; such as instructions on what to do to control symptoms, prevent flare-ups, or monitor their condition at home?

PHONE ONLY: Would you say routinely, occasionally or no?

- 1 Yes, routinely
- 2 Yes, occasionally
- 3 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer



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X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: ALL RESPONDENTS

[NEW IN 2015]

14. For your patients with chronic conditions, are their self-management goals **recorded** in their medical record? **PHONE ONLY:** Would you say routinely, occasionally or no?
- 1 Yes, routinely
 - 2 Yes, occasionally
 - 3 No
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 **PHONE ONLY:** (V) Not sure
 - 9 **PHONE ONLY:** (V) Decline to answer
 - X WEB/MAIL ONLY: Blank



SECTION E: CARE COORDINATION

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

15. When your patient has been seen by a **[IF UK (Q500=10, DISPLAY: "consultant" IF SWEDEN (Q500=8, DISPLAY: "doctors in specialist health care" IF ELSE, (Q500=1- 7, 9, 11), DISPLAY: "specialist"]**, how often do you receive the following?

(PHONE ONLY: READ LIST)

- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
-
- a. A report back from the **[IF UK (Q500=10, DISPLAY: "consultant" IF SWEDEN (Q500=8, DISPLAY: "doctors in specialist health care" IF ELSE, (Q500=1- 7, 9, 11), DISPLAY: "specialist"]**with **all relevant** health information
 - b. Information about **changes** the **[IF UK (Q500=10, DISPLAY: "consultant" IF SWEDEN (Q500=8, DISPLAY: "doctors in specialist health care" IF ELSE, (Q500=1- 7, 9, 11), DISPLAY: "specialist"]** has made to the patient's medication or care plan
 - c. Information that is timely and available when needed



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

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

[IHP 2012]

16. When your patients go to the emergency department or are admitted to the hospital, how often do you receive...?

(PHONE ONLY: READ LIST)

- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
-
- a. Notification your patient has been seen in the emergency department
 - b. Notification your patient is being discharged from the hospital



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[IHP 2012, 2009]

17. After your patient has been discharged from the hospital, on average, how long does it take before you receive the information you need to continue managing the patient, including recommended follow-up care?

(PHONE ONLY: READ LIST)

- 01 Less than 24 hours
 - 02 24-48 hours
 - 03 2-4 days
 - 04 5-14 days
 - 05 15-30 days
 - 06 More than 30 days
 - 07 Rarely or never
- 97 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 98 PHONE ONLY: (V) Not sure
- 99 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

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

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

[Modified IHP 2012, 2009]

18. WEB/PHONE ONLY LEAD IN: You said it takes (INSERT CODE 1-6 FROM Q17) to get the information you need to continue managing your patient.

How do you **usually** receive this information?

(Note: Select only one)

(PHONE ONLY: READ LIST)

- 01 Fax
- 02 Mail
- 03 Email
- 04 On-line WEB/MAIL ONLY: (e.g., web portal/file transfer site) PHONE ONLY: such as web portal or file transfer site
- 07 (SWEDEN ONLY Q500=8) Directly from the patient journal
- 05 Brought by patient
- 06 Other
- 97 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 98 PHONE ONLY: (V) Not sure
- 99 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[NEW IN 2015]

19. During the past month, did the following occur with any of your patients?
- 1 Yes
 - 2 No
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
-
- a. A patient's medical record or other relevant clinical information was not available at the time of the patient's scheduled visit
 - b. Tests or procedures had to be repeated because results were unavailable
 - c. A patient experienced problems because care was not well coordinated across multiple sites or providers



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[NEW IN 2015]

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

20. If any of your patients receive **[IF NZ (Q500=6, DISPLAY: "home base support services" IF ELSE, (Q500=1- 5, 7-11), DISPLAY: "home care services"]** WEB/MAIL ONLY (e.g., nursing or personal care), how often (INSERT ITEM), **PHONE ONLY:** such as nursing or personal care, how often (INSERT ITEM)

PHONE ONLY: Would you say routinely, occasionally or never?

- 1 Routinely
 - 2 Occasionally
 - 3 Never
 - 4 WEB/MAIL ONLY: Not applicable **PHONE ONLY: (V) Not applicable**
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 **PHONE ONLY: (V) Not sure**
 - 9 **PHONE ONLY: (V) Decline to answer**
 - X WEB/MAIL ONLY: Blank
- a. Do you or other personnel in your practice communicate with your patient's **[IF CAN (Q500=2, DISPLAY: "case manager or"]** home care provider about your patient's needs and the services to be provided?
- b. Are you advised of a relevant change in your patient's condition or health status?



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[NEW IN 2015]

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

21. How easy or difficult is it to coordinate your patient's care with social services or other community providers when needed WEB/MAIL ONLY (e.g., housing, meals and transportation)? PHONE ONLY: such as housing, meals and transportation?

(PHONE ONLY: READ LIST)

- 1 Very easy
- 2 Easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 WEB/MAIL ONLY: Not applicable, / PHONE ONLY: (V) Not applicable
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

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

[NEW SCREEN]

BASE: ALL RESPONDENTS

[NEW IN 2015]

22. Do you have conversations with older or sicker patients about the health care treatment they want or do not want in the event they become very ill, injured, or cannot make decisions for themselves? PHONE ONLY: Would you say routinely, occasionally or no?

- 1 Yes, routinely
- 2 Yes, occasionally
- 3 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

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

[NEW IN 2015]

23. WEB AND PHONE ONLY LEAD-IN: You mentioned that you (INSERT routinely/occasionally FROM Q22) have conversations with older or sicker patients about their health care treatment in the event they become very ill, injured or cannot make decisions for themselves:

FRANCE ONLY PHONE MODE LEAD-IN -- SET UP AS AN IF_NECESSARY NOTE

(Q500=3): [IF NECESSARY - You mentioned that you (INSERT routinely/occasionally FROM Q22) have conversations with older or sicker patients about their health care treatment in the event they become very ill, injured or cannot make decisions for themselves:]

ALL MODES: Are your patients' preferences then recorded in their medical record?

PHONE ONLY: Would you say routinely, occasionally or no?

- 1 Yes, routinely
- 2 Yes, occasionally
- 3 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank



SECTION G: OFFICE SYSTEMS AND INFORMATION TECHNOLOGY

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

[IHP 2012, 2009, 2006]

24. WEB/MAIL ONLY: Do you use electronic patient medical records in your practice (not including billing systems)?

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

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

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

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

25. Do you use any of the following technologies in your practice? PHONE ONLY:
Would you say routinely, occasionally or no?

- 1 Yes, routinely
- 2 Yes, occasionally
- 3 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

- a. Electronic ordering of laboratory tests



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- b. Electronic alerts or prompts about a potential problem with drug dose or drug interaction



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[IHP 2012, 2009]

26. Are you able to electronically transfer prescriptions to a pharmacy?

WEB/MAIL ONLY: *(Note: Do not include fax.)*

PHONE ONLY: Please do NOT include fax

1 Yes

2 No

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

8 PHONE ONLY: (V) Not sure

9 PHONE ONLY: (V) Decline to answer

X WEB/MAIL ONLY: Blank

Q27 - deleted - 01/28/15

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

Additionally per 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.

[IHP 2012]

28. Can you electronically exchange the following with any doctors **outside** your practice?

(WEB/MAIL ONLY: *Note: Do not include fax.*)

PHONE ONLY: Please do NOT include fax as a method for this electronic exchange of information.

1 Yes

2 No

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

8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Not sure

9 PHONE ONLY: (V) Decline to answer

X WEB/MAIL ONLY: Blank

a. Patient clinical summaries

b. Laboratory and diagnostic test results



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Q28a - deleted - 01/28/15

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

(Question text modified; Q1135 '12)

(ITEM A - Q1135 Item 2 from 2012)

[ITEM B - NEW 2015]

28b. Please indicate whether your practice offers patients the option to:

- 1 Yes
 - 2 No
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
-
- a. Email about a medical question or concern
 - b. View online, download, or transmit information from their medical record



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

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

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

29. Can your practice generate the following information about your patients using a **[IF AUS/NZ (Q500=1,6, DISPLAY: "computerised" IF ELSE, (Q500=2- 5, 7-11), DISPLAY: "computerized"]** process?
- 1 Yes
 - 2 No
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
-
- a. List of patients by diagnosis WEB/MAIL ONLY: (e.g., diabetes or cancer) PHONE ONLY: such as diabetes or cancer
 - b. List of patients who are due or overdue for tests or preventive care WEB/MAIL ONLY: (e.g., flu vaccine due) PHONE ONLY: such as flu vaccine due
 - c. List of all patients taking a particular medication
 - d. List of all medications taken by an individual patient WEB/MAIL ONLY: (including those that may be prescribed by other doctors) PHONE ONLY: including those that may be prescribed by other doctors
 - e. List of all laboratory results for an individual patient WEB/MAIL ONLY: (including those ordered by other doctors) PHONE ONLY: including those ordered by other doctors
 - f. A clinical summary for each visit to give to the patient



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

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

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

[Modified IHP 2012]

30. Are the following tasks **routinely** performed in your practice using a **computerized system**?
- 1 Yes
 - 2 No
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
- a. Patients are sent reminder notices when it is time for regular preventive or follow-up care WEB/MAIL ONLY: (e.g., flu vaccine or HbA1c for diabetic patients) PHONE ONLY: such as flu vaccine or HbA1c for diabetic patients
- b. All laboratory tests ordered are tracked until results reach clinicians
- c. You receive an alert or prompt to provide patients with test results
- d. You receive a reminder for guideline-based interventions and/or screening tests



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SECTION H: MEASURING PRACTICE IMPROVEMENT

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

[Item D IS NEW in 2015]

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

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

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

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

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

31. Does the place where you practice **routinely** receive and review data on the following aspects of your patients’ care?
- 1 Yes
 - 2 No
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
-
- a. Clinical outcomes WEB/MAIL ONLY: (e.g., percent of diabetics or asthmatics with good control) PHONE ONLY: such as percent of diabetics or asthmatics with good control
 - b. Surveys of patient satisfaction and experiences with care
 - c. Patients’ hospital admissions or emergency department use
 - d. Percent of patients who have received recommended preventive care WEB/MAIL ONLY: (e.g., pap test, immunizations, colonoscopies, mammograms, etc.) PHONE ONLY: such as pap test, immunizations, colonoscopies, mammograms, and other preventive care



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[IHP 2012, 2009]

32. Are any areas of your own clinical performance reviewed against targets at least annually?

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

[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

[IHP 2012, 2009]

33. Do you receive information on how the clinical performance of your practice compares to other practices? PHONE ONLY: Would you say routinely, occasionally or no?

- 1 Yes, routinely
- 2 Yes, occasionally
- 3 No
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank



[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

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

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

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

34. How much of a problem, if any, is the amount of time you or your staff spend...?

(PHONE ONLY: READ LIST)

- 1 Major problem
- 2 Minor problem
- 3 Not a problem
- 4 WEB/MAIL ONLY Not applicable / PHONE ONLY: (V) Not applicable
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

- a. On administrative issues related to **[IF UK (Q500=10, DISPLAY: “medical”]** **[IF SWEDEN (Q500=8, DISPLAY: “health care”]** insurance or claiming payments
- b. Getting patients needed medications or treatments because of coverage restrictions **[IF SWEDEN (Q500=8, DISPLAY: “health care insurance”]**
- c. Reporting clinical or quality of care data to government or other external entities such as health insurance plans.



SECTION I: PRACTICE PROFILE AND DEMOGRAPHIC DATA

[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: DECIMALS SHOULD BE ALLOWED]

[PN: ALLOW RANGE 0-999]

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

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

35. How many full-time equivalent (FTE) doctors, including yourself, are in your practice?

WEB/MAIL ONLY: *(For example, 2 fulltime doctors = 2.00 FTE)*

PHONE ONLY: For example, 2 fulltime doctors is equivalent to 2.00 FTE

(PHONE ONLY: PROBE IF NOT SURE OR DECLINE. IF STILL NOT SURE ENTER 9998 FOR NOT SURE AND 9999 FOR DECLINE TO ANSWER. NON-WHOLE NUMBERS ACCEPTED (e.g., 99.99))

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

_____ [PN: MEMO BOX] FTE Doctors

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) Not sure

9999 PHONE ONLY: (V) Decline to answer

X WEB/MAIL ONLY: Blank

Q36 - deleted - 01/13/15



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: DECIMALS SHOULD BE ALLOWED]

[PN: ALLOW RANGE 0-168]

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

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

[IHP 2012, 2009, 2006]

37. Thinking about your medical practice, estimate how many hours a week you typically work.

(PHONE ONLY: PROBE IF NOT SURE OR DECLINE. IF STILL NOT SURE, ENTER 998 FOR NOT SURE AND 999 FOR DECLINE TO ANSWER. NON-WHOLE NUMBERS ACCEPTED (e.g., 99.99))

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

_____ [PN: MEMO BOX] hours

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

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

998 PHONE ONLY: (V) Not sure

999 PHONE ONLY: (V) Decline to answer

X WEB/MAIL ONLY: Blank



[NEW SCREEN]

BASE: ALL RESPONDENTS

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

[PN: ALLOW RANGE 0-100]

[PN: DECIMALS SHOULD BE ALLOWED]

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

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

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

- 38. In a typical week, about what percentage of time do you spend on the following:
 WEB/MAIL ONLY: *(Note: Does not need to add to 100%.)*
 PHONE ONLY: *(IF NECESSARY: Does not need to add to 100%)*

(PHONE ONLY: PROBE IF NOT SURE OR DECLINE. IF STILL NOT SURE: ENTER 998 FOR NOT SURE AND 999 FOR DECLINE TO ANSWER)

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

Percent of time

- a Face-to-face contact with patients _____ [PN: MEMO BOX]
- b Other contact with patients (e.g., email or phone) _____ [PN: MEMO BOX]
- c Administrative issues _____ [PN: MEMO BOX]
- X WEB/MAIL ONLY: Blank

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

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

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

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



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[PN: DECIMALS SHOULD BE ALLOWED]

[PN: ALLOW RANGE 0-999]

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

[NEW in 2015]

39. On average, how much time are you able to spend with a patient during a routine **[IF UK (Q500=10, DISPLAY: "appointment" IF ELSE, (Q500=1-9, 11), DISPLAY: "visit"]?**

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

_____ [PN: MEMO BOX] minutes

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

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

9998 PHONE ONLY: (V) Not sure

9999 PHONE ONLY: (V) Decline to answer

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

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

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

[IHP 2012, Modified IHP 2009]

40. How old are you?

(PHONE ONLY: READ LIST)

1 Under 35

2 35-44

3 45-54

4 55-64

5 65 or older

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

8 PHONE ONLY: (V) Not sure

9 PHONE ONLY: (V) Decline to answer

X WEB/MAIL ONLY: Blank



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

[NEW SCREEN]

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

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

[IHP 2012, 2009, 2006]

41. WEB/MAIL ONLY: Are you...
PHONE ONLY: (DO NOT ASK. RECORD BY OBSERVATION. IF NOT SURE, PLEASE ASK, "Are you...?")
- 1 Male
 - 2 Female
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank

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



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

[IHP 2012, 2009, 2006]

42. Where is your practice located?

(PHONE ONLY: READ LIST)

- 1 City
- 2 Suburb
- 3 Small town
- 4 Rural area
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: ALL RESPONDENTS

[NEW IN 2015]

43. How stressful is your job as a [IF NZ, UK (Q500=6, 10, DISPLAY: "general practitioner" IF ELSE, (Q500=1-5, 7-9, 11), DISPLAY: "primary care physician"]?

(PHONE ONLY: READ LIST)

- 1 Extremely stressful
- 2 Very stressful
- 3 Somewhat stressful
- 4 Not too stressful
- 5 Not at all stressful
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: ALL RESPONDENTS

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

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

[Item D IS NEW in 2015]

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

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

44. Please indicate how satisfied you are with the following aspects of your medical practice.

(PHONE ONLY: READ LIST)

- 1 Very satisfied
 - 2 Satisfied
 - 3 Somewhat dissatisfied
 - 4 Very dissatisfied
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
-
- a. Your income from medical practice
 - b. Your income in comparison to the income of **[IF UK (Q500=10, DISPLAY: "consultants" IF SWEDEN (Q500=8, DISPLAY: "doctors in specialist health care" IF ELSE, (Q500=1- 7, 9, 11), DISPLAY: "specialist doctors"]**
 - c. The time you have to spend per patient
 - d. The electronic medical record system you currently use in your practice



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SECTION J: US-ONLY QUESTIONS

US1 - deleted - 01/16/15

[NEW SCREEN]

BASE: US (Q500=11)

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

[PN: ALLOW RANGE 1925-2015]

[NEW 2015]

[NEW IN 2015]

US1a. What year did you complete your residency?

_____ [PN: MEMO BOX] Year

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

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

X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: US (Q500=11)

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

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

[IHP 2012, 2009]

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

1 Yes

2 No

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

8 PHONE ONLY: (V) Not sure

9 PHONE ONLY: (V) Decline to answer

X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

BASE: US (Q500=11)

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

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

[IHP 2012]

US3. How are you paid for seeing patients?

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

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

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

[NEW SCREEN]

BASE: US (Q500=11)

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

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

[IHP 2009, 2006]

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

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

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

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

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



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QUS4 ITEM c - deleted - 01/28/15

[NEW SCREEN]

BASE: US (Q500=11)

[NEW 2015]

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

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

[NEW SCREEN]

BASE: US (Q500=11)

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

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

US5. Is your practice currently participating in the following:

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



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[NEW SCREEN]

BASE: US (Q500=11)

[NEW IN 2015]

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

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



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SECTION K: CAN-ONLY QUESTIONS

[NEW SCREEN]

BASE: CANADA ONLY (Q500=2)

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

- CAN-1. Does your practice offer any of the following means of electronic communication for patients?
- 1 Yes
 - 2 No
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - 8 WEB/MAIL ONLY: Not sure
 - X WEB/MAIL ONLY: Blank
- a. Request appointments or referrals online
 - b. Request refills for prescriptions online
 - c. View test results on a secure website

[NEW SCREEN]

BASE: CANADA ONLY (Q500=2)

- CAN-2. What is the **primary** setting of your practice site?
(Please select one.)
- 1 A private solo practice
 - 2 A physician group practice
 - 3 Community clinic/health centre
 - 4 Hospital-based practice
 - 6 Other
 - 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
 - X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

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

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

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

[NEW SCREEN]

BASE: CANADA ONLY (Q500=2)

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

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



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SECTION L: GERMANY-ONLY QUESTIONS

[NEW SCREEN]

BASE: GERMANY ONLY (Q500=4)

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

[NEW SCREEN]

BASE: GERMANY ONLY (Q500=4)

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

[NEW SCREEN]

BASE: GERMANY ONLY (Q500=4)

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

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



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

[NEW SCREEN]

BASE: GERMANY ONLY (Q500=4)

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

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

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

[NEW SCREEN]

BASE: GERMANY ONLY (Q500=4)

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

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



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[NEW SCREEN]

BASE: GERMANY ONLY (Q500=4)

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

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

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



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SECTION M: NORWAY-ONLY QUESTIONS

[NEW SCREEN]

BASE: NORWAY (Q500=7)

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

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

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

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



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SECTION N: SWEDEN-ONLY QUESTIONS

[NEW SCREEN]

BASE: SWEDEN (Q500=8)

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

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

[NEW SCREEN]

BASE: SWEDEN (Q500=8)

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

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

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



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[NEW SCREEN]

BASE: SWEDEN (Q500=8)

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

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



SECTION O: SWITZERLAND-ONLY QUESTIONS

[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

SWI-1. Does your practice reserve any time during the day to offer same-day appointments (also called “open access”)?

- 1 Yes
- 2 No
- 8 Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

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

SWI-2. Please indicate how satisfied you are with the following experiences.

- 1 Very satisfied
 - 2 Somewhat satisfied
 - 3 Somewhat dissatisfied
 - 4 Very dissatisfied
 - 8 PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
-
- a. The quality of your education and training
 - b. Collaborating with specialists your patients see
 - c. Collaborating with the health professionals that interact with your patients in hospital settings

[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

SWI-3. How often do you participate in quality control circles / quality improvement groups?

- 1 Weekly
- 2 Several times a month
- 3 Monthly
- 4 Several times a year
- 5 Never
- 8 PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank



[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

SWI-4. Do GPs manage an emergency service that is attached to a hospital, in your Emergency Area?

- 1 Yes
- 2 No
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

SWI-5. Are you accepting new patients?

- 1 Yes
- 2 No
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

SWI-6. What is the **primary** setting of your practice site?
(Please select one.)

- 1 A private (solo) practice
- 2 A physician group practice
- 3 Ambulatory center or clinic affiliated with hospital
- 4 Walk-in care center – sometimes called retail clinic
- 7 Other (please specify)
- 8 PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

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

SWI-7. Do you have a successor for your practice?

- 1 Yes
- 2 No
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank



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[NEW SCREEN]

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

- SWI-8. Will you stop working after becoming 65 years old?
- 1 Yes
 - 2 No
 - 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank

[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

- SWI-9. In general, how often do your patients have difficulties understanding the information you give them such as: how to take a medication you prescribe or instructions about symptoms to watch for or when to seek further care?
- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
 - 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank

[NEW SCREEN]

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

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

- SWI-10. How do you make certain that your patients understand the information you give them? Do you...
- 1 Yes, routinely
 - 2 Yes, occasionally
 - 3 No
 - 8 PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
- a. Ask your patients whether they understand the information you provided?
b. Ask your patients to repeat the instructions you gave them?



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[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

SWI-11. Do you have patients with whom a communication in one of the **languages of the country** is not possible?

- 1 Yes
- 2 No
- 8 WEB/MAIL ONLY: Not sure/ PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

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

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

SWI-12. When this happens, what resources are used in your practice to overcome communication barriers?

- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
 - 8 PHONE ONLY: (V) Not sure
 - 9 PHONE ONLY: (V) Decline to answer
 - X WEB/MAIL ONLY: Blank
-
- a. Delivery of written information/instructions in his own language to the patient
 - b. On-site interpreting with a community interpreter
 - c. Telephone interpreting
 - d. Interpreting with the aid of family members
 - e. Interpreting with the aid of practice staff (incl. doctor himself)
 - f. Use symbols / drawings or other utilities



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[NEW SCREEN]

BASE: SWITZERLAND (Q500=9)

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

SWI-13. As you may know, **newly implemented** measures and instruments are being implemented with goal of improving coordination between healthcare professionals. Do you believe that:
(Please select "yes" or "no" for each item.)

- 1 Yes
- 2 No
- 8 **PHONE ONLY: (V) Not sure**
- 9 **PHONE ONLY: (V) Decline to answer**
- X **WEB/MAIL ONLY: Blank**

- a. Healthcare providers will view the use of treatment plans and guidelines as a loss of therapeutic freedom and autonomy of action, yes or no?
- b. Increased transparency in the areas of quality assurance and auditability of provided services may lead to uncertainty, yes or no?
- c. The financial and personnel expenditures for the necessary process modifications are too high, yes or no?
- d. Patient pathways or disease management programmes can restrict the patients' freedom of choice, yes or no?



SECTION L: UK-ONLY QUESTIONS

[NEW SCREEN]

BASE: UK ONLY (Q500=10)

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

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

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

[NEW SCREEN]

BASE: ANY UK-1a-c=1

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

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

[NEW SCREEN]

BASE: UK ONLY (Q500=10)

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

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



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

[NEW SCREEN]

BASE: UK ONLY (Q500=10)

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

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

[NEW SCREEN]

BASE: UK-3=1

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

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

[NEW SCREEN]

BASE: UK ONLY (Q500=10)

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

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



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[NEW SCREEN]

BASE: UK ONLY (Q500=10)

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

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



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[NEW SCREEN]

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

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

Q3000. We are nearly finished. Would you like us to send you a summary of the survey highlights via email?

- 1 Yes
- 2 No
- 3 (US AND CANADA ONLY) Yes but did not provide an email address
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- 8 PHONE ONLY: (V) Not sure
- 9 PHONE ONLY: (V) Decline to answer
- X WEB/MAIL ONLY: Blank

[NEW SCREEN]

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

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

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

Q3001 Please provide your email address so that we may send you a summary of the survey highlights.

Enter Email Address

[NEW SCREEN]

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

[NEW 2015]

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

- 1 Yes, please
- 3 No, do not want the \$50
- 7 MAIL ONLY (AS PART OF BACK END PROCEDURES ONLY): Multiple-response code
- X Blank

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

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



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[NEW SCREEN]

BASE: ALL RESPONDENTS

[NEW 2015]

This is the end of the survey. Thank you, we greatly appreciate your time and cooperation!

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

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



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

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

“QreResponseRate”

Total Questions Asked – Total Questions Skipped

Total Questions Asked

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

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