

**2025 INTERNATIONAL HEALTH POLICY STUDY OF PRIMARY CARE PHYSICIANS
SWISS GERMAN VERSION****(P.N.- PLEASE PLACE TIMERS PER SECTION)****SUBJECTS FOR QUESTIONNAIRE:**

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

GLOBAL PROGRAMMING INSTRUCTIONS

TEXT

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

WEB VS. PHONE/MAIL

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

NON-RESPONSE CODES

- BLANKS ARE DENOTED BY A "999" AND CORRESPOND TO SKIPS TO A GIVEN QUESTION IN THE "WEB" MODE OR TO QUESTIONS LEFT BLANK IN THE "MAIL" MODE
- CODES IN THE "PHONE" MODE MARKED WITH A "V" STAND FOR "VOLUNTARY" AND SHOULD NOT BE READ TO RESPONDENTS

MULTIPLE - RESPONSE

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

PN – PLEASE CALCULATE THE RESPONDENT'S RESPONSE RATE. THIS WOULD BE CALCULATED BY TAKING: THE TOTAL NUMBER OF QUESTIONS ASKED – THE TOTAL NUMBER OF SKIPPED QUESTIONS (SHOULD HAVE BEEN CODED AS 999) OVER THE TOTAL NUMBER OF QUESTION ASKED.

GLOBAL WEB PROGRAMMING NOTES:

- **International Health Policy Survey 2025 – Erhebung bei den Hausärztinnen und -ärzten in der Schweiz** – the title of the survey should be displayed on every screen for MOBILE OPTIMIZATION only.
- Respondents should be allowed to skip every question, unless noted otherwise in programming notes
- Header on every page should contain the client official logo(s)
- The body of the page (question area) should be WHITE
- Footer – light grey background for all pages other than landing page – smaller text font – should contain the following information:

US FOOTER (Q500=11):

If you have any technical trouble with this survey, please contact us by emailing info@internationaldoctorstudy.org or call **Christian Kline** at **1-800-633-1986, Ext. 4428**. If you would like to know more about the Commonwealth Fund, click [here](#).

AUSTRALIA FOOTER (Q500=1):

If you have any technical trouble with this survey, please contact us by emailing info@internationaldoctorstudy-au.org or call **Marisa Cian** at **1300 878 955**. If you would like to know more about the Commonwealth Fund, click [here](#).

CANADA FOOTER (Q500=2):

If you have any technical trouble with this survey, please contact us by emailing info@internationaldoctorstudy.ca or call **Christian Kline** at **1-800-633-1986, Ext. 4428**. If you would like to know more about the Commonwealth Fund, click [here](#).

FRANCE FOOTER (Q500=3):

If you have any technical trouble with this survey, please contact us by emailing info@etudeinternationalemedecins.fr or call **06.81.24.68.14**. If you would like to know more about the Commonwealth Fund, click [here](#).

NEW ZEALAND FOOTER (Q500=6):

If you have any technical trouble with this survey, please contact us by emailing info@internationaldoctorstudy.org.nz. If you would like to know more about the Commonwealth Fund, click [here](#).

UK FOOTER (Q500=10):

If you have any technical trouble with this survey, please contact us by emailing info@internationaldoctorstudy.uk or call **Olivia Grant, Kirsty Kinsella, or Leanne Griffiths** at **0121 355 7421**. If you would like to know more about the Commonwealth Fund, click [here](#).

SWITZERLAND FOOTER (Q500=9):

Falls Sie technische Probleme mit dem Fragebogen haben, können Sie uns per E-Mail unter info@mistrend.ch oder telefonisch unter **0800 800 0246** erreichen. Falls Sie mehr über den International Health Policy Survey erfahren möchten, klicken Sie bitte hier: www.bag.admin.ch/cwf.

- Question text should be in larger font than response options
- Question numbers will be removed before going live.
- Preferred fonts – Arial, Helvetica, or Verdana
- Grids:
 - Html tables should be programmed in a way that column widths are set as proportions of the screen size. This will allow content to adjust to different browser window sizes.
 - If possible, we would like grids NOT to display table lines
 - Columns should be of equal width
 - Rows should be shaded – starting with the first row
 - No vertical shading – i.e., columns

- **EM1: [ERROR MESSAGE]:** (PN: EM1 SHOULD BE PRESENTED AT THE RESPONDENT'S FIRST ATTEMPT TO SKIP A QUESTION. IF A RESPONDENT FAILS TO PROVIDE A RESPONSE TO ANY WEIGHTING TARGET VARIABLE QUESTION (i.e., Q1a, Q1b, Q44, AND Q45) – EM1 SHOULD BE PRESENTED.
- **EM1** **"Ihre Antworten zu diesen Fragen sind sehr wichtig für uns. Könnten Sie sich bitte kurz die Zeit nehmen, um die untenstehende Frage zu beantworten?"**
- **CLOSED FIELD MESSAGE:** (PN: THIS MESSAGE SHOULD BE DISPLAYED FOR ALL COUNTRIES' VERSIONS OF THE PROGRAM THAT HAVE BEEN CLOSED) – **"Die Befragung ist abgeschlossen. Besten Dank für Ihr Verständnis."**

PN – WEB LINK LOGOS

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

SECTION 500: SAMPLE PRELOADS

(IHP 2022 Q500 modified – removed code for Norway, IHP 2019 Q500, IHP 2015 Q500, IHP 2012 Q500)

BASE: ALL RESPONDENTS

Q500.PRELOAD – COUNTRY

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

(IHP 2022 Q500a, IHP 2019 Q500a, IHP 2015 Q500a)

BASE: ALL RESPONDENTS

Q500a. MODE OF COMPLETION

(Mode the interview was completed on per respondent)

- 1 Web
- 2 Mail
- 3 Phone

4 [SWITZERLAND (Q500=9) ONLY]: Web and Phone

(IHP 2022 Q500b, IHP 2019 Q500b, IHP 2015 Q500b Modified – for Germany and Norway, the date shown is the date the interview got imputed into the database)

BASE: ALL RESPONDENTS

Q500b. DATE OF COMPLETION

(Date interview was completed per respondent)

(TWO DIGIT YEAR, TWO DIGIT MONTH, TWO DIGIT DAY)

For example "January 5th, 2019" would show up as "190105"

(IHP 2022 Q500d, IHP Q500d, IHP Q500d, IHP 2012 Q3005)

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

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

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

(IHP 2022 Q501, IHP 2019 Q501, IHP 2015 Q501, IHP 2012 Q501, IHP 2009 Q601)

BASE: UK (Q500=10)

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

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

(IHP 2022 Q504, IHP 2019 Q504, IHP 2015 Q504, IHP 2012 Q504 Modified, IHP 2009 Q604)

BASE: UK (Q500=10)

Q504.PRELOAD – PRACTICE SETTING

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

(IHP 2022 Q509, IHP 2019 Q509, IHP 2015 Q509, IHP 2012 Q509, IHP 2009 Q609)

BASE: FRANCE (Q500=3)

Q509.PRELOAD – POSTCODE

[ALPHANUMERIC; MAX 5 CHARACTERS]

|__|__|__|__|__|

(IHP 2022 Q513, IHP 2019 Q513, IHP 2015 Q513, IHP 2012 Q513 Modified – obtained through sample in 2012 and will now be asked as part of the screener, IHP 2009 Q613)

BASE: UK (Q500=10)

Q513. JOB TITLE – FROM SCREENER

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

(IHP 2022 Q520, IHP 2019 Q520, IHP 2015 Q520, IHP 2012 Q520 Modified, IHP 2009 Q1504)

BASE: US (Q500=11)

Q520. PRELOAD – SPECIALTY

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

(IHP 2022 Q521, IHP 2019 Q521, IHP 2015 Q521, IHP 2012 Q521, IHP 2009 Q1500)

BASE: US (Q500=11)

Q521. PRELOAD - STATE

- 01 Alabama
- 02 Alaska
- 03 Arizona
- 04 Arkansas
- 05 California
- 06 Colorado
- 07 Connecticut
- 08 Delaware
- 09 District of Columbia
- 10 Florida
- 11 Georgia
- 12 Hawaii
- 13 Idaho
- 14 Illinois
- 15 Indiana
- 16 Iowa
- 17 Kansas
- 18 Kentucky
- 19 Louisiana
- 20 Maine
- 21 Maryland
- 22 Massachusetts
- 23 Michigan
- 24 Minnesota
- 25 Mississippi

- 26 Missouri
- 27 Montana
- 28 Nebraska
- 29 Nevada
- 30 New Hampshire
- 31 New Jersey
- 32 New Mexico
- 33 New York
- 34 North Carolina
- 35 North Dakota
- 36 Ohio
- 37 Oklahoma
- 38 Oregon
- 39 Pennsylvania
- 40 Rhode Island
- 41 South Carolina
- 42 South Dakota
- 43 Tennessee
- 44 Texas
- 45 Utah
- 46 Vermont
- 47 Virginia
- 48 Washington
- 49 West Virginia
- 50 Wisconsin
- 51 Wyoming

(IHP 2022 Q522, IHP 2019 Q522, IHP 2015 Q522, IHP 2012 Q522, IHP 2009 Q1501)

BASE: US (Q500=11)

Q522.PRELOAD - REGION

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

(IHP 2022 Q523, IHP 2019 Q523 Modified – updated list of codes to account for main sample only)

BASE: US (Q500=11)

Q523.PRELOAD – US SAMPLE TYPE

- 1 Main Wave 1
- 2 Main Wave 2
- 3 Main Wave 3

(IHP 2022 Q530, IHP 2019 Q530, IHP 2015 Q530 Modified –new code 3 for missing sample-data, IHP 2012 Q530 Modified, IHP 2009 Q1509)

BASE: CANADA (Q500=2)

Q530.PRELOAD - SAMPLE FILE SPECIALTY

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

(IHP 2022 Q531, IHP 2019 Q531, IHP 2015 Q531, IHP 2012 Q531, IHP 2009 Q1507)

BASE: CANADA (Q500=2)

Q531.PRELOAD - SAMPLE FILE PROVINCE

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

(IHP 2022 Q532, IHP 2019 Q532, IHP 2015 Q532 Modified –no alphabetical set of codes; just numeric codes, IHP 2012 Q532, IHP 2009 Q1508)

BASE: CANADA (Q500=2)

Q532.PRELOAD - SAMPLE FILE GENDER

- 1 MALE
- 2 FEMALE

(IHP 2022 Q533 modified – removed code for Census, IHP 2019 Q533)

BASE: CANADA (Q500=2)

Q533.PRELOAD CANADA SAMPLE TYPE

- 1 Wave 1
- 2 Wave 2

(IHP 2022 Q535, IHP 2019 Q535 Modified – removed code 3 for territories)

BASE: CANADA (Q500=2)

Q535.CANADIAN HARD-COPY QRE TYPE

- 1 French Main
- 2 English Main

(IHP 2022 Q536, IHP 2019 Q536)

BASE: CANADA (Q500=2)

Q536.PRELOAD CANADIAN EMAIL ADDRESS AVAILABILITY

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

(IHP 2022 Q540, IHP 2019 Q540, IHP 2015 Q540, IHP 2012 Q540, IHP 2009 Q1510)

BASE: GERMANY (Q500=4)

Q540.PRAXIS-STEMPEL FROM QUESTIONNAIRE- SPECIALTY

- 1 GP/Internist
- 2 Pediatrician

(IHP 2022 Q541, IHP 2019 Q541, IHP 2015 Q541, IHP 2012 Q541, IHP 2009 Q1519)

BASE: GERMANY (Q500=4)

Q541.PRAXIS-STEMPEL FROM QUESTIONNAIRE - REGION

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

(IHP 2022 Q542, IHP 2019 Q542)

BASE: GERMANY (Q500=4)

Q542.PRELOAD GERMANY EMAIL ADDRESS

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

(IHP 2022 Q546, IHP 2019 Q546, IHP 2015 Q546, IHP 2012 Q546, IHP 2009 Q1512)

BASE: SWEDEN (Q500=8)

Q546.PRELOAD - SAMPLE FILE PUBLIC/PRIVATE

- 1 Public practice
- 2 Private practice

(IHP 2022 Q547, IHP 2019 Q547, IHP 2015 Q547 Modified – combined Stockholm and Gotland at code 1 and removed code 8, IHP 2012 Q547, IHP 2009 Q1513)

BASE: SWEDEN (Q500=8)

Q547.PRELOAD - SAMPLE FILE REGION

- 1 Stockholm and Gotland
- 2 Uppsala
- 3 Södermanland
- 4 Östergötland
- 5 Jönköping
- 6 Kronoberg
- 7 Kalmar
- 9 Blekinge
- 10 Skåne
- 11 Halland
- 12 Västra Götaland
- 13 Värmland
- 14 Örebro
- 15 Västmanland
- 16 Dalarna
- 17 Gävleborg
- 18 Västernorrland
- 19 Jämtland
- 20 Västerbotten
- 21 Norrbotten

(IHP 2022 Q555, IHP 2019 Q555 Modified – updated to be a flag for matching MDA's sample against TKW's database)

BASE: AUSTRALIA (Q500=1)

Q555.PRELOAD - AUSTRALIAN SAMPLE MATCHED BETWEEN SOURCES

- 1 MDA only
- 2 MDA matched to TKW database

(IHP 2022 Q556, IHP 2019 Q556, IHP 2015 Q556, IHP 2012 Q556, IHP 2009 Q1515)

BASE: AUSTRALIA (Q500=1)

Q556.PRELOAD - SAMPLE FILE URBANICITY

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

(IHP 2022 Q557, IHP 2019 Q557, IHP 2015 Q557 Modified –new set of codes for NSW strata, IHP 2012 Q557, IHP 2009 Q1525)

BASE: AUSTRALIA (Q500=1)

Q557.PRELOAD SAMPLE FILE REGION FROM POST CODE

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

(IHP 2022 Q558, IHP 2019 Q558, IHP 2015 Q558)

BASE: NEW ZEALAND (Q500=6)

Q558.PRELOAD SAMPLE FILE REGION

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

(IHP 2022 Q563, IHP 2019 Q563)

BASE: NETH (Q500=5)

Q563.PRELOAD – DUTCH REGION

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

(IHP 2022 Q565, IHP 2019 Q565, IHP 2015 Q565, IHP 2012 Q565, IHP 2009 Q1524)

BASE: FRANCE (Q500=3)

Q565.PRELOAD - SAMPLE FILE TOWN SIZE

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

(IHP 2022 Q570, IHP 2019 Q570, IHP 2015 Q570, IHP 2012 Q570)

BASE: SWITZERLAND (Q500=9)

Q570.LINGUISTIC REGIONS - PRELOAD

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

(IHP 2022 Q571, IHP 2019 Q571 Modified – updated codes to align with latest definition of urbanicity in Switzerland, IHP 2015 Q571, IHP 2012 Q571)

BASE: SWITZERLAND (Q500=9)

Q571.COMMUNITY TYPE - PRELOAD

- 1 Urban
- 2 Intermediate (dense peri-urban area and rural centers)
- 3 Rural

(IHP 2022 Q572, IHP 2019 Q572, IHP 2015 Q572, IHP 2012 Q572)

BASE: SWITZERLAND (Q500=9)

Q572.CANTONS - PRELOAD

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

(IHP 2022 Q573, IHP 2019 Q573 Modified – removed Sweden from base, IHP 2015 Q573, IHP 2012 Q573 Modified – Sweden added to base and updated range)

BASE: SWITZERLAND (Q500=8 or 9)

Q573.COMPUTE FOR AGE from PRELOAD.

[PN: RANGE 18 -108]

(IHP 2022 Q574, IHP 2019 Q574, IHP 2015 Q574 Modified –new code 9, IHP 2012 Q574 Modified – Sweden added to base)

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

Q574.PRELOAD - SAMPLE FILE GENDER

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

(IHP 2022 Q575, IHP 2019 Q575, IHP 2015 Q575, IHP 2012 Q575)

BASE: SWITZERLAND (Q500=9)

Q575.PRELOAD - SAMPLE FILE SPECIALTY

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

(IHP 2022 QR CODE, IHP 2019 QR CODE)

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

QR CODE. QR CODE FOR MAIL COMPLETES

[PN: 4 alphanumeric digits]

SECTION 700: INTRODUCTIONS AND SCREENERS

(IHP 2022 SCREEN 1, IHP 2019 SCREEN 1)

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

[SCREEN 1]

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

(IHP 2022 INTID, IHP 2019 INTID Modified - added programming note to account for modal logic)

BASE: UK RESPONDENTS WHO ARE SCREENED BY PHONE (Q500=10)

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

INTID. Please enter your unique interviewer ID.

_____ [PN: RANGE AD01-AD15]

(IHP 2022 S1 modified - updated year, IHP 2019 S1 Modified - updated Web text)

BASE: UK RESPONDENTS (Q500=10)

S1.

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

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

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

Now, to get started..."]

[WEB ONLY:

2025 International Health Policy Study of Primary Care Physicians [BOLD AND CENTERED ON THE SCREEN]

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

This survey should take about 15 minutes of your time. For your participation, we will pay you £30 GBP, if you qualify. Your answers will be completely confidential and used for research purposes only.

If necessary, you have the option to pause the survey and finish it later by clicking "Finish later." To resume taking the survey, return to the link that was provided to you via email. Click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.

Thank you for your help with this important study.

Please click 'NEXT' to continue. For more information about the study, click here. [PN: LINK THE "click here" TEXT TO THE FAQ PAGE CONTENT LOCATED IN "H:\X1070\DP\FAQs for Web\IHP 2025 Web FAQs v1_12.13.24_Confidential.docx"]

(IHP 2022 S1a modified – email address updated, IHP 2021 SC5 Modified – added code 2 for Web, IHP 2020 SC5)

BASE: UK RESPONDENTS (Q500=10)

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

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

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

Do you agree to participate in the survey?

1 Yes

2 WEB ONLY: No

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

(IHP 2022 S1b, IHP 2019 S1, IHP 2015 S1 Modified – included on Web, added text for self-screening on Web)

BASE: UK RESPONDENTS (Q500=10)

S1b. What is your specialty?

- 1 General Practitioner
- 2 Other

998 PHONE ONLY: (DO NOT READ) Not Sure

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

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

(IHP 202 S2, IHP 2019 S2, IHP 2015 S2 Modified – included on Web, revised text to be Web and Phone)

BASE: UK GENERAL PRACTITIONERS (S1b=1)

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

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

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

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

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

(IHP 2022 S3, IHP 2019 S3, IHP 2015 S3 Modified – included on Web, revised text to be Web and Phone)

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

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

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

- 1 Less than 50%
- 2 50% or more

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

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

(IHP 2022 S4, IHP 2019 S4, IHP 2015 Modified – included on Web, added programming note to auto-populate S5 for Web)

BASE: QUALIFYING UK GENERAL PRACTITIONERS SPENDING AT LEAST 50% OF TIME IN DIRECT PATIENT CARE (S3=2)

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

- 1 England excluding London
- 2 London
- 3 Scotland
- 4 Wales

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

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

(IHP 2022 S5, IHP 2019 S5 Modified – added code 4 to streamline programming logic for screening process and updated code 3, IHP 2015 Modified – removed response-option 4 for fax)

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

[PN: IF SELF-SCREENED WEB (Q500a=1 AND INTID=BLANK OR SYSMIS), AUTO-POPULATE S5=4 AND CONTINUE TO Q1.]

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

1 Phone Now

2 Phone Later

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

4 Self-screened Web

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

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

(IHP 2022 S6, IHP 2019 S6, IHP 2015 Modified – removed option for fax and revised interviewer notes)

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

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

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

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

IF S5=3: (INTERVIEWER NOTE: If respondent wants to complete by WEB, collect email address and send respondent an email with the web link (**PN: ENTER (WEB LINK)**) and additional information (e.g., endorsement letters) to respondent’s email address. Once all of the information is collected, click “Next” and then click “Finish Later” on the INTRO screen to exit from the program.)

(IHP 2022 UKINTRO modified – updated year, IHP 2019 Modified – updated survey name and instructions for returning to individualized web link, IHP 2015 Modified – updated base for Web or scheduled Phone, revised survey title, and revised text of second paragraph)

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

UKINTRO. 2025 International Health Policy Study of Primary Care Physicians [BOLD AND CENTERED ON THE SCREEN]

Welcome and thank you for taking part in this survey, being conducted by the Health Foundation and the Commonwealth Fund, a U.S. health care foundation. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their

patients. Your response is very important to help us better understand how primary care doctors view the health care system in the UK.

This survey should take about 15 minutes of your time. **[WEB ONLY:** If necessary, you have the option to pause the survey and finish it later by clicking "Finish later." To resume taking the survey, return to the link that was provided to you via email. Click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.]

Thank you for your help with this important study.

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

*(IHP 2022 S7, IHP 2019 S7, IHP 2015 Modified – included on Web, revised text to be Web and Phone)
BASE: UK TERMINATES (S1=2,8,9 OR S2=9 OR S3=1,9 OR S4=9 OR S5=9)*

S7. PHONE ONLY: Thank you for your time.

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

(IHP 2022 LANDING PAGE, IHP 2019)

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

LANDING PAGE. Thank you for your help with this important study.

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

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

Survey Instructions

NAVIGATING:

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

"BACK" to go back to an earlier question.

"NEXT" to go to the next question.

"FINISH LATER" to temporarily stop taking the survey.

ANSWERING QUESTIONS:

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

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

FINISH LATER:

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

(IHP 2022 CANFR1, IHP 2019 CANFR1, IHP 2015 Modified – revised code 2 to be in French)

BASE: CANADA RESPONDENTS (Q500=2)

CANFR1. Would you prefer to take this survey in:

- 1 English
- 2 Français

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

(IHP 2022 AUSINTRO modified – removed reference to RACGP, year updated, IHP 2019 Modified – updated survey name, removed state-specific partner language, and updated instructions for returning to individualized web link, Revised IHP 2015 – revised survey title and text of first paragraph)

BASE: AUSTRALIA RESPONDENTS (Q500=1)

AUSINTRO. 2025 International Health Policy Study of Primary Care Physicians [BOLD AND CENTERED ON THE SCREEN]

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

This survey should take about 15 minutes of your time. If necessary, you have the option to pause the survey and finish it later by clicking “Finish later.” To resume taking the survey, return to the link that was provided to you via email. Click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.

Thank you for your help with this important study.

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

(IHP 2022 CANINTRO modified – Ontario removed from base, year updated, IHP 2019 Modified – updated survey name, IHP 2015 Modified – revised survey title with current year and revised text of first paragraph)

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

CANINTRO. 2025 International Health Policy Study of Primary Care Physicians [BOLD AND CENTERED ON THE SCREEN]

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

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

Thank you for your help with this important study.

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

(IHP 2022 QUEBINTRO modified – organizations updated, year updated, IHP 2019 Modified – updated survey name, IHP 2015 Modified – revised survey title with current year and change of sponsor)

BASE: QUEBEC RESPONDENTS (Q531=11)

QUEBINTRO. **2025 International Health Policy Study of Primary Care Physicians** [BOLD AND CENTERED ON THE SCREEN]

Welcome and thank you for taking part in this survey, being conducted by the Ministère de la Santé et des Services sociaux, the Commissaire à la Santé et au bien-être (CSBE), other national health organizations, and the Commonwealth Fund, a U.S. health care foundation. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. Your response is very important to help us better understand how primary care doctors view the health care system in Canada.

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

Thank you for your help with this important study.

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

(IHP 2019 Modified – organizations updated, IHP 2015 Modified – revised survey title with current year and sponsor's abbreviation)

BASE: ONTARIO RESPONDENTS (Q531=9)

ONINTRO. **2025 International Health Policy Study of Primary Care Physicians** [BOLD AND CENTERED ON THE SCREEN]

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

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

Thank you for your help with this important study.

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

(IHP 2022 FRANINTRO modified – sponsoring organizations updated, year updated, IHP 2019 Modified – updated text to match the framing of the UK's Phone introduction, IHP 2015 Modified - revised text to include 2015 as the last year for data-collection and revised text to include both PHONE ONLY and WEB ONLY text)

BASE: FRANCE RESPONDENTS (Q500=3)

FRANINTRO.

[PHONE ONLY: "Hello, I'm _____ calling from [INSERT CALL CENTER NAME], a professional research firm. We are conducting an international survey of primary care doctors in partnership with 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, if you qualify. Your answers will be completely confidential and used for research purposes only.

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

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

Now, to get started..."]

[WEB ONLY:

2025 International Health Policy Study of Primary Care Physicians [BOLD AND CENTERED ON THE SCREEN]

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

This survey should take about 15 minutes of your time. For your participation, we will pay you €30, if you qualify. Your answers will be completely confidential and used for research purposes only.

If necessary, you have the option to pause the survey and finish it later by clicking "Finish later." To resume taking the survey, return to the link that was provided to you via email. Click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.

Thank you for your help with this important study.

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

(IHP 2022 FR1 modified – email address updated, text modified to reflect web respondents, IHP 2021 SC5 Modified – added code 2 for Web, IHP 2020 SC5)

BASE: FRANCE RESPONDENTS (Q500=3)

FR1. You have been randomly selected for this survey, which is voluntary and can be stopped at any time.

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

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

Do you agree to participate in the survey?

1 Yes

2 WEB ONLY: No

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

(IHP 2022 FR2)

BASE: FRANCE RESPONDENTS (Q500=3)

FR2. What is your specialty?

1 General Practitioner

2 Other

998 PHONE ONLY: (DO NOT READ) Not Sure

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

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

(IHP 2022 FR3)

BASE: FRANCE RESPONDENTS (Q500=3)

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

1 Yes, involved in direct patient care

2 No, not involved in direct patient care

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

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

(IHP 2022 FR6)

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

FR6. PHONE ONLY: Thank you for your time.

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

(IHP 2022 NZINTRO modified – year updated, IHP 2019 Modified – updated survey name and instructions for returning to individualized web link, IHP 2015 Modified – revised survey title)

BASE: NZ RESPONDENTS (Q500=6)

NZINTRO. 2025 International Health Policy Study of Primary Care Physicians [BOLD AND CENTERED ON THE SCREEN]

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

This survey should take about 15 minutes of your time. If necessary, you have the option to pause the survey and finish it later by clicking “Finish later.” To resume taking the survey, return to the link that was provided to you via email. Click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.

Thank you for your help with this important study.

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

(IHP 2022 SWEDINTRO modified – year updated, IHP 2019 Modified – updated survey name, IHP 2015 Modified – revised survey title with current year)

BASE: Sweden RESPONDENTS (Q500=8)

SWEDINTRO. 2025 International Health Policy Study of Primary Care Physicians [BOLD AND CENTERED ON THE SCREEN]

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

This survey should take about 15 minutes of your time. [WEB ONLY: If necessary, you have the option to pause the survey and finish it later by clicking “Finish later.” To resume taking the survey, go to the survey home page at **(ADD WEBSITE NAME - WE SUGGEST USING www.internationaldoctorstudy.se)**, log in again with your passcode, and click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.]

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.

(IHP 2022 SWITZINTRO modified – year updated, IHP 2019 Modified – updated survey name, IHP 2015 Modified – revised survey title with current year)

BASE: Switzerland RESPONDENTS (Q500=9)

SWITZINTRO. **International Health Policy Survey 2025 – Erhebung bei den Hausärztinnen und -ärzten in der Schweiz** [BOLD AND CENTERED ON THE SCREEN]

Willkommen und vielen Dank für Ihre Teilnahme an dieser durch die **Verbindung der Schweizer Ärztinnen und Ärzte (FMH)** und das **Bundesamt für Gesundheit (BAG)** durchgeführten Erhebung. Diese erlaubt den politischen Entscheidungsträgern ein besseres Verständnis der Standpunkte und Erfahrungen der Hausärzt:innen in Bezug auf die Betreuung ihrer Patienten. Ihre Antworten sind sehr wichtig, damit wir besser verstehen, wie die Hausärzt:innen das Schweizer Gesundheitssystem sehen.

Das Ausfüllen des Fragebogens sollte etwa **20 Minuten** dauern. Ihre Teilnahme ist freiwillig.

Falls es Ihnen bei einer Frage wirklich unmöglich ist, eine Antwort zu geben, können Sie diese durch 2x klicken auf «Weiter» überspringen.

[**WEB ONLY** : Falls nötig können Sie den Fragebogen unterbrechen und später fertig ausfüllen, indem Sie die Seite schliessen. Um das Ausfüllen fortzusetzen, können Sie sich auf der Internetseite <https://s.mis-trend.ch/IHP25> mit Ihren Zugangsdaten erneut einloggen]

Vielen Dank für Ihre Mithilfe bei dieser wichtigen Erhebung.

Bitte klicken Sie auf 'Weiter', um weiterzufahren.

(IHP 2022 USINTRO modified – year updated, IHP 2019 Modified – updated survey name, IHP 2015 Modified – revised survey title with current year)

BASE: US RESPONDENTS (Q500=11)

USINTRO. **2025 International Health Policy Study of Primary Care Physicians** [BOLD AND CENTERED ON THE SCREEN]

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

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

Thank you for your help with this important study.

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

(IHP 2022 AUSNZSCREEN, IHP 2019 AUSNZSCREEN Modified – added code 9)

BASE: AUSTRALIA AND NEW ZEALAND RESPONDENTS (Q500=1,6)

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

- 1 Yes, involved in direct patient care
- 2 No, not involved in direct patient care

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

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

(IHP 2022 Q1a, IHP 2019 Q1a, IHP 2015 Modified – only contains WEB/MAIL set of codes rather than both a web-exclusive set and a WEB/MAIL set, sample-data used when self-report data is missing)

BASE: AUSTRALIA RESPONDENTS (Q500=1)

1a. Please select your state:

- 01 New South Wales (NSW)
- 02 Australian Capital Territory (ACT)
- 03 Victoria (VIC)
- 04 Queensland (QLD)
- 05 South Australia (SA)
- 06 Western Australia (WA)
- 07 Tasmania (TAS)
- 08 Northern Territory (NT)

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

999 WEB/MAIL ONLY: Blank

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

(IHP 2022 Q1b, IHP 2019 Q1b Modified – updated list of codes to fully broken-out DHBs instead of 4-break region, IHP 2015)

BASE: NZ RESPONDENTS (Q500=6)

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

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

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

999 WEB/MAIL ONLY: Blank

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

(IHP 2022 GER1, IHP 2019 GER1)

BASE: GERMANY RESPONDENTS (Q500=4)

GER1. What is your main activity in your practice?

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

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

999 WEB/MAIL ONLY: Blank

(IHP 2022 Q1, IHP 2019 Q1, IHP 2015 Q1 Modified – updated question-text and 5 pt. bipolar scale, IHP 2012 Q805 Modified – slightly updated question-text, IHP 2009 Q700)

BASE: ALL RESPONDENTS

1. Wie würden Sie gesamthaft die Leistung des Gesundheitssystems in der Schweiz beurteilen?

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

- 1 Sehr gut
- 2 Gut
- 3 Akzeptabel
- 4 Schlecht
- 5 Sehr schlecht

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

998 PHONE ONLY: (V) Not sure

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

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

(IHP 2022 Q2 modified – scale made bipolar with a middle option, IHP 2019 Q2, IHP 2015 Q2 Modified – updated 5 pt. unipolar scale, IHP 2012 Q810, IHP 2009 Q705)

BASE: ALL RESPONDENTS

2. Wie zufrieden sind Sie allgemein mit Ihrer ärztlichen Tätigkeit?

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

- 1 Sehr zufrieden
- 2 Ziemlich zufrieden
- 3 Weder zufrieden noch unzufrieden
- 4 Ziemlich unzufrieden
- 5 Sehr unzufrieden

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 Q3 modified – made UK-only, timeframe updated to last three years, IHP 2019 Q3 Modified – updated frame of reference to ask about time since the COVID-19 pandemic, IHP 2015 Q3, IHP 2012 Q815, IHP 2009 Q710)

BASE: ALL UK RESPONDENTS (Q500=10)

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

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

998 PHONE ONLY: (V) Not sure

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

PN: SHOW TO ALL: “Falls Sie an mehreren Orten arbeiten, beziehen Sie bitte Ihre Antworten auf die folgenden Fragen im gesamten Fragebogen auf Ihre Haupt-Praxis (z.B. dort wo Sie am meisten Zeit mit Patienten verbringen).”

SECTION A: ACCESS TO CARE

(IHP 2022 Q4 modified – item c removed, item d added, IHP 2019 Q5 Modified – new item d, IHP 2015 Q9 Modified – updated question-text, 2015 item d is now item b and new item c, IHP 2012 Q1010 Modified – updated question-text, new item b (item 5 is now item c, and item 3 is now item d)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

4. Unterstützen Sie und/oder Personal, welches mit Ihnen in Ihrer Praxis arbeitet, Patienten in der folgenden Weise:

PHONE ONLY: (IF RESPONDENT SAYS “Yes,” ASK: “Would you say frequently or occasionally?)

PHONE ONLY: How about (READ ITEM)?

- 1 Ja, oft
- 2 Ja, gelegentlich
- 3 Nie

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

998 PHONE ONLY: (V) Not sure

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

- a. Sie machen Hausbesuche
- b. Sie koordinieren die Versorgung mit den Sozialdiensten oder anderen Pflegediensten (Spitex).
- d. Sie koordinieren die Versorgung mit anderen Gesundheitsdienstleistern oder Spezialisten ausserhalb Ihrer Praxis

(IHP 2022 Q5 modified – question text updated to reflecting after office hours, telehealth language made country-specific, IHP 2019 Q6 Modified – removed code 5 for Norway)

BASE: ALL RESPONDENTS

5. Wie häufig ermöglicht Ihre Praxis unter der Woche (d.h. Montag bis Freitag) Termine am Abend (nach den üblichen Öffnungszeiten)?

WEB/MAIL ONLY: (Anmerkung: Geben Sie bitte sowohl persönliche als auch telemedizinische Termine an.)

PHONE ONLY: (IF NECESSARY: Please include both in-person and [IF CAN (Q500=2), DISPLAY: "virtual care"; IF UK (Q500=10), DISPLAY: "remote care"; IF NOT CAN OR UK (Q500=1, 3-9,11), DISPLAY: "telehealth"] appointments)

PHONE ONLY: (READ LIST)

- 1 Nie
- 2 Ein Tag in der Woche
- 3 2 bis 3 Tage in der Woche
- 4 4 oder mehr Tage in der Woche

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 Q6 modified – telehealth language made country-specific, response options updated to ask about weekends, IHP 2019 Q7 Modified – removed code 5 for Norway)

BASE: ALL RESPONDENTS

6. Wie häufig ermöglicht Ihre Praxis Termine am Wochenende (d.h. samstags oder sonntags)?

WEB/MAIL ONLY: (Anmerkung: Geben Sie bitte sowohl persönliche als auch telemedizinische Termine an.)

PHONE ONLY: (IF NECESSARY: Please include both in-person and [IF CAN (Q500=2), DISPLAY: "virtual care"; IF UK (Q500=10), DISPLAY: "remote care"; IF NOT CAN OR UK (Q500=1, 3-9,11), DISPLAY: "telehealth"] appointments)

PHONE ONLY: (READ LIST)

- 1 Nie
- 2 Ein Wochenende pro Monat
- 3 Zwei Wochenenden pro Monat
- 4 Drei Wochenenden pro Monat
- 5 Jedes Wochenende

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 Q7 modified – made Canada-only and replaced telehealth with virtual care, response options reordered, IHP 2019 Q8, IHP 2015 Q8 Modified – updated question-text to emphasize in-person visits and include specific translated examples per country, IHP 2012 Q915 Modified -- Same as in 2012 for US, UK, Switzerland, and France; modified for all other countries - Sweden pipe in new in 2015, All other country pipe in new in 2015 except for Switzerland and France, IHP 2009 Q815)

BASE: ALL CANADA RESPONDENTS (Q500=2)

7. Not including hospital emergency departments, does your practice have an arrangement, either within or with another practice, where patients can be seen by a doctor or nurse when the practice is closed (e.g., [IF NOR, (Q500=7), DISPLAY: "municipal emergency service"; IF NETH, (Q500=5), DISPLAY: "huisartsenposten"; IF FRA, (Q500=3), DISPLAY: "Maison Medicale de garde"; IF ELSE, (Q500=1, 2, 4, 6, 8-11), DISPLAY: "after-hours"])?

- 1 Yes, patients can be seen both in-person and via virtual care
- 2 Yes, patients can only be seen in-person
- 3 Yes, patients can only be seen via virtual care
- 4 No

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

998 PHONE ONLY: (V) Not sure

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

SECTION B: USE OF TELEHEALTH

PN: SHOW TO ALL: "Die nächsten Fragen beziehen sich auf Telemedizin – die Bereitstellung klinischer Versorgung für Patienten per Videocall oder Telefon statt einer persönlichen Konsultation."

(IHP 2022 Q8)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

[PN: ALLOW RANGE 0-100]

[PN: DECIMALS SHOULD BE ALLOWED]

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

8. Wie viel Prozent Ihrer Patientetermine werden in einer typischen Woche derzeit jeweils in folgender Form betreut:

WEB/MAIL ONLY: *(Anmerkung: Ihre bestmögliche Schätzung ist in Ordnung. Es sollte sich eine Summe von etwa 100 % ergeben.)*

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

	Prozentsatz der Patientetermine ..
1 mit persönlichem Erscheinen	_____ %
2 telefonisch (Stimme oder Textnachrichten)	_____ %
3 per Video	_____ %

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 Q9 modified – telehealth language made country-specific and definition removed as it is earlier in questionnaire, middle option added to responses)

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

9. Wie zufrieden sind Sie (falls überhaupt) insgesamt mit dem Einsatz der Telemedizin?

- 1 Sehr zufrieden
- 2 Ziemlich zufrieden
- 3 Weder zufrieden noch unzufrieden
- 4 Ziemlich unzufrieden
- 5 Sehr unzufrieden

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 Q11 modified – telehealth language made country-specific, items b and d removed, items f and g added, modified text for item c)

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

[PN: SET UP AS GRID FOR WEB]

10. **Würden Sie sagen, Telemedizin hat:**

[PHONE ONLY: (READ FIRST ITEM)]

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

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

- 1 Ja, in hohem Masse
- 2 Ja, in gewissem Masse
- 3 Nein

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

998 PHONE ONLY: (V) Not sure

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

- a. **Die zeitgerechte Versorgung Ihrer Patienten verbessert?**
- f. **Die Zugänglichkeit der Versorgung für Ihre Patienten verbessert?**
- c. **Es Ihnen ermöglicht, Bedürfnisse im Bereich der psychischen Gesundheit (z. B. Angstzustände, leichte oder mittelschwere Depressionen) angemessen zu beurteilen?**
- g. **Es Ihnen ermöglicht, suchtbezogene Probleme (wie Drogen-, Opioid- und Alkoholkonsum sowie Glücksspiel) angemessen zu beurteilen?**
- e. **Dazu geführt, dass Sie mehr Antibiotika verschrieben haben?**

(IHP 2022 Q12b modified – question text modified, made US-only)

BASE: ALL US RESPONDENTS (Q500=11)

[PN: SET UP AS GRID FOR WEB]

11. In general, how much of a challenge is it, if at all, -that reimbursement for telehealth visits is lower than for in-person visits?

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

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

- 1 Major challenge
- 2 Minor challenge
- 3 Not a challenge
- 6 Not applicable

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

998 PHONE ONLY: (V) Not sure

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

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

PN: SHOW TO ALL:

(WEB/PHONE): Die nächsten Fragen beziehen sich auf das Pflegemanagement bei Patienten mit chronischen Erkrankungen und anderen besonderen Bedürfnissen im Allgemeinen.»

(PAPER SURVEY): "The next questions are about the care provided to patients in general, both via [IF CAN (Q500=2), DISPLAY: "virtual care"; IF UK (Q500=10), DISPLAY: "remote care"; IF NOT CAN OR UK (Q500=1, 3-9,11), DISPLAY: "telehealth"] and in-person."

(IHP 2022 Q13 modified – NZ added to item g base, question text modified, slight edits to text for items a-c, IHP 2019 Q9 Modified – item a added examples, item c updated phrasing, 2019 item f is now item g with new item f, IHP 2015 Q11 Modified -- revised question-text, shortened list of revised items, new response-option 4, IHP 2012 Modified – new items C, E, F; Question text and Item D IHP 2006, IHP 2009 Modified -- main question text modified since 2006 to be asked at the practice level and to read "following patients" instead of "following types of patients"; for items A and B main question text and the item-specific wording are modified; for item D only main question text is modified and item wording is the same as in IHP 2006; item H is unknown if NEW or from IHP 2006; per Vårdanalys, translations of items E and F do not include residential care, nursing homes, institutional care or home for the elderly. Only health care, personal care and services given in their own home)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

[PN: ITEM g IS FOR CANADA AND NEW ZEALAND ONLY]

12. **i** Wie gut ist Ihre Praxis vorbereitet auf die Behandlung von Patienten mit:

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Gut vorbereitet
- 2 Einigermassen vorbereitet
- 3 Nicht vorbereitet
- 4 Solche Patienten habe ich nicht

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

998 PHONE ONLY: (V) Not sure

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

- a. **i** chronischen Erkrankungen wie Diabetes, COPD, Herzinsuffizienz
- b. **i** psychischen Problemen (z.B. Angstzustände, schwache oder mittlere Depressionen)
- c. **i** suchtbezogenen Problemen (z. B. Drogen, Opiate, Alkoholkonsum und Glücksspiel)
- d. **i** Bedarf nach einer palliativen Behandlung
- e. **i** Demenz
- g. [FOR CAN AND NZ RESPONDENTS ONLY, (Q500=2, 6), DISPLAY: "Patients requesting medical assistance in dying"]

(IHP 2025 New)

BASE: WEB/PHONE RESPONDENTS WHO SAID THEY ARE NOT PREPARED FOR ANY OF THE FOLLOWING IN Q12 (Q500a=1,3 AND Q12a-g=3)

PN: ASK FOR EACH ITEM WHERE Q12=3 (YES)

13. Sie haben angegeben, dass Ihre Praxis nicht vorbereitet ist auf die Behandlung von Patienten mit **INSERT ITEM FROM Q12**. Warum fühlen Sie sich nicht vorbereitet? Bitte wählen Sie alle zutreffenden Gründe aus.

- 1 Mangel an Administrativpersonal und Ressourcen
- 2 Die Leistungserbringer in der Praxis verfügen nicht über das Wissen oder die Fähigkeiten zur Behandlung dieser Erkrankungen
- 3 Fehlende Informationen über die Behandlung des Patienten durch Spezialisten und andere Versorger
- 4 Mangel an **Stellen und Leistungserbringern**, an die der Patient überwiesen werden kann

998 PHONE ONLY: (V) Not sure
999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

(IHP 2025 New)

BASE: ALL RESPONDENTS

14. Wenn Sie an Ihre Patientenschaft denken, inwieweit sind die von Ihnen behandelten Gesundheitsprobleme auf folgendes zurückzuführen:

- 1 Stark
- 2 Ein Bisschen
- 3 Überhaupt nicht

996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code
998 WEB/MAIL ONLY: Weiss nicht PHONE ONLY: (V) Not sure
999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

- a. Mangelnder Zugang zu präventiven Gesundheitsmassnahmen, einschliesslich Vorsorgeuntersuchungen, Impfungen, gesündere Ernährung und körperliche Betätigung
- b. Bedürfnisse im Bereich psychische Gesundheit
- c. Gesundheitsprobleme, die mit der sozialen Situation der Patienten zusammenhängen, einschliesslich instabile Wohnverhältnisse, fehlender Zugang zu einer gesunden/ausgeglichenen Ernährung und Arbeitslosigkeit

(IHP 2022 Q14, IHP 2019 Q10, IHP 2015 Modified – new PHONE ONLY Interviewer Note, response-options 1 and 2 reference "personnel," Revised IHP 2012 Q1030 – both question text and response options are different; Q1020 '12)

BASE: ALL RESPONDENTS

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

15. Arbeitet Ihre Praxis mit Personal wie Pflegefachpersonal oder Casemanagern, welche die Behandlung von Patienten mit chronischen Erkrankungen, die regelmässige Nachbehandlungen brauchen, überwachen und koordinieren?

WEB/MAIL ONLY: *(Anmerkung: Bitte alle zutreffenden Punkte wählen.)*

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

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

- 1 Ja, Personal innerhalb der Praxis
- 2 Ja, Personal ausserhalb der Praxis
- 3 Nein

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 Q15 modified – items b and c removed, item a modified to include "or" instead of "/", IHP 2019 Q11 Modified – updated item e to include examples, IHP 2015 Q9b/Q13/Q14 Modified – compiled items b, c, and d from separate questions with revised text and implemented 5 pt. unipolar scale, IHP 2012 Q1025/Q1010 Modified – updated question-text is modified and new note about "Does not include prescriptions," IHP 2009 Q825)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

16. Wie häufigen leisten Sie oder anderes Personal in Ihrer Praxis für Patienten mit chronischen Erkrankungen die folgenden Behandlungsarten:

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Meistens (75-100% der Fälle)
- 2 Häufig (50-74% der Fälle)
- 3 Manchmal (25-49% der Fälle)
- 4 Selten (1-24% der Fälle)
- 5 Nie

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

998 PHONE ONLY: (V) Not sure

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

- a. Mit Patienten Behandlungspläne oder Selbstmanagement-Ziele zusammenstellen, die sie im Alltag umsetzen können
- d. Kontaktieren von Patienten zwischen den Arztterminen, um ihren Zustand zu überwachen
- e. Verwendung von Monitoring auf Distanz oder mit dem Internet verbundenen medizinischen Geräten, um Patienten zu überwachen, dort wo dies medizinisch angebracht ist (z. B. Monitoring von Blutdruck, Blutzuckerspiegel oder Gewicht)

(IHP 2022 Q16, IHP 2019 Q12, IHP 2015 Q22 Revised - question-text and response-option 3, new response-option 4)

BASE: ALL RESPONDENTS

- 17. Führen Sie Gespräche mit Ihren Patienten zur "Zukunftsplanung" der Behandlungen, die sie wollen oder nicht wollen für den Fall, dass sie sehr krank werden, verletzt sind, oder nicht mehr selber entscheiden können?

PHONE ONLY: (READ LIST)

- 1 Ja, regelmäßig
- 2 Ja, gelegentlich
- 3 Nein, überhaupt nicht
- 4 Nicht zutreffend

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

998 PHONE ONLY: (V) Not sure

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

SECTION D: CARE COORDINATION WITH OTHER PROVIDERS

(IHP 2022 Q17 modified – item d added, question text modified to move “do you/is” into insert, IHP 2019 Q14, IHP 2015 Q15 Modified – revised question-text, list of items, and 5 pt. bipolar scale, IHP 2012 Q1105 Modified – 1) UK and Sweden have country specific pipe-ins in the question text, 2) the second sentence of question text “Would you say always, often, sometimes, rarely or never?” is not included in IHP 2015, 3) for items A and B Sweden has modified their pipe-in to read “doctors in specialist health care” for IHP 2015, 4) items A and B pipe in for Australia, Canada, Germany, Netherlands, Norway, NZ, US has been added in 2015; Haute Autorité de Santé, de l’Assurance Maladie preceded with minor changes at this question so that it better matches the English version without affecting the meaning, IHP 2009 Q915)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

18. Wenn Ihre Patienten an einen Spezialisten überwiesen wurden, wie häufig:

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Meistens (75-100% der Fälle)
- 2 Häufig (50-74% der Fälle)
- 3 Manchmal (25-49% der Fälle)
- 4 Selten (1-24% der Fälle)
- 5 Nie

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

998 PHONE ONLY: (V) Not sure

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

- a. Schicken Sie die Patientengeschichte und die Begründung für die Konsultation an den Spezialisten?
- d. Wird die Nachsorge nach der Überweisung durch den Spezialisten rechtzeitig organisiert?
- b. Erhalten Sie Informationen vom Spezialisten über Änderungen, die bei der Medikation oder bei der Behandlung des Patienten gemacht wurden?
- c. Erhalten Sie innerhalb einer Arbeitswoche einen Bericht mit den Resultaten des Spezialisten?

(IHP 2022 Q18, IHP 2019 Q15 Modified – updated item a to include examples, IHP 2015 Q16 – revised question-text, new item a and revised items b and c, and revised 5 pt. bipolar scale, IHP 2012 Q1110 Modified – the following text was not in 2012 “are admitted to the”, and this second question “Would you say always, often, sometimes, rarely or never?” is not included after the word “following?” in IHP 2015, and Haute Autorité de Santé, de l’Assurance Maladie preceded with minor changes at the items so that they better match the English version without affecting the meaning)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

19. Wie häufig erhalten Sie Benachrichtigungen, dass Ihre Patienten:

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Meistens (75-100% der Fälle)
- 2 Häufig (50-74% der Fälle)
- 3 Manchmal (25-49% der Fälle)
- 4 Selten (1-24% der Fälle)
- 5 Nie

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

998 PHONE ONLY: (V) Not sure

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

- a. eine Behandlung ausserhalb der normalen Sprechstunden erhalten haben (d. h. Patienten einen Arzt aufsuchen können, wenn die Praxis geschlossen ist, ohne sich in die Notaufnahme zu begeben)
- b. in der Notfallaufnahme waren
- c. in ein Spital eingeliefert wurden

(IHP 2022 Q19, IHP 2019 Q16, IHP 2015 Q17 Modified – revised question-text and updated text in response-options, IHP 2012 Q1115 – in some hard copy version “Less than 24 hours” used to read “<,” and that “More than 30 days” used to read “>”, IHP 2009 Q920 – in some hard copy version “Less than 24 hours” used to read “<,” and that “More than 30 days” used to read “>”)

BASE: ALL RESPONDENTS

20. Wie lange dauert es durchschnittlich nach der Entlassung Ihres Patienten aus dem Spital, bis Sie die Informationen erhalten, die Sie benötigen, um mit der Behandlung des Patienten – einschliesslich der empfohlenen Nachsorge – fortfahren zu können?

PHONE ONLY: (READ LIST)

- 1 Weniger als 24 Stunden
- 2 24 bis weniger als 48 Stunden
- 3 2-4 Tage
- 4 5-14 Tage
- 5 15-30 Tage
- 6 Mehr als 30 Tage
- 7 Bekomme diese Informationen selten oder nie

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 GSWI-1 modified – Australia, Canada, and Germany added to base, IHP 2019 SWI-1, IHP 2015 Q18 Modified – asked only of Switzerland respondents with revised question-text, IHP 2012 Q1120 Modified – 1) WEB/PHONE ONLY LEAD IN added for 2015, 2) response options are different (only response options 1 through 3 match IHP 2009/2012), 3) in IHP 2009/2012 this was a multiple response question whereas it is a single response question in IHP 2015, 4) in IHP 2015 “usually” is now being bolded, 5) code ‘07’ “Directly from the patient journal” got added for Sweden only, IHP 2009 Q2125)

BASE: AUSTRALIA, CANADA, GERMANY, SWITZERLAND RESPONDENTS THAT RECEIVE HOSPITAL DISCHARGE INFO (Q500=1,2,4,9 AND Q20=1-6)

[PN: DISPLAY AFTER Q19]

GSWI-1. Wie erhalten Sie diese Informationen normalerweise? (Bitte nur eine Antwort auswählen)

- 1 Fax
- 2 Post
- 3 Email
- 4 Online (z.B., Internetportal/File Transfer)
- 5 durch den Patient selber mitgebracht
- 6 Andere

998 PHONE ONLY: (V) Not sure

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

(IHP 2019 Q4 modified – added item j for Canada, item k for Germany, adjusted text for item c, “main” removed from question text)

BASE: ALL RESPONDENTS – DO NOT INCLUDE SWITZERLAND

21. In your practice, do the following health care professionals work on your team to provide care for your patients? [PHONE ONLY: “[READ FIRST ITEM]”]

1 Yes

2 No

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

998 PHONE ONLY: (V) Not sure

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

- a. Nurse(s)
- b. [FOR NON-FRA RESPONDENTS ONLY (Q500=1-2, 4-11), DISPLAY: “Advance practice nurse(s) (e.g., nurse practitioner(s))”]
- c. [FOR NON-FRA RESPONDENTS ONLY (Q500=1-2, 4-11), DISPLAY: “Physician associates(s)/assistant(s)”]
- d. Nutritionist(s)/dietician(s)
- e. [FOR NON-FRA RESPONDENTS ONLY (Q500=1-2, 4-11), DISPLAY: “Pharmacist(s)”]
- f. Psychologist(s)/mental health provider(s)
- g. Physical therapist(s)/physiotherapist(s)
- h. [FOR NON-SWED RESPONDENTS ONLY (Q500=1-7, 9-11), DISPLAY: “Social worker(s) (e.g., case manager(s))”]
- i. [FOR NETH RESPONDENTS ONLY (Q500=5), DISPLAY: “Praktijkassistent”]
- j. [FOR CAN RESPONDENTS ONLY (Q500=2)] Respiratory therapists
- k. [FOR GERMANY RESPONDENTS ONLY (Q500=4)] Nursing assistants

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

(IHP 2022 Q20 modified – item c removed, item d added, IHP 2019 Q17, IHP 2015 Q20 Modified – revised question-text, revised list of items, and revised scale to be 5 pt. bipolar with "Does not apply" response-option)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

22. Für Ihre Patienten, die Pflege zu Hause brauchen, wie häufig :

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How often (READ ITEM)?

- 1 Meistens (75-100% der Fälle)
- 2 Häufig (50-74% der Fälle)
- 3 Manchmal (25-49% der Fälle)
- 4 Selten (1-24% der Fälle)
- 5 Nie
- 6 Nicht zutreffend

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

998 PHONE ONLY: (V) Not sure

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

- a. kommunizieren Sie mit dem Erbringer der Heimpflegeleistungen betreffend der Bedürfnisse Ihres Patienten und der Leistungen, die für ihn erbracht werden sollten?
- b. werden Sie durch den Erbringer der Heimpflegeleistungen über eine wichtige Änderung des Zustands Ihres Patienten oder seines Gesundheitsstatus informiert?
- d. erhalten Sie **rechtzeitig** Informationen über ihre Behandlung und ihren Pflegeplan?

(IHP 2022 Q21 modified – NZ-specific language for item b added, IHP 2019 Q18 Modified -- item e removed)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

23. Wie häufig, falls überhaupt, untersuchen oder beurteilen Sie oder anderes Personal aus Ihrer Praxis Ihre Patienten bezüglich den folgenden sozialen Bedürfnissen?

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Meistens (75-100% der Fälle)
- 2 Häufig (50-74% der Fälle)
- 3 Manchmal (25-49% der Fälle)
- 4 Selten (1-24% der Fälle)
- 5 Nie

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

998 PHONE ONLY: (V) Not sure

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

- a. Probleme im Wohnbereich (z.B. Zwangsräumung, Obdachlosigkeit, etc.)
- b. Finanzielle Sicherheit (z.B. Erwerbstätigkeit)
- c. Ernährungsprobleme (z.B. Hunger und Ernährungsweise)
- d. Transportbedürfnisse (z.B. Arzttermine, Arbeit, Lebensmittelladen, oder andere Orte des Alltags)
- f. Häusliche Gewalt
- g. Soziale Isolation oder Einsamkeit (z.B. keine engen Beziehungen oder niemand im Umfeld, den man um Hilfe bitten könnte)

(IHP 2022 Q22 modified – country-specific language added, Australia, Canada, and Germany added to base on option 4, item d dropped, IHP 2019 Q19 Modified – updated item a, code 4 included for Sweden and Switzerland)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

24. Mit welchen Herausforderungen sind Sie oder andere Mitarbeiter in Ihrer Praxis derzeit konfrontiert, wenn die Versorgung Ihrer Patienten mit den Sozialdiensten koordiniert wird?

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

PHONE ONLY: How about (READ ITEM)?

- 1 Bedeutende Herausforderung
- 2 Geringe Herausforderung
- 3 Keine Herausforderung

4 [FOR AUS, CAN, GER, SWITZ AND SWED RESPONDENTS ONLY, (Q500=1,2,4,8,9),
DISPLAY: "Keine Koordination mit Sozialdiensten"]

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

998 PHONE ONLY: (V) Not sure

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

- a. Mangelnde Informationen zu Organisationen der zuständigen Sozialdienste
- b. Fehlende Mechanismen oder fehlendes System, um Überweisungen zu tätigen
- c. Unzureichendes Personal in der Praxis, um Überweisungen zu tätigen und die Pflege mit den Institutionen der Sozialdienste zu koordinieren
- e. Mangelndes Nachfragen durch die Sozialdienste bezüglich der Leistungen, welche Patienten erhalten haben oder brauchen

SECTION F: OFFICE SYSTEMS AND USE OF INFORMATION TECHNOLOGY

(IHP 2022 Q24 modified – item d added, IHP 2019 Q22 Modified – updated question-text to read “health care providers,” IHP 2015 Q27 Modified – extended WEB/MAIL ONLY note to include “...or regular email,” shortened PHONE ONLY note to read, “...or regular mail.” instead of “...as a method for this electronic exchange of information,” and new item c, IHP 2012 Q1220 Modified - 1) “Note” was added to the instruction in the question in 2015, 2) Phone only instruction added in 2015, 3) item B added the word “results” to the end of the item in 2015; Additionally per Vårdanalys, they found when reviewing previous translations the word ANY was left out of the Swedish question in earlier translations. They will correct this in this version.)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

25. Können Sie mit Gesundheitsdienstleistern ausserhalb Ihrer Praxis elektronisch die folgenden Dinge austauschen? [PHONE ONLY: “, not including fax or regular email”]? [PHONE ONLY: (READ FIRST ITEM)]

WEB/MAIL ONLY: *(Anmerkung: Zählen Sie Fax oder E-Mails, selbst wenn verschlüsselt, nicht dazu.)*

PHONE ONLY: How about (READ ITEM)?

1	Ja
2	Nein

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

998 WEB/MAIL ONLY: Weiss nicht / PHONE ONLY: (V) Not sure

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

- a. Krankheitsbilder von Patienten
- b. Labordaten und andere diagnostische Tests
- c. Liste aller Medikamente, die durch einen einzelnen Patienten eingenommen werden
- d. Überweisungen zur Beantragung oder Inanspruchnahme der Behandlung von Ihren Patienten durch Spezialisten

(IHP 2025 New)

BASE: ALL NON-SWITZERLAND RESPONDENTS (Q500=1-8,10,11)

26. Can you electronically exchange [IF UK (Q500=10), INSERT: “communications”; ELSE (Q500=1-9,11), INSERT: “e-consults”], including through phone, video, or another secure platform, to seek or provide advice from specialists or other health care providers outside of your practice? [PHONE ONLY: “, not including fax or regular email”]? [IF UK (Q500=10), INSERT: “These would be”; ELSE (Q500=1-9,11), INSERT: “E-consults are” communications between providers only. Providers can interact with each other by using phone, video, or a [IF US (Q500=11), SHOW: HIPAA-compliant] platform that allows two-way communication and can securely share patient records.

1	Yes
2	No

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

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

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

(IHP 2022 Q25, IHP 2019 Q23 Modified – updated item b, IHP 2015 Q28 Modified – revised question-text to include "...your patients..." and include WEB/MAIL ONLY and PHONE ONLY lead-ins, revised item a, and new items b, c, d, e)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

27. WEB/MAIL ONLY: Bitte geben Sie an, ob Ihre Praxis Ihren Patienten die Möglichkeit gibt:

PHONE ONLY: Does your practice offer your patients the option to (READ FIRST ITEM)?
PHONE ONLY: How about (READ ITEM)?

1	Ja
2	Nein

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

998 WEB/MAIL ONLY: Weiss nicht / PHONE ONLY: (V) Not sure

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

- a. Per E-Mail oder sichere Webseite mit Ihrer Praxis bezüglich einer medizinischen Frage oder einem Anliegen zu kommunizieren
- b. Online Arzttermine anzufordern (Anmerkung: E-Mail nicht eingeschlossen)
- c. Online Rezeptverlängerungen anzufordern (Anmerkung: E-Mail nicht eingeschlossen)
- d. Testresultate online einzusehen
- e. Zusammenfassungen der Arztbesuche eines Patienten online einzusehen (Gründe für den Arztbesuch, Befunde, Ergebnisse)

(IHP 2022 SWI-2 modified – added options for already joined, waiting for EPRA revision, IHP 2019 SWI-2)

BASE: SWITZ RESPONDENTS (Q500=9)

SWI-2. Planen Sie, sich mit Ihrer Praxis dem schweizweiten elektronischen Patientendossier (EPD) (Austausch von Informationen mit anderen Gesundheitsdienstleistern) anzuschliessen?

1	Ich habe mich dem schweizweiten elektronischen Patientendossier (EPD) bereits angeschlossen
2	Ja, während diesem Jahr
3	Ja, in den nächsten ein bis zwei Jahren
4	Ja, in den nächsten zwei bis drei Jahren
5	Ja, das braucht aber drei Jahre oder länger
6	Ja, aber ich warte noch auf die umfassende EPD-Revision
7	Nein, ich plane nicht, mich dem schweizweiten elektronischen Patientendossier (EPD) anzuschliessen

998 PHONE ONLY: (V) Not sure

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

SECTION G: PROVIDER EXPERIENCES WITH THEIR PRACTICE

(IHP 2022 Q33 modified – made UK-only, timeframe changed to past 3 years, IHP 2019 UK1 Modified – updated frame of reference, expanded base to be asked of all countries, added item b)

BASE: ALL UK RESPONDENTS (Q500=10)

UK1. Over the past three years, would you say your workload has:

- 1 Increased a lot
- 2 Increased somewhat
- 3 Stayed about the same
- 4 Decreased somewhat
- 5 Decreased a lot

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 Q35 modified – made UK-only, timeframe updated to past 3 years, IHP 2019 UK2 Modified – updated frame of reference to be the past two years, expanded base to be asked of all countries)

BASE: ALL UK RESPONDENTS (Q500=10)

UK2. Over the past three years, would you say that overall, the quality of care you are currently able to provide to your patients has:

- 1 Improved a lot
- 2 Improved somewhat
- 3 Stayed about the same
- 4 Worsened somewhat
- 5 Worsened a lot

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 Q26 modified – “outcomes” added to question text, “at least” added to response options 1 and 2, IHP 2019 Q24, IHP 2015 Q31 Modified – revised question-text, revised list of items with new items c and e, revised 4 pt. scale, IHP 2012 Q1305 Modified – 1) Item D in 2015 is modified from Item 4 in 2012 and PHONE only adaptations at item A to read “such as”; Additionally per Vårdanalys, Same as for question 30. And item B has also been slightly changed to match terminology used in health care; Haute Autorité de Santé, de l'Assurance Maladie preceded with minor changes at the items so that they better match the English version without affecting the meaning; The response options seem to have been scrambled in 2012 as per the following note in the 2012 French questionnaire “Enquêteur : citer, une seule réponse possible, rotation aléatoire des sous questions”; The text for item ‘c’ was missing in the French version of the 2012 instrument; Item A IHP 2012, 2009, 2006; Item D IS NEW in 2015, IHP 2009 Q1100)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

28. Wie häufig (falls überhaupt) werden in Ihrer Praxis die folgenden Aspekte der Versorgung Ihrer Patienten geprüft? [PHONE ONLY: “(READ FIRST ITEM)’]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Mindestens vierteljährlich
- 2 Mindestens jährlich
- 3 Weniger häufig
- 4 Nie

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

998 PHONE ONLY: (V) Not sure

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

- a. Klinische Ergebnisse WEB ONLY: (z.B. Prozentanteil der Diabetiker oder Asthmatiker, bei welchen die Krankheit unter Kontrolle ist)
- b. Einweisungen von Patienten in Spitäler und Notaufnahmen
- c. Vorgehen beim Verschreiben von Medikamenten (z.B. Verwendung von Generika, Antibiotika oder Opiaten)
- d. Befragungen zur Zufriedenheit und zu den Erfahrungen Ihrer Patienten mit der Behandlung und Pflege
- e. Patientenberichtete Indikatoren (PROMs, Patient Reported Outcome Measures)

(IHP 2022 Q27 modified – item f removed, item g added, text added to start of question stem IHP 2019 Q25 Modified – new items d, e, and f, IHP 2015 Q34 Modified – revised question-text to end with a colon rather than a question-mark, revised item c to read, "...such as health insurers" rather than "...such as health insurance plans", IHP 2012 Q1325 Modified –1) second line of question text was removed in 2015 Web/Phone and UK pipe in at item A added; Additionally per Vårdanalys, they will include "health care insurance" at items A and B, however they mentioned "The way item a is put it is not clear whether the question refers to the public SICK LEAVE insurance (which causes doctors administrative work certifying that the patient is or is not able to work) and/or they should think of only (private) HEALTH CARE insurances (about 700 000 Swedes have a private HEALTH CARE insurance). The main part of health care is tax funded and not insurance based - everyone is entitled to health care based on their medical needs. Minor changes done to translation but the problem persists - this will probably affect how respondents answer"; Haute Autorité de Santé, de l'Assurance Maladie proceeded with minor changes at the question-text and to item C so that they better match the English version without affecting the meaning; Item C IS NEW in 2015, IHP 2009 Q1120)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

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

29. Inwiefern ist der Zeitaufwand auf Kosten anderer Aufgaben, den Sie oder Ihre Angestellten für die folgenden Punkte aufwenden, problematisch (falls überhaupt)
[PHONE ONLY: "(READ FIRST ITEM)"; WEB/MAIL ONLY: ":"]

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

PHONE ONLY: How about (READ ITEM)?

1 Grosses Problem
2 Kleines Problem
3 Kein Problem

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

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

998 PHONE ONLY: (V) Not sure

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

- a. Für administrative Tätigkeiten im Zusammenhang mit den Versicherungen oder der Abrechnung.
- b. Patienten mit den benötigten Medikamenten oder der benötigten Behandlung zu versorgen, wenn ein eingeschränkter Versicherungsschutz besteht.
- c. Klinische Daten oder Daten zur Behandlungsqualität für staatliche Stellen oder andere externe Organisationen wie z.B. Krankenkassen zusammenstellen.
- d. Dokumentation der Patientenversorgung oder der Patiententermine, einschliesslich ärztlicher Notizen und Aktualisierungen elektronischer Gesundheitsakten.
- e. Koordinierung von Überweisungen an Spezialisten (z. B. ausbleibende Reaktionen auf Überweisungen, Nachverfolgung von Ablehnungen).
- g. Koordination der Behandlung mit Sozialdiensten oder anderen Leistungserbringern

(IHP 2022 Q28 modified – Canada language for “family doctor” added, IHP 2019 Q26, IHP 2015 Q43 Modified – revised question-text to read, “How stressful, if at all...” and insert “general practitioner” for Australia)

BASE: ALL RESPONDENTS

30. Wie stressig, falls überhaupt, ist Ihre Tätigkeit als Hausarzt:ärztein?

PHONE ONLY: (READ LIST)

- 1 Äusserst stressig
- 2 Sehr stressig
- 3 Etwas stressig
- 4 Nicht allzu stressig
- 5 Überhaupt nicht stressig

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 Q29 modified – scale updated to bipolar with middle option, IHP 2019 Q27 Modified – new items d and e, IHP 2015 Q44 Modified – revised list of items with removed 2015 item b; 2015 item c becoming item b with revised text to read, “...can spend...” instead of “...have to spend...”; new item c; revised scale to be 5 pt. unipolar; NETH used 2015 scale, IHP 2012 Q2050 Modified – 1) question text is different, 2) Item D was added for 2015, 3) Item A removed Switzerland pipe-in, 4) item B updated pipe-in for all countries except UK, France, and Switzerland and now uses the word “of” instead of “from”, and data collected for item D may benefit from being assessed in conjunction with data at Q24 – about whether the respondent uses electronic patient medical records in its practice or not)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

31. Bitte geben Sie an, wie zufrieden Sie mit den folgenden Aspekten Ihrer ärztlichen Tätigkeit sind.

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Sehr zufrieden
- 2 Ziemlich zufrieden
- 3 Weder zufrieden noch unzufrieden
- 4 Ziemlich unzufrieden
- 5 Sehr unzufrieden

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

998 PHONE ONLY: (V) Not sure

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

- a. Mit Ihrem Einkommen durch die Praxistätigkeit
- b. Mit der Zeit, die Sie pro Patient aufbringen können
- c. Mit Ihrem täglichen Arbeitspensum
- d. Mit der Zeit, die Sie mit Verwaltungsarbeiten verbringen
- e. Mit Ihrer Work-Life-Balance

(IHP 2022 Q30 modified – examples removed from question text, , IHP 2019 Q28 Modified – removed list of items and updated text to ask about no longer regularly seeing patients)

BASE: ALL RESPONDENTS

32. **Haben Sie vor, in den nächsten ein bis drei Jahren nicht mehr regelmässig Patienten zu behandeln?**

1 Ja
2 Nein

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

998 WEB/MAIL ONLY: Weiss nicht / PHONE ONLY: (V) Not sure

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

(IHP 2025 New)

BASE: IF YES TO Q32

33. **Was haben Sie vor, nachdem Sie in den nächsten ein bis drei Jahren aufgehört haben, regelmässig Patienten zu behandeln?**

1 Weiterarbeiten, aber in einer anderen Funktion, entweder im Gesundheitswesen oder in einer anderen Branche
2 In Rente gehen
3 Etwas anderes

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

998 WEB/MAIL ONLY: Weiss nicht / PHONE ONLY: (V) Not sure

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

(IHP 2022 Q31)

BASE: ALL RESPONDENTS

34. **Wie würden Sie nach Ihrer Definition von Burnout Ihr eigenes derzeitiges Burnout-Niveau insgesamt einschätzen?**

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

1 Ich habe Spass an meiner Arbeit. Burnout-Symptome habe ich nicht.
2 Ich habe gelegentlich Stress und nicht immer so viel Energie wie früher, fühle mich aber nicht ausgebrannt.
3 Ich bin auf jeden Fall ausgebrannt und leide unter einem oder mehreren Burnout-Symptomen wie körperlicher und emotionaler Erschöpfung.
4 Die Burnout-Symptome, die bei mir auftreten, gehen nicht weg. Ich denke viel an die Frustration bei der Arbeit.
5 Ich fühle mich völlig ausgebrannt und frage mich oft, ob ich so weitermachen kann. Ich bin an einem Punkt, wo ich vielleicht etwas ändern oder mir Hilfe suchen müsste.

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2025 New)

BASE: RESPONDENTS WHO EXPERIENCE BURNOUT (Q34=3,4,5)

[PN: RANDOMIZE ON WEB]

35. Welcher der folgenden Punkte ist der Hauptgrund für Ihr Burnout?

- 1 Ihr Patientenstamm ist zu umfangreich oder zu komplex
- 2 Administrative Aufgaben nehmen mehr Zeit in Anspruch als Ihnen lieb ist
- 3 Kein oder zu wenig Hilfspersonal
- 4 Persönliche Gründe oder Umstände, die nichts mit dem Arbeitsumfeld zu tun haben
- 5 Sie haben das Gefühl, dass Ihre Arbeit nicht wertgeschätzt wird

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

998 PHONE ONLY: (V) Not sure

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

SECTION H: PERSONAL AND PRACTICE CHANGES SINCE COVID

(IHP 2022 Q32 modified – timeframe made past 2 years, text for item b modified)

BASE: ALL RESPONDENTS

36. Haben Sie in den letzten zwei Jahren wegen Ihrer Tätigkeit als Hausarzt:ärztein:
[PHONE ONLY: "(READ FIRST ITEM)"]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

- 1 Ja
- 2 Nein

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

998 PHONE ONLY: (V) Not sure

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

- a. Häufig emotionalen Stress wie Angstgefühle, grosse Traurigkeit, Wut oder ein Gefühl der Hoffnungslosigkeit verspürt?
- b. Nach professioneller Unterstützung für Ihre psychische Gesundheit gesucht?

SECTION I: PERSPECTIVES ON THE HEALTH CARE SYSTEM

(IHP 2022 Q36 modified – “race” made country-specific, IHP 2021 Q1700)

BASE: ALL RESPONDENTS

37. **Wie häufig, falls überhaupt, denken Sie, dass das Gesundheitssystem in der Schweiz Personen wegen ihrer ethnischen Herkunft ungerecht behandelt?**

[PHONE ONLY: READ LIST]

- 1 Sehr häufig
- 2 Häufig
- 3 Manchmal
- 4 Selten
- 5 Nie

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

998 WEB/MAIL ONLY: Weiss nicht/ PHONE ONLY: (V) Not sure

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

(IHP 2022 Q37 modified – made US only, IHP 2021 Q1705 Modified – updated to ask about patients’ reports of experiences rather than direct experiences)

BASE: ALL US RESPONDENTS (Q500=11)

38. In the past two years, has a patient told you that because of their racial or ethnic background they were treated unfairly or felt their health concerns were not taken seriously by a health care professional?

- 1 Yes
- 2 No

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

998 PHONE ONLY: (V) Not sure

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

ARTIFICIAL INTELLIGENCE

BASE: ALL RESPONDENTS

[PN: SHOW TO ALL RESPONDENTS]

An artificial intelligence (AI) system is a machine-based system which can generate outputs such as predictions, content, recommendations, or decisions that can influence physical or virtual environments. Different AI systems vary in their levels of autonomy and adaptiveness.

(IHP 2025 New)

BASE: ALL RESPONDENTS

39. Setzt Ihre Praxis künstliche Intelligenz in irgendeiner Form ein, z.B. für klinische, administrative oder andere Aufgaben?

(WEB/PAPER) (Note: *Künstliche Intelligenz (KI) ist ein maschinengestütztes System, das Ergebnisse wie Vorhersagen, Inhalte, Empfehlungen oder Entscheidungen generieren kann, welche physische oder virtuelle Umgebungen beeinflussen können. Verschiedene KI-Systeme unterscheiden sich in ihrem Grad an Autonomie und Anpassungsfähigkeit.*)

(IF PHONE: READ IF NECESSARY: An artificial intelligence (AI) system is a machine-based system which can generate outputs such as predictions, content, recommendations, or decisions that can influence physical or virtual environments. Different AI systems vary in their levels of autonomy and adaptiveness.)

1 Ja

2 Nein

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

998 WEB/MAIL ONLY: Weiss nicht / PHONE ONLY: (V) Not sure

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

(IHP 2025 New)

BASE: RESPONDENTS WHO USE AI (Q39=1)

[PN: IF ONLINE RESPONDENT SELECTS 6 “Does not have access to AI tools” AT ANY ITEM, SKIP OUT OF REMAINING ITEMS AND CODE AS 6 “Does not have access to AI tools”]

40. Wie oft, wenn überhaupt, nutzt Ihre Praxis künstliche Intelligenz für:

- 1 Meistens
- 2 Häufig
- 3 Manchmal
- 4 Selten
- 5 Nie
- 6 Haben keinen Zugang zu KI-Tools

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

998 WEB/MAIL ONLY: Weiss nicht / PHONE ONLY: (V) Not sure

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

- a. Triage von Patienten, damit diese die Ressourcen des Gesundheitssystems bestmöglichst nutzen können
- b. Terminvereinbarung mit Patienten oder Buchung von Diagnosen wie Laboranalysen oder Röntgenaufnahmen
- c. Notizen, Dokumentation oder Aufzeichnungen
- d. [IF NOT SWEDEN (Q500=1-7,9-11)] Rechnungsstellung
- e. Unterstützung des Arztes bei der Diagnose, als klinische Entscheidungshilfe oder bei der Interpretation von Testergebnissen
- f. Erstellung von Dokumenten, einschliesslich Behandlungsplänen oder Rezepten für Patienten

CLIMATE CHANGE

(IHP 2025 New)

BASE: ALL RESPONDENTS

41. Wie stark, wenn überhaupt, sind Ihrer Meinung nach die Auswirkungen des Klimawandels, wie z.B. schlechte Luftqualität, extreme Hitze oder Kälte oder extreme Wetterereignisse wie Waldbrände und Überschwemmungen, heutzutage auf die Gesundheit der Menschen in der Schweiz?

- 1 Starke Auswirkungen
- 2 Mässige Auswirkungen
- 3 Geringe Auswirkungen
- 4 Überhaupt keine Auswirkungen

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

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

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

SECTION I: PRACTICE PROFILE AND DEMOGRAPHIC DATA

(IHP 2025 New)

BASE: ALL RESPONDENTS

[PN: If a respondent enters a non-numeric value please show the following error message ("Bitte geben Sie eine Zahl ein").]

[PN: ALLOW RANGE 1-999]

42. Wie viele Ärzt:innen, einschliesslich Vollzeit- und Teilzeitstellen, einschliesslich Sie selbst, sind in Ihrer Praxis tätig?

WEB/MAIL ONLY: *(Note: Ihre bestmögliche Schätzung reicht aus.)*

PHONE ONLY: (IF NECESSARY) Your best estimate is fine

(PHONE ONLY: PROBE IF NOT SURE OR DECLINE)

Ärzt:innen

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

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 Q40, IHP 2019 Q31, IHP 2015 Q35 Modified – revised WEB/MAIL ONLY and PHONE ONLY inserts, IHP 2012 Q2000 Modified – the aid text “(For example, 2 fulltime doctors = 2.00 FTE)” is new in IHP 2015, IHP 2009 Q1200)

BASE: ALL RESPONDENTS

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

[PN: ALLOW RANGE 0.1-999]

[PN: If a respondent enters a non-numeric value please show the following error message (“Bitte geben Sie eine Zahl ein.”)]

43. In Vollzeitstellen gerechnet (VZÄ), wie viele Ärzt:innen, einschliesslich Ihnen, sind in Ihrer Praxis tätig?

WEB/MAIL ONLY: (Zum Beispiel, ein Arzt, welcher 5 Tage in der Woche arbeitet und ein weiterer Arzt, welcher 2 Tage in der Woche arbeitet = 1.4 VZÄ; 2 Ärzte, die Vollzeit arbeiten = 2.0 VZÄ)

PHONE ONLY: For example, one doctor working 5 days a week and another doctor working 2 days a week is equivalent to 1.4 FTE and 2 fulltime doctors is equivalent to 2.0 FTE.

WEB/MAIL ONLY: (*Note: Ihre bestmögliche Schätzung reicht aus.*)

PHONE ONLY: (IF NECESSARY) Your best estimate is fine

(PHONE ONLY: PROBE IF NOT SURE OR DECLINE)

VZÄ Ärzt:innen

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

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 Q42 modified – telehealth language made country-specific, IHP 2019 Q33 Modified – updated question-text to include NZ insert)

BASE: ALL RESPONDENTS

[PN: DECIMALS SHOULD NOT BE ALLOWED]

[PN: ALLOW RANGE 0-999]

[PN: If a respondent enters a non-numeric value, please show the following error message ("Bitte geben Sie eine Zahl ein.")]

44. Wie viele Patient:innen sehen Sie im Durchschnitt während einer typischen Arbeitswoche?

WEB/MAIL ONLY: *(Anmerkung: Bitte geben Sie sowohl persönliche als auch telemedizinische Termine an.)*

PHONE ONLY: (IF NECESSARY: Please include both in-person and [IF CAN (Q500=2), DISPLAY: "virtual care"; IF UK (Q500=10), DISPLAY: "remote care"; IF NOT CAN OR UK (Q500=1, 3-9,11), DISPLAY: "telehealth"] appointments)

WEB/MAIL ONLY: *(Note: Ihre bestmögliche Schätzung reicht aus.)*

PHONE ONLY: (IF NECESSARY) Your best estimate is fine

[PHONE ONLY: PROBE IF NOT SURE OR DECLINE.]

_____ Patient:innen

9995 MAIL ONLY (AS PART OF BACK-END PROCEDURES AS DESCRIBED IN THE EDITING AND CODING MEMO): Invalid

9996 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; WEB/MAIL ONLY: Blank

(IHP 2025 New)

BASE: ALL RESPONDENTS

[PN: ALLOW RANGE 0-99999]

45. Wie viele Patient:innen sind in Ihrer Hausarztpraxis registriert?

WEB/MAIL ONLY: *(Note: Ihre bestmögliche Schätzung reicht aus.)*

PHONE ONLY: (IF NECESSARY) Your best estimate is fine

_____ Patient:innen

999995 MAIL ONLY (AS PART OF BACK-END PROCEDURES AS DESCRIBED IN THE EDITING AND CODING MEMO): Invalid

999996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code

999998 PHONE ONLY: (V) Not sure

999999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

(IHP 2022 Q43 modified – telehealth language made country-specific, IHP 2019 Q34, IHP 2015 Q39 Modified – revised question-text to emphasize one number-response and include "office" in "routine office visit," revised range; France conducted the study via panel and asked this question to the panelists only during the pretest rather than the main fielding period)

BASE: ALL RESPONDENTS

[PN: DECIMALS SHOULD NOT BE ALLOWED]

[PN: ALLOW RANGE 1-999]

[PN: If a respondent enters a non-numeric value please show the following error message ("Bitte geben Sie eine Zahl ein").]

46. Wieviel Zeit können Sie während eines Routinetermins durchschnittlich mit einem Patienten verbringen?

WEB/MAIL ONLY: *(Anmerkung: Bitte geben Sie sowohl persönliche als auch telemedizinische Termine an.)*

PHONE ONLY: (IF NECESSARY: Please include both in-person and [IF CAN (Q500=2), DISPLAY: "virtual care"; IF UK (Q500=10), DISPLAY: "remote care"; IF NOT CAN OR UK (Q500=1, 3-9,11), DISPLAY: "telehealth"] appointments)

WEB/MAIL ONLY: *(Note: Ihre bestmögliche Schätzung reicht aus.)*

PHONE ONLY: (IF NECESSARY) Your best estimate is fine

[PHONE ONLY: PROBE IF NOT SURE OR DECLINE.]

_____ Minuten

9995 MAIL ONLY (AS PART OF BACK-END PROCEDURES AS DESCRIBED IN THE EDITING AND CODING MEMO): Invalid

9996 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; WEB/MAIL ONLY: Blank

(IHP 2022 SWI-12 modified – base made all countries, text for item 1 modified, item 5 added, IHP 2019 SWI-12, IHP 2015 Q38 Modified – asked only of Switzerland respondents with revised response-option 3, new response-option 4, and DNR response-options 8 and 9 for PHONE/WEB, IHP 2012 Q2020 Modified – question text is different, items B and C added for 2015, IHP 2009 Q1220)

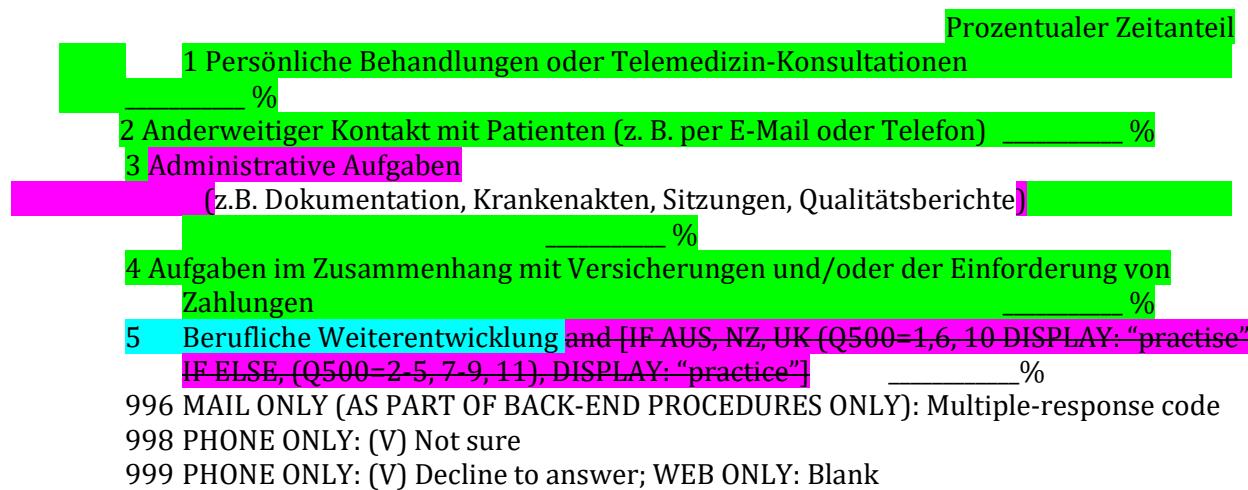
BASE: ALL RESPONDENTS

Q47. Wie viel Prozent Ihrer Zeit verbringen Sie in einer typischen Woche persönlich **ungefähr** mit dem Folgenden:

WEB ONLY: (Hinweis: Es müssen sich nicht insgesamt 100 % ergeben.)

PHONE ONLY: (IF NECESSARY: Does not need to add to 100%)

[PHONE ONLY: PROBE IF NOT SURE OR DECLINE.]



(IHP 2025 New)

BASE: ALL NON-SWEDEN AND UK RESPONDENTS (Q500=1-7,9, 11)

48. Bitte beschreiben Sie die Einrichtung(en), in der/denen Sie behandeln. Kreuzen Sie alles an, was zutrifft.

- 1 Hausarztpraxis
- 2 Spital
- 3 Langzeitpflegeheim
- 4 Altersheim oder Einrichtung für betreutes Wohnen
- 5 Von meinem Zuhause aus
- 6 Privatwohnungen der Patienten oder Hausbesuche
- 7 Mobile Kliniken und **Walk-In Kliniken**

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

998 PHONE ONLY: (V) Not sure

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

SECTION K: DEMOGRAPHICS AND PRACTICE PROFILE

(IHP 2022 Q44, IHP 2019 Q35, IHP 2015 Q39 Modified – France conducted the study via panel and asked this question to the panelists only during the pretest rather than the main fielding period, IHP 2012 Q2040, IHP 2009 Q1420 Modified, 2012, 2015 Q39)

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

49. How old are you?

[PHONE ONLY: (READ LIST)]

- 1 Under 35
- 2 35-44
- 3 45-54
- 4 55-64
- 5 65 or older

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

998 PHONE ONLY: (V) Not sure

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

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

(IHP 2025 New)

BASE: US RESPONDENTS (Q500=11)

[PN: ALLOW MULTIPLE RESPONSE WITH CODES 1-7]

50. What is your race and/or ethnicity? *Please select all that apply.*

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Hispanic or Latino
- 5 Middle Eastern or North African
- 6 Native Hawaiian or Pacific Islander
- 7 White

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2024 Q2196 modified for web/paper response)

BASE: ALL CANADA RESPONDENTS (Q500=2)

PN: ALLOW MULTIPLE RESPONSE WITH CODES 1-9; CODES 98 AND 99 SHOULD BE SINGLE-PUNCH.

CANRACE. Which category or categories best describes your race or racial background? **Please select all that apply:**

Note: In our society, people are often described by their race or racial background. These are not based in science, but our race may influence the way we are treated by individuals and institutions, and this may affect our health.

- 1 Black (for example, African, Afro-Caribbean, African Canadian descent)
- 2 East Asian (for example, Chinese, Korean, Japanese, Taiwanese descent)
- 3 Indigenous (First Nations, Inuk/Inuit, Métis)
- 4 Latin American (for example, Latino/Latina/Latinx, Hispanic descent)
- 5 Middle Eastern (for example, Arab, Persian, West Asian descent such as Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish descent)
- 6 South Asian (for example, Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean descent)
- 7 Southeast Asian (for example, Filipino, Vietnamese, Cambodian, Thai, Indonesian descent)
- 8 White (for example, European descent)
- 9 Another race category

996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code
998 PHONE ONLY: (DO NOT READ) Not sure
999 PHONE ONLY: (DO NOT READ) Decline to answer; WEB ONLY: Blank

(IHP 2022 Q45 modified – response options to match IHP 2023 and IHP 2024 Q755 and added mail codes, IHP 2019 Q36 Modified – updated code 3 to include country-specific text the US, Canada, and Switzerland, added Switzerland to base, IHP 2015 Q40 Modified – revised question-text to contain a colon rather than an ellipse, new response-option 3; France conducted the study via panel and asked this question to the panelists only during the pretest rather than the main fielding period, IHP 2012 Q2045, IHP 2009 Q1245)

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

51. Welches ist Ihr Geschlecht?

- 1 Mann
- 2 Frau
- 3 Transmann
- 4 Transfrau
- 5 Nicht geschlechtsspezifisch (nicht-binär/genderqueer)
- 6 (DO NOT READ) Ich identifiziere mich als ein anderes Geschlecht, (bitte angeben: _____)

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

998 PHONE ONLY: (DO NOT READ) Not sure

999 PHONE ONLY: (DO NOT READ) Decline to answer; WEB ONLY: Blank

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

[IHP 2022 Q46 modified – option 2 split out for Canada, IHP 2019 Q37 Modified – updated code 5 to be for countries outside the Netherlands, Revised IHP 2006, 2009, 2012, 2015 Q41 - new response-option 5; France conducted the study via panel and asked this question to the panelists only during the pretest rather than the main fielding period]

BASE: ALL RESPONDENTS

52. Wo befindet sich Ihre Praxis?

[PHONE ONLY: (READ LIST)]

- 1 In einer Stadt bzw. im städtischen Raum
- 2 [IF NOT CANADA (Q500=1,3-11)] In einem Vorort oder einer Kleinstadt
- 4 [IF CANADA (Q500=2)] Suburb
- 5 [IF CANADA (Q500=2)] Small town
- 3 Auf dem Land oder an einem abgelegenen Ort

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2025 New)

BASE: ALL NON-CANADA AND NON-SWEDEN RESPONDENTS (Q500=1,3-7,9-11)

53. Ist ihre Hauptpraxis:

1 Ja

2 Nein

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

998 WEB/MAIL ONLY: Weiss nicht / PHONE ONLY: (V) Not sure

999 WEB/MAIL ONLY: Blank

- a. Vollständig oder gemeinsam im Besitz von einem oder mehreren Ärzt:innen in der Praxis
- b. Vollständig oder gemeinsam im Besitz eines Spitals, eines Spitalverbunds oder Gesundheitssystems
- c. Vollständig oder gemeinsam im Besitz einer privaten Beteiligungsgesellschaft
- d. Eigentum einer anderen Einrichtung, z.B. einer Praxis-Kette

SECTION L: SWITZERLAND-ONLY QUESTIONS

(IHP 2022 SWI-4, IHP 2019 SWI-4, IHP 2015 SWI-3)

BASE: SWITZ RESPONDENTS (Q500=9)

SWI-4. Wie häufig nehmen Sie an einem Qualitätszirkel / Gruppe zur Qualitätsverbesserung teil?

- 1 Wöchentlich
- 2 Mehrmals im Monat
- 3 Monatlich
- 4 Mehrmals im Jahr
- 5 Nie

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 SWI-5, IHP 2019 SWI-5, IHP 2015 SWI-5)

BASE: SWITZ RESPONDENTS (Q500=9)

SWI-5. Nehmen Sie neue Patientinnen und Patienten auf?

1	Ja
2	Nein

998 PHONE ONLY: (V) Not sure; WEB ONLY: Weiss nicht

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

(IHP 2022 SWI-6, IHP 2019 SWI-6, IHP 2015 SWI-6)

BASE: SWITZ RESPONDENTS (Q500=9)

SWI-6. Welches trifft **hauptsächlich** auf Ihre Praxis zu?

(Bitte eine Antwort auswählen.)

1	Einzelpraxis
2	Gemeinschaftspraxis
3	Medizinische Notfallstelle oder Klinik, die zu einem Spital gehört
4	Walk-in-Praxis, wie z.B. der City-Notfall in Bern oder die Permanence am Zürcher Hauptbahnhof
7	Anderes (bitte angeben):

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 SWI-7, IHP 2019 SWI-7, IHP 2015 SWI-7)

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

SWI-7. Haben Sie eine(n) Nachfolger(in) für Ihre Praxis?

1	Ja
2	Nein

998 PHONE ONLY: (V) Not sure; WEB ONLY: Weiss nicht

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

(IHP 2022 SWI-8, IHP 2019 SWI-8, IHP 2015 SWI-8)

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

SWI-8. Hören Sie mit 65 Jahren auf zu arbeiten?

1	Ja
2	Nein

998 PHONE ONLY: (V) Not sure; WEB ONLY: Weiss nicht

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

(IHP 2022 SWI-9 modified – Australia and Germany added to base, IHP 2019 SWI-9, IHP 2015 SWI-9)

BASE: AUSTRALIA, GERMANY, SWITZ RESPONDENTS (Q500=14.9)

SWI-9. Wie häufig haben Ihre Patienten im allgemeinen Mühe, Informationen zu verstehen, die Sie ihnen geben, wie z.B.: wie von Ihnen verschriebene Medikamente einnehmen, Anweisungen zu Symptomen, auf die geachtet werden muss, oder in welcher Situation eine weitere Behandlung angebracht ist?

- 1 Oft
- 2 Manchmal
- 3 Selten
- 4 Nie

998 PHONE ONLY: (V) Not sure; WEB ONLY: Weiss nicht

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

(IHP 2022 SWI-10_NETH-1 modified – Germany added to base, IHP 2019 SWI-10_NETH-1, IHP 2015 Q4 Modified – asked only of the Netherlands and Switzerland respondents with added interviewer note, IHP 2012 Q820 Modified – 1) Sweden updated pipe in in 2015 to read “doctors in specialist health care”, 2) the word “their” was removed IHP 2012 read “from all their providers” IHP 2015 reads “from all providers”, 3)the “Don’t know” response option was changed to “Not sure”)

BASE: GERMANY, NETHERLANDS AND SWITZERLAND RESPONDENTS (Q500=4.5.9)

SWI-10_NETH-1. Denken Sie bitte an die gesamte medizinische Versorgung Ihrer Patienten – nicht nur durch Sie, sondern durch alle Ärzte und Spezialisten – Was halten Sie vom Umfang der medizinischen Versorgung, die die Patienten erhalten? Würden Sie sagen es ist...?

(PHONE ONLY: READ LIST)

- 1 Viel zu wenig
- 2 Zu wenig
- 3 Etwa richtig
- 4 Zu viel
- 5 Viel zu viel

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

998 PHONE ONLY: (V) Not sure; WEB/MAIL ONLY: Weiss nicht

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

(IHP 2025 New)

BASE: SWITZ RESPONDENTS (Q500=9)

SWI-11. Behandeln Sie Patienten, die in einem Pflegeheim leben?

- 1 Ja
- 2 Nein

998 PHONE ONLY: (V) Not sure

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

(IHP 2025 New)

BASE: SWITZ RESPONDENTS WHO SAID "YES" (Q500=9, SWI-11=1)

SWI-12. Für Patienten in einem Pflegeheim, wie häufig

1. Meistens (75-100% der Fälle)
2. Häufig (50-74% der Fälle)
3. Manchmal (25-49% der Fälle)
4. Selten (1-24% der Fälle)
5. Nie
6. Trifft nicht zu

- a. tauschen Sie sich mit dem Pflegeheim-Personal über die Bedürfnisse Ihrer Patienten und die zu erbringenden Leistungen aus?
- b. werden Sie vom Pflegeheim-Personal über relevante Veränderungen des Gesundheitszustands Ihrer Patienten informiert?

(IHP 2025 New)

BASE: SWITZ RESPONDENTS (Q500=9)

SWI-13. Bietet Ihre Praxis Praktikumsplätze für Assistenzärzte an?

1	Ja
2	Nein
998	PHONE ONLY: (V) Not sure
999	PHONE ONLY: (V) Decline to answer; WEB ONLY: Blank

(IHP 2025 New)

BASE: SWITZ RESPONDENTS WHO SAID "YES" (Q500=9, SWI-13=2)

[PN: RANDOMIZE RESPONSES 1-4, SHOW OPTION 5 LAST]

[PN: ALLOW MULTIPLE RESPONSES 1-4, OPTION 5 MUTUALLY EXCLUSIVE]

SWI-14. Was würde Sie dazu motivieren, einen Praktikumsplatz anzubieten? Bitte wählen Sie alles zutreffende aus.

- 1 Finanzielle Entschädigung für die vom ausbildenden Arzt geleistete Ausbildung
- 2 Administrative Unterstützung (z.B. Erstellung von Arbeitsverträgen, Anmeldung bei Versicherungsgesellschaften usw.)
- 3 Mentoringprogramme für Assistenzärzte
- 4 Coaching-Möglichkeiten für ausbildende Ärzte in der Praxis
- 5 Nichts, die Praxis ist nicht daran interessiert, Praktikumsplätze anzubieten

998	PHONE ONLY: (V) Not sure
999	PHONE ONLY: (V) Decline to answer; WEB ONLY: Blank

SECTION M: CANADA-ONLY QUESTIONS

(IHP 2022 CAN-2 modified – NZ added to base, “panel” added, IHP 2019 CAN-2 Modified – removed language-insert based itinerancy in the territories)

BASE: CANADA AND NZ RESPONDENTS (Q500=2.6)

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

- 1 Yes, have the capacity and accepting all patients who inquire
- 2 Yes, have the capacity and accepting only patients who fit certain criteria
- 3 Yes, have the capacity, but not accepting new patients
- 4 No, do not have the capacity

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

(IHP 2022 CAN-4, IHP 2019 CAN-3, IHP 2015 Modified - revised question-text with removed parenthetical instruction and "primary" underlined)

BASE: CANADA RESPONDENTS (Q500=2)

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

- 1 A private solo practice
- 2 A physician group practice
- 3 Community clinic/health centre
- 4 Hospital-based practice
- 6 Other

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

(IHP 2025 New)

BASE: ONTARIO RESPONDENTS (Q531=9)

ONT1. Please rate your level of involvement in the activities of your local Primary Care Network:

- 1 No involvement (I am not involved with my local PCN)
- 2 Low involvement (e.g. I review information/updates shared by my local PCN)
- 3 Moderate involvement (e.g. I participate in educational activities or information sessions promoted by my local PCN)
- 4 High involvement (e.g. I am involved in committees, projects or other activities organized or promoted by my local PCN)
- 5 Very high involvement (e.g. I am involved in organizing or leading work of my local PCN)

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

SECTION N: US-ONLY QUESTIONS

(IHP 2022 US-3 modified - updated code for not sure, IHP 2019 US3 Modified - updated question-text, new items a and b from 2019 US1, and updated item-text for c and d (2019 items a and b), IHP 2015 US5 Modified -- revised question-text and reverse-ordered, revised list of items, IHP 2012 Q1430 Modified -- both question text and response options are different)

BASE: US RESPONDENTS (Q500=11)

[PN: SET UP AS GRID FOR WEB]

US-3. Is your main practice:

- 1 Yes
- 2 No

996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code
998 WEB/MAIL ONLY: Not sure / PHONE ONLY: (V) Not sure
999 WEB/MAIL ONLY: Blank

- a. Part of a larger integrated provider system (e.g., Kaiser Permanente, Mayo Clinic, VA, etc.)
- b. Part of a community clinic or community health center (including a Federally Qualified Health Center)
- c. Recognized as a Patient-Centered Medical Home (PCMH) or Advanced Primary Care Practice (APCP)
- d. Affiliated with an Accountable Care Organization (ACO)

(IHP 2022 US-2 modified – question text and response options, IHP 2019 US2 Modified –updated and rearranged list of items, IHP 2015 US3 Modified – revised question-text, removed "based" from the end of item a, revised item c, and new items d and e, IHP 2012 Q1410 Modified – both question text and response options are different (A and C are the same as in IHP 2012))

BASE: US RESPONDENTS (Q500=11)

[PN: SET UP AS GRID FOR WEB]

US-2. What share of your practice revenue is from each of the following payment types?

- 1 None (0%)
- 2 A little (Less than 25%)
- 3 Some (25-49%)
- 4 Most (50-74%)
- 5 All or nearly all (75-100%)

996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code
998 WEB/MAIL ONLY: Not sure / PHONE ONLY: (V) Not sure
999 WEB/MAIL ONLY: Blank

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

(IHP 2022 US-4, IHP 2019 US4, CMWF-KFF Primary Care Provider Survey 2015)

BASE: US RESPONDENTS (Q500=11)

[PN: SET UP AS GRID FOR WEB]

[PN: ALLOW RANGE 0-100]

[PN: DECIMALS SHOULD BE ALLOWED]

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

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

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

	Current Percentage
1 Medicare	_____ %
2 Medicaid	_____ %
3 Private insurance	_____ %

4 Uninsured _____ %
995 MAIL ONLY (AS PART OF BACK-END PROCEDURES AS DESCRIBED IN
THE EDITING AND CODING MEMO): Invalid
996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code
999 WEB/MAIL ONLY: Blank

(IHP 2022 US-5 modified – updated web/mail/phone directions for not sure code)

BASE: US RESPONDENTS (Q500=11)

[PN: SET UP AS GRID FOR WEB]

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

1 Yes

2 No

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

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

999 WEB/MAIL ONLY: Blank

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

(IHP 2025 New)

BASE: ALL NON-US RESPONDENTS (Q500=1-10)

54. Bei einer zukünftigen Durchführung dieser Erhebung möchten wir eventuell die Befragungsdaten mit Abrechnungsdaten zwischen den Ärzten und Krankenkassen verknüpfen, um besser zu verstehen, wie die Unterschiede in den Erfahrungen der Leistungserbringenden in den verschiedenen Ländern mit der Leistungserbringung zusammenhängen. Alle Daten werden anonymisiert und es werden nur Durchschnittswerte publiziert. Wie wahrscheinlich wären Sie bereit, Ihre individuelle GLN-Nummer (Global Location Number) anzugeben, damit diese Daten in einer zukünftigen Erhebungswelle verknüpft werden können?

1 Sehr wahrscheinlich

2 Ziemlich wahrscheinlich

3 Nicht allzu wahrscheinlich

4 Überhaupt nicht wahrscheinlich

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

999 WEB/MAIL ONLY: Blank

(IHP 2022 US-6)

BASE: US RESPONDENTS (Q500=11)

US-6. What is your NPI number?

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

1 NPI number: _____

999 WEB/MAIL ONLY: Blank

SECTION O: NZ-ONLY QUESTIONS

(IHP 2022 NZ-1 modified – text updated to reflect “changes to health system”)

BASE: NZ RESPONDENTS (Q500=6)

NZ-1. How confident, if at all, are you that the changes to the New Zealand health system are heading in the right direction?

- 1 Extremely confident
- 2 Very confident
- 3 Moderately confident
- 4 Slightly confident
- 5 Not at all confident

999 WEB ONLY: Blank

SECTION P: RECONTACT QUESTIONS

(IHP 2022 Q3000, IHP 2019 Q3000, IHP 2015 Q3000 Modified – removed code 8, IHP 2012 Q3000, IHP 2009 Q1250)

BASE: CANADA, FRANCE, SWITZ, AND US RESPONDENTS (Q500=2, 3, 9, 11)

Q3000. **Wir sind fast am Ende des Fragebogens. Möchten Sie eine Zusammenfassung der Resultate dieser Befragung per Email erhalten?**

- 1 Ja
- 2 Nein

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

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

999 WEB/MAIL ONLY: Blank

(IHP 2022 Q3001, IHP 2019 Q3001, IHP 2015 Q3001 Modified – revised text, IHP 2012 Q3001, IHP 2009 Q2127)

BASE: CANADA, FRANCE, SWITZ, AND US RESPONDENTS WHO WANT SUMMARY OF STUDY RESULTS (Q3000=1)

[PN: EMAIL ADDRESSES EXCLUDED FROM DATA FILE DUE TO CONFIDENTIALITY PURPOSES]

Q3001. Bitte geben Sie Ihre E-Mail-Adresse an, damit wir Ihnen diese Zusammenfassung zusenden können.

Email-Adresse: _____

(IHP 2022 Q3001a, IHP 2019 Q3001a)

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

Q3001a. **Bitte prüfen Sie noch einmal, ob Ihre E-Mail-Adresse korrekt angegeben ist.**

[PN: DISPLAY ENTERED TEXT FROM Q3001.]

1 Ja

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

BASE: ALL RESPONDENTS

Sie sind am Ende des Fragebogens angelangt. Vielen Dank, dass Sie sich Zeit dafür genommen haben!