

**2025 INTERNATIONAL HEALTH POLICY STUDY OF PRIMARY CARE PHYSICIANS
FINAL 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:

- **2025 International Health Policy Study of Primary Care Physicians** – 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 **Dylan Murray** at **0414 477 305**. If you would like to know more about the Commonwealth Fund, click [here](#).

CANADA FOOTER (Q500=2):

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

FRANCE FOOTER (Q500=3):

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

- Question text should be in larger font than response options
- Question numbers will be removed before going live.
- Preferred fonts – Arial, Helvetica, or Verdana
- Grids:
 - Html tables should be programmed in a way that column widths are set as proportions of the screen size. This will allow content to adjust to different browser window sizes.
 - 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 “Your answers to these questions are very important to us. Can you please take a moment to respond to the question below?”**
- **CLOSED FIELD MESSAGE:** (PN: THIS MESSAGE SHOULD BE DISPLAYED FOR ALL COUNTRIES' VERSIONS OF THE PROGRAM THAT HAVE BEEN CLOSED) – “Thank you for your interest in this study, however we are no longer fielding interviews at this point.”

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 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 – updated code 3, IHP 2019 Q533)

BASE: CANADA (Q500=2)

Q533.PRELOAD CANADA SAMPLE TYPE

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

(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)

NOTE: SWEDEN COULD NOT DELIVER IN 2025 DUE TO PRIVACY CONCERNS

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)

NOTE: SWEDEN COULD NOT DELIVER IN 2025 DUE TO PRIVACY CONCERNS

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 Modified – added code 3 for Ekas, 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
- 3 Ekas Panel

(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 Modified – categorical Sweden data added, 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: SWITZERLAND RANGE 18 -108]

[PN: SWEDEN CATEGORIES: Under 35, 35-44, 45-54, 55-64, 65+]

(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 QRCODE, IHP 2019 QRCODE)

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

QRCODE. QRCODE 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. 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 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 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 2019 Modified – organizations updated, IHP 2015 Modified – revised survey title with current year and sponsor’s abbreviation)

BASE: ONTARIO RESPONDENTS (Q531=9)

NOTE: DUE TO ELECTION CONCERNS, IN WAVE 1, DOCUMENTATION IN ONTARIO

REFERENCED CIHI

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 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 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. **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 Federal Office of Public Health. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. Your response is very important to help us better understand how primary care doctors view the health care system in Switzerland.

This survey should take about 15 minutes of your time. **[WEB ONLY:** If necessary, you have the option to pause the survey and finish it later by clicking “Finish later.” To resume taking the survey, go to the survey home page at **(ADD WEBSITE NAME - WE SUGGEST USING www.internationaldoctorstudy.ch)**, 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 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=2,999, TERMINATE. DO NOT ALLOW SKIPPING.]

TERMINATE MESSAGE: Unfortunately, you do not qualify for this study. Thank you for your time.

(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.]

[PN: INSTALL BELOW QUOTA-STOPPERS IN PROGRAM.]

- Overall TKW (Q500=1 AND bAustraliaVendor=1) -- set to N=305
- Overall Ekas (Q500=1 AND bAustraliaVendor=2) -- set to N=110
- Ekas Males (Q51=1 AND bAustraliaVendor=2) -- set to n=53
- Ekas Females (Q51=2 AND bAustraliaVendor=2) -- set to n=67
- Ekas <35 year-olds (Q49=1 AND bAustraliaVendor=2) -- set to n=27
- Ekas 35-44 year-olds (Q49=2 AND bAustraliaVendor=2) -- set to n=57
- Ekas 45-54 year-olds (Q49=3 AND bAustraliaVendor=2) -- set to n=30
- Ekas 55-64 year-olds (Q49=4 AND bAustraliaVendor=2) -- set to n=8
- Ekas 65+ year-olds (Q49=5 AND bAustraliaVendor=2) -- set to n=15
- Ekas NSW (Q1a=1 AND bAustraliaVendor=2) -- set to n=41
- Ekas ACT (Q1a=2 AND bAustraliaVendor=2) -- set to n=8
- Ekas VIC (Q1a=3 AND bAustraliaVendor=2) -- set to n=32
- Ekas QLD (Q1a=4 AND bAustraliaVendor=2) -- set to n=18
- Ekas SA (Q1a=5 AND bAustraliaVendor=2) -- set to n=16

- Ekas WA (Q1a=6 AND bAustraliaVendor=2) -- set to n=19
- Ekas TAS (Q1a=7 AND bAustraliaVendor=2) -- set to n=10
- Ekas NT (Q1a=8 AND bAustraliaVendor=2) -- set to n=6

(IHP 2022 Q1b modified – combined Capital & Coast and Hutt Valley, 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, and Hutt Valley
- 4 Counties Manukau
- 5 Hawkes Bay
- 6 Lakes
- 7 Mid Central
- 8 Northland
- 9 Tairāwhiti
- 10 Taranaki
- 11 Waikato
- 12 Wairarapa
- 13 Waitematā
- 14 Whanganui
- 15 Canterbury
- 16 Nelson-Marlborough
- 17 South Canterbury
- 18 Southern
- 19 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

(New)

BASE: GERMANY RESPONDENTS (Q500=4)

GEBJ

[enter a numeric value]

[range: 1931-1995]

In welchem Jahr sind Sie geboren. _____

(New)

BASE: GERMANY RESPONDENTS (Q500=4)

SEX

Welches Geschlecht wurde bei Ihrer Geburt in Ihre Geburtsurkunde eingetragen?

- 1 Männlich
- 2 Weiblich

(New)

BASE: GERMANY RESPONDENTS (Q500=4)

SEXA

Da sich nicht alle Menschen ihrem eingetragenen Geschlecht zugehörig fühlen: Welchem Geschlecht fühlen Sie sich zugehörig?

- 1 Männlich
- 2 Weiblich
- 3 Oder einem anderen, und zwar: _____

(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. How would you rate the overall performance of the healthcare system in [INSERT COUNTRY]:

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

- 1 Very good
- 2 Good
- 3 Acceptable
- 4 Poor
- 5 Very Poor

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

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

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied

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: “If you [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”] in multiple settings, please consider your main [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”] setting (i.e., where you spend the most time with patients) when answering the rest of this survey.”

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. Do you or any other health care professionals that work with you in your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practice” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”] provide care in the following ways [PHONE ONLY: “(READ FIRST ITEM)”]; WEB/MAIL ONLY: “:”]

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

PHONE ONLY: How about (READ ITEM)?

- 1 Yes, frequently
- 2 Yes, occasionally
- 3 Never

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. Make home visits
- b. Coordinate care with social services or other community providers
- d. Coordinate care with other health care providers or medical specialists outside your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”]

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

BASE: ALL RESPONDENTS

5. How often does your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”] offer [IF UK, (Q500=10), DISPLAY: “your registered patients”] appointments in the evening (after standard office-hours) during the week (i.e., Monday through Friday)?

WEB/MAIL ONLY: *(Note: Please include both in-person and [IF CAN NOT QUEBEC (Q500=2 AND Q531=1-10,12-13), DISPLAY: “virtual care”; IF UK (Q500=10), DISPLAY: “remote care”; IF (NOT CAN OR UK) OR (QUEBEC) (Q500=1, 3-9,11 OR Q531=11), DISPLAY: “telehealth”] appointments.)*

PHONE ONLY: (IF NECESSARY: Please include both in-person and [IF CAN NOT QUEBEC (Q500=2 AND Q531=1-10,12-13), DISPLAY: “virtual care”; IF UK (Q500=10), DISPLAY: “remote care”; IF (NOT CAN OR UK) OR (QUEBEC) (Q500=1, 3-9,11 OR Q531=11), DISPLAY: “telehealth”] appointments)

PHONE ONLY: (READ LIST)

- 1 Never
- 2 One day per week
- 3 2 to 3 days per week
- 4 4 or more days per week

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. How often does your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”] offer [IF UK, (Q500=10), DISPLAY: “your registered patients”] appointments during the weekend (i.e., Saturday or Sunday)?

WEB/MAIL ONLY: *(Note: Please include both in-person and [IF CAN NOT QUEBEC (Q500=2 AND Q531=1-10,12-13), DISPLAY: “virtual care”; IF UK (Q500=10), DISPLAY: “remote care”; IF (NOT CAN OR UK) OR (QUEBEC) (Q500=1, 3-9,11 OR Q531=11), DISPLAY: “telehealth”] appointments.)*

PHONE ONLY: (IF NECESSARY: Please include both in-person and [IF CAN NOT QUEBEC (Q500=2 AND Q531=1-10,12-13), DISPLAY: “virtual care”; IF UK (Q500=10), DISPLAY: “remote care”; IF (NOT CAN OR UK) OR (QUEBEC) (Q500=1, 3-9,11 OR Q531=11), DISPLAY: “telehealth”] appointments)

PHONE ONLY: (READ LIST)

- 1 Never
- 2 One weekend per month
- 3 Two weekends per month
- 4 Three weekends per month
- 5 Every weekend

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 other than in Quebec and New Brunswick, 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 [IF NOT QUEBEC (Q531=1-10,12-13): virtual care; IF QUEBEC (Q531=11): telehealth]
- 2 Yes, patients can only be seen in-person
- 3 Yes, patients can only be seen via [IF NOT QUEBEC (Q531=1-10,12-13): virtual care; IF QUEBEC (Q531=11): telehealth]
- 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: “The next few questions are about [IF CAN NOT QUEBEC (Q500=2 AND Q531=1-10,12-13), DISPLAY: “*virtual care*”; IF UK (Q500=10), DISPLAY: “*remote care*”; IF (NOT CAN OR UK) OR (QUEBEC) (Q500=1, 3-9,11 OR Q531=11), DISPLAY: “*telehealth*”] – providing virtual clinical care to patients such as by video or telephone instead of having an in-person visit.”

(IHP 2022 Q8)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

[PN: ALLOW RANGE 0-100]

[PN: DECIMALS SHOULD BE ALLOWED]

[PN: AUTO-PUNCH 0s IN SKIPPED FIELDS, IF AT LEAST ONE FIELD IS ANSWERED 0-100]

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

8. Currently, in a typical week, about what percent of your patient [IF NZ OR UK, (Q500=6,10), DISPLAY: “consultations”; IF ELSE, (Q500=1-5, 7-9,11), DISPLAY: “visits”] are conducted:

WEB/MAIL ONLY: (Note: Your best estimate is fine. Total should add to about 100%.)

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

- | | Percent of Patient Visits |
|--------------------------------|---------------------------|
| 1 In-person | _____ % |
| 2 By telephone (voice or text) | _____ % |
| 3 By video | _____ % |
- 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 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. Overall, how satisfied, if at all, are you with [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practising” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practicing”] [IF CAN NOT QUEBEC (Q500=2 AND Q531=1-10,12-13), DISPLAY: “virtual care”; IF UK (Q500=10), DISPLAY: “remote care”; IF (NOT CAN OR UK) OR (QUEBEC) (Q500=1, 3-9,11 OR Q531=11), DISPLAY: “telehealth”]?

- 1 Very satisfied
 - 2 Somewhat satisfied
 - 3 Neither satisfied nor dissatisfied
 - 4 Somewhat dissatisfied
 - 5 Very dissatisfied
- 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. Would you say [IF CAN NOT QUEBEC (Q500=2 AND Q531=1-10,12-13), DISPLAY: “virtual care”; IF UK (Q500=10), DISPLAY: “remote care”; IF (NOT CAN OR UK) OR (QUEBEC) (Q500=1, 3-9,11 OR Q531=11), DISPLAY: “telehealth”] has:

[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 Yes, to a great extent
- 2 Yes, to some extent
- 3 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. Improved the timeliness of care for your patients
- f. Improved the accessibility of care for your patients
- c. Allowed you to assess mental health needs (such as anxiety, mild or moderate depression) effectively
- g. Allowed you to assess addiction-related issues (such as drug, opioid, and alcohol use, and gambling) effectively
- e. Increased your antibiotic prescribing

(IHP 2022 Q12b modified – question text modified, made US-only, underlined “reimbursement for telehealth visits”)

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): “The next questions are about care management for patients with chronic conditions and other special needs, in general.”

(PAPER SURVEY): “The next questions are about the care provided to patients in general, both via [IF CAN NOT QUEBEC (Q500=2 AND Q531=1-10,12-13), DISPLAY: “virtual care”; IF UK (Q500=10), DISPLAY: “remote care”; IF (NOT CAN OR UK) OR (QUEBEC) (Q500=1, 3-9,11 OR Q531=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. How prepared is your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”) to manage care for patients with [PHONE ONLY: “(READ FIRST ITEM)”]; WEB/MAIL ONLY: “.”]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared
- 4 Do not have these patients

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. Chronic conditions such as diabetes, COPD, and heart failure
- b. Mental health needs (such as anxiety, mild or moderate depression)
- c. Addiction-related issues (such as drug, opioid, and alcohol use, and gambling)
- d. Palliative care needs
- e. Dementia
- g. [FOR CAN AND NZ RESPONDENTS ONLY, (Q500=2, 6), DISPLAY: “Patients requesting medical assistance in dying”]

(IHP 2025 New)

BASE: WEB/PHONE RESPONDENTS NOT IN GERMANY OR THE NETHERLANDS WHO SAID THEY ARE NOT PREPARED FOR ANY OF THE FOLLOWING IN Q12 (Q500=1-4;6-11 AND Q500a=1,3 AND Q12a-g=3)

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

PN: ONLY DISPLAY OPTION 5 FOR NZ RESPONDENTS IN Q13g [Q500=6 & Q12g=3]

PN: DUE TO PROGRAMMING ERROR, RESPONDENTS IN NETHERLANDS WERE ASKED 13_NETHERLANDS.

13. You said your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”)] is not prepared to manage care for patients with [INSERT ITEM FROM Q12]. What are the reasons for not feeling prepared? Please select all that apply.

- 1 Lack of administrative staff and resources
 - 2 Providers in the [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”)] do not have the knowledge or skills to treat these conditions
 - 3 Lack of information about care the patient is receiving from specialists and other providers
 - 4 Lack of services or providers to refer the patient to
 - 5 [DISPLAY ONLY FOR Q13g AND Q500=6] Ethical or moral objections
- 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. chronic conditions such as diabetes, COPD, and heart failure
 - b. mental health needs (such as anxiety, mild or moderate depression)
 - c. addiction-related issues (such as drug, opioid, and alcohol use, and gambling)
 - d. palliative care needs
 - e. dementia
 - g. [FOR CAN AND NZ RESPONDENTS ONLY, (Q500=2, 6), DISPLAY: “patients requesting medical assistance in dying”]

(IHP 2025 New)

BASE: WEB/PHONE RESPONDENTS IN THE NETHERLANDS WHO SAID THEY ARE NOT PREPARED FOR ANY OF THE FOLLOWING IN Q12 (Q500=5 AND Q500a=1,3 AND Q12a-g=3)

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

PN: ONLY DISPLAY OPTION 5 FOR NZ RESPONDENTS IN Q13g [Q500=6 & Q12g=3]

PN: DUE TO PROGRAMMING ERROR, RESPONDENTS IN NETHERLANDS WERE ASKED 13_NETHERLANDS.

13_NETHERLANDS. You said your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”)] is not prepared to manage care for patients with certain needs. What are the reasons for not feeling prepared? Please select all that apply.

- 1 Lack of administrative staff and resources
- 2 Providers in the [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”)] do not have the knowledge or skills to treat these conditions

- 3 Lack of information about care the patient is receiving from specialists and other providers
- 4 Lack of services or providers to refer the patient to
- 5 [DISPLAY ONLY FOR Q13g AND Q500=6] Ethical or moral objections
- 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 RESPONDENTS

14. In thinking about your patient population, to what extent are the health conditions you treat due to:

- 1 A lot
- 2 A little
- 3 Not at all
- 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

- a. Lack of access to preventative health care measures, including screenings, vaccinations, healthier diets, and physical activity
- b. Mental health needs
- c. Health issues that are related to the sociodemographic situation of patients, including unstable housing, lack of access to nutritious meals, and unemployment.

(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. Does your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: "practise" IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: "practice")] use personnel, [IF NZ (Q500=6), DISPLAY: "such as nurses or health care assistants"; IF ELSE (Q500=1-5,7-11), DISPLAY: "such as nurses or case managers"], to monitor and manage care for patients with chronic conditions that need regular follow-up care?

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

PHONE ONLY: (IF RESPONDENT SAYS "Yes" PROBE WITH "Do you use personnel who are within your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: "practise" IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: "practice"] or outside your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: "practise" IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: "practice"]?")

PHONE ONLY: (IF RESPONDENT SAYS "Both within and outside of [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: "practise" IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: "practice"]," CODE WITH BOTH "within [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: "practise" IF ELSE,

(Q500=2-5, 7-9, 11), DISPLAY: "practice"]" AND "outside of [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: "practise" IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: "practice"]" OPTIONS.)

1 Yes, use personnel within [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: "practise" IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: "practice"]

2 Yes, use personnel outside of [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: "practise" IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: "practice"]

3 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

(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. For patients with chronic conditions, how often do you or other health care professionals in your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”) provide care in the following ways [PHONE ONLY: “(READ FIRST ITEM)”]; WEB/MAIL ONLY: “:”]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Usually (75-100% of the time)
- 2 Often (50-74% of the time)
- 3 Sometimes (25-49% of the time)
- 4 Rarely (1-24% of the time)
- 5 Never

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. Develop treatment plans or self management goals with patients they can carry out in their daily life
- d. Contact patients between visits to monitor their condition
- e. Use remote monitoring or connected medical devices to monitor patients where clinically appropriate (e.g., monitoring blood pressure, glucose levels, or weight)

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

BASE: ALL RESPONDENTS

17. Do you have end of life conversations with your patients about their preferences, wishes and goals of their care, in the event they become very ill, injured, or cannot make decisions for themselves?

PHONE ONLY: (READ LIST)

- 1 Yes, routinely
- 2 Yes, occasionally
- 3 No, not at all
- 4 Does not apply

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. When your patients have been referred to a specialist, how often [PHONE ONLY: “(READ FIRST ITEM)”]; WEB/MAIL ONLY: “:”]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Usually (75-100% of the time)
- 2 Often (50-74% of the time)
- 3 Sometimes (25-49% of the time)
- 4 Rarely (1-24% of the time)
- 5 Never

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. Do you send the patient history and the reason for the consultation to the specialist
- d. Is the follow-up to the referral [IF US (Q500=11), DISPLAY: “scheduled”; ELSE (Q500=1-10), DISPLAY: “organized”] by the specialist in a timely manner
- b. Do you receive from the specialist information about changes made to the patient medication or care plan
- c. Do you receive a report with the results of the specialist visit within 1 week of service

(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. How often do you receive notifications that your patients have been [PHONE ONLY: “(READ FIRST ITEM)”]; WEB/MAIL ONLY: “:”]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Usually (75-100% of the time)
- 2 Often (50-74% of the time)
- 3 Sometimes (25-49% of the time)
- 4 Rarely (1-24% of the time)
- 5 Never

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. Seen for after-hours care (i.e., arrangement where patients can see a provider when the [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”] is closed without going to the emergency room)
- b. Seen in an emergency department
- c. Admitted to a hospital

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

PHONE ONLY: (READ LIST)

- 1 Less than 24 hours
 - 2 24 to less than 48 hours
 - 3 2-4 days
 - 4 5-14 days
 - 5 15-30 days
 - 6 More than 30 days
 - 7 Rarely or never receive this type of information
- 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. How do you usually receive this information? (Select only one)

- 1 Fax
 - 2 Mail
 - 3 Email
 - 4 On-line (e.g., web portal/file transfer site)
 - 5 Brought by patient
 - 6 Other
- 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

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

BASE: ALL RESPONDENTS – DO NOT INCLUDE SWITZERLAND

PN: RESPONDENTS IN SWEDEN WERE ASKED Q21 IN A MULTI-PUNCH/SELECT-ALL-THAT-APPLY QUESTION FORMAT

21. In your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”], do the following health care professionals work 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 [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “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. For your patients who receive home-based nursing care, how often [PHONE ONLY: "(READ FIRST ITEM)"; WEB/MAIL ONLY: ":"]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How often (READ ITEM)?

- 1 Usually (75-100% of the time)
- 2 Often (50-74% of the time)
- 3 Sometimes (25-49% of the time)
- 4 Rarely (1-24% of the time)
- 5 Never
- 6 Does not apply

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. Do you communicate with home-based nursing care providers about your patients' needs and the services to be provided?
- b. Are you advised by the home-based nursing care providers of a relevant change in your patients' condition or health status?
- d. Do you receive timely information about their care and care plan?

(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. How often, if ever, do you or other personnel that work with you in your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”] screen or assess your patients for the following social needs? [PHONE ONLY: “(READ FIRST ITEM)”]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Usually (75-100% of the time)
- 2 Often (50-74% of the time)
- 3 Sometimes (25-49% of the time)
- 4 Rarely (1-24% of the time)
- 5 Never

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. Problems with housing (e.g., eviction, homelessness, etc.)
- b. Financial security (e.g., employment [IF NZ OR SWITZ, (Q500=6,9), DISPLAY: “, unemployment benefits, social assistance, etc.”])
- c. Food insecurity (e.g., hunger and nutrition)
- d. Transportation needs (e.g., to appointments, work, grocery store, or other locations needed for daily living)
- f. Domestic violence
- g. Social isolation or loneliness (e.g., no close relationships or no one to contact in the community for help)

(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. What challenges, if any, do you or other personnel in your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”] currently experience when coordinating your patients’ care with [IF AUS, NZ, UK (Q500=1,6,10, DISPLAY: “community or social services”; IF ELSE (Q500=2-5,8-9,11), DISPLAY: “social services”]?

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

4 [FOR AUS, CAN, GER, SWITZ AND SWED RESPONDENTS ONLY, (Q500=1,2,4,8,9), DISPLAY: “Do not coordinate with social services”]

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. Lack of information about social service [IF AUS, NZ, UK (Q500=1,6,10), “organisations”. ELSE “organizations”] in the community
- b. Lack of a referral system or mechanism to make referrals
- c. Inadequate staffing to make referrals and coordinate care with social service organizations
- e. Lack of follow-up from social service organizations about which services patients received or need

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. Can you electronically exchange the following with any health care providers outside your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”) [PHONE ONLY: “, not including fax or regular email”]? [PHONE ONLY: (READ FIRST ITEM)]

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

PHONE ONLY: How about (READ ITEM)?

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

- a. Patient clinical summaries
- b. Laboratory and diagnostic test results
- c. Lists of all medications taken by an individual patient
- d. Referrals to request or receive care from specialists for your patients

(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 [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”]? [PHONE ONLY: “, not including fax or regular email”]?

[IF AUS, CAN, FRA, NETH, NZ, SWE, UK, US (Q500=1-3, 5-8, 10, 11): [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: Please indicate whether your practice offers your patients the option to:

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

PHONE ONLY: How about (READ ITEM)?

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

- a. Communicate with your practice via email or a secure website about a medical question or concern
- b. Schedule appointments online (*Note: Do not include email*)
- c. Request [IF CAN, (Q500=2), DISPLAY: “renewals” IF ELSE, (Q500=1, 3-11), DISPLAY: “refills”] for prescriptions online (*Note: Do not include email*)
- d. View test results online
- e. View patient visit summaries online

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

BASE: SWITZ RESPONDENTS (Q500=9)

[PN: DISPLAY AFTER Q25]

SWI-2. Are you planning to join the national “Electronic Patient Record” (sharing information with other health professionals) in your practice...

- 1 I already joined the national “Electronic Patient Record”
 - 2 Yes, within this year
 - 3 Yes, within the next one to two years
 - 4 Yes, within the next two to three years
 - 5 Yes, but will take three or more years
 - 6 Yes, but I am waiting for the comprehensive EPRA revision
 - 7 No I'm not planning to join the national “Electronic Patient Record”
- 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 – “data on” removed from 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. How often, if at all, does your practice review the following aspects of your patients’ care?
[PHONE ONLY: “(READ FIRST ITEM)”]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 At least quarterly
- 2 At least yearly
- 3 Less frequently
- 4 Never

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. Clinical outcomes [WEB/MAIL ONLY: “(e.g., percent of diabetics or asthmatics with good control)”]; PHONE ONLY: “such as percent of diabetics or asthmatics with good control”]
- b. Patients’ hospital admissions or emergency department use
- c. Prescribing practice (e.g., use of generic drugs, antibiotics, or opioids)
- d. Surveys of patient satisfaction and experiences with care
- e. Surveys of Patient Reported Outcome Measures (PROMs)

(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. Thinking about the time each of the following may take away from other responsibilities, how much of a problem, if at all, is the amount of time you or your staff spend [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 Major problem

2 Minor problem

3 Not a problem

4 WEB/MAIL ONLY: Not applicable / 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. On administrative issues related to insurance or claiming payments
- b. Getting patients needed medications or treatments because of coverage restrictions
- c. Reporting clinical or quality of care data to government or other external entities such as health insurers
- d. On patient care or patient visit documentation, including physician notes and updates to electronic health records
- e. Coordinating referrals with specialists (e.g., non-responses to referrals, follow-up on rejections)
- g. Coordinating care with social services or other providers

(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. How stressful, if at all, is your job as a [IF AUS, NZ, or UK (Q500=1, 6, 10) DISPLAY: “general practitioner”; IF CANADA (Q500=2), DISPLAY: “family doctor”; IF ELSE, (Q500=3-5, 7-9, 11), DISPLAY: “primary care physician”]:

PHONE ONLY: (READ LIST)

- 1 Extremely stressful
- 2 Very stressful
- 3 Somewhat stressful
- 4 Not too stressful
- 5 Not at all stressful

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. Please indicate how satisfied you are with the following aspects of your medical [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: "practise" IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: "practice"]. [PHONE ONLY: "(READ FIRST ITEM)"]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied

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. Your income from medical [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: "practise" IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: "practice")]
- b. The time you can spend per patient
- c. Your daily workload
- d. The time you spend on administrative work
- e. Your 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. In the next one to three years, do you plan to stop seeing patients regularly?

- 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 2025 New)

BASE: IF YES TO Q32

33. What do you plan to do when you stop seeing patients regularly in the next one to three years?

- 1 Continue to work, but in a different role, either within health care or another industry
- 2 Retire
- 3 Something else
- 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 Q31)

BASE: ALL RESPONDENTS

34. Overall, based on your definition of burnout, how would you rate your current level of burnout?

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

- 1 I enjoy my work. I have no symptoms of burnout.
- 2 Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.
- 3 I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- 4 The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.
- 5 I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.
- 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

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

[PN: RANDOMIZE ON WEB]

35. Which of the following is the primary reason for your burnout?

- 1 Your patient panel is too large or complex
- 2 Administrative tasks take up more time than you would like
- 3 Lack of or not enough support staff
- 4 Personal reasons or circumstances unrelated to the work environment
- 5 You don't feel your work is valued
- 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 Q32 modified – timeframe made past 2 years, text for item b modified)

BASE: ALL RESPONDENTS

36. Because of your work as a [IF CANADA (Q500=2), DISPLAY: “family doctor”; ELSE (Q500=1,3-11): “primary care physician”], in the past two years, have you:
[PHONE ONLY: “(READ FIRST ITEM)”]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

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. Frequently experienced emotional distress such as anxiety, great sadness, anger, or feelings of hopelessness
- b. Sought professional attention for mental health needs

SECTION I: PERSPECTIVES ON THE HEALTH CARE SYSTEM

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

BASE: ALL RESPONDENTS

37. How often, if ever, do you think the health care system in [IF UK, US, NETH (Q500=5,10,11) DISPLAY: “the”] [INSERT COUNTRY FROM Q500] treats people unfairly based on their [IF CANADA, FRANCE, SWEDEN, US, DISPLAY (Q500=2,3,8,11): “race or”] ethnicity or ethnic background?

[PHONE ONLY: READ LIST]

1 Very often

2 Often

3 Sometimes

4 Rarely

5 Never

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 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

(IHP 2025 New)

BASE: ALL RESPONDENTS

39. Does your office use artificial intelligence in any capacity, including for clinical, administrative, or other tasks?

(WEB/PAPER) (Note: 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.)

(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. 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 2025 New)

BASE: RESPONDENTS WHO USE AI (Q39=1)

40. How often, if at all, does your office use artificial intelligence for:

- 1 Usually
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Does not have access to AI tools

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

- a. Doing triage for patients to guide how they best would engage health system resources
- b. Scheduling appointments with patients or booking diagnostics such as labs or x-rays
- c. Notetaking, documentation, or scribing
- d. [IF NOT SWEDEN (Q500=1-7,9-11)] Billing
- e. Assisting a physician in diagnosis, clinical decision support, or interpreting test results
- f. Preparing an output including patient treatment plan or prescription

CLIMATE CHANGE

(IHP 2025 New)

BASE: ALL RESPONDENTS

41. How much of an impact, if any, do you think the effects of climate change, such as poor air quality, extreme heat or cold, or extreme weather events like [IF AUSTRALIA (Q500=1): bushfires; ELSE (Q500=2-11): wildfires] and flooding, have on people's health in [INSERT COUNTRY FROM Q500] today?

- 1 Major impact
- 2 Moderate impact
- 3 Minor impact
- 4 No impact at all

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 J: 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 (“Please enter a numeric value).”]

[PN: ALLOW RANGE 1-999]

[PN: DATA FROM SWEDEN WERE CAPPED AT 25 AND CONTAINED IN A SEPARATE CODE; ENTRIES IN DATA FROM SWEDEN ABOVE 50 WERE CODED AS 9999]

42. How many doctors, including full-time and part-time doctors, including yourself, are in your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”]?

WEB/MAIL ONLY: *(Note: Your best estimate is fine.)*

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

(PHONE ONLY: PROBE IF NOT SURE OR DECLINE)

_____ Doctors

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 Q40 modified – added note about best estimate, 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: ENTRIES IN DATA FROM SWEDEN ABOVE 74 WERE CODED AS 9999]

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

43. How many full-time equivalent (FTE) doctors, including yourself, are in your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”)]?

WEB/MAIL ONLY [IF NOT UK (Q500=1-9,11)]: *(For example, one doctor working 5 days a week and another doctor working 2 days a week = 1.4 FTE; 2 fulltime doctors = 2.0 FTE)*

PHONE ONLY [IF NOT UK (Q500=1-9,11)]: 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 [IF UK (Q500=10)]: *(One doctor working 37.5 hours a week is equivalent to 1.0 FTE. For example, one doctor working 37.5 hours a week and one doctor working 19 hours a week = 1.5 FTE; 2 doctors each working 37.5 hours a week = 2.0 FTE.)*

PHONE ONLY [IF UK (Q500=10)]: One doctor working 37.5 hours a week is equivalent to 1.0 FTE. For example, one doctor working 37.5 hours a week and one doctor working 19 hours a week is equivalent to 1.5 FTE, and 2 doctors each working 37.5 hours a week is equivalent to 2.0 FTE.

WEB/MAIL ONLY: *(Note: Your best estimate is fine.)*

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

(PHONE ONLY: PROBE IF NOT SURE OR DECLINE)

_____ FTE Doctors

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 Q42 modified – telehealth language made country-specific, added note about best estimate, IHP 2019 Q33 Modified – updated question-text to include NZ insert)

BASE: ALL RESPONDENTS

[PN: DECIMALS SHOULD NOT BE ALLOWED]

[PN: ALLOW RANGE 0.1-999]

[PN: DATA FROM SWEDEN WERE CAPPED AT 150 AND CONTAINED IN A SEPARATE CODE]

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

44. On average, how many [IF NZ, (Q500=6), DISPLAY: “patient consultations do you do”; IF ELSE, (Q500=1-5, 7-11), DISPLAY: “patients do you see”] during a typical work week?

WEB/MAIL ONLY: *(Note: Please include both in-person and* [[IF CAN NOT QUEBEC (Q500=2 AND Q531=1-10,12-13), DISPLAY: “*virtual care*”; IF UK (Q500=10), DISPLAY: “*remote care*”; IF (NOT CAN OR UK) OR (QUEBEC) (Q500=1, 3-9,11 OR Q531=11), DISPLAY: “*telehealth*”] appointments.)

PHONE ONLY: (IF NECESSARY: Please include both in-person and [IF CAN NOT QUEBEC (Q500=2 AND Q531=1-10,12-13), DISPLAY: “*virtual care*”; IF UK (Q500=10), DISPLAY: “*remote care*”; IF (NOT CAN OR UK) OR (QUEBEC) (Q500=1, 3-9,11 OR Q531=11), DISPLAY: “*telehealth*”] appointments)

WEB/MAIL ONLY: *(Note: Your best estimate is fine.)*

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

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

_____ Patients

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]

[PN: DATA FROM SWEDEN ARE CATEGORICAL]

45. How many patients are registered at your primary care [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: "practise" IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: "practice")?]

WEB/MAIL ONLY: (Note: Your best estimate is fine.)

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

_____ Patients

1 [SWEDEN ONLY]: 1 < 1,500

2 [SWEDEN ONLY]: 1,500 < 4,500

3 [SWEDEN ONLY]: 4,500 < 9,000

4 [SWEDEN ONLY]: 9,000 and higher

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

BASE: ALL RESPONDENTS

[PN: DECIMALS SHOULD NOT BE ALLOWED]

[PN: ALLOW RANGE 1-999]

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

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

WEB/MAIL ONLY: *(Note: Please include both in-person and [IF CAN NOT QUEBEC (Q500=2 AND Q531=1-10,12-13), DISPLAY: "virtual care"; IF UK (Q500=10), DISPLAY: "remote care"; IF (NOT CAN OR UK) OR (QUEBEC) (Q500=1, 3-9,11 OR Q531=11), DISPLAY: "telehealth"] appointments.)*

PHONE ONLY: (IF NECESSARY: Please include both in-person and [IF CAN NOT QUEBEC (Q500=2 AND Q531=1-10,12-13), DISPLAY: "virtual care"; IF UK (Q500=10), DISPLAY: "remote care"; IF (NOT CAN OR UK) OR (QUEBEC) (Q500=1, 3-9,11 OR Q531=11), DISPLAY: "telehealth"] appointments)

WEB/MAIL ONLY: *(Note: Your best estimate is fine.)*

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

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

_____ Minutes

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, added personally to question text, text for item 1 and 3 modified, item 5 added, note about 100% removed, 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. In a typical week, about what percentage of time do you personally spend on the following:

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

- | | Percent of Time |
|---|-----------------|
| 1 In-person or [IF CAN NOT QUEBEC (Q500=2 AND Q531=1-10,12-13), DISPLAY: “virtual care”; IF UK (Q500=10), DISPLAY: “remote care”; IF (NOT CAN OR UK) OR (QUEBEC) (Q500=1, 3-9,11 OR Q531=11), DISPLAY: “telehealth”] [IF NZ OR UK, (Q500=6,10), DISPLAY: “consultations”; IF ELSE, (Q500=1-5, 7-9,11), DISPLAY: “visits”] | _____ % |
| 2 Other contact with patients (e.g., email or phone) | _____ % |
| 3 Administrative tasks (e.g., documenting tasks, medical records, meetings, quality reporting) | _____ % |
| 4 Tasks related to insurance and/or claiming payments | _____ % |
| 5 Professional development | _____ % |
| 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 ONLY: Blank | |

(IHP 2025 New)

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

48. Please describe the setting(s) where you provide care. Check all that apply.

- 1 Primary care office
 - 2 Hospital
 - 3 Long-term care home
 - 4 Retirement home or assisted living facility
 - 5 From my home
 - 6 Patients’ private residences or home visits
 - 7 Mobile clinics and urgent care
- 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)

NOTE: FOR GERMANY, THIS QUESTION WAS FILLED IN BASED ON GEBI

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 Web/Paper 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)

NOTE: FOR GERMANY, THIS WAS CODED BASED ON SEX AND SEXA.

51. Are you:

- 1 Male (Man)
- 2 Female (Woman)
- 3 TransMale (TransMan)
- 4 TransFemale (TransWoman)
- 5 Gender non-conforming (Non-binary/Genderqueer)
- 6 (DO NOT READ) I identify as a different gender, (please specify: _____)
- 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

[PN: SWEDEN POPULATED FROM SAMPLE-DATA]

[PN: NETHERLANDS DID NOT DISPLAY CODE 3]

52. Where is your [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “practice”)]located?

[PHONE ONLY: (READ LIST)]

- 1 City or urban area
 - 2 [IF NOT CANADA (Q500=1,3-11)] Suburb or small town
 - 4 [IF CANADA (Q500=2)] Suburb
 - 5 [IF CANADA (Q500=2)] Small town
 - 3 Rural [FOR NON-NETH RESPONDENTS ONLY (Q500=1-4, 6-11), DISPLAY: “or remote”] area
- 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. Is your main [IF AUS, NZ, UK (Q500=1,6, 10 DISPLAY: “practise” IF ELSE, (Q500=2-5, 7-9, 11), DISPLAY: “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 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank
- a. Wholly or jointly owned by one or more physicians in the practice
 - b. Wholly or jointly owned by a hospital, hospital system, or health system
 - c. Wholly or jointly owned by a private equity firm
 - d. Owned through another arrangement or medical group

(IHP 2025 New)

BASE: ALL AUSTRALIA RESPONDENTS (Q500=1)

AUS-1. Are you an owner or co-owner of your healthcare practice?

- 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 ONLY: Blank

(IHP 2025 New)

BASE: ALL AUSTRALIA RESPONDENTS (Q500=1)

AUS-2. Have you ever been a member of a Patient Advocacy Group (PAG)?

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 ONLY: Blank

SECTION L: SWITZERLAND-ONLY QUESTIONS

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

BASE: SWITZ RESPONDENTS (Q500=9)

SWI-4. How often do you participate in quality control circles / quality improvement groups?

1 Weekly

2 Several times a month

3 Monthly

4 Several times a year

5 Never

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: GERMANY AND SWITZ RESPONDENTS (Q500=4,9)

SWI-5. Are you accepting new patients?

1 Yes

2 No

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

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

1 A private (solo) practice

2 A physician group practice

3 Ambulatory center or clinic affiliated with hospital

4 Walk-in care center – sometimes called retail clinic

7 Other (please specify)

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. Do you have a successor for your practice?

- 1 Yes
- 2 No
- 998 PHONE ONLY: (V) Not sure; WEB ONLY: Not sure
- 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. Will you stop working after becoming 65 years old?

- 1 Yes
- 2 No
- 998 PHONE ONLY: (V) Not sure; WEB ONLY: Not sure
- 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=1,4,9)

SWI-9. In general, how often do your patients have difficulties understanding the information you give them such as: how to take a medication you prescribe or instructions about symptoms to watch for or when to seek further care?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 998 PHONE ONLY: (V) Not sure; WEB ONLY: Not sure
- 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. Thinking about all the medical care your patients receive – not just from you, but from all providers, including specialists – what is your opinion about the amount of medical care they receive? Is it...?

(PHONE ONLY: READ LIST)

- 1 Much too little
- 2 Too little
- 3 Just about right
- 4 Too much
- 5 Much too much

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

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

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

(IHP 2025 New)

BASE: SWITZ RESPONDENTS (Q500=9)

SWI-11. Do you treat patients who live in a nursing home?

- 1 Yes
- 2 No

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. For your patients who live in a nursing home, how often

1. Usually (75-100% of the time)
2. Often (50-74% of the time)
3. Sometimes (25-49% of the time)
4. Rarely (1-24% of the time)
5. Never
6. Does not apply

- a. Do you communicate with the nursing home staff about your patients’ needs and the services to be provided?
- b. Are you advised by the nursing home staff of a relevant change in your patients’ condition or health status?

(IHP 2025 New)

BASE: SWITZ RESPONDENTS (Q500=9)

SWI-13. Does your practice offer practical training positions for assistant doctors?

- 1 Yes
- 2 No
- 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. What would motivate you to offer a practical training position? Please select all that apply.

- 1 Financial compensation for the training provided by the teaching practitioner
- 2 Administrative support (e.g., drawing up employment contracts, registering with insurance companies, etc.)
- 3 Mentoring programs for assistant doctors
- 4 Coaching opportunities for the teaching practitioner
- 5 Nothing, the practice doesn't have interest in offering practical training positions
- 998 PHONE ONLY: (V) Not sure
- 999 PHONE ONLY: (V) Decline to answer; WEB ONLY: Blank

Germany-specific questions

In welcher Praxisform sind Sie tätig?

- 1 Einzelpraxis
- 2 Hausärztliche Berufsausübungsgemeinschaft oder Praxisgemeinschaft
- 3 Fachübergreifende Berufsausübungsgemeinschaft oder Praxisgemeinschaft
- 4 Hausärztliches Medizinisches Versorgungszentrum (MVZ)
- 5 Fachübergreifendes MVZ

Nimmt Ihre Praxis an einem der folgenden Programme teil?

Bitte wählen Sie alle passenden Antworten aus.

- 1. Hausarztzentrierte Versorgung (HzV)
- 1. Disease-Management-Programm (DMP)
- 2. Sonstiges, und zwar: _____
- 3. keine davon

GSQ7

Wie häufig stellen Sie im Durchschnitt **pro Woche** eine Überweisung mit einem entsprechenden Vermittlungscode für die Terminservicestellen der Kassenärztlichen Vereinigungen aus?

Range: 0-9999

GSQ8

Wie häufig findet der Hausarztvermittlungsfall **pro Woche** in Ihrer Praxis statt?

Range: 0-9999

GSQ9

Filter Show if: GSQ8 > 0

Nutzt Ihre Praxis hierzu auch den elektronischen Terminservice (eTS) der Kassenärztlichen Bundesvereinigung um fachärztliche Termine direkt zu vermitteln?

- 1 Ja
- 2 Nein
- 3 Weiß nicht

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: RESPONDENTS IN AUSTRALIA, CANADA, FRANCE, NETHERLANDS, NEW ZEALAND, SWITZERLAND, AND THE UK (Q500=1-3, 5-6, 9-10)

54. In a future wave of this survey, we may want to link this survey data with claims data to better understand how the differences in provider experiences across countries are related to delivery of care. All data would be anonymized and only averages would be reported. How likely would you be to share your individual physician identifier [IF AUS (Q500=1), INSERT: “, also known as your Medicare provider number,”] to allow for these data to be linked in a future wave of the survey?

1 Very likely

2 Somewhat likely

3 Not too likely

4 Not at all likely

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

998 PHONE ONLY: (V) Not sure

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: _____

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

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

- 1 Yes
- 2 No
- 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”)
- 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 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.

Email Address: _____

(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. Please verify that this is your correct email address.

[PN: DISPLAY ENTERED TEXT FROM Q3001.]

- 1 Yes
- 2 No [IF SELECTED, GO BACK TO Q3001.]

(IHP 2022 INC1 modified – updated amounts, IHP 2020 MONEY Modified – updated incentive amounts and mode of receipt)

BASE: US WEB RESPONDENTS WHO ARE OFFERED GIFT CARD INCENTIVE (Q500=11 AND Q500a=1 AND bMail Experiment=1)

MONEYW. As a thank you for completing the survey, we would like to offer you \$50 in the form of an instant gift code provided by email. Would you like to receive this gift code?

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

(IHP 2022 INC2 modified – error message updated)

BASE: US WEB RESPONDENTS WHO ARE OFFERED AND ACCEPT GIFT CARD INCENTIVE (Q500=11 AND Q500a=1 AND bMail Experiment=1 AND MONEYW=1)

(PN: EMAIL IS A REQUIRED FIELD, DO NOT LET RESPONDENT SKIP; IF RESPONDENT ATTEMPTS TO SKIP SHOW ERROR MESSAGE: "You must provide a valid email address to receive compensation for completing this survey.")

(PN: EMAIL ADDRESSES ENTERED MUST MATCH ONE ANOTHER TO CONTINUE TO NEXT QUESTION; IF MISMATCHED, SHOW ERROR MESSAGE: "The email addresses you entered do not match. Please try again.")

INC2. To receive compensation for taking this survey, please enter your email address.

- 1 Enter email address: [TEXT BOX]
- 1 Re-enter email address: [TEXT BOX]

BASE: ALL RESPONDENTS

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