

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

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

GLOBAL PROGRAMMING INSTRUCTIONS

TEXT

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

WEB VS. PHONE/MAIL

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

NON-RESPONSE CODES

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

MULTIPLE - RESPONSE

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

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

GLOBAL WEB PROGRAMMING NOTES:

- **International Health Policy Survey 2025 – Indagine in Svizzera tra i medici di famiglia**– 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, Kirsty Kinsella, or Leanne Griffiths** at **0121 355 7421**. If you would like to know more about the Commonwealth Fund, click [here](#).

SWITZERLAND FOOTER (Q500=9):

Nel caso dovesse riscontrare qualunque problema tecnico con il questionario, ci può contattare tramite e-mail all'indirizzo info@mistrend.ch o per telefono allo **0800 800 246**. Se desidera informarsi ulteriormente sull'International Health Policy Survey, voglia cliccare il link seguente: www.bag.admin.ch/cwf.

- Question text should be in larger font than response options
- Question numbers will be removed before going live.
- Preferred fonts – Arial, Helvetica, or Verdana
- Grids:
 - Html tables should be programmed in a way that column widths are set as proportions of the screen size. This will allow content to adjust to different browser window sizes.
 - If possible, we would like grids NOT to display table lines
 - Columns should be of equal width
 - Rows should be shaded – starting with the first row
 - No vertical shading – i.e., columns
- **EM1: [ERROR MESSAGE]:** (PN: EM1 SHOULD BE PRESENTED AT THE RESPONDENT'S FIRST ATTEMPT TO SKIP A QUESTION. IF A RESPONDENT FAILS TO PROVIDE A RESPONSE TO ANY WEIGHTING TARGET VARIABLE QUESTION (i.e., Q1a, Q1b, Q44, AND Q45) – EM1 SHOULD BE PRESENTED.

- **EM1** "Le sue risposte a queste domande sono molto importanti per noi. Potrebbe dedicarci un momento per rispondere alla domanda che segue?"
- **CLOSED FIELD MESSAGE:** (PN: THIS MESSAGE SHOULD BE DISPLAYED FOR ALL COUNTRIES' VERSIONS OF THE PROGRAM THAT HAVE BEEN CLOSED) - "L'indagine è completa. La ringraziamo per la sua comprensione."

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]

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

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

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

Do you agree to participate in the survey?

1 Yes

2 WEB ONLY: No

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

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

BASE: UK RESPONDENTS (Q500=10)

S1b. What is your specialty?

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

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

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

BASE: UK GENERAL PRACTITIONERS (S1b=1)

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

PHONE ONLY: “(INTERVIEWER NOTE: READ LIST)”

- 1 GP Partner
- 2 GP Principal
- 3 Salaried GP
- 4 GP Locum
- 999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

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

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

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

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

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

- 1 Less than 50%
- 2 50% or more
- 9 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

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

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

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

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

- 1 England excluding London
- 2 London

- 3 Scotland
 - 4 Wales
 - 5 Northern Ireland
- 999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

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

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

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

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

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

- 1 Phone Now
 - 2 Phone Later
 - 3 Email with web link (Online), screened on Phone
 - 4 Self-screened Web
- 999 PHONE ONLY: (DO NOT READ) Decline to answer/not interested in completing survey

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

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

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

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

IF S5=2: (INTERVIEWER NOTE: If respondent wants to complete by PHONE later, schedule a time for an appointment and collect/confirm a contact phone number. Once all of the information is collected, click “Next” and then click “Finish Later” on the INTRO screen to exit from the program.)

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

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

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

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

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

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

Thank you for your help with this important study.

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

(IHP 2022 S7, IHP 2019 S7, IHP 2015 Modified – included on Web, revised text to be Web and Phone)

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

S7. PHONE ONLY: Thank you for your time.

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

(IHP 2022 LANDING PAGE, IHP 2019)

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

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

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

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

Survey Instructions

NAVIGATING:

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

"BACK" to go back to an earlier question.

"NEXT" to go to the next question.

"FINISH LATER" to temporarily stop taking the survey.

ANSWERING QUESTIONS:

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

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

FINISH LATER:

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

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

BASE: CANADA RESPONDENTS (Q500=2)

CANFR1. Would you prefer to take this survey in:

- 1 English
- 2 Français

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

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

BASE: AUSTRALIA RESPONDENTS (Q500=1)

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

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

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

Thank you for your help with this important study.

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

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

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

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

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

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

Thank you for your help with this important study.

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

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

BASE: QUEBEC RESPONDENTS (Q531=11)

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

Welcome and thank you for taking part in this survey, being conducted by the 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. **International Health Policy Survey 2025 – Indagine in Svizzera tra i medici di famiglia** [BOLD AND CENTERED ON THE SCREEN]

Benvenuto e grazie per la Sua partecipazione a questo sondaggio, condotto dalla **Federazione dei medici svizzeri (FMH)** e dall'**Ufficio federale della sanità pubblica (UFSP)**. Questo sondaggio fornisce ai responsabili politici una miglior comprensione delle visioni e delle esperienze dei medici di base nelle cure ai loro pazienti. Le Sue risposte sono molto importanti e ci aiutano a capire meglio come i medici di base vedono il sistema sanitario in Svizzera.

Questo sondaggio richiederà circa 20 minuti del Suo tempo. La Sua partecipazione è volontaria.

Se le fosse davvero impossibile rispondere ad una qualunque domanda, può cliccare due volte sul bottone «Avanti» per passare alla domanda seguente.

[WEB ONLY : Se necessario, ha la possibilità di mettere in pausa il sondaggio e di finirlo più tardi facendo clic su “Finire il sondaggio dopo”. Per riprendere il sondaggio, vada sulla homepage <https://s.mis-trend.ch/IHP25> e esegua il login nuovamente con i Suoi dati di accesso. Dovrà effettuare nuovamente il login dopo dieci minuti di inattività.]

La ringraziamo per aver accettato di aiutarci con questo importante studio.

Cliccate su 'Avanti' per continuare.

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

BASE: US RESPONDENTS (Q500=11)

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

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

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

Thank you for your help with this important study.

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

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

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

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

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

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

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

BASE: AUSTRALIA RESPONDENTS (Q500=1)

1a. Please select your state:

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

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

(IHP 2022 Q1b 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. **Che valutazione darebbe, in generale, alla prestazione del sistema sanitario in Svizzera?**

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

- 1 Molto buona
- 2 Buona
- 3 Accettabile
- 4 Scarsa
- 5 Molto scarsa

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. **Qual è il Suo grado di soddisfazione generale per quanto riguarda la pratica della medicina?**

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

- 1 Molto soddisfatto/a
- 2 Abbastanza soddisfatto/a
- 3 Ne soddisfatto/a ne insoddisfatto/a
- 4 Abbastanza insoddisfatto/a

5 Molto insoddisfatto/a

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: “Se pratica in diverse forme, consideri per favore la sua forma principale (ad es. dove passa la maggior parte del tempo con i pazienti) per rispondere a questo questionario.”

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. **Lei, e/o altro personale che lavora con Lei nel Suo studio medico, fornisce cure in uno dei seguenti modi?**

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

PHONE ONLY: How about (READ ITEM)?

1 Sì, frequentemente

2 Sì, occasionalmente

3 Mai

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. **Visite a domicilio**

b. **Coordinare le cure con i servizi sociali o altri servizi collettivi**

d. **Coordinare le cure con altri fornitori di cure o specialisti fuori dal suo studio**

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

BASE: ALL RESPONDENTS

5. Con che frequenza il suo studio medico propone [IF UK, (Q500=10), DISPLAY: “your registered patients”] appuntamenti di sera (dopo gli orari standard di apertura) in settimana (da lunedì a venerdì)?

WEB/MAIL ONLY: (Nota: includere sia gli appuntamenti in presenza che quelli in telemedicina.)

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 Mai
- 2 Un giorno a settimana
- 3 2 o 3 giorni a settimana
- 4 4 o più giorni a settimana

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. Con che frequenza il suo studio medico propone appuntamenti durante il fine settimana (sabato o domenica)?

WEB/MAIL ONLY: (Nota: includere sia gli appuntamenti in presenza che quelli in telemedicina.)

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 Mai
- 2 Un weekend al mese
- 3 Due weekend al mese
- 4 Tre weekend al mese
- 5 Ogni 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: “Le prossime domande riguardano [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: “la telemedicina”] – fornire assistenza clinica e altri servizi sanitari ai pazienti tramite video o telefono, anziché in presenza.”

(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. **Attualmente, in una settimana tipo, quali sono le percentuali approssimative dei consulti coi pazienti:**

[IF NZ OR UK, (Q500=6,10), DISPLAY: “consultations”; IF ELSE, (Q500=1-5, 7-9,11), DISPLAY: “visits”]

WEB/MAIL ONLY: *(Nota: è sufficiente una stima. Il totale dovrebbe essere circa 100%)*
PHONE ONLY: (IF NECESSARY: Your best estimate is fine. Total should add to about 100%)

	Percentuali dei consulti coi pazienti ...
1 in presenza	_____ %
2 per telefono (voce o messaggio di testo)	_____ %
3 per 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. **Nel complesso, in che misura la soddisfa l'utilizzo della telemedicina?**

1 Molto soddisfatto/a
2 Abbastanza soddisfatto/a
3 Ne soddisfatto/a ne insoddisfatto/a
4 Abbastanza insoddisfatto/a
5 Molto insoddisfatto/a

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. **Direbbe che la telemedicina:**

[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 Si, in larga misura

2 Si, abbastanza

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. **ha migliorato la tempestività dell’assistenza ai suoi pazienti**

f. **ha migliorato l’accesso alle cure per i suoi pazienti**

c. **le ha permesso di valutare correttamente le necessità inerenti alla salute mentale (come ansia, depressione leggera o moderata)**

g. **le ha permesso di valutare correttamente problemi legati alle dipendenze (come droghe, oppiacei, uso di alcool e gioco d’azzardo)**

e. **ha aumentato la sua prescrizione di antibiotici**

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

BASE: ALL US RESPONDENTS (Q500=11)

[PN: SET UP AS GRID FOR WEB]

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

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

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

1 Major challenge

2 Minor challenge

3 Not a challenge

6 Not applicable

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

998 PHONE ONLY: (V) Not sure

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

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

PN: SHOW TO ALL:

(WEB/PHONE): Le prossime domande riguardano la gestione dell'assistenza ai pazienti con malattie croniche e altri disturbi speciali, in generale.

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

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

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

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

12. Quanto è preparato il Suo studio a gestire cure per pazienti con [PHONE ONLY: "(READ FIRST ITEM)"; WEB/MAIL ONLY: ":"]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Ben preparato
- 2 Abbastanza preparato
- 3 Impreparato
- 4 Non ho questi pazienti

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. malattie croniche come il diabete, BPCO, insufficienza cardiaca
- b. necessità inerenti alla salute mentale (come ansia, depressione leggera o moderata)
- c. problemi legati alle dipendenze (come droghe, oppiacei, uso di alcool e gioco d'azzardo)
- d. necessità di cure palliative
- e. demenza
- g. [FOR CAN AND NZ RESPONDENTS ONLY, (Q500=2, 6), DISPLAY: "Patients requesting medical assistance in dying"]

(IHP 2025 New)

(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. Lei ha detto che il suo studio non è preparato per gestire cure per pazienti con **[INSERT ITEM FROM Q12]**. Quali sono le ragioni che non le fanno sentire preparato il suo studio? Voglia selezionare tutto ciò che si applica al caso.

- 1 Mancanza di personale amministrativo e di risorse
 - 2 I fornitori di cure nello studio non hanno le conoscenze o le capacità per trattare queste condizioni
 - 3 Mancanza di informazioni sulle cure che i pazienti ricevono da specialisti e da altri fornitori di cure
 - 4 Mancanza di servizi o di fornitori presso cui riferire il paziente
 - 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. Pensando alla sua paziente, in che misura le condizioni di salute che tratta sono dovute a:

1 Molto

2 Poco

3 Per nulla

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

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

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

- a. mancanza di accesso a misure sanitarie preventive come esami, vaccinazioni, diete più salutari e attività fisica
- b. necessità inerenti alla salute mentale
- c. problemi di salute legati a situazioni socio-economiche dei pazienti, tra cui instabilità dell'alloggio, mancanza di accesso a pasti sani/equilibrati e disoccupazione

(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. Il Suo studio medico fa ricorso a personale, come infermieri o Case Manager, per controllare e fornire cure a pazienti con malattie croniche che hanno bisogno di cure regolari di controllo?

WEB/MAIL ONLY: (Nota: selezionare tutte le opzioni pertinenti.)

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

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

- 1 Sì, personale all'interno dello studio
- 2 Sì, fuori dallo studio
- 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. **Con che frequenza lei, o altri professionisti nel suo studio, fornisce cure nei modi seguenti per pazienti con patologie croniche:**

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

- 1 Solitamente (75-100% delle volte)
- 2 Spesso (50-74% delle volte)
- 3 Talvolta (25-49% delle volte)
- 4 Raramente (1-24% delle volte)
- 5 Mai

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. **sviluppa con i pazienti dei programmi di trattamento o obiettivi auto-gestiti che possono mettere in pratica nel loro quotidiano**
- d. **contatta i pazienti tra due visite per monitorare le loro condizioni**
- e. **uso di sistemi di monitoraggio a distanza o apparecchiature mediche connesse per monitorare i pazienti, se clinicamente appropriato (es. monitoraggio di pressione arteriosa, glicemia o peso)**

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

BASE: ALL RESPONDENTS

17. **Lei ha conversazioni su "assistenza e cure di fine vita" con i Suoi pazienti a proposito del trattamento sanitario che vorrebbero o non vorrebbero nel caso in cui si ammalassero gravemente, fossero feriti o non fossero in grado di decidere per sé stessi?**

PHONE ONLY: (READ LIST)

- 1 Sì, regolarmente
- 2 Sì, occasionalmente
- 3 No, affatto
- 4 Non applicabile

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. Quando i suoi pazienti vengono indirizzati presso uno specialista, con che frequenza[PHONE ONLY: “(READ FIRST ITEM)”]; WEB/MAIL ONLY: “:”]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Solitamente (75-100% delle volte)
- 2 Spesso (50-74% delle volte)
- 3 Talvolta (25-49% delle volte)
- 4 Raramente (1-24% delle volte)
- 5 Mai

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. invia la storia medica del paziente e il motivo della consultazione allo specialista?
- d. il follow-up del riferimento è organizzato tempestivamente dallo specialista?
- b. riceve dallo specialista delle informazioni sui cambiamenti fatti ai medicinali del paziente o al trattamento?
- c. riceve un rapporto con i risultati della visita dallo specialista entro 1 settimana lavorativa?

(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. **Con che frequenza le viene segnalato che i suoi pazienti sono stati:**

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Solitamente (75-100% delle volte)
- 2 Spesso (50-74% delle volte)
- 3 Talvolta (25-49% delle volte)
- 4 Raramente (1-24% delle volte)
- 5 Mai

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. **visti per l’assistenza oltre l’orario di ambulatorio (ossia, servizio per cui i pazienti possono rivolgersi a un operatore negli orari di chiusura dello studio medico senza andare al pronto soccorso)**
- b. **visitati in un pronto soccorso**
- c. **ricoverati in un ospedale**

(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. Dopo che il Suo paziente è stato dimesso dall'ospedale, in media, quanto tempo ci vuole prima che Lei riceva le informazioni di cui ha bisogno per continuare a gestire il paziente, incluse le raccomandazioni per le cure che seguiranno?

PHONE ONLY: (READ LIST)

- 1 Meno di 24 ore
- 2 24 a meno di 48 ore
- 3 2-4 giorni
- 4 5-14 giorni
- 5 15-30 giorni
- 6 Più di 30 giorni
- 7 Ricevo queste informazioni raramente o mai

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. Di solito come riceve queste informazioni? (Nota: una sola risposta)

- 1 Fax
- 2 Lettera
- 3 E-mail
- 4 Online (p. es., portale web /sito di trasferimenti di file)
- 5 Vengono portate dal paziente
- 6 Altro

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 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 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. **Per i suoi pazienti che ricevono assistenza domiciliare, quanto spesso:**

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How often (READ ITEM)?

1 Solitamente (75-100% delle volte)

2 Spesso (50-74% delle volte)

3 Talvolta (25-49% delle volte)

4 Raramente (1-24% delle volte)

5 Mai

6 Non applicabile

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. **comunica con il fornitore di assistenza domiciliare sui bisogni del Suo paziente e sui servizi da fornirgli?**

b. **viene avvisato dal fornitore di assistenza domiciliare di un cambiamento rilevante nelle condizioni del Suo paziente o sul suo stato di salute?**

d. **riceve informazioni tempestive a proposito delle loro cure e dei loro trattamenti?**

(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. Con che frequenza Lei, o altro personale che lavora nel suo studio medico, visita o valuta i suoi pazienti per i seguenti bisogni sociali?

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Solitamente (75-100% delle volte)
- 2 Spesso (50-74% delle volte)
- 3 Talvolta (25-49% delle volte)
- 4 Raramente (1-24% delle volte)
- 5 Mai

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. Problemi abitativi (ad es. sfratto, senza tetto, ecc.)
- b. Stabilità economica (ad es. impiego)
- c. Insicurezze alimentari (ad es. fame e alimentazione)
- d. Esigenze di mobilità (ad es. per appuntamenti, lavoro, compere o altre destinazioni necessarie nel quotidiano)
- f. Violenza domestica
- g. Isolamento sociale o solitudine (ad es. nessuna persona vicina o nessun contatto di aiuto nella comunità)

(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. Quali difficoltà incontra lei o altro personale del suo studio medico nel coordinare l'assistenza dei suoi pazienti con i servizi sociali?

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 Grande ostacolo

2 Piccolo ostacolo

3 Non è affatto un ostacolo

4 [FOR AUS, CAN, GER, SWITZ AND SWED RESPONDENTS ONLY, (Q500=1,2,4,8,9),

DISPLAY: "Nessun coordinamento con i servizi sociali"]

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. Mancanza di conoscenze (del personale dello studio medico) sulla disponibilità di organizzazioni di servizi sociali competenti

b. Mancanza di un sistema per coordinare appuntamenti con altri medici o di un dispositivo per fissare appuntamenti per altri medici

c. Mancanza di personale per fissare appuntamenti e coordinare cure con organizzazioni di servizi sociali

e. Mancanza di un seguito da parte delle organizzazioni di servizi sociali su quali servizi sono stati forniti ai pazienti, o quali servizi sono necessari

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. **Può scambiare elettronicamente gli elementi seguenti con qualsiasi medico al di fuori del suo studio medico?** [PHONE ONLY: “, not including fax or regular email”]? [PHONE ONLY: (READ FIRST ITEM)]

WEB/MAIL ONLY: **(Nota: senza includere i fax o e-mail, anche quelle criptate)**

PHONE ONLY: How about (READ ITEM)?

- 1 Si
- 2 No

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

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

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

- a. **Sintesi cliniche del paziente**
- b. **Test diagnostici e di laboratorio**
- c. **Liste di tutti i medicinali presi da un paziente**
- d. **Rinvii per ricevere o richiedere cure da specialisti per i suoi pazienti**

(IHP 2025 New)

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

26. Can you electronically exchange [IF UK (Q500=10), INSERT: “communications”; ELSE (Q500=1-9,11), INSERT: “e-consults”], including through phone, video, or another secure platform, to seek or provide advice from specialists or other health care providers outside of your practice? [PHONE ONLY: “, not including fax or regular email”]?

[IF UK (Q500=10), INSERT: “These would be”; ELSE (Q500=1-9,11), INSERT: “E-consults are” communications between providers only. Providers can interact with each other by using phone, video, or a [IF US (Q500=11), SHOW: HIPAA-compliant] platform that allows two-way communication and can securely share patient records.

- 1 Yes
- 2 No

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

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

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

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

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

27. WEB/MAIL ONLY: **La preghiamo di indicare se il Suo studio medico offre ai suoi pazienti la possibilità di:**

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

PHONE ONLY: How about (READ ITEM)?

- 1 Sì
- 2 No

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

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

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

- a. **comunicare con il suo studio a proposito di una domanda o di un problema medico tramite e-mail o un sito web sicuro**
- b. **fissare appuntamenti online (nota: non include l'e-mail)**
- c. **richiedere ricette online (Nota: escluso via e-mail)**
- d. **visionare online i risultati delle analisi**
- e. **visionare online i resoconti delle visite dei pazienti (motivi della visita, diagnosi, risultati della visita)**

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

BASE: SWITZ RESPONDENTS (Q500=9)

- SWI-2. **Sta prevedendo di aderire al programma nazionale "Cartella Informatizzata del Paziente" (CIP)(condividendo informazioni con altri professionisti della sanità) per il suo studio?**

- 1 **Ho già aderito al programma nazionale Cartella Informatizzata del Paziente**
- 2 **Sì, entro quest'anno**
- 3 **Sì, nei prossimi 1-2 anni**
- 4 **Sì, nei prossimi 2-3 anni**
- 5 **Sì, ma ci vorranno 3 o più anni**
- 6 **Sì, ma sto aspettando la revisione globale della CIP**
- 7 **No, non prevedo di aderire al programma nazionale "Cartella Informatizzata del Paziente" (CIP)**

998 PHONE ONLY: (V) Not sure

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

SECTION G: PROVIDER EXPERIENCES WITH THEIR PRACTICE

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

BASE: ALL UK RESPONDENTS (Q500=10)

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

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

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

998 PHONE ONLY: (V) Not sure

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

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

BASE: ALL UK RESPONDENTS (Q500=10)

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

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

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

998 PHONE ONLY: (V) Not sure

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

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

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

28. Con che frequenza, se mai, il suo studia esamina gli aspetti seguenti dell’assistenza ai suoi pazienti? [PHONE ONLY: “(READ FIRST ITEM)”]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

1 Almeno trimestralmente

2 Almeno annualmente

3 Meno spesso

4 Mai

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. Risultati clinici WEB/MAIL ONLY: (ad es. percentuale di diabetici o di asmatici la cui malattia è sotto controllo)

b. Ammissioni in ospedale o ricorso ai servizi di emergenza da parte dei pazienti

c. Abitudine di prescrizione (ad es. uso di medicinali generici, antibiotici o oppiacei)

d. Sondaggi sulla soddisfazione dei pazienti e la loro esperienza in materia di cure

e. Patient Reported Outcome Measures (PROMs, esito riferito dal paziente)

(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. Pensando al tempo che ognuno degli elementi seguenti possa sottrarre ad altre responsabilità, in che misura costituisce un problema la quantità di tempo che lei o il suo personale passa a... [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 Problema maggiore
- 2 Problema minore
- 3 Non è un problema

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. a gestire questioni amministrative relative alle assicurazioni o alle richieste di pagamento
- b. a ottenere medicinali o trattamenti di cui i pazienti hanno bisogno in caso di restrizioni della copertura assicurativa
- c. a trasmettere dati clinici o qualitativi al governo o ad organismi esterni come le assicurazioni malattia.
- d. sulla documentazione relativa all'assistenza o alle visite del paziente, comprese le note del medico e gli aggiornamenti delle cartelle cliniche elettroniche
- e. a coordinare le richieste di visite mediche agli specialisti (es. mancata risposta alla richiesta, follow-up sui rifiuti)
- g. coordinare l'assistenza con i servizi sociali o altri fornitori

(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. **Quanto è stressante il Suo lavoro in quanto medico di famiglia?**

PHONE ONLY: (READ LIST)

- 1 Estremamente stressante
- 2 Molto stressante
- 3 Abbastanza stressante
- 4 Non molto stressante
- 5 Per niente stressante

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. **Indichi per cortesia quanto è soddisfatto dei seguenti aspetti della Sua attività medica.**

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Molto soddisfatto/a
- 2 Abbastanza soddisfatto/a
- 3 Ne soddisfatto/a ne insoddisfatto/a
- 4 Abbastanza insoddisfatto/a
- 5 Molto insoddisfatto/a

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. Il Suo reddito per la pratica della medicina
- b. Il tempo che può dedicare a ciascun paziente
- c. Il Suo carico di lavoro quotidiano
- d. Il tempo dedicato al lavoro amministrativo
- e. L'equilibrio tra lavoro e vita privata

(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. Nei prossimi uno a tre anni prevede di smettere di effettuare regolarmente dei consulti con i pazienti?

- 1 Sì
- 2 No

996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code
998 WEB/MAIL ONLY: Non sa / 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. Che cosa pensa di fare quando smetterà di effettuare regolarmente dei consulti con i pazienti nei prossimi uno a tre anni?

- 1 Continuare a lavorare ma in un altro ruolo, che sia nella sanità o in un altro settore
- 2 Andare in pensione
- 3 Qualcos'altro

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

(IHP 2022 Q31)

BASE: ALL RESPONDENTS

34. Nel complesso, in base alla sua definizione di burnout, come valuterebbe il suo attuale livello di burnout?

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

- 1 Mi piace il mio lavoro. Non ho sintomi di burnout.
- 2 Di tanto in tanto sono sotto stress e non ho più l'energia come una volta, ma non sento di soffrire di burnout.
- 3 Mi sento decisamente esaurito/a e ho uno o più sintomi di burnout, come forte stress fisico ed emotivo.
- 4 I sintomi del burnout che sento di avere sono persistenti. Vivo stati di profonda frustrazione sul lavoro.
- 5 Vivo uno stato di burnout completo e spesso mi pare di non poter andare avanti così. Potrei aver bisogno di cambiare o di chiedere aiuto.

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

(IHP 2025 New)

BASE: RESPONDENTS WHO EXPERIENCE BURNOUT (Q34=3.4.5)

[PN: RANDOMIZE ON WEB]

35. **Quale, tra le seguenti, è la ragione principale del suo burnout?**

- 1 La sua paziente è troppo grande e complessa
- 2 I compiti amministrativi prendono più tempo di quelli che vorrebbe
- 3 Assenza di/non abbastanza personale di supporto
- 4 Ragioni personali o circostanze non collegate all'ambiente lavorativo
- 5 Non sente che il suo lavoro sia messo in valore

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. **A causa del suo lavoro in quanto fornitore di cure principale, negli ultimi due anni lei ha:**
[PHONE ONLY: "(READ FIRST ITEM)"]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

1 Sì

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. **vissuto frequentemente disagi emotivi come ansia, profonda tristezza, rabbia o sensazioni di disperazione**
- b. **cercato aiuto professionale per le sue necessità di salute mentale**

SECTION I: PERSPECTIVES ON THE HEALTH CARE SYSTEM

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

BASE: ALL RESPONDENTS

37. Quanto spesso, se mai, pensa che il sistema sanitario in [IF UK, US, NETH (Q500=5,10,11)] **DISPLAY: “the”** [INSERT COUNTRY FROM Q500] tratti le persone ingiustamente sulla base della loro [IF CANADA, FRANCE, SWEDEN, US, DISPLAY (Q500=2,3,8,11): “race or”] etnia o delle loro origini etniche?

[PHONE ONLY: READ LIST]

- 1 Molto spesso
- 2 Spesso
- 3 Talvolta
- 4 Raramente
- 5 Mai

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

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

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

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

BASE: ALL US RESPONDENTS (Q500=11)

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

- 1 Yes
- 2 No

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

998 PHONE ONLY: (V) Not sure

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

ARTIFICIAL INTELLIGENCE

BASE: ALL RESPONDENTS

[PN: SHOW TO ALL RESPONDENTS]

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

(IHP 2025 New)

BASE: ALL RESPONDENTS

39. Il suo studio usa l'intelligenza artificiale in qualunque misura, incluso per compiti clinici, amministrativi o altri?

(WEB/PAPER) (Nota: un sistema di intelligenza artificiale (IA) è un sistema basato su macchine in grado di generare output come previsioni, contenuti, raccomandazioni o decisioni che possono influenzare ambienti fisici o virtuali. I diversi sistemi di intelligenza artificiale variano nei loro livelli di autonomia e adattabilità.)

(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 Sì
- 2 No

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

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

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

(IHP 2025 New)

BASE: RESPONDENTS WHO USE AI (Q39=1)

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

40. Con che frequenza il suo studio usa o no l'intelligenza artificiale per:

- 1 Solitamente
- 2 Spesso
- 3 Talvolta
- 4 Raramente
- 5 Mai
- 6 Non ha accesso a servizi IA

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

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

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

- a. effettuare il triage per i pazienti, in modo da orientarli al meglio nell'utilizzo delle risorse del sistema sanitario
- b. fissare appuntamenti con i pazienti o prenotare diagnosi come esami di laboratorio o radiografie
- c. prendere appunti, documentare o compilare
- d. [IF NOT SWEDEN (Q500=1-7,9-11)] fatturare
- e. assistere un medico in una diagnosi, per supporto a delle decisioni cliniche o per interpretare risultati di test
- f. preparare un output, inclusi i piani di trattamento del paziente o le ricette

CLIMATE CHANGE

(IHP 2025 New)

BASE: ALL RESPONDENTS

41. Secondo lei che impatto hanno oggi gli effetti del cambiamento climatico come la scarsa qualità dell'aria, caldo o freddo estremo o eventi meteorologici estremi come incendi e inondazioni sulla salute delle persone in [INSERT COUNTRY FROM Q500]?

- 1 Impatto importante
- 2 Impatto moderato
- 3 Impatto piccolo
- 4 Nessun impatto

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

998 WEB/MAIL ONLY: Non sa; 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 ("Voglia inserire un numero)."]

[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. Quanti medici a tempo pieno o a tempo parziale, lei incluso/a, ci sono nel suo studio?

WEB/MAIL ONLY: (Nota: una stima è sufficiente.)

PHONE ONLY: (IF NECESSARY) Your best estimate is fine
(PHONE ONLY: PROBE IF NOT SURE OR DECLINE)

_____ medici

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 (“Voglia inserire un numero.”)]

43. **Rispetto ad un equivalente a tempo pieno (FTE), quanti medici, Lei compreso, ci sono nel Suo studio?**

WEB/MAIL ONLY [IF NOT UK (Q500=1-9,11)]: **(Per esempio, 1 medico che lavora 5 giorni a settimana e un altro medico che lavora 2 giorni a settimana = 1.4 FTE; 2 medici a tempo pieno = 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: **(Nota: una stima è sufficiente.)**

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

(PHONE ONLY: PROBE IF NOT SURE OR DECLINE)

_____ medici FTE

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, 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 (“**Voglia inserire un numero.**”)]

44. **In media, quanti pazienti visita durante una settimana normale di lavoro?**

WEB/MAIL ONLY: **(Nota: includere sia gli appuntamenti in presenza che quelli in telemedicina.)**

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: **(Nota: una stima è sufficiente.)**

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

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

_____ pazienti

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. **Quanti pazienti sono registrati presso il suo studio di cure di base?**

WEB/MAIL ONLY: **(Nota: una stima è sufficiente.)**

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

_____ pazienti

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, 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 ("Voglia inserire un numero)."]

46. **In media, quanto tempo riesce a passare con un paziente durante una visita di routine?**

WEB/MAIL ONLY: **(Nota: includere sia gli appuntamenti in presenza che quelli in telemedicina.)**

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

WEB/MAIL ONLY: **(Nota: una stima è sufficiente.)**

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

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

_____ minuti

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

9996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code

9998 PHONE ONLY: (V) Not sure

9999 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

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

BASE: ALL RESPONDENTS

Q47. In una settimana tipica, qual è la percentuale di tempo che lei spende personalmente su gli elementi seguenti, all'in circa:

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

	Percentuale di tempo
1 visite in presenza o in telemedicina	_____ %
2 altri contatti con i pazienti (es. e-mail o telefono)	_____ %
3 compiti amministrativi (ad es. documentare procedure, fare cartelle mediche, riunioni, medical records, meetings, rapporti sulla qualità)	_____ %
4 compiti relativi all'assicurazione e/o alla richiesta di pagamenti	_____ %
5 sviluppo professionale	_____ %

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. Voglia descrivere i luoghi in cui lei fornisce delle cure. Selezioni tutto ciò che si applica.

- 1 Studio di cure di base
 - 2 Ospedale
 - 3 Casa di cure
 - 4 Casa anziani o struttura residenziale assistita
 - 5 Da casa
 - 6 Residenza privata dei pazienti o visite a domicilio
 - 7 Cliniche mobili e ambulatori
- 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 PHONE ONLY: (V) Decline to answer; WEB/MAIL ONLY: Blank

(IHP 2024 Q2196 modified for web/paper response)

BASE: ALL CANADA RESPONDENTS (Q500=2)

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

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

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

- 1 Black (for example, African, Afro-Caribbean, African Canadian descent)
- 2 East Asian (for example, Chinese, Korean, Japanese, Taiwanese descent)
- 3 Indigenous (First Nations, Inuk/Inuit, Métis)
- 4 Latin American (for example, Latino/Latina/Latinx, Hispanic descent)
- 5 Middle Eastern (for example, Arab, Persian, West Asian descent such as Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish descent)
- 6 South Asian (for example, Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean descent)
- 7 Southeast Asian (for example, Filipino, Vietnamese, Cambodian, Thai, Indonesian descent)
- 8 White (for example, European descent)
- 9 Another race category
- 996 MAIL ONLY (AS PART OF BACK-END PROCEDURES ONLY): Multiple-response code
- 998 PHONE ONLY: (DO NOT READ) Not sure
- 999 PHONE ONLY: (DO NOT READ) Decline to answer; WEB ONLY: Blank

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

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

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

51. Qual'è il Suo genere?

- 1 Uomo
- 2 Donna
- 3 Uomo trans (FtM)
- 4 Donna trans (MtF)
- 5 Non conformità di genere (Identità non binaria)
- 6 (DO NOT READ) Mi identifico in un genere diverso, (specificare, per favore: _____)
- 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. **Dove si trova il Suo studio medico?**

[PHONE ONLY: (READ LIST)]

1 **Città o area urbana**

2 [IF NOT CANADA (Q500=1,3-11)] **Periferia o piccola città**

4 [IF CANADA (Q500=2)] Suburb

5 [IF CANADA (Q500=2)] Small town

3 **Area rurale o isolata**

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. **Il suo studio principale è:**

1 **Sì**

2 **No**

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

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

999 WEB/MAIL ONLY: Blank

a. **di proprietà completa o congiunta di uno o più medici nello studio**

b. **di proprietà completa o congiunta di un ospedale, una rete di ospedali o un sistema sanitario**

c. **di proprietà completa o congiunta di una società di private equity**

d. **posseduto tramite un altro arrangiamento o consorzio medico**

(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. Con quale frequenza Lei partecipa a circoli di qualità / gruppi di miglioramento qualità?

1 Ogni settimana

2 Più volte al mese

3 Una volta al mese

4 Più volte all'anno

5 Mai

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. **Lei accetta nuovi pazienti?**

- 1 Si
- 2 No

998 PHONE ONLY: (V) Not sure; WEB ONLY: **Non sa**

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. **A quale forma corrisponde principalmente il Suo studio medico?
(Selezionare una risposta.)**

- 1 Studio privato (studio individuale)
- 2 Uno studio medico con più medici raggruppati
- 3 Permanenza medica di emergenza clinica associata ad un ospedale
- 4 Studio medico "Walk-in"- come per esempio la permanenza alla stazione di Zurigo
- 7 Altro (specificare prego)

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. **Lei ha un successore per il Suo studio?**

- 1 Si
- 2 No

998 PHONE ONLY: (V) Not sure; WEB ONLY: **Non sa**

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. **Smetterà di lavorare a 65 anni?**

- 1 Si
- 2 No

998 PHONE ONLY: (V) Not sure; WEB ONLY: **Non sa**

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 generale, quanto spesso i Suoi pazienti hanno difficoltà nel capire le informazioni che dà loro come: in che modo prendere i farmaci che prescrive loro o le istruzioni sui sintomi da tenere sotto controllo o quando cercare ulteriori cure?

- 1 Spesso
- 2 Qualche volta
- 3 Raramente
- 4 Mai

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

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. Nel prendere in considerazione tutte le cure mediche che i Suoi pazienti ricevono, non solo da Lei ma da tutti gli operatori del settore, inclusi gli specialisti – qual è il Suo parere sulla quantità delle cure mediche che ricevono. La quantità è...

(PHONE ONLY: READ LIST)

- 1 molto insufficiente
- 2 insufficiente
- 3 giusta
- 4 troppa
- 5 esagerata

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

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

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

(IHP 2025 New)

BASE: SWITZ RESPONDENTS (Q500=9)

SWI-11. Lei tratta pazienti che vivono una casa di riposo?

- 1 Sì
- 2 No

998 PHONE ONLY: (V) Non sa

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. Per i pazienti che vivono in una casa di riposo, con che frequenza

1. Solitamente (75-100% of the time)
2. Spesso (50-74% of the time)
3. Talvolta (25-49% of the time)
4. Raramente (1-24% of the time)
5. Mai
6. Non si applica

- a. comunica con lo staff della casa di riposo a proposito dei bisogni dei suoi pazienti e dei servizi che necessitano?
- b. viene notificato/a dallo staff della casa di riposo a proposito di cambiamenti significativi delle condizioni o stato di salute dei suoi pazienti?

(IHP 2025 New)

BASE: SWITZ RESPONDENTS (Q500=9)

SWI-13. Il suo studio offre posti di formazione pratica per medici assistenti?

1. Sì
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. Che cosa la motiverebbe a proporre dei posti di formazione pratica? Voglia selezionare tutto ciò che si applica al caso.

1. Compenso finanziario per la formazione fornita dal medico insegnante
2. Supporto amministrativo (ad es. redigere contratti di assunzione, iscrizione presso assicurazioni, ecc.)
3. Programmi di accompagnamento per medici assistenti
4. Opportunità di formazione per il medico insegnante
5. Niente, lo studio non è interessato a fornire posti di formazione pratica
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. Siamo interessati a collegare in futuro i dati di questa indagine sulle esperienze dei fornitori di cure primarie ai dati sulle richieste di rimborso, per capire meglio come le differenze nelle esperienze dei fornitori nei vari Paesi siano legate all'organizzazione e all'erogazione delle cure. Tutti i dati saranno resi anonimi e verranno riportate solo delle medie. Sarebbe disposto/a a condividere il suo numero GLN (Global Location Number) per consentire questo collegamento in una futura tornata dell'indagine?

1 Sì

2 No

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. Siamo quasi arrivati alla fine. Vorrebbe che Le mandassimo una sintesi dei punti salienti della ricerca via email ?

- 1 Sì
- 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. Inserisca il suo indirizzo e-mail per poter ricevere la sintesi.

Indirizzo e-mail: _____

(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. **La preghiamo di verificare che questo sia il suo indirizzo e-mail corretto.**

[PN: DISPLAY ENTERED TEXT FROM Q3001.]

- 1 Si
- 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

Il sondaggio è finito. La ringraziamo per la Sua collaborazione e per il tempo che ci ha dedicato.