

Job #U1096
February 7, 2023**2022 INTERNATIONAL HEALTH POLICY STUDY OF PRIMARY CARE PHYSICIANS
TRANSLATION MASTER****(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

GLOBAL PROGRAMMING INSTRUCTIONS

TEXT

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

WEB VS. PHONE/MAIL

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

NON-RESPONSE CODES

- BLANKS ARE DENOTED BY A "9" AND CORRESPOND TO SKIPS TO A GIVEN QUESTION IN THE "WEB" MODE OR TO QUESTIONS LEFT BLANK IN THE "MAIL" MODE
- CODES IN THE "PHONE" MODE MARKED WITH A "V" STAND FOR "VOLUNTARY" AND SHOULD NOT BE READ TO RESPONDENTS

MULTIPLE - RESPONSE

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

PN – PLEASE CALCULATE THE RESPONDENT'S RESPONSE RATE. THIS WOULD BE CALCULATED BY TAKING: THE TOTAL NUMBER OF QUESTIONS ASKED – THE TOTAL NUMBER OF SKIPPED QUESTIONS (SHOULD HAVE BEEN CODED AS 9) OVER THE TOTAL NUMBER OF QUESTION ASKED.

GLOBAL WEB PROGRAMMING NOTES:

- **International Health Policy Survey 2022 – 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 [TBD]. If you would like to know more about the Commonwealth Fund, click [here](#).

CANADA FOOTER (Q500=2)

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

FRANCE FOOTER (Q500=3)

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

NEW ZEALAND FOOTER (Q500=6)

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

UK FOOTER (Q500=10)

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

SWITZERLAND FOOTER (Q500=9)

Nel caso dovesse riscontrare qualunque problema tecnico con il questionario, ci può contattare tramite e-mail all'indirizzo **INSERT EMAIL ADDRESS** o per telefono allo **INSERT PHONE NUMBER**. 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. Vi ringraziamo per la vostra 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 (in French), Commonwealth Fund, and HAS logos (3). See logos here: <H:\U1096\DP\Logos for Web Program\France>.
- **The UK:** should use the IHP 2022, Commonwealth Fund, and UK logos (3). See logos here: <H:\U1096\DP\Logos for Web Program\UK>.

SECTION 500: SAMPLE PRELOADS

[IHP 2012, 2015]

BASE: ALL RESPONDENTS

Q500.PRELOAD – COUNTRY

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

[IHP 2015]

BASE: ALL RESPONDENTS

Q500a. MODE OF COMPLETION

(Mode the interview was completed on per respondent)

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

[IHP 2015]

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

BASE: ALL RESPONDENTS

Q500b. DATE OF COMPLETION

(Date interview was completed per respondent)

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

[IHP 2012, 2015]

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

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

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

[IHP 2009, 2012, 2015]

BASE: UK (Q500=10)

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

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

[IHP 2009, 2012, 2015]

BASE: UK (Q500=10)

Q504.PRELOAD – PRACTICE SETTING

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

[IHP 2009, 2012, 2015]

BASE: France (Q500=3)

Q509.PRELOAD – POSTCODE

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

[IHP 2009, 2012, 2015]

BASE: UK (Q500=10)

Q513. JOB TITLE – FROM SCREENER

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

[IHP 2009, 2012, 2015]

BASE: US (Q500=11)

Q520.PRELOAD – SPECIALTY

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

[IHP 2009, 2012, 2015]

BASE: US (Q500=11)

Q521.PRELOAD - STATE

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

- 37 Oklahoma
- 38 Oregon
- 39 Pennsylvania
- 40 Rhode Island
- 41 South Carolina
- 42 South Dakota
- 43 Tennessee
- 44 Texas
- 45 Utah
- 46 Vermont
- 47 Virginia
- 48 Washington
- 49 West Virginia
- 50 Wisconsin
- 51 Wyoming

[IHP 2009, 2012, 2015]

BASE: US (Q500=11)

Q522.PRELOAD - REGION

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

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

BASE: US (Q500=11)

Q523.PRELOAD - US SAMPLE TYPE

- 1 Main Wave 1
- 2 Main Wave 2

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

BASE: US (Q500=11)

Q524.PRELOAD - US MAIL EXPERIMENT

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

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

BASE: CANADA (Q500=2)

Q530.PRELOAD - SAMPLE FILE SPECIALTY

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

[IHP 2009, 2012, 2015]

BASE: CANADA (Q500=2)

Q531.PRELOAD - SAMPLE FILE PROVINCE

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

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

BASE: CANADA (Q500=2)

Q532.PRELOAD - SAMPLE FILE GENDER

- 1 MALE
- 2 FEMALE

[New 2019]

BASE: CANADA (Q500=2)

Q533.PRELOAD CANADA SAMPLE TYPE

- 1 Wave 1
- 2 Wave 2
- 3 Census

[New 2019]

BASE: CANADA (Q500=2)

Q535.CANADIAN HARD-COPY QRE TYPE

- 1 French Main
- 2 English Main

[New 2019]

BASE: CANADA (Q500=2)

Q536.PRELOAD CANADIAN EMAIL ADDRESS AVAILABILITY

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

[IHP 2009, 2012, 2015]

BASE: GERMANY (Q500=4)

Q540.PRAXIS-STEMPEL FROM QUESTIONNAIRE- SPECIALTY

- 1 GP/Internist
- 2 Pediatrician

[IHP 2009, 2012, 2015]

BASE: GERMANY (Q500=4)

Q541.PRAXIS-STEMPEL FROM QUESTIONNAIRE - REGION

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

[New 2019]

BASE: GERMANY (Q500=4)

Q542.PRELOAD GERMANY EMAIL ADDRESS

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

[IHP 2009, 2012, 2015]

BASE: SWEDEN (Q500=8)

Q546.PRELOAD - SAMPLE FILE PUBLIC/PRIVATE

- 1 Public practice
- 2 Private practice

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

BASE: SWEDEN (Q500=8)

Q547.PRELOAD - SAMPLE FILE REGION

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

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

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

BASE: AUSTRALIA (Q500=1)

Q555.PRELOAD - AUSTRALIAN SAMPLE MATCHED BETWEEN SOURCES

- 1 MDA only
- 2 MDA matched to RACGP

[IHP 2009, 2012, 2015]

BASE: AUSTRALIA (Q500=1)

Q556.PRELOAD - SAMPLE FILE URBANICITY

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

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

BASE: AUSTRALIA (Q500=1)

Q557.PRELOAD SAMPLE FILE REGION FROM POST CODE

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

[IHP 2015]

BASE: NEW ZEALAND (Q500=6)

Q558.PRELOAD SAMPLE FILE REGION

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

[New 2019]

BASE: NETH (Q500=5)

Q563.PRELOAD – DUTCH REGION

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

[IHP 2009, 2012, 2015]

BASE: FRANCE (Q500=3)

Q565.PRELOAD - SAMPLE FILE TOWN SIZE

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

[IHP 2012, 2015]

BASE: SWITZERLAND (Q500=9)

Q570.LINGUISTIC REGIONS – PRELOAD

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

[IHP 2012, 2015]

BASE: SWITZERLAND (Q500=9)

Q571.COMMUNITY TYPE – PRELOAD

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

- 3 Small town
- 4 Village or rural location

[IHP 2012, 2015]

BASE: SWITZERLAND (Q500=9)

Q572 CANTONS - PRELOAD

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

[IHP 2012, 2015]

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

Q573. COMPUTE FOR AGE from PRELOAD.

[PN: RANGE 18 -108]

[Revised IHP 2012, 2015 - new code 9]

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

Q574. PRELOAD - SAMPLE FILE GENDER

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

[IHP 2012, 2015]

BASE: SWITZERLAND (Q500=9)

Q575.PRELOAD - SAMPLE FILE SPECIALTY

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

[New 2019]

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

QR CODE. QR CODE FOR MAIL COMPLETES

[PN: 4 alphanumeric digits]

[New 2019]

BASE: ALL RESPONDENTS

WEIGHT. WEIGHTS FOR ALL COUNTRIES

[PN: ALLOW 10 DIGITS FOR THIS VARIABLE.]

SECTION 700: INTRODUCTIONS AND SCREENERS

(IHP 2019 SCREEN 1)

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

[SCREEN 1]

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

(IHP 2019 INTID)

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

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

INTID. Please enter your unique interviewer ID.

_____ [PN: RANGE AD01-AD15]

(IHP 2019 S1 Modified – updated Web text)

BASE: UK RESPONDENTS (Q500=10)

S1.

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

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

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

Now, to get started..."]

[WEB ONLY:

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

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

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

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

Thank you for your help with this important study.

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

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

BASE: 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 info@ssrs.com.

Do you agree to participate in the survey?

- 1 Yes
- 2 WEB ONLY: No

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

THANK & TERM.
Record as RQS1a.

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

BASE: UK RESPONDENTS (Q500=10)

S1b. What is your specialty?

- 1 General Practitioner
- 2 Other

998 PHONE ONLY: (DO NOT READ) Not Sure

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

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

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

BASE: UK GENERAL PRACTITIONERS (S1b=1)

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

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

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

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

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

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

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

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

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

1 Less than 50%

2 50% or more

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

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

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

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

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

1 England excluding London

2 London

3 Scotland

4 Wales

5 Northern Ireland

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

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

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

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

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

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

1 Phone Now

2 Phone Later

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

4 Self-screened Web

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

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

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

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

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

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

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

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

BASE: UK RESPONDENTS SCREENED ON THE PHONE AND BEGIN SURVEY LATER (S5=2.3)

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

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

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

Thank you for your help with this important study.

[WEB ONLY: Please click ‘NEXT’ to continue. 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 S7, IHP 2015 Modified – included on Web, revised text to be Web and Phone)

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

S7. PHONE ONLY: Thank you for your time.

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

(IHP 2019)

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

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

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

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

Survey Instructions

NAVIGATING:

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

"BACK" to go back to an earlier question.

"NEXT" to go to the next question.

"FINISH LATER" to temporarily stop taking the survey.

ANSWERING QUESTIONS:

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

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

FINISH LATER:

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

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

BASE: CANADA RESPONDENTS (Q500=2)

CANFR1. Would you prefer to take this survey in:

- 1 English
- 2 Français

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

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

BASE: AUSTRALIA RESPONDENTS (Q500=1)

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

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

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

Thank you for your help with this important study.

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

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

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

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

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

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

Thank you for your help with this important study.

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

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

BASE: QUEBEC RESPONDENTS (Q531=11)

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

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

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

Thank you for your help with this important study.

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

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

BASE: FRANCE RESPONDENTS (Q500=3)

FRANINTRO.

[PHONE ONLY: “Hello, I’m _____ calling from [INSERT CALL CENTER NAME], a professional research firm. We are conducting an international survey of primary care doctors in partnership with la Haute Autorité de santé (HAS), la Caisse Nationale de l’Assurance Maladie des Travailleurs Salaries (CNAMTS), and The Commonwealth Fund, and would like to invite you to participate in this interview that should take about 15 minutes. For your participation, we will pay you €XX, if you qualify. Your answers will be completely confidential and used for research purposes only.

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

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

Now, to get started...”]

[WEB ONLY:

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

Welcome and thank you for taking part in this survey, being conducted by la Haute Autorité de santé (HAS), la Caisse Nationale de l'Assurance Maladie des Travailleurs Salaries (CNAMTS), and the Commonwealth Fund, a U.S. health care foundation. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. Your response is very important to help us better understand how primary care doctors view the health care system in France.

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

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

Thank you for your help with this important study.

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

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

BASE: FRANCE RESPONDENTS (Q500=3)

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

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

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

Do you agree to participate in the survey?

1 Yes

2 WEB ONLY: No

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

(IHP 2022 New)

BASE: FRANCE RESPONDENTS (Q500=3)

FR2. What is your specialty?

1 General Practitioner

2 Other

998 PHONE ONLY: (DO NOT READ) Not Sure

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

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

(IHP 2022 New)

BASE: FRANCE RESPONDENTS (Q500=3)

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

1 Yes, involved in direct patient care

2 No, not involved in direct patient care

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

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

(IHP 2022 New)

BASE: QUALIFYING FRANCE RESPONDENTS (FR3=1)

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

FR4. Thank you so much. We can take about 15 minutes now to complete the survey over the phone or I can send you an email with a web link to complete the survey at a time that is convenient for you.

- 1 Phone Now
- 2 Phone Later
- 3 Email with web link (Online), screened on Phone
- 4 Self-screened Web

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

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

(IHP 2022 New)

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

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

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

IF FR4=3: (INTERVIEWER NOTE: If respondent wants to complete by WEB, collect email address and send respondent an email with the web link (**PN: ENTER (WEB LINK)**) and additional information (e.g., endorsement letters) to respondent's email address. Once all of the information is collected, click "Next" and then click "Finish Later" on the INTRO screen to exit from the program.)

(IHP 2022 New)

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

FRANINTRO_1. 2022 International Health Policy Study of Primary Care Physicians [BOLD AND CENTERED ON THE SCREEN]

Welcome and thank you for taking part in this survey, being conducted by la Haute Autorité de santé (HAS), la Caisse Nationale de l'Assurance Maladie des Travailleurs Salaries (CNAMTS), and the Commonwealth Fund, a U.S. health care foundation. This survey provides policymakers with a better understanding of the views and experiences of primary care doctors in caring for their patients. Your response is very important to help us better understand how primary care doctors view the health care system in France.

This survey should take about 15 minutes of your time. **[WEB ONLY:** If necessary, you have the option to pause the survey and finish it later by clicking "Finish later." To resume taking the survey,

return to the link that was provided to you via email. Click the link to take you to the page where you left off. You will also need to log in again after thirty minutes of inactivity.]

Thank you for your help with this important study.

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

(IHP 2022 New)

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

FR6. PHONE ONLY: Thank you for your time.

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

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

BASE: NZ RESPONDENTS (Q500=6)

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

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

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

Thank you for your help with this important study.

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

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

BASE: Sweden RESPONDENTS (Q500=8)

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

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

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

Thank you for your help with this important study.

Please click ‘NEXT’ to continue.

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

BASE: Switzerland RESPONDENTS (Q500=9)

SWITZINTRO. **International Health Policy Survey 2022 – 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 15 minuti del Suo tempo. La Sua partecipazione è volontaria. **[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 www.demoscope-survey.ch/ihp22 ,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 2019 Modified – updated survey name, IHP 2015 Modified – revised survey title with current year)

BASE: US RESPONDENTS (Q500=11)

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

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

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

Thank you for your help with this important study.

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

(IHP 2019 AUSNZSCREEN Modified – added code 9)

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

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

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

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

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

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

BASE: AUSTRALIA RESPONDENTS (Q500=1)

1a. Please select your state:

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

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

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

(IHP 2019 Q1b, IHP 2015)

BASE: NZ RESPONDENTS (Q500=6)

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

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

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

999 WEB/MAIL ONLY: Blank

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

(IHP 2019 GER1)

BASE: GERMANY RESPONDENTS (Q500=4)

GER1. What is your main activity in your practice?

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

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

999 WEB/MAIL ONLY: Blank

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

BASE: ALL RESPONDENTS

1. **Che valutazione darebbe, in generale, alla prestazione del sistema sanitario in Svizzera:**

PHONE ONLY: Diriez-vous qu'elle est... (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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

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

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

BASE: ALL RESPONDENTS

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

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

- 1 Estremamente soddisfatto/a
- 2 Molto soddisfatto/a
- 3 Mediamente soddisfatto/a
- 4 Poco soddisfatto/a
- 5 Per niente soddisfatto/a

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

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

BASE: ALL RESPONDENTS

3. In generale, pensa che la qualità delle cure mediche che i Suoi pazienti ricevono attraverso il sistema sanitario è migliorata, peggiorata o è la stessa dal marzo 2020, quando è iniziata la pandemia di COVID-19?

- 1 Migliorata
- 2 Peggiorata
- 3 La stessa

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; 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 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 “Oui,” ASK: “Diriez-vous fréquemment, occasionnellement ou non?”)

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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

- a. Visite a domicilio
- b. Coordinare le cure con i servizi sociali o altri servizi collettivi
- c. Fare consultazioni video

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

BASE: ALL RESPONDENTS

5. Con che frequenza il suo studio medico propone appuntamenti dopo le 18:00 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 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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

(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 telehealth appointments)

PHONE ONLY: (READ LIST)

- 1 Mai
- 2 Un giorno al mese
- 3 2 o 3 giorni al mese
- 4 4 o più giorni al mese

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; **WEB/MAIL ONLY:** Blank

(IHP 2019 Q8, IHP 2015 Q8 Modified – updated question-text to emphasize in-person visits and include specific translated examples per country, IHP 2012 Q915 Modified -- Same as in 2012 for US, UK, Switzerland, and France; modified for all other countries - Sweden pipe in new in 2015, All other country pipe in new in 2015 except for Switzerland and France, IHP 2009 Q815)

BASE: ALL RESPONDENTS

7. Escludendo il pronto soccorso di un ospedale, il Suo studio adotta misure, che siano interne o presso un altro studio, affinché i pazienti possano vedere un medico o un'infermiera se ne hanno bisogno quando lo studio è chiuso (dopo gli orari di consultazione)?

1 Sì, i pazienti possono essere visti solo in presenza

2 Sì, i pazienti possono essere visti solo tramite telemedicina

3 Sì, i pazienti possono essere visti sia in presenza che tramite telemedicina

4 No

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; **WEB/MAIL ONLY:** Blank

SECTION B: USE OF TELEHEALTH

PN: SHOW TO ALL: Le prossime domande riguardano la telemedicina, ossia fornire assistenza clinica e altri servizi sanitari ai pazienti tramite video o telefono, anziché in presenza.

(IHP 2022 New)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

[PN: ALLOW RANGE 0-100]

[PN: DECIMALS SHOULD BE ALLOWED]

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

8. Attualmente, in una settimana tipo, quali sono le percentuali approssimative delle visite ai pazienti:
[IF NZ OR UK, (Q500=6,10), DISPLAY: "consultations"; IF ELSE, (Q500=1-5, 7-9,11), DISPLAY: "visits"]

WEB 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 delle visite ai pazienti ...
1 In presenza	_____ %
2 Per telefono (voce o testo)	_____ %
3 Per video	_____ %

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

(IHP 2022 New)

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
2 Abbastanza
3 Non tanto
4 Per niente

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 New)

BASE: RESPONDENTS WHO CURRENTLY USE TELEHEALTH (Q8_2>0% OR Q8_3>0%)

10. Quanto è stato facile o difficile implementare la piattaforma di telemedicina nel suo studio medico?

PHONE ONLY: (READ LIST)

- 1 Molto facile
- 2 Abbastanza facile
- 3 Piuttosto difficile
- 4 Molto difficile

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

(IHP 2022 New)

BASE: RESPONDENTS WHO CURRENTLY USE TELEHEALTH (Q8_2>0% OR Q8_3>0%)

[PN: SET UP AS GRID FOR WEB]

11. 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 Sì, in larga misura
- 2 Sì, abbastanza
- 3 No

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

- a. ha migliorato la tempestività dell'assistenza ai suoi pazienti
- b. ha permesso al suo studio medico di compensare le potenziali perdite finanziarie durante la pandemia di COVID-19
- c. le ha permesso di valutare efficacemente le necessità inerenti alla salute mentale e comportamentale
- d. ha aumentato l'efficienza nella sua richiesta di test di laboratorio o di screening
- e. ha aumentato la prescrizione di antibiotici

(IHP 2022 New)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

12. In generale, quanto sono onerosi i seguenti aspetti della telemedicina?

[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 Molto oneroso
- 2 Poco oneroso
- 3 Per niente oneroso
- 6 Non pertinente

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

- b. Rimborsو esiguo o nullo
- e. Aumento delle spese di implementazione e/o manutenzione della piattaforma di telemedicina

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 telehealth and in-person."

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

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

[PN: ITEM g IS FOR CANADA ONLY]

13. Quanto è preparato il Suo studio, in materia di **capacità adeguate ed esperienza, a gestire le cure per pazienti con:**

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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

- a. Malattie croniche (es. diabete, BPCO, insufficienza cardiaca)
- b. Salute mentale (ad es. ansia, depressione leggera o moderata)
- c. Problemi relativi all'uso di sostanze (es. droga, oppiacei, alcool)
- d. Necessità di cure palliative
- e. Demenza
- g. [FOR CAN RESPONDENTS ONLY, (Q500=2), DISPLAY: "Patients requesting medical assistance in dying"]

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

BASE: ALL RESPONDENTS

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

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

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

- 1 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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

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

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

15. 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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

- a. Sviluppa con i pazienti dei programmi di trattamento che possono mettere in pratica nel loro quotidiano
- b. Fornisce ai pazienti delle istruzioni scritte su come gestire la propria cura a casa (ad es. istruzioni su come controllare i sintomi)
- c. Registra gli obiettivi di autogestione dei pazienti nell loro cartella medica
- 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 2019 Q12, IHP 2015 Q22 Revised - question-text and response-option 3, new response-option 4)

BASE: ALL RESPONDENTS

16. 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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

SECTION D: CARE COORDINATION WITH OTHER PROVIDERS

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

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

17. Quando i suoi pazienti vengono indirizzati presso uno specialista, con che frequenza:

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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

- a. Invia la storia medica del paziente e il motivo della consultazione allo specialista
- b. Riceve dallo specialista delle informazioni sui cambiamenti fatti ai medicinali del paziente o al trattamento
- c. Riceve un rapporto con i risultati dello specialista entro 1 settimana lavorativa

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

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

18. 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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; 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. Ricoverato in un ospedale

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

BASE: ALL RESPONDENTS

19. 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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

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

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

[PN: DISPLAY AFTER Q19]

GSWI-1. Di solito come riceve queste informazioni? (Nota: una sola risposta)

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB ONLY: Blank

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

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

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

20. 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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; 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?

(IHP 2019 Q18 Modified -- item e removed)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

21. 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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; 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 2019 Q19 Modified – updated item a, code 4 included for Sweden and Switzerland)

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

22. 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 SWITZ AND SWED RESPONDENTS ONLY, (Q500=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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; 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
- d. Troppa burocrazia nel coordinamento con i 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 2019 Q20, IHP 2015 Q24 Modified – France conducted the study via panel and asked this question to the panelists only during the pretest rather than the main fielding period, IHP 2012 Q1205 Modified – While the survey was already in field, on 10/12/15 the Haute Autorité de Santé, de l'Assurance Maladie proceeded with a translation change at Q24 to match the English version more accurately and to improve respondent comprehension, IHP 2009 Q1000)

BASE: ALL RESPONDENTS

23. WEB/MAIL ONLY: Nel Suo studio medico usa cartelle mediche elettroniche (ad esclusione del sistema di fatturazione)?

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

Nota: Si tratta delle schede mediche digitali dello studio medico e non della cartella informatizzata del paziente (CIP) usata su scala nazionale svizzera.

- 1 Sì
- 2 No

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

(IHP 2019 CAN-1)

BASE: CANADA RESPONDENTS (Q500=2)

[PN: DISPLAY AFTER Q23 IN WEB]

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

1 Yes

2 No

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

999 WEB/MAIL ONLY: Blank

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

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

24. 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)

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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

- a. Sintesi cliniche del paziente
- b. Test diagnostici e di laboratorio
- c. Liste di tutti i medicamenti presi da un paziente

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

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

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

PHONE ONLY: Votre cabinet offre-t-il la possibilité à vos patients de: (READ FIRST ITEM)?
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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; 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 2019 SWI-2)

BASE: SWITZ RESPONDENTS (Q500=9)

[PN: DISPLAY AFTER Q25]

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 Sì, entro quest'anno
- 2 Sì, nei prossimi 1-2 anni
- 3 Sì, nei prossimi 2-3 anni
- 4 Sì, ma ci vorranno 3 o più anni
- 5 No, non prevedo di aderire al programma nazionale "Cartella Informatizzata del Paziente" (CIP)
- 6 Uso già la programma nazionale "Cartella Informatizzata del Paziente (CIP)" e faccio parte di una comunità di riferimento

998 PHONE ONLY: (V) Non sa
999 PHONE ONLY: (V) Rifiuta di rispondere; WEB ONLY: Blank

SECTION G: PROVIDER EXPERIENCES WITH THEIR PRACTICE

PN: SHOW TO ALL: Le prossime domande riguardano le sue attuali esperienze nel suo studio medico rispetto a prima dell'inizio della pandemia di COVID-19.

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

BASE: ALL RESPONDENTS

33. Rispetto a prima della pandemia di COVID-19, direbbe che il suo carico di lavoro è:

- 1 aumentato molto
- 2 aumentato un po'
- 3 rimasto più o meno uguale
- 4 calato un po'
- 5 calato molto

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

998 PHONE ONLY: (V) Not sure

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

(IHP 2022 New)

BASE: ALL RESPONDENTS

34. Rispetto a prima della pandemia di COVID-19, direbbe che le entrate del suo studio medico sono:

- 1 aumentato molto
- 2 aumentato un po'
- 3 rimasto più o meno uguale
- 4 calato un po'
- 5 calato molto

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

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

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

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

BASE: ALL RESPONDENTS

35. Rispetto a prima della pandemia di COVID-19, nel complesso direbbe che la qualità dell'assistenza che è attualmente in grado di fornire ai suoi pazienti è:

- 1 migliorata molto
- 2 migliorata un po'
- 3 rimasta più o meno uguale
- 4 peggiorata un po'
- 5 peggiorata molto

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

998 PHONE ONLY: (V) Not sure

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

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

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

26. Con che frequenza il suo studio medico riceve ed esamina dati sugli 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 Trimestralmente
- 2 Annualmente
- 3 Meno spesso
- 4 Mai

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; 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 medicamenti generici, antibiotici o oppiacei)
- d. Sondaggi sulla soddisfazione dei pazienti e la loro esperienza in materia di cure
- e. Patient Reported Outcome Measures (PROMs, indicatori riportati direttamente dai pazienti)

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

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

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

27. In che misura costituisce un problema la quantità di tempo che lei o il suo personale passa... [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) Non sa
- 999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

- a. A gestire questioni amministrative relative alle assicurazioni o alle richieste di pagamento
- b. a ottenere medicamenti 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)
- f. a rispettare i mutevoli protocolli e regolamenti di assistenza COVID-19

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

BASE: ALL RESPONDENTS

28. 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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

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

BASE: ALL RESPONDENTS

[PN: SET UP AS GRID FOR WEB]

29. Indichi per cortesia quanto è soddisfatto dei seguenti aspetti della Sua attività medica.
[PHONE ONLY: "(READ FIRST ITEM)"]

PHONE ONLY: (READ LIST OF RESPONSE-OPTIONS)

PHONE ONLY: How about (READ ITEM)?

- 1 Estremamente soddisfatto
- 2 Molto Soddisfatto
- 3 Moderatamente soddisfatto
- 4 Poco soddisfatto
- 5 Per niente soddisfatto

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; 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 2019 Q28 Modified – removed list of items and updated text to ask about no longer regularly seeing patients)

BASE: ALL RESPONDENTS

30. Nei prossimi 1-3 anni, pensa di smettere di vedere i pazienti regolarmente (es. pensionamento o cambio di carriera)?

1 Si
2 No

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

998 Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

(IHP 2022 New)

BASE: ALL RESPONDENTS

31. 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 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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

SECTION H: PERSONAL AND PRACTICE CHANGES SINCE COVID

(IHP 2022 New)

BASE: ALL RESPONDENTS

32. Da marzo 2020, quando è iniziata la pandemia di COVID-19, 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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

a. vissuto disagi emotivi come ansia, depressione, rabbia o sensazioni di disperazione
b. cercato aiuto professionale per un problema di salute mentale

SECTION I: PERSPECTIVES ON THE HEALTH CARE SYSTEM

(IHP 2021 Q1700)

BASE: ALL RESPONDENTS

36. Quanto spesso, se mai, pensa che il sistema sanitario in [IF UK, US, NETH (Q600=5,10,11)] DISPLAY: "the""][[INSERT COUNTRY FROM Q600] tratti le persone ingiustamente sulla base 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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

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

BASE: ALL RESPONDENTS

37. Qualche paziente le ha mai detto di essere stato trattato ingiustamente a causa della sua origine razziale o etnica o di aver avuto l'impressione che i suoi problemi di salute non fossero presi sul serio da un operatore sanitario?

- 1 Sì
- 2 No

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

SECTION I: PRACTICE PROFILE AND DEMOGRAPHIC DATA

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

BASE: ALL RESPONDENTS

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

[PN: ALLOW RANGE 0.1-999]

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

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

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

(PHONE ONLY: PROBE IF NON SA OR DECLINE)

_____ Medici FTE

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

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

9998 PHONE ONLY: (V) Non sa

9999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

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

BASE: ALL RESPONDENTS

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

[PN: ALLOW RANGE 0.1-168]

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

41. Prendendo in considerazione il Suo studio medico, può stimare quante ore alla settimana Lei lavora di solito?
WEB/MAIL ONLY: (Nota: includere tutte le ore di lavoro considerando tutti gli studi medici, comprese le ore di lavoro a casa e in reperibilità.)

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

(PHONE ONLY: PROBE IF NON SA OR DECLINE)

_____ Ore

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

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

9998 PHONE ONLY: (V) Non sa

9999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

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

BASE: ALL RESPONDENTS

[PN: DECIMALS SHOULD NOT BE ALLOWED]

[PN: ALLOW RANGE 0-999]

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

42. 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 telehealth appointments)

[PHONE ONLY: PROBE IF NON SA OR DECLINE.]

_____ Pazienti

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

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

9998 PHONE ONLY: (V) Non sa _____

9999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

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

BASE: ALL RESPONDENTS

[PN: DECIMALS SHOULD NOT BE ALLOWED]

[PN: ALLOW RANGE 1-999]

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

43. 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 telehealth appointments)

[PHONE ONLY: PROBE IF NON SA OR DECLINE.]

_____ Minuti

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

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

9998 PHONE ONLY: (V) Non sa _____

9999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

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

BASE: SWITZ RESPONDENTS ONLY (Q500=9)

[PN: DISPLAY AFTER Q43]

SWI-12. In una settimana tipo, quali sono le percentuali approssimative del tempo dedicato a quanto segue:

WEB ONLY: (Nota: non occorre che il totale sia 100%).

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

[PHONE ONLY: PROBE IF NON SA OR DECLINE.]

1 Contatto in presenza con i pazienti

Percentuale di tempo

_____ %

2	Altri contatti con i pazienti (es. e-mail o telefono)	_____ %
3	Compiti amministrativi (es. gestione di cartelle cliniche, riunioni, rapporti qualità)	_____ %
4	Compiti relativi all'assicurazione e/o alla richiesta di pagamenti	_____ %
998	PHONE ONLY: (V) Non sa	
999	PHONE ONLY: (V) Rifiuta di rispondere; WEB ONLY: Blank	

SECTION K: DEMOGRAPHICS AND PRACTICE PROFILE

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

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

44. How old are you?

[PHONE ONLY: (READ LIST)]

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

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

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

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

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

45. Lei è ...

- 1 Maschio
- 2 Femmina

3 [FOR NON-US AND NON-CAN RESPONDENTS ONLY (Q500=1, 3-10), DISPLAY: "Gender diverse"; FOR US (Q500=11), DISPLAY: Non-binary/third gender; FOR CAN (Q500=2), DISPLAY: "Another gender"; FOR SWITZ (Q500=9), DISPLAY: "Altro, cioè: _____"]

4 [FOR US] Prefer not to answer

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

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

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

BASE: ALL RESPONDENTS

46. Dove si trova il Suo studio medico?

[PHONE ONLY: (READ LIST)]

- 1 1 Città o area urbana
- 2 Periferia o piccola città
- 3 Area rurale o isolata

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

998 PHONE ONLY: (V) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

SECTION L: SWITZERLAND-ONLY QUESTIONS

(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) Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB ONLY: Blank

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

BASE: SWITZ RESPONDENTS (Q500=9)

SWI-5. Lei accetta nuovi pazienti?

- 1 Sì
- 2 No

998 PHONE ONLY: (V) Non sa; WEB ONLY: Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB ONLY: Blank

(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 socia ad un ospedale
- 4 Studio medico "Walk-in"- come per esempio la permanenze alla stazione di Zurigo
- 7 Altro (specificare prego)
- 998 PHONE ONLY: (V) Non sa
- 999 PHONE ONLY: (V) Rifiuta di rispondere; WEB ONLY: Blank

(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 Sì
- 2 No

998 PHONE ONLY: (V) Non sa; WEB ONLY: Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB ONLY: Blank

(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 Sì
- 2 No

998 PHONE ONLY: (V) Non sa; WEB ONLY: Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB ONLY: Blank

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

BASE: SWITZ RESPONDENTS (Q500=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) Non sa; WEB ONLY: Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB ONLY: Blank

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

BASE: NETHERLANDS AND SWITZERLAND RESPONDENTS (Q500=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) Non sa; WEB/MAIL ONLY: Non sa

999 PHONE ONLY: (V) Rifiuta di rispondere; WEB/MAIL ONLY: Blank

SECTION M: CANADA-ONLY QUESTIONS

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

BASE: CANADA RESPONDENTS (Q500=2)

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

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

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

999 WEB/MAIL ONLY: Blank

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

BASE: CANADA RESPONDENTS (Q500=2)

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

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

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

(IHP 2022 New)

BASE: CANADA RESPONDENTS (Q500=2)

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

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

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

SECTION N: US-ONLY QUESTIONS

(IHP 2022 New)

BASE: US RESPONDENTS (Q500=11)

US-1. What is your race or ethnicity?

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

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

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

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

BASE: US RESPONDENTS (Q500=11)

[PN: SET UP AS GRID FOR WEB]

US-3. Is your main practice:

- 1 Yes
- 2 No
- 3 Not sure

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

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

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

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

BASE: US RESPONDENTS (Q500=11)

[PN: SET UP AS GRID FOR WEB]

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

- 1 Yes
- 2 No
- 3 Not sure

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

999 WEB/MAIL ONLY: Blank

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

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

BASE: US RESPONDENTS (Q500=11)

[PN: SET UP AS GRID FOR WEB]

[PN: ALLOW RANGE 0-100]

[PN: DECIMALS SHOULD BE ALLOWED]

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

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

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

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

(IHP 2022 New)

BASE: US RESPONDENTS (Q500=11)

[PN: SET UP AS GRID FOR WEB]

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

1 Yes

2 No

3 Not sure

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

999 WEB/MAIL ONLY: Blank

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

(IHP 2022 New)

BASE: US RESPONDENTS (Q500=11)

US-6. What is your NPI number?

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

1 NPI number: _____
999 WEB/MAIL ONLY: Blank

SECTION O: NZ-ONLY QUESTIONS

(IHP 2022 New)

BASE: NZ RESPONDENTS (Q500=6)

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

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

(IHP 2022 New)

BASE: NZ RESPONDENTS (Q500=6)

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

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

(IHP 2022 New)

BASE: ALL RESPONDENTS

QUAL. Potremmo seguire alcuni partecipanti al sondaggio per raccogliere informazioni più approfondite. Possiamo contattarla di nuovo per farle qualche altra domanda?

1 Sì
2 No

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

(IHP 2022 New)

[ASK IF QUAL=1]

QUAL2. Grazie. La preghiamo di fornirci il suo nome, indirizzo e-mail e numero di telefono a cui possiamo contattarla.

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

Nome: _____
99 (DO NOT READ) REFUSED/WEB BLANK

Indirizzo e-mail: _____
99 (DO NOT READ) REFUSED/WEB BLANK

Telefono: _____
99 (DO NOT READ) REFUSED/WEB BLANK

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

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

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

Q3000. Siamo quasi arrivati alla fine. Vorrebbe che Le mandassimo una sintesi dei punti salienti della ricerca via email?

1 Si
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")

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

999 WEB/MAIL ONLY: Blank

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

BASE: CANADA, FRANCE, SWITZ, AND US RESPONDENTS WHO WANT SUMMARY OF STUDY RESULTS (Q500=2, 3, 9, 11 AND Q3000=1)

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

Q3001. Inserisci il tuo indirizzo e-mail in modo che possiamo inviarti il riassunto.

Indirizzo e-mail: _____

(IHP 2019 Q3001a)

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

Q3001a. 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 2020 MONEY Modified – updated incentive amounts and mode of receipt)

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

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

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

(IHP 2022 New)

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

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

1 Email Address: _____
999 WEB ONLY: Blank

BASE: ALL RESPONDENTS

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