PATIENT AND PROVIDER QUESTIONNAIRES

Technical Materials 2021
The OECD PaRIS initiative and the PaRIS SUR consortium

The PaRIS Initiative (Patient-Reported Indicator Surveys) of the OECD aims to develop and implement internationally comparable patient-reported indicators, more specifically patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs). The PaRIS Survey for People Living with Chronic Conditions focuses on adults living with one or more chronic conditions who receive health services in primary care or other ambulatory care settings.

The PaRIS-SUR Consortium, consisting of Nivel, IPSOS MORI, Exeter University, Optimedis and the Avis Donabedian Research Institute assists the OECD in the development and implementation of the PaRIS survey.

About this document

The PaRIS Survey involves two questionnaires: one for patients and one for their primary care providers. The patient questionnaire captures patient information on patient-reported outcomes, patient reported-experiences, health and health care capabilities, health behaviours, and individual and sociodemographic factors. The provider questionnaire captures information on the context of primary care systems and mechanisms for service delivery. This document includes the scripted versions of the PaRIS patient questionnaire and the provider questionnaire, as well as information on the sources of the included survey items. If you are interested in using the PaRIS survey questionnaires, please contact paris_survey@oecd.org for more information on licensing.

This document has been prepared by the OECD in close collaboration with the PaRIS-SUR Consortium as part of the PaRIS survey technical materials.

The work was enabled by the financial and substantive assistance of the European Union and funding by the OECD Member States. The opinions expressed and arguments employed herein do not necessarily reflect the official views of the OECD member countries or the European Union.
Table of contents

Annex A. OECD PaRIS patient questionnaire 5
- Your health 6
- Managing your health and health care 9
- Your experience of health care 12
- Your experience of care in relation to the COVID/coronavirus pandemic. 24
- About yourself 24

Annex B. Items and sources for the patient questionnaire 31

Annex C. OECD PaRIS provider questionnaire 39
- Practice Profile 40
- About The Practice 40
- Access To Care 40
- Consultations 41
- Remuneration 43
- Care Coordination 43
  - Medical Records And Care Plans 43
  - Clinical Information System 45
- Chronic Care Management 47
- Follow-up of Patients 49
- Impact of COVID-19 on Healthcare Delivery (Optional) 50

Annex D. Sources for the provider questionnaire 54

Annex E. Glossary for terms in the provider questionnaire 55
Annex A. OECD PaRIS patient questionnaire

This survey is being carried out by <<insert national relevant organization in each country>> in collaboration with the International Organisation for Economic Cooperation and Development (OECD). <<insert country>> is taking part in this survey and will use the findings to improve local health services for people like you. The survey asks questions about your experience of care and treatment by your <<primary care provider>>. In addition, there are some questions about you and your health. Your answers are important and will help policy makers and health care providers to improve healthcare based on patients’ needs.

The survey should take up to 25 minutes, depending on the answers you give. If you cannot complete the survey in one session and would like to come back and finish later, just close the window and your responses will be saved. When you are ready, you can return to the same point.

Taking part in this survey is voluntary and your answers will be treated in confidence. If you do not wish to answer a question, please click the >> button twice to move on.

For more information about this survey and how we will use your data, please click on the link below to view the privacy policy.

If you have any queries about the questionnaire, please call our helpline number on [LOCAL NUMBER] or email [LOCAL EMAIL].

If you agree to take part in the survey, please click on the ‘Next’ button to begin.

<<NEXT BUTTON>>
Your health

The first few questions are about your health.

**ASK ALL**
Q_GLOBAL (LOOP)

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLOBAL01</td>
<td>In general, would you say your health is:</td>
</tr>
<tr>
<td>GLOBAL02</td>
<td>In general, would you say your quality of life is:</td>
</tr>
<tr>
<td>GLOBAL03</td>
<td>In general, how would you rate your physical health?</td>
</tr>
<tr>
<td>GLOBAL04</td>
<td>In general, how would you rate your mental health, including your mood and</td>
</tr>
<tr>
<td></td>
<td>your ability to think?</td>
</tr>
<tr>
<td>GLOBAL01</td>
<td>In general, how would you rate your satisfaction with your social activities</td>
</tr>
<tr>
<td></td>
<td>and relationships?</td>
</tr>
<tr>
<td>GLOBAL9R</td>
<td>In general, please rate how well you carry out your usual social activities</td>
</tr>
<tr>
<td></td>
<td>and roles. (This includes activities at home, at work and in your community,</td>
</tr>
<tr>
<td></td>
<td>and responsibilities as a parent, child, spouse, employee, friend, etc.)</td>
</tr>
</tbody>
</table>

**Responses (SINGLE)**

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

**ASK ALL**
Q_GLOBAL06 (SINGLE)

To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

1. Completely
2. Mostly
3. Moderately
4. A little
5. Not at all
ASK ALL
The next few questions are about any specific symptoms you may have recently experienced.

ASK ALL
Q_MRCBS (SINGLE)
Please select the response that best describes your current situation in relation to your breathing.

1. I only get breathless with strenuous exercise
2. I get short of breath when hurrying on the level or up a slight hill
3. I walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level
4. I stop for breath after walking 100 yards or after a few minutes on the level
5. I am too breathless to leave the house

ASK ALL
Q_PROMISLEEP44 (SINGLE)
In the past 7 days, I had a problem with my sleep

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much

ASK ALL
Q_GLOBAL08R (SINGLE)
In the past 7 days, how would you rate your fatigue on average?

1. None
2. Mild
3. Moderate
4. Severe
5. Very severe

ASK ALL
Q_PROMISPAIN (SINGLE)
In the past 7 days, how much did pain interfere with your day to day activities?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much
ASK ALL
Q_ GLOBAL07R (SINGLE)
In the past 7 days, how would you rate your pain on average?

0-No pain
1
2
3
4
5
6
7
8
9
10-Worst imaginable pain

ASK ALL
Q_ GLOBAL10R (SINGLE)
In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

ASK ALL
For the next few questions please think about how you have been feeling over the last two weeks.

QWHO5 (LOOP)

A. I have felt cheerful and in good spirits
B. I have felt calm and relaxed
C. I have felt active and vigorous
D. My daily life has been filled with things that interest me
E. I woke up feeling fresh and rested

Responses (SINGLE)

1. All of the time
2. Most of the time
3. More than half of the time
4. Less than half of the time
5. Some of the time
6. At no time
Managing your health and health care

The next few questions ask about your recent physical activity, diet and use of tobacco and alcohol and the support you may have received from health professionals (doctors, nurses, and other health professionals).

**ASK ALL**

Q_EXERCISE (SINGLE)

In the past week, on how many days did you do at least 30 minutes of either vigorous or moderate activity (such as running, swimming, riding a bike, brisk walking, or dancing)?

1. Every day
2. 5 to 6 days
3. 3 to 4 days
4. 1 to 2 days
5. I did not do any vigorous or moderate activity in the past week
6. Not sure

**ASK ALL**

Q_ADVPHYSACT (SINGLE)

In the past 12 months, has any health professional talked with you about your physical activity?

1. Yes
2. No
3. Not sure

**ASK ALL**

Q_EHISFR (SINGLE)

How often do you eat fruits (excluding juice)?

1. Twice or more a day
2. Once a day
3. Less than once a day but at least 4 times a week
4. Less than 4 times a week, but at least once a week
5. Less than once a week
6. Never
7. Not sure
ASK ALL
Q_EHISVG (SINGLE)
How often do you eat vegetables or salad (excluding juice and potatoes)?
   1. Twice or more a day
   2. Once a day
   3. Less than once a day but at least 4 times a week
   4. Less than 4 times a week, but at least once a week
   5. Less than once a week
   6. Never
   7. Not sure

ASK ALL
Q_ADVDIET (SINGLE)
In the past 12 months, has any health professional talked with you about healthy eating?
   1. Yes
   2. No
   3. Not sure

ASK ALL
Q_EHISSK01 (SINGLE)
Do you smoke at all nowadays?
   1. Yes, daily
   2. Yes, occasionally
   3. Not at all

ASK IF Q_EHISSK01 = 3
Q_EHISSK04 (SINGLE)
Have you ever smoked daily, or almost daily, for at least one year?
   1. Yes
   2. No

ASK IF Q_EHISSK01 = 1 or 2
Q_CWF2014IHP (SINGLE)
In the past 12 months, has any health professional talked with you about the health risks of smoking or using tobacco and ways to quit?
   1. Yes
   2. No
   3. Not sure
ASK ALL
Q_EHIS (SINGLE)
During the past 12 months, how often have you had an alcoholic drink of any kind (that is beer, wine, spirits, liqueurs or other alcoholic beverages)?
1. Never
2. Monthly or less
3. 2-4 times a month
4. 2-3 times a week
5. 4-6 times a week
6. Every day
7. Not sure

ASK IF Q_EHIS = 2 TO 7
Q_CWF2017IHP (SINGLE)
In the past 12 months, has any health professional talked with you about alcohol use?
1. Yes
2. No
3. Not sure

ASK ALL
Q_PN (LOOP)
The next few questions about how you and the health professionals that you usually see support your health and health care.

PN1 I rely on health professionals to tell me everything I need to know to manage my health
PN2 Most health issues are too complex for me to understand
PN3 I actively try to prevent diseases and illnesses
PN4 I leave it to health professionals to make the right decisions about my health
PN5 It is important to me to be informed about health issues
PN6 I need to know about health issues so I can keep myself and my family healthy
PN7 I have difficulty understanding a lot of the health information that I read
PN8 My health professionals and I work together to manage my health
PN9 When I read or hear something that is relevant to my health care, I bring it up with health professionals
PN10 I try to understand my personal health risks
PREOS2m When I think something is wrong with my health care, I raise my concerns with my health professionals

Responses (SINGLE)
1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

ASK ALL
Q_CONFIDENT (LOOP)
P3CEQ10 How confident are you that you can manage your own health and wellbeing?
MPBSPIAINSTR How confident are you that you can follow instructions from health professionals about how you should care for yourself at home?
MPBS PAMEDREC How confident are you that you can follow instructions from health
professionals about how to change your habits or lifestyle?
MPBS PANECCESS How confident are you that you can identify when it is necessary for you to get medical care?
MPBS PASIDEFX How confident are you that you can identify when you are having side effects from your medications?
eHEALS How confident are you in using information from the Internet to make health decisions?

Responses (SINGLE)
1. Very confident
2. Confident
3. Somewhat confident
4. Not confident at all

Your experience of health care

The following questions concern the care you are receiving from primary care services for your health and wellbeing. Primary care services are usually the first point of contact with the health service for a wide range of new and long-term health problems. They are frequently delivered by teams of health professionals, usually coordinated by a family doctor or a general practitioner working in a primary care centre. In your case this may be also another member of the primary care team, such as a nurse, or another specialist doctor. We also want to ask you in relation to a care plan, which is an agreement between you and your health professionals detailing the type of health care you need and how this care will be given. Not everybody has a care plan.

ASK ALL
Q_CWF1130 (SINGLE)

Is there one single professional you usually go to for most of your health problems?
1. Yes, a doctor
2. Yes, another health professional
3. No, there is no single health professional I usually go for most of my health problems
4. Not sure
ASK IF Q_CWF1130 = 1
Q_ USUALDR1 (SINGLE)
Who is this doctor?
  1. Primary care doctor
  2. Specialist doctor
  3. Other doctor
  4. Not sure

ASK IF Q_CWF1130 = 1
Q_CWF1140 (SINGLE)
How long have you been seeing this doctor?
  1. 1 year or less
  2. more than 1 year but no more than 3 years
  3. more than 3 years but not more than 5 years
  4. more than 5 years but no more than 10 years
  5. 10 years or more
  6. Not sure

ASK IF Q_CWF1130 = 1
Q_USUALDR2
How often have you been to this doctor’s office in the past 12 months?
  1. I have not visited in the past 12 months
  2. Once
  3. 2-4 times
  4. 5 times or more
  5. Not sure

ASK IF Q_CWF1130 = 2
Q_ USUALDR1 (SINGLE)
Who is this health professional?
  1. A primary care nurse
  2. A specialist nurse
  3. Another professional
ASK ALL
Q_CHRONCOND (MULTI, OPEN)
Have you ever been told by a doctor that you have any of the following health conditions?
1. High blood pressure
2. Cardiovascular or heart condition
3. Diabetes (type 1 or 2)
4. Arthritis or ongoing problem with back or joints
5. Breathing condition (e.g., asthma or COPD)
6. Alzheimer’s disease or other cause of dementia
7. Ongoing depression, anxiety or other mental health condition (e.g., bipolar disorder or schizophrenia)
8. Neurological condition (e.g., epilepsy or migraine)
9. Chronic kidney disease
10. Chronic liver disease
11. Cancer (diagnosis or treatment in the last 5 years)
12. Other long-term problem(s) (PLEASE WRITE IN______________________)
13. I have never been told by a doctor that I have any of these problems

ASK IF Q_CHRONCOND = 1 TO 12
The next few questions are about the care you receive for these health conditions.

Q_P3CEQ6 (SINGLE)
Do you have a single professional who takes responsibility for coordinating your care across the services that you use?
1. Yes
2. No
3. Not sure

ASK IF Q_CHRONCOND = 1 TO 12 AND Q_P3CEQ6 = 1
Q_P3CEQ5m1 (SINGLE)
Is this the same professional that you see for most of your health problems?
1. Yes
2. No
3. Not sure

ASK IF Q_CHRONCOND = 1 TO 12 AND Q_P3CEQ6 = 1 AND Q_O3CEQ5m1 = 2 OR 3
Q_P3CEQ5m2 (SINGLE)
Who is this professional?
1. Another primary care doctor -family doctor- general practitioner
2. Another specialist doctor
3. A primary care nurse
4. A hospital nurse
5. Other doctor
6. Other nurse
7. Other health professional
8. Not sure

ASK IF Q_CHRONCOND = 1 TO 12
Q_P3CEQ5 (SINGLE)
Is your healthcare organized in a way that works for you?
1. Not at all
2. To some extent
3. More often than not
4. Always
5. I only use one healthcare service (e.g. primary care)
6. Not sure

ASK IF Q\_CHRONCOND = 1 TO 12
Q\_ROUTINEF (SINGLE)

Are you offered regular follow-up for any of your health problems?
1. Yes, every 3 months or more often
2. Yes, every 6 months
3. Yes, every 12 months
4. Yes, over longer periods of time
5. No
6. Not sure

ASK IF Q\_CHRONCOND = 1 TO 12
Q\_P3CE (LOOP)

P3CEQ1 Do you discuss with the health professionals involved in your care what is most important for you in managing your own health and wellbeing?
P3CEQ2 Are you involved as much as you want to be in decisions about your care?
P3CEQ3 Are you considered as a ‘whole person’ rather than just a disease/condition in relation to your care?

Responses (SINGLE)
1. Not at all
2. To some extent
3. More often than not
4. Always
5. Not relevant

ASK IF Q\_CHRONCOND = 1 TO 12
Q\_PCMH4 (SINGLE)

How often does someone at your primary care centre talk to you about specific goals for your health?
1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Not sure
7. Not applicable

ASK IF Q\_CHRONCOND = 1 TO 12
Q\_P3CEQ7a

Do you have a care plan that takes into account all your health and wellbeing needs?
1. Yes
2. No
3. Not sure
ASK IF Q_CHRONCOND = 1 TO 12 AND Q_P3CEQ7a = 1
Q_P3CEQ7b (SINGLE)
Is this care plan (or plan of care) available to you?
1. Yes
2. No
3. Not sure

ASK IF Q_CHRONCOND = 1 TO 12 AND Q_P3CEQ7a = 1
P3CEQ7c (SINGLE)
To what extent have you found your care plan (or plan of care) useful for you to manage your health and wellbeing?
1. Not at all
2. To some extent
3. More often than not
4. Always
5. Not sure

ASK IF Q_CHRONCOND = 1 TO 12 AND Q_P3CEQ7a = 1
Q_P3CEQ7d (SINGLE)
To what extent do all the professionals involved in your care appear to be following the same care plan?
1. Not at all
2. To some extent
3. More often than not
4. Always
5. Not sure

ASK IF Q_CHRONCOND = 1 TO 12
Q_P3CEQ8 (SINGLE)
Do you have enough support from the health care professionals to help you to manage your own health and wellbeing?
1. I do not need support
2. I have had no support
3. I sometimes have enough support
4. I often have enough support
5. I always have enough support
6. Not relevant
7. Not sure
ASK IF Q_CHRONCOND = 1 TO 12
P3CEQ9 (SINGLE)
To what extent do you receive useful information at the time you need it to help you manage your health and wellbeing?
1. I do not receive any information
2. I sometimes receive enough information
3. I often receive enough information
4. I always receive enough information
5. I receive too much information
6. Not relevant
7. Not sure

ASK IF Q_CHRONCOND = 1 TO 12
Q_P3CEQ11b (SINGLE)
Are your family, friends and/or carers involved as much as you wanted them to be in decisions about your care?
1. Not at all
2. To some extent
3. More often than not
4. Always
5. I did not want my family, friends or carers to be involved
6. My family, friends or carers did not want to be involved
7. I have no family, friends or carers

ASK IF Q_CHRONCOND = 1 TO 12
Q_MEDCWF1605 (SINGLE)
How many different medications as prescribed by a doctor or a nurse are you taking on a regular or ongoing basis?
1. No medication
2. 1-4 different medications
3. 5-9 medications
4. 10-15 medications
5. 16 or more medications

ASK IF Q_CHRONCOND = 1 TO 12 AND Q_MEDCWF1605 = 2 TO 5
Q_MEDCWF71110 (SINGLE)
In the past 12 months, has a health professional reviewed with you the medications you take?
1. Yes
2. No
3. Not sure
ASK ALL
The next few questions are about your experience with your primary care centre in the last 12 months.

ASK ALL
Q_P3CEQ4 (SINGLE)
Were there times when you had to repeat information that should have been in your care records?
1. Yes, definitely
2. Yes, to some extent
3. No, not really
4. No, definitely not
5. Not sure

ASK ALL
Q_PREOS3 (SINGLE)
How often do you believe you had any safety problem in your primary care centre (such as not getting an appointment when needed; wrong or delayed diagnosis or treatment; or problems with communications between healthcare professionals)?
1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Not applicable

ASK ALL
Q_PREOS1 (SINGLE)
How often did you feel that the health professionals at your primary care centre encouraged you to talk about any concerns about your healthcare?
1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Not applicable
**ASK ALL**

Q. OECDACC3 (SINGLE)

How often did you have a health problem but did not seek care because of difficulties in travelling to your primary care centre?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Not applicable

**ASK ALL**

Q. OECDACC46 (SINGLE)

How often did you have a health problem but did not seek care, or did not take a prescription medicine because of the cost?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Not applicable

The next questions are about the online services that your primary care centre may offer to patients like you, such as a website, smartphone app or video consultations.

**ASK ALL**

Q. GPPS4 (SINGLE)

How easy is it for you to use your primary care centre’s website to look for information or access services?

1. Very easy
2. Fairly easy
3. Not very easy
4. Not at all easy
5. I haven’t tried
6. My primary care centre does not have a website
7. Not sure
ASK ALL
Q_GPPS5 (SINGLE)
As far as you know, which of the following online services does your primary care centre offer?
1. Booking appointments online
2. Ordering repeat prescriptions online
3. Accessing my medical records online
4. Video consultations
5. None of these
6. Don’t know

ASK ALL
Q_GPPS6 (SINGLE)
Which of the following online services of your primary care centre have you used?
1. Booking appointments online
2. Ordering repeat prescriptions online
3. Accessing my medical records online
4. Video consultations
5. None of these

ASK ALL
Q_CWF119 (SINGLE)
When taking all things into consideration in relation to the care you have received, overall, how do you rate the medical care that you have received in the past 12 months from your primary care centre?
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Have not received medical care in the last 12 months
7. Not sure

ASK ALL
Other health services

ASK ALL
Q_EMERG (SINGLE)
In the last 12 months, have you been in a hospital emergency department for your own medical care?
1. No
2. Yes, once
3. Yes, twice
4. Yes, 3 or more times
5. Not sure

ASK ALL
Q_CWF2016HOSP (SINGLE)
In the last 12 months, have you been in the hospital for one night or longer?
1. No
2. Yes, once
3. Yes, twice
4. Yes, 3 or more times
5. Not sure

ASK ALL
The next questions are about the last time that you had a consultation with a primary care doctor, nurse or other health professional to get care for yourself (this may have been with your main health professional or another health professional and includes consultations over the phone or in a doctor’s office, a clinic, or the outpatient department of a hospital. Do not include care you got when you stayed overnight in a hospital, dental care visits or accident and emergency care.

ASK ALL
Q_PURPOS (SINGLE)
What was the purpose of this visit?
1. First contact for a new problem
2. Follow-up of a new problem
3. Routine care for a long-term problem
4. Non-routine care for a long-term problem
5. General preventive care
6. Not sure

ASK ALL
Q_OECDACC7a (MULTI)
Who did you see?
1. A primary care doctor
2. Another specialist doctor
3. A nurse
4. An allied health professional, such as a physiotherapist, dietician, or podiatrist
5. Another health professional
6. Not sure

ASK ALL
Q_OECDACC7b (SINGLE)
Where was this professional working?
1. A primary care centre
2. An outpatient department of a hospital
3. Other
4. Not sure

ASK ALL
Q_OECDACC7c (MULTI)
Which of the following best describes the type of care you received?
1. Face to face consultation
2. Telephone consultation
3. Video consultation
4. Home visit
5. Other
6. Not sure
ASK ALL
OECDACC8 (SINGLE)
How quickly did you get an appointment to see this health care professional?
1. Same day
2. Next day
3. 2-5 days
4. 6-7 days
5. 8-14 days
6. 15-30 days
7. 31-60 days
8. 61-90 days
9. More than 90 days
10. Not sure

ASK ALL
Q_OECDACC9 (SINGLE)
Was the time you waited a problem for you?
1. Yes
2. No
3. Not sure

ASK ALL
Q_OECDACC8 (SINGLE)
Did this health professional spend enough time with you?
1. Yes, definitely
2. Yes, to some extent
3. No, not really
4. No, definitely not
5. Not sure
ASK ALL
Q_OECDEXP2 (SINGLE)
Did this health professional explain things in a way that was easy to understand?
1. Yes, definitely
2. Yes, to some extent
3. No, not really
4. No, definitely not
5. Not sure

ASK ALL
Q_OECDEXP3 (SINGLE)
Did this health professional give you an opportunity to ask questions or raise concerns about recommended treatment?
1. Yes, definitely
2. Yes, to some extent
3. No, not really
4. No, definitely not
5. Not sure

ASK ALL
Q_GPPSTRAUS (SINGLE)
Did you have confidence and trust in the healthcare professional you saw or spoke to?
1. Not at all
2. To some extent
3. More often than not
4. Always
5. Not relevant

ASK ALL
Q_OECDEXP5 (SINGLE)
Overall, how would you rate the quality of this consultation?
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Not sure
The next questions are about your experience of care in relation to the COVID/coronavirus pandemic.

**ASK ALL**
**Q_COVID1 (SINGLE)**
In the last 12 months, has a health care professional or laboratory result confirmed to you that you have had COVID-19?
1. Yes
2. No
3. Not sure

**ASK ALL**
**Q_HSE2018m (SINGLE)**
In the last 12 months, have you been vaccinated for COVID-19?
1. Yes
2. No
3. Not sure

**ASK ALL**
**Q_GPPSCV2 (SINGLE)**
In the last 12 months, have you avoided making an appointment at your primary care centre for any reasons?
1. Yes, because I did not have time
2. Yes, because I was worried about the risk of catching COVID-19
3. Yes, because I was worried about the burden to the health system
4. Yes because I found it too difficult
5. Yes, for another reason
6. I didn’t need an appointment
7. No
8. Not sure

**ASK ALL**
**Q_COVID2 (SINGLE)**
In the last 12 months, how often have you been concerned that you may not be receiving the care you needed because services were focusing on the response to the COVID-19 pandemic?
1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Not applicable

**About yourself**

Finally, we would like to ask you about some information about yourself. It is important to collect this information to understand whether there are any differences in the quality of services experienced by different groups of people.
**ASK ALL**

Q.AGE (SINGLE)

**How old are you?**

1. 44 years old or younger
2. 45-49 years old
3. 50-54 years old
4. 55-59 years old
5. 60-64 years old
6. 65-69 years old
7. 70-74 years old
8. 75-79 years old
9. 80-84 years old
10. 85 years or older
11. Prefer not to say

**ASK ALL**

Q.WB151

**How much do you weigh?**

1. ___ kilos
2. Prefer not to say
3. Don’t know

**ASK ALL**

Q.WB152 (SINGLE)

**How tall are you?**

1. ___ centimeters
2. Prefer not to say
3. Don’t know
ASK ALL
Q_ISCED (SINGLE)
What is the highest educational level that you have attained?
1. Early childhood education
2. Primary education
3. Lower secondary education
4. Upper secondary education
5. Post-secondary non-tertiary education
6. Short-cycle tertiary education
7. Bachelor’s degree or equivalent level
8. Master's degree or equivalent level
9. Doctoral or equivalent level

ASK ALL
Q_SEX/GENDER (SINGLE, OPEN)
Are you…?
1. Female
2. Male
3. Other (PLEASE WRITE IN______________)
4. Prefer not to say

ASK ALL
Q_OECDLGBTI (SINGLE)
This question is about your sexual orientation. Do you identify as:
1. Heterosexual or straight (that is, attracted to the opposite sex)
2. Homosexual (gay or lesbian, that is, attracted to the same sex)
3. Bisexual (attracted to both sexes)
4. Other
5. Prefer not to say
ASK ALL
Q_OECDLIT5a (SINGLE)
Which of these best describes your current work situation?
1. Self employed [work for yourself]
2. In paid employment [work for someone else]
3. Looking for work
4. Looking after the home
5. Unable to work due to sickness or ill-health
6. Retired
7. Student
8. Not working and not looking for work
9. Apprentice
10. Other
11. Don’t know

ASK ALL
Q_OECDLIT7 (SINGLE)
Which of these categories does your household income usually fall into?
1. Up to $X a month
2. Between $X and $Y a month
3. $Y or more a month
4. Don’t know
5. Prefer not to say

ASK ALL
Q_MONMED (SINGLE)
In the past 12 months, did you have problems paying or were unable to pay any medical bills?
1. Yes
2. No
3. Not applicable
How often in the past 12 months would you say you were worried or stressed about the following things?

- **MONMEAL** Having enough money to buy nutritious meals?
- **MONRENT** Having enough money to pay your rent or mortgage?
- **MONBILLS** Having enough money to pay for other monthly bills, like electricity, heat, and your telephone?

Responses (SINGLE)

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

Were you born in (SURVEY COUNTRY)? (SINGLE, OPEN)

1. Yes
2. No (Please state what country you were born in _________)

Are you a citizen of (SURVEY COUNTRY)? (SINGLE, OPEN)

1. Yes
2. No (Please state what country you are citizen of _________)

Which of these options best describes the place you live in?

1. A village, hamlet or rural area (fewer than 3 000 people)
2. A small town (3 000 to about 15 000 people)
3. A town (15 000 to about 100 000 people)
4. A city (100 000 to about 1 000 000 people)
5. A large city (with over 1 000 000 people)
6. Don’t know
ASK ALL
OECDLIT2a (OPEN)
How many children under the age of 18 live with you, in your household?
WRITE IN NUMBER

ASK ALL
OECDLIT2b (OPEN)
How many people aged 18 and over live with you, in your household? Please do not count yourself
WRITE IN NUMBER

ASK ALL
WHODIS (LOOP)
Should you need help, how easy is it for you to get help from the following people?
WHODIS1 A close family member (including your partner)?
WHODIS2 Friends, neighbours and co-workers?

Responses (SINGLE)
1. Very easy
2. Easy
3. Neither easy nor difficult
4. Difficult
5. Very difficult
6. Not applicable

ASK ALL
WHOWB11 (SINGLE)
Do you need physical care or support, such as help with eating, dressing, bathing, moving around
the house or assistance outside the house such as for using transportation?
1. Yes
2. No

ASK ALL
Q_WHOWB11 (SINGLE)
Do you need emotional care or support, such as comfort, advice or counseling?
1. Yes
2. No
ASK ALL
Q_WHOWB12 (SINGLE)
Do you need support for health care, such as administering medicines, changing bandages or arranging for appointments with primary care providers?

1. Yes
2. No

ASK ALL
Q_AGSTCTRUSt
How strongly do you agree or disagree that the health care system can be trusted?

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

ASK ALL
Q_GPPS48m
Who was the main person or people that filled in this questionnaire?

1. The person invited to complete the survey
2. A friend or relative of the person invited to complete the survey
3. Both the person invited to complete the survey and a friend or relative together
4. The person invited to complete the survey with the help of a health professional or care worker

Thank you for taking the time to complete this questionnaire
## Annex B. Items and sources for the patient questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>Item</th>
<th>Response options</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In general, would you say your health is:</td>
<td>Excellent/Very good/Good/Fair/Poor</td>
<td>PROMIS® Scale v1.2 – Global Health</td>
</tr>
<tr>
<td>2</td>
<td>In general, would you say your quality of life is:</td>
<td>Excellent/Very good/Good/Fair/Poor</td>
<td>PROMIS® Scale v1.2 – Global Health</td>
</tr>
<tr>
<td>3</td>
<td>In general, how would you rate your physical health?</td>
<td>Excellent/Very good/Good/Fair/Poor</td>
<td>PROMIS® Scale v1.2 – Global Health</td>
</tr>
<tr>
<td>4</td>
<td>In general, how would you rate your mental health, including your mood and your ability to think?</td>
<td>Excellent/Very good/Good/Fair/Poor</td>
<td>PROMIS® Scale v1.2 – Global Health</td>
</tr>
<tr>
<td>5</td>
<td>In general, how would you rate your satisfaction with your social activities and relationships?</td>
<td>Excellent/Very good/Good/Fair/Poor</td>
<td>PROMIS® Scale v1.2 – Global Health</td>
</tr>
<tr>
<td>6</td>
<td>In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)</td>
<td>Excellent/Very good/Good/Fair/Poor</td>
<td>PROMIS® Scale v1.2 – Global Health</td>
</tr>
<tr>
<td>7</td>
<td>To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?</td>
<td>Completely/Mostly/Moderately/A little/Not at all</td>
<td>PROMIS® Scale v1.2 – Global Health</td>
</tr>
<tr>
<td>8</td>
<td>Please select the response that best describes your current situation in relation to your breathing</td>
<td>I only get breathless with strenuous exercise/I get short of breath when hurrying on the level or up a slight hill/I walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level/I stop for breath after walking 100 yards or after a few minutes on the level/I am too breathless to leave the house</td>
<td>Modified from MRC Breathlessness Scale</td>
</tr>
<tr>
<td>9</td>
<td>In the <strong>past 7 days</strong>, I had a problem with my sleep</td>
<td>Not at all/ A little bit/ Somewhat/ Quite a bit/ Very much</td>
<td>PROMIS Item Bank v. 1.0 – Sleep Disturbance</td>
</tr>
<tr>
<td>10</td>
<td>In the <strong>past 7 days</strong>, how would you rate your fatigue on average?</td>
<td>None/ Mild/ Moderate/ Severe/ Very severe</td>
<td>PROMIS® Scale v1.2 – Global Health</td>
</tr>
<tr>
<td>11</td>
<td>In the <strong>past 7 days</strong>, how much did pain interfere with your day to day activities?</td>
<td>Not at all/ A little bit/ Somewhat/ Quite a bit/ Very much</td>
<td>PROMIS Adult Short Form v1.0 - Pain Interference</td>
</tr>
<tr>
<td>12</td>
<td>In the <strong>past 7 days</strong>, how would you rate your pain on average?</td>
<td>0-No pain, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10-Worst imaginable pain</td>
<td>PROMIS® Scale v1.2 – Global Health</td>
</tr>
<tr>
<td>13</td>
<td>In the <strong>past 7 days</strong>, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?</td>
<td>Never/Rarely/Sometimes/Often/Always</td>
<td>PROMIS® Scale v1.2 – Global Health</td>
</tr>
<tr>
<td>14</td>
<td>I have felt cheerful and in good spirits</td>
<td>All of the time/Most of the time/More than half of the time/Less than half of the time/At no time</td>
<td>WHO Well-being Index (WHO-5)</td>
</tr>
<tr>
<td>15</td>
<td>I have felt calm and relaxed</td>
<td>All of the time/Most of the time/More than half of the time/At no time</td>
<td>WHO Well-being Index (WHO-5)</td>
</tr>
</tbody>
</table>
16. I have felt active and vigorous

17. My daily life has been filled with things that interest me

18. I woke up feeling fresh and rested

19. In the past week, on how many days did you do at least 30 minutes of either vigorous or moderate activity (such as running, swimming, riding a bike, brisk walking, or dancing)?

20. In the past 12 months, has any health professional talked with you about your physical activity?

21. How often do you eat fruits (excluding juice)?

22. How often do you eat vegetables or salad (excluding juice and potatoes)?

23. In the past 12 months, has any health professional talked with you about healthy eating?

24. Do you smoke at all nowadays?

25. Have you ever smoked daily, or almost daily, for at least one year?

26. In the past 12 months, has any health professional talked with you about the health risks of smoking or using tobacco and ways to quit?

27. During the past 12 months, how often have you had an alcoholic drink of any kind (that is beer, wine, spirits, liqueurs or other alcoholic beverages)?

28. In the past 12 months, has any health professional talked with you about alcohol use?

NA. The next few questions about how you and the health professionals that you usually see support your health and health care.

29. I rely on health professionals to tell me everything I need to know to manage my health

30. Most health issues are too complex for me to understand

31. I actively try to prevent diseases and illnesses

32. I leave it to health professionals to make the right decisions about my health

33. It is important to me to be informed about health issues

34. I need to know about health issues so I can keep myself and my family healthy

35. I have difficulty understanding a lot of the health information that I read

36. My health professionals and I work together to
<table>
<thead>
<tr>
<th>Question</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>manage my health</td>
<td>disagree/ Agree/ Strongly agree</td>
</tr>
<tr>
<td>37 When I read or hear something that is relevant to my health care, I bring it up with health professionals</td>
<td>Strongly disagree/ Disagree/ Neither agree nor disagree/ Agree/ Strongly agree</td>
</tr>
<tr>
<td>38 I try to understand my personal health risks</td>
<td>Strongly disagree/ Disagree/ Neither agree nor disagree/ Agree/ Strongly agree</td>
</tr>
<tr>
<td>39 When I think something is wrong with my health care, I raise my concerns with my health professionals</td>
<td>Strongly disagree/ Disagree/ Neither agree nor disagree/ Agree/ Strongly agree</td>
</tr>
<tr>
<td>40 How confident are you that you can manage your own health and wellbeing?</td>
<td>Very confident/ Confident/ Somewhat confident/ Not confident at all</td>
</tr>
<tr>
<td>41 How confident are you that you can follow instructions from health professionals about how you should care for yourself at home?</td>
<td>Very confident/ Confident/ Somewhat confident/ Not confident at all</td>
</tr>
<tr>
<td>42 How confident are you that you can follow instructions from health professionals about how to change your habits or lifestyle?</td>
<td>Very confident/ Confident/ Somewhat confident/ Not confident at all</td>
</tr>
<tr>
<td>43 How confident are you that you can identify when it is necessary for you to get medical care?</td>
<td>Very confident/ Confident/ Somewhat confident/ Not confident at all</td>
</tr>
<tr>
<td>44 How confident are you that you can identify when you are having side effects from your medications?</td>
<td>Very confident/ Confident/ Somewhat confident/ Not confident at all</td>
</tr>
<tr>
<td>45 How confident are you in using information from the internet to make health decisions?</td>
<td>Very confident/ Confident/ Somewhat confident/ Not confident at all</td>
</tr>
<tr>
<td>46 Is there one single professional you usually go to for most of your health problems?</td>
<td>Yes, a doctor/ Yes, another health professional/ No, there is no single health professional I usually go for most of my health problems/ Not sure</td>
</tr>
<tr>
<td>47 Who is this doctor?</td>
<td>Primary care doctor/ Specialist doctor/ Other doctor/ Not sure</td>
</tr>
<tr>
<td>48 How long have you been seeing this doctor?</td>
<td>1 year or less/ more than 1 year but no more than 3 years/ more than 3 years but not more than 5 years/ more than 5 years but no more than 10 years/ 10 years or more/ Not sure</td>
</tr>
<tr>
<td>49 How often have you been to this doctor’s office in the past 12 months?</td>
<td>I have not visited in the past 12 months/ 1 time/ 2-4 times/ 5 times or more/ Not sure</td>
</tr>
<tr>
<td>50 Have you ever been told by a doctor that you have any of the following health problems?</td>
<td>Please specify which health problem(s): High blood pressure/ Cardiovascular or heart condition/ Diabetes (type 1 or 2)/ Arthritis or ongoing problem with back or joints/ Ongoing depression, anxiety or other mental health condition (e.g., bipolar disorder or schizophrenia)/ Breathing condition (e.g., asthma or COPD)/ Chronic kidney disease/ Chronic liver disease/ Cancer (diagnosis or treatment in the last 5 years)/ Alzheimer’s disease or other cause of dementia/ Neurological condition (e.g., epilepsy or migraine)/ Other long term problem(s): I have never been told by a doctor that I have any of these problems</td>
</tr>
<tr>
<td>NA The next few questions are about the care you provide.</td>
<td>NA</td>
</tr>
<tr>
<td>Q.</td>
<td>Question</td>
</tr>
<tr>
<td>----</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>51</td>
<td>Do you have a single professional who takes responsibility for coordinating your care across the services that you use?</td>
</tr>
<tr>
<td>52</td>
<td>Is this the same professional that you see for most of your health problems?</td>
</tr>
<tr>
<td>53</td>
<td>Who is this health professional?</td>
</tr>
<tr>
<td>54</td>
<td>Is your healthcare organized in a way that works for you?</td>
</tr>
<tr>
<td>55</td>
<td>Are you offered regular follow-up for any of your health problems?</td>
</tr>
<tr>
<td>56</td>
<td>Do you discuss with the health professionals involved in your care what is most important for you in managing your own health and wellbeing?</td>
</tr>
<tr>
<td>57</td>
<td>Are you involved as much as you want to be in decisions about your care?</td>
</tr>
<tr>
<td>58</td>
<td>Are you considered as a ‘whole person’ rather than just a disease/condition in relation to your care?</td>
</tr>
<tr>
<td>59</td>
<td>How often does someone at your primary care centre talk to you about specific goals for your health?</td>
</tr>
<tr>
<td>60</td>
<td>Do you have a care plan that takes into account all your health and wellbeing needs?</td>
</tr>
<tr>
<td>61</td>
<td>Is this care plan (or plan of care) available to you?</td>
</tr>
<tr>
<td>62</td>
<td>To what extent have you found your care plan (or plan of care) useful for you to manage your health and wellbeing?</td>
</tr>
<tr>
<td>63</td>
<td>To what extent do all the professionals involved in your care appear to be following the same care plan?</td>
</tr>
<tr>
<td>64</td>
<td>Do you have enough support from the health care professionals to help you to manage your own health and wellbeing?</td>
</tr>
<tr>
<td>65</td>
<td>To what extent do you receive useful information at the time you need it to help you manage your health and wellbeing?</td>
</tr>
<tr>
<td>66</td>
<td>Are your family, friends and/or carers involved as much as you want them to be in decisions about your care?</td>
</tr>
<tr>
<td>67</td>
<td>How many different medications as prescribed by a doctor or a nurse are you taking on a regular or ongoing basis?</td>
</tr>
<tr>
<td>68</td>
<td>In the past 12 months, has a health professional reviewed with you the medications you take?</td>
</tr>
<tr>
<td>NA</td>
<td>The next few questions are about your experience with your primary care centre in the last 12 months.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>69</td>
<td>Were there times when you had to repeat information that should have been in your care records?</td>
</tr>
<tr>
<td>Yes, definitely/ Yes, to some extent/ No, not really/ No, definitely not/ Not sure</td>
<td></td>
</tr>
<tr>
<td>Person-Centred Coordinated Care Experience Questionnaire (P3CEO)</td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>How often do you believe you had any safety problem in your primary care centre (such as not getting an appointment when needed; wrong or delayed diagnosis or treatment; or problems with communications between healthcare professionals)?</td>
</tr>
<tr>
<td>Always/ Often/ Sometimes/ Rarely/ Never/ Not applicable</td>
<td></td>
</tr>
<tr>
<td>Modified from PREOS-PC-6</td>
<td></td>
</tr>
<tr>
<td>71</td>
<td>How often did you feel that the health professionals at your primary care centre encouraged you to talk about any concerns about your healthcare?</td>
</tr>
<tr>
<td>Always/ Often/ Sometimes/ Rarely/ Never/ Not applicable</td>
<td></td>
</tr>
<tr>
<td>Modified from OECD proposed Set of Questions on Patient Experiences with Ambulatory Care</td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>How often did you have a health problem but did not seek care because of difficulties in travelling to your primary care centre?</td>
</tr>
<tr>
<td>Always/ Often/ Sometimes/ Rarely/ Never/ Not applicable</td>
<td></td>
</tr>
<tr>
<td>Modified from OECD proposed Set of Questions on Patient Experiences with Ambulatory Care</td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>How often did you have a health problem but did not seek care, or did not take a prescription medicine because of the cost?</td>
</tr>
<tr>
<td>Always/ Often/ Sometimes/ Rarely/ Never/ Not applicable</td>
<td></td>
</tr>
<tr>
<td>Modified from OECD proposed Set of Questions on Patient Experiences with Ambulatory Care</td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>How easy is it for you to use your primary care centre’s website to look for information or access services?</td>
</tr>
<tr>
<td>Very easy/ Fairly easy/ Not very easy/ Not at all easy/ I haven’t tried/ My primary care centre does not have a website/ Not sure</td>
<td></td>
</tr>
<tr>
<td>GP Patient Survey (GPPS)</td>
<td></td>
</tr>
<tr>
<td>75</td>
<td>As far as you know, which of the following online services does your primary care centre offer?</td>
</tr>
<tr>
<td>Booking appointments online/ Ordering repeat prescriptions online/ Accessing my medical records online/ Video consultations/ None of these/ Don’t know</td>
<td></td>
</tr>
<tr>
<td>GP Patient Survey (GPPS)</td>
<td></td>
</tr>
<tr>
<td>76</td>
<td>Which of the following online services of your primary care centre have you used?</td>
</tr>
<tr>
<td>Booking appointments online/ Ordering repeat prescriptions online/ Accessing my medical records online/ Video consultations/ None of these/ Don’t know</td>
<td></td>
</tr>
<tr>
<td>GP Patient Survey (GPPS)</td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>When taking all things into consideration in relation to the care you have received, overall, how do you rate the medical care that you have received in the past 12 months from your primary care centre?</td>
</tr>
<tr>
<td>Excellent/ Very good/ Good/ Fair/ Poor/ Have not received medical care in the last 12 months/ Not sure</td>
<td></td>
</tr>
<tr>
<td>Modified from CWF2016HP</td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>In the last 12 months, have you been in a hospital emergency department for your own medical care?</td>
</tr>
<tr>
<td>No/ Yes, once / Yes, twice / Yes, 3 or more times/ No/ Not sure</td>
<td></td>
</tr>
<tr>
<td>Modified from CWF2017HHP</td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>In the last 12 months, have you been in the hospital for one night or longer?</td>
</tr>
<tr>
<td>No/ Yes, once / Yes, twice / Yes, 3 or more times/ No/ Not sure</td>
<td></td>
</tr>
<tr>
<td>Modified from CWF2016HOSP</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>The next questions are about the last time that you had a consultation with a primary care doctor, nurse or other health professional to get care for yourself (this may have been with your main health professional or another health professional and includes consultations over the phone or in a doctor’s office, a clinic, or the outpatient department of a hospital. Do not include care you got when you stayed overnight in a hospital, dental care visits or accident and emergency care.</td>
</tr>
<tr>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>What was the purpose of this visit?</td>
</tr>
<tr>
<td>First contact for a new problem/ Follow-up of a new problem/ Routine care for a long term problem/ Non-routine care for a long term problem/ General preventive care/ Not sure</td>
<td></td>
</tr>
<tr>
<td>PaRIS-SUR consortium</td>
<td></td>
</tr>
<tr>
<td>Question Number</td>
<td>Question</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>81</td>
<td>Who did you see?</td>
</tr>
<tr>
<td>82</td>
<td>Where was this professional working?</td>
</tr>
<tr>
<td>83</td>
<td>Which of the following best describes the type of care you received?</td>
</tr>
<tr>
<td>84</td>
<td>How quickly did you get an appointment to see this health care professional?</td>
</tr>
<tr>
<td>85</td>
<td>Was the time you waited a problem for you?</td>
</tr>
<tr>
<td>86</td>
<td>Did this health professional spend enough time with you?</td>
</tr>
<tr>
<td>87</td>
<td>Did this health professional explain things in a way that was easy to understand?</td>
</tr>
<tr>
<td>88</td>
<td>Did this health professional give you an opportunity to ask questions or raise concerns about recommended treatment?</td>
</tr>
<tr>
<td>89</td>
<td>Did you have confidence and trust in the healthcare professional you saw or spoke to?</td>
</tr>
<tr>
<td>90</td>
<td>Overall, how would you rate the quality of this consultation?</td>
</tr>
<tr>
<td>NA</td>
<td>The next questions are about your experience of care in relation to the COVID/coronavirus pandemic.</td>
</tr>
<tr>
<td>91</td>
<td>In the last 12 months has a health care professional or laboratory result confirmed that you have had COVID-19?</td>
</tr>
<tr>
<td>92</td>
<td>In the last 12 months have you been vaccinated for COVID-19?</td>
</tr>
<tr>
<td>93</td>
<td>In the last 12 months, have you avoided making an appointment at your primary care centre for any reasons?</td>
</tr>
<tr>
<td>94</td>
<td>In the last 12 months, how often have you been concerned that you may not be receiving the care you needed because services were focusing on the response to the COVID-19 pandemic?</td>
</tr>
<tr>
<td>95</td>
<td>How old are you?</td>
</tr>
<tr>
<td>Question</td>
<td>Response Options</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>How much do you weigh?</td>
<td>___kilos/ Prefer not to answer/ Don’t know</td>
</tr>
<tr>
<td>How tall are you?</td>
<td>___centimeters/ Prefer not to answer/ Don’t know</td>
</tr>
<tr>
<td>What is the highest educational level that you have attained?</td>
<td>Early childhood education/ Primary education/ Lower secondary education/ Upper secondary education/ Post-secondary non-tertiary education/ Short-cycle tertiary education/ Bachelor’s degree or equivalent level/ Master’s degree or equivalent level/ Doctoral or equivalent level</td>
</tr>
<tr>
<td>Are you...?</td>
<td>Female/ Male/ Other / Prefer not to say</td>
</tr>
<tr>
<td>This question is about your sexual orientation. Do you identify as:</td>
<td>Heterosexual or straight (that is, attracted to the opposite sex)/ Homosexual (gay or lesbian, that is, attracted to the same sex)/ Bisexual (attracted to both sexes)/ Other/ Prefer not to say</td>
</tr>
<tr>
<td>Which of these best describes your current work situation?</td>
<td>Self employed [work for yourself]/ In paid employment [work for someone else]/ Looking for work/ Looking after the home/ Unable to work due to sickness or ill-health/ Retired/ Student/ Not working and not looking for work/ Apprentice/ Other/ Don’t know</td>
</tr>
<tr>
<td>Which of these categories does your household income usually fall into?</td>
<td>Up to $X a month [Low income (up to 75% of median household income)]/ between $X and $Y a month [median income]/ $Y or more a month [High income (more than 125% of median household income)]/ Don’t know</td>
</tr>
<tr>
<td>In the past 12 months, did you have problems paying or were unable to pay any medical bills?</td>
<td>Yes/ No/ Not applicable</td>
</tr>
<tr>
<td>How often in the past 12 months would you say you were worried or stressed about the following things?</td>
<td>Always/ Usually/ Sometimes/ Rarely/ Never</td>
</tr>
<tr>
<td>Having enough money to buy nutritious meals?</td>
<td>Always/ Usually/ Sometimes/ Rarely/ Never</td>
</tr>
<tr>
<td>Having enough money to pay your rent or mortgage?</td>
<td>Always/ Usually/ Sometimes/ Rarely/ Never</td>
</tr>
<tr>
<td>Having enough money to pay for other monthly bills, like electricity, heat, and your telephone?</td>
<td>Always/ Usually/ Sometimes/ Rarely/ Never</td>
</tr>
<tr>
<td>Were you born in &lt;&lt;SURVEY COUNTRY&gt;&gt;?</td>
<td>Yes/ No (if you answered No, please state what country you were born in ___________)</td>
</tr>
<tr>
<td>Are you a citizen of &lt;&lt;SURVEY COUNTRY&gt;&gt;?</td>
<td>Yes/ No (if you answered No, please state what country you were born in ___________)</td>
</tr>
<tr>
<td>Which of these options best describes the place you live in?</td>
<td>A village, hamlet or rural area (fewer than 3,000 people)/ A small town (3,000 to about 15,000 people)/ A town (15,000 to about 100,000 people)/ A city (100,000 to about 1,000,000 people)/ A large city (with over 1,000,000 people)/ Don’t know</td>
</tr>
<tr>
<td>How many children under the age of 18 live with you, in your household?</td>
<td>___________ children under the age of 18</td>
</tr>
<tr>
<td>How many people aged 18 and over live with you, in your household? Please do not count yourself.</td>
<td>___________ people aged 18 and over</td>
</tr>
<tr>
<td>Should you need help, how easy is it for you to get help from a close family member (including your partner)?</td>
<td>Very easy/ Easy/ Neither easy nor difficult/ Difficult/ Very difficult/ Not applicable</td>
</tr>
<tr>
<td>Question</td>
<td>Response Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Should you need help, how easy is it for you to get help from friends, neighbours and co-workers?</td>
<td>Very easy/ Easy/ Neither easy nor difficult/ Difficult/ Very difficult/ Not applicable</td>
</tr>
<tr>
<td>Do you need physical care or support, such as help with eating, dressing, bathing, moving around the house or assistance outside the house such as for using transportation?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Do you need emotional care or support, such as comfort, advice or counselling?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Do you need support for health care, such as administering medicines, changing bandages or arranging for appointments with primary care providers?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>How strongly do you agree or disagree that the health care system can be trusted?</td>
<td>Strongly disagree/ Disagree/ Neither agree nor disagree/ Agree/ Strongly agree</td>
</tr>
<tr>
<td>Who was the main person or people that filled in this questionnaire?</td>
<td>The patient invited to complete the survey/ A friend or relative of the invited to complete the survey/ Both the person invited to complete the survey and a friend or relative together/ The person invited to complete the survey with the help of a health professional or care worker</td>
</tr>
</tbody>
</table>

Not applicable
Thank you for your help with this important research.

This survey is being conducted by <<RESEARCH ORGANISATION>> on behalf <<NAME OF LEAD ORGANISATION IN COUNTRY>>. It is part of an international survey led by the Organisation for Economic Co-operation and Development (OECD).

The survey aims to understand how your practice manages patients with chronic conditions. It is also being conducted in other countries across the OECD area and will be used to compare how different healthcare systems work. Participating in this survey will help to strengthen the healthcare system to better respond to the need of people with chronic conditions.

The survey is designed to be completed by primary care physicians, nurses, or other allied health professionals (such as physiotherapists) or practice managers. It should take you about 10 to 15 minutes to take part.

Taking part is voluntary and your answers will be completely confidential. Your answers will be combined with those from other practices and there will be nothing in the results that could identify you.

If you have any queries about the questionnaire, please call our helpline number on [LOCAL NUMBER] or email [LOCAL EMAIL].

If you agree to take part in the survey, please click on the ‘Next’ button to begin.
PRACTICE PROFILE

About the practice

ASK ALL
Q1_LOCATION (SINGLE)
Where is the practice where you work located?

1. A village, hamlet or rural area (fewer than 3 000 people)
2. A small town (3 000 to about 15 000 people)
3. A town (15 000 to about 100 000 people)
4. A city (100 000 to about 1 000 000 people)
5. A large city (with over 1 000 000 people)
6. Not sure
7. 

ASK ALL
Q2_PRACTICETYPE (SINGLE)
What type of practice do you work in?

1. Solo practice (a practice that is run by a single physician or healthcare professional)
2. Group practice with shared patients (two or more physicians or healthcare professionals who share a common pool of patients)
3. Group practice with own patients (two or more physicians or healthcare professionals who share premises but do not share a common pool of patients)
4. Multi-specialty group practice (a practice that is run by two or more physicians or healthcare professionals who have different specialisations)
5. Other
6. Not sure

Access to care

ASK ALL
Q3_SERVICES (MULTI)
Does the practice offer services to patients without a registered appointment?

1. Yes, for all patients
2. Only patients that have a medical record at the practice
3. All patients with urgent medical problems
4. No, we do not offer services without a registered appointment (e.g., walk-in services)
ASK ALL  
Q4_CLOSED_OPTIONS (MULTI)  
When the practice is closed, which of the following options are available to your patients?

1. Making use of out-of-hour arrangements (i.e., when the practice is closed, patients can see a doctor or nurse of another practice without going to the hospital emergency room or department).
2. Visiting the practice before or after regular working hours (at least once per week).
3. Visiting the practice on a weekend day.
4. Directly contacting a physician or nurse when they get sick (e.g., via telephone or remote options such as E-mail, patient platforms).
5. Leaving a message on an answering machine, writing an E-Mail, or completing an online form and get a return call from a physician or nurse.
6. Visiting centres for urgent primary care (not the hospital emergency room or department)
7. None of these
8. Not sure

ASK ALL  
Q5_HOMEVISITS (SINGLE)  
Does at least one physician or other healthcare professional from the practice make home visits?

1. Yes
2. No
3. Not sure

Consultations

ASK ALL  
Q6_ROLE_NURSES (MULTI)  
What are the roles and functions of the nurses working in your practice in chronic care management?

1. Counselling on tabacco use, diet, and physical activity
2. Chronic disease management on specific health-related subjects (e.g., performing follow-up consultations, or blood glucose testing)
3. Follow-up with specific groups of patients
4. Other roles and functions, please specify ________________
5. There is no nurse in the medical team
6. Not sure
ASK ALL
Q7_TIME (LOOP)
How much time is scheduled in your practice for each of the following actions?

A. Consultations for the evaluation of a newly registered patient
B. Regular and follow-up consultations
C. Emergency consultations
D. Virtual, telephone or telemedicine consultations
E. Home visits

Responses (SINGLE)
1. Less than 10 minutes
2. 10-14 minutes
3. 15-20 minutes
4. 21-30 minutes
5. More than 30 minutes
6. Not pre-specified
7. Does not apply

ASK ALL
Q8_ONLINE (MULTI)
Does your practice offer video, phone, or other online techniques for consultations to patients?

1. Video consultations
2. Phone consultations
3. Consultations using other remote options (e.g., E-mail, patient platforms)
4. None of these
5. Not sure

ASK ALL
Q9_MANAGE_CARE (LOOP)
How prepared is your practice to manage care for the following groups of patients?

A. Patients with one or multiple chronic condition(s)
B. Patients with severe mental health problems, such as bipolar disorder or schizophrenia
C. Patients with issues of addiction/substance abuse
D. Patients in need of palliative care, including for cancer
E. Patients in need of coordination of long-term care (e.g., home-based support services such as nursing or personal care)
F. Patients in need of coordination of social services in the community (e.g., housing, meals, and transportation)
G. Patients needing language translation

Responses (SINGLE)
1. Well prepared
2. Somewhat prepared
3. Not prepared
4. Not sure
5. Does not apply

ASK ALL
Q10_CHRONIC (SINGLE)
In the last week, did you have access to the required equipment (for example, access to laboratory
equipment or imaging techniques such as X-ray services) for managing patients with chronic conditions within your practice?

1. No access at all
2. Access within the practice to some of the required equipment
3. Access within the practice to most of the required equipment
4. Access within the practice to all the required equipment
5. Not sure

Remuneration

ASK ALL
Q11_FUNDING_MODEL (MULTI)
Which funding models are used for activities conducted in your practice?

1. Fee for service*
2. Sessional fees (vacation)*
3. Fixed honorarium*
4. Fixed salary*
5. Pay for performance*
6. Capitation fee *
7. Bundled payment*
8. Other
9. Not sure

*Defined in the glossary

ASK ALL
Q12_ADD_PAYMENTS (MULTI)
Does your practice receive an additional payment in the following circumstances?

1. Management of patients with specific chronic conditions
2. Achievement of targets for screening or prevention
3. Meeting targets for referring patients
4. Having disadvantaged patients (e.g., individuals who are socially unprotected and/or financially vulnerable) in your practice
5. Working in a remote area
6. Achievement of other targets related to cost containment (e.g., drug prescription)
7. Achievement of clinical or health process or outcome indicators
8. Other (PLEASE WRITE IN________________)
9. None of these
10. Not sure

CARE COORDINATION

Medical Records and Care Plans* (*Defined in the glossary)

ASK ALL
Q13_FORMAT_RECORDS (MULTI)
In which formats do you keep patient medical records in your practice?
1. Medical records are kept electronically
2. Medical records are kept in paper format
3. Not sure

ASK ALL
Q14_KEPT_RECORDS (MULTI)
How are patient medical records kept for the patients in your practice?

1. Medical records are kept except for minor or trivial complaints
2. Medical records are kept of regularly attending patients only
3. Medical records are kept for listed patients
4. Medical records are kept unless the health care professional is too busy
5. Medical records are kept routinely of all the patients
6. Not sure

ASK ALL
Q15_INFO_RECORDS (MULTI)
Which, if any, of the following information is normally included in your medical record?

1. Diagnosis
2. Weight and height
3. Smoking habit
4. Substance use (alcohol and/or drug use)
5. Clinical parameters (such as blood pressure)
6. Prescribed medications
7. Test results
8. Reasons for the consultation
9. Living situation (alone, partner, family)
10. Employment situation
11. Ethnicity
12. Family medical history
13. Other information

ASK ALL
Q16_AVAIL_RECORDS (SINGLE)
Are medical records available when patients are seen?

1. Yes, definitely
2. Yes, to some extent
3. No
4. Don’t know
5. 

ASK ALL
Q17_PREV_RECORDS (SINGLE)
When new patients join your practice, do you receive their medical records from their previous practice?

1. Yes, they can be accessed electronically without directly requesting them
2. Yes, but only when we request it from the previous practice
3. Yes, but only when the patient brings them
4. No
5. Don’t know

**ASK ALL**

Q18_CARE_PLANS (MULTI)

How are individual patient care plans* developed at your practice?

1. Patient care plans are not routinely developed or recorded
2. Patient care plans are developed and recorded but reflect the healthcare providers’ priorities only
3. Patient care plans are developed collaboratively with patients and families and include self-management and clinical goals, but they are not used to guide subsequent care
4. Patient care plans are developed collaboratively, include self-management and clinical management goals, are routinely recorded, and guide care at every subsequent point of service
5. Not sure

(*Defined in the glossary)

**Clinical Information System**

**ASK ALL**

Q19_COMP UTER_PROCESS (MULTI)

Can your practice produce the following information about your patients using a computerized process?

1. List of patients by diagnosis (e.g., diabetes or cancer)
2. List of patients who are due or overdue for tests or preventive care (e.g., flu vaccine due)
3. List of all patients taking a particular medication
4. List of all medications taken by an individual patient (including those that may be prescribed by other physicians)
5. List of all laboratory results for an individual patient (including those ordered by other physicians)
6. A clinical summary for each visit (to give to the patient or others)
7. None of this information can be produced using a computerized process
8. Not sure

**ASK ALL**

Q20_COMPUTER_ROUTINE (MULTI)

Which, if any, of the following tasks are routinely performed in your practice using a computerized system?

1. Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or Glycated Haemoglobin for diabetic patients)
2. All laboratory tests ordered are tracked until results reach clinicians
3. The staff receives an alert or prompt to provide patients with test results
4. The staff receives a reminder for guideline-based interventions and/or screening tests
5. None of these
6. Not sure

**ASK ALL**

Q21_INFO_EXCHANGE (MULTI)

Can your practice electronically exchange any of the following information with any doctors outside the practice?
1. Patient clinical summaries
2. Laboratory and diagnostic test results
3. Electronic medical records
4. None of this information can be exchanged with doctors outside the practice
5. Not sure

ASK ALL
Q22_REVIEW_DATA (MULTI)

Does your practice routinely review data on the following aspects of your patients’ care?

1. Clinical outcomes (e.g., percent of diabetics or asthmatics with good control)
2. Patient satisfaction or patient experiences with care, collected through surveys
3. Patients’ hospital admissions or emergency department use
4. Percent of patients who have received recommended preventive care (e.g., pap test, immunizations, colonoscopies, mammograms, etc.)
5. Clinical value of prescribed drugs
6. None of this information is routinely reviewed
7. Not sure
ASK ALL
Q23_REMINDERS (MULTI)
Does your practice have a clinical information system that allows you to make use of reminders to healthcare professionals (including automated reminders)?

1. No, reminders to healthcare providers are not available
2. No, reminders to healthcare providers are not available, because a clinical information system is not used
3. Yes, reminders to healthcare providers include general notification of the existence of a chronic condition, but do not describe the service needed at time of encounter
4. Yes, reminders to healthcare providers include indications of needed service for patients through periodic reporting
5. Yes, reminders include specific information for the team about following guidelines at the time of individual patient encounters

CHRONIC CARE MANAGEMENT

ASK ALL
Q24_MANAGEMENT (SINGLE)
Which one of the following statements best describes the availability of clinical care management services* for patients with chronic conditions that apply in your practice?

1. These services are not available
2. These services are provided by external care managers* with whom the practice does not have a formal collaboration agreement
3. These services are provided by external care managers who regularly communicate with the care team
4. These services are systematically provided by the care manager functioning as a member of the practice team, regardless of location of the patient

(*Defined in the glossary)
ASK ALL
Q25_SELF_MANAGEMENT (MULTI)
Which one of the following statements best describes the level of self-management support* that is provided for patients with chronic conditions?

1. Self-management support is not provided
2. Self-management support is provided by distributing information (pamphlets, booklets)
3. Self-management support is accomplished by referral to self-management classes or educators
4. Self-management support is provided by explicit goal setting and action planning with members of the practice team
5. Self-management support is provided by members of the practice team trained in patient empowerment and problem-solving methodologies

(*Defined in the glossary)

ASK ALL
Q26_GOALS (SINGLE)
How often are self-management goals of your patients with chronic conditions recorded in their medical records?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Not sure

ASK ALL
Q27_WRITTEN (SINGLE)
How often are your patients with chronic conditions given written instructions (either electronically or on paper) about how to manage their own care at home (e.g., instructions on what to do to control symptoms, prevent flare-ups, or monitor their condition at home)? Note: Do not include prescriptions

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Not sure
FOLLOW-UP OF PATIENTS

ASK ALL
Q28_FOLLOW_UP (LOOP)
At your practice, do you offer patient management and follow-up services such as regular appointments, tests and reviews for patients who have the following chronic conditions?

A. Cardiovascular conditions
B. Diabetes (type 1 or 2)
C. Arthritis or other musculoskeletal conditions
D. Respiratory conditions (e.g., Asthma or COPD)
E. Alzheimer’s disease or other cause of dementia
F. Mental health conditions (e.g., Depression, anxiety, bipolar disorder, schizophrenia)
G. Neurological conditions (e.g., epilepsy or migraine)
H. Chronic kidney disease
I. Chronic liver disease
J. Cancer
K. Other

Responses (SINGLE)
1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Not sure

ASK ALL
Q29_REFERRAL (LOOP)
To what extent are referral letters (including details on provisional diagnosis and possible test results) written in your practice when patients are referred to another medical specialist?

A. Electronic referral letters
B. Referral letters on paper

Responses (SINGLE)
1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Not sure
ASK ALL
Q30_SPECIALIST (LOOP)
After the follow-up visit to another specialist, how often does the practice receive timely feedback from this specialist in the following ways?

A. Using electronic referral letters
B. Using referral letters on paper

Responses (SINGLE)
1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Not sure

IMPACT OF COVID-19 ON HEALTHCARE DELIVERY (Optional)

ASK ALL
Q31_COVID_CARE (SINGLE)
Over the past six months, did the practice you work in provide care for people with symptomatic COVID-19?

1. Yes
2. No
3. Not sure

ASK ALL
Q32_PPE (SINGLE)
Over the past six months, did you and the other staff have access to sufficient Personal Protective Equipment (such as masks and gowns) when required?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Not sure
ASK ALL
Q33_COVID_INFO (SINGLE)
Do you feel that you and the practice team have enough information to manage patients with COVID-19?

1. Yes, definitely
2. Yes, to some extent
3. No
4. Don't know

ASK ALL
Q34_COVID_CHANGES (MULTI)
Due to the COVID-19 pandemic, practice management needed to change in many areas. Did the following changes take place due to the pandemic and are they still present in your practice?

1. Increased use of remote consultations
2. Postponed Routine follow-ups were postponed
3. Fewer patients visited than before the pandemic
4. More patients visited than before the pandemic
5. Other
6. None of these
7. Not sure

ASK ALL
Q35_COVID_SALARY (LOOP)
Did you have to take the following measures due to COVID-19?

A. Cut working hours
B. Increase working hours
C. Reduce salaries

Responses (SINGLE)

1. Yes
2. No
3. Not sure
When you attend patients with COVID-19, to what extent have you feel pressured or stressed in the following ways?

A. Physical strain of protective equipment (dehydration, heat, exhaustion)
B. Psychological strain (e.g., fear of infection or lack of knowledge or experience with the disease)
C. Constant awareness and vigilance regarding infection control procedures
D. Other

Responses (SINGLE)
1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Not sure

Finally, we would like to ask you some information about yourself.

Are you…
1. Male
2. Female
3. Other (WRITE IN___________________)
4. Prefer not to say

How old are you?
1. 30 years or younger
2. 30-34 years old
3. 35-39 years old
4. 40-44 years old
5. 45-49 years old
6. 50-54 years old
7. 55-59 years old
8. 60-64 years old
9. 65-69 years old
10. 70 years or older
11. Prefer not to say
ASK ALL
Q39_PROFESSION (SINGLE)
What is your specialisation or professional background, respectively?

1. Physician in family medicine
2. Physician in general internal medicine
3. Physician in general internal medicine with sub-specialty focus
4. Nurse practitioner
5. Nurse practitioner specialized in family medicine
6. Physician’s assistant
7. Allied health professional, such as a physiotherapist, dietician, or podiatrist
8. Practice manager (non-medical)
9. Other

ASK ALL
Q40_HOURS (SINGLE)
How many hours per week do you work in the practice (including non-patient related work)?

Estimated hours (PLEASE WRITE IN ________________)

Thank you for taking part.
Annex D. Sources for the provider questionnaire

The provider Questionnaire is based on seven source questionnaires which are listed in the table below including the respective reference. In addition, some items were developed by the PaRIS-SUR consortium.

<table>
<thead>
<tr>
<th>Source Questionnaire</th>
<th>Reference</th>
</tr>
</thead>
</table>
Annex E. Glossary for terms in the provider questionnaire

- **Capitation fee** is a form of remuneration for medical services, which pays for the services provided during a certain period of time as a blanket sum per patient or insured person or per treatment case.

- **Care managers** are responsible for the ongoing case monitoring, the organization of an optimal treatment process and the care of the patient. They are also responsible for strengthening compliance and adherence. Care managers are usually, nurses, pharmacists, social workers or other healthcare experts.

- **Centre for urgent primary care** are for people with same-day, non-life-threatening injuries and illnesses when they are unable to see a family doctor or healthcare provider. It is intended to be an additional service in the community, working in conjunction with all touch points for care to provide appropriate urgent services to patients, when and where they need it.

- **Clinical care management services** provide individual patient care coordination, patient advocacy support and healthcare management. The focus is also to enhance healthcare services and communication per patient need, improve community healthcare education and proactively assist individual patients in navigating through the healthcare service system.

- **Clinical information system (CIS)** is a computer-based system that is designed for collecting, storing, using and making clinical information available to the healthcare delivery process.

- **Fee for service** is a form of remuneration in which each individual medical service is evaluated and rewarded, in contrast to the flat rate per case or complex service remuneration.

- **Fixed honorarium** is a fixed amount of remuneration from which taxes and social security contributions are not deducted directly.

- **Fixed salary** is a fixed amount of remuneration from which taxes and social security are directly deducted before the person receives it.

- **Guideline-based** interventions are based on clinical guidelines which aim to give recommendations on how to diagnose and treat a medical condition. Clinical guidelines summarize the current medical knowledge, weigh the benefits and harms of diagnostic procedures and treatments, and give specific recommendations based on this information. They should also provide information about the scientific evidence supporting those recommendations.

- **Healthcare Provider** is the primary/ambulatory care settings in which ambulatory health care services are provided to the community by practitioners working either single-handedly or within a team of health care professionals. Healthcare provider are medical doctors, nurse practitioners, physician assistants, certified nurse specialists trained in a particular field, pediatric or diabetic nursing, certified nurse midwives, clinical social worker, physical therapists, etc.

- **Immunizations** can be rendered as vaccinations.

- **Medical record** is a record of a patient’s medical information (as medical history, care or treatments received, test results, diagnoses, and medications taken).
• **Out-of-hour** arrangements give patients the opportunity to see a doctor or nurse of another practice without going to the hospital emergency room or department.

• **A periodic report** is a written document that summarizes the events that have occurred since the last periodic report was written.

• **Patient care plan** is an agreement between the patient and health professionals detailing the type of health care the patient receives and how the care will be given.

• **Patient empowerment** refers to a process through which people gain greater control over decisions and actions affecting their health.

• **Pay for performance** in health care comprises payment model that attach financial incentives/disincentives to provider performance in relation to metric-driven outcomes, best practices or patient satisfaction/experience.

• **Prevention** includes a wide range of activities and targeted measures to prevent diseases or threats to health, to reduce the risk of the disease or to delay its occurrence. Preventive measures can be classified as primary, secondary or tertiary prevention according to the time at which they are applied.

• **Screening:** The examination to detect health risks or problems in usually asymptomatic individuals to detect those with a high probability of having or developing a given disease, typically by means of an inexpensive diagnostic test.

• **Self-management** is the active participation by a patient in his or her own health care decisions and interventions. With the education and guidance of professional caregivers, the patient promotes his or her own optimal health or recovery.

• **Self-management support** includes a portfolio of techniques and tools that help patients choose healthy behaviors. It can also be seen as a fundamental transformation of the patient-professional relationship into a collaborative partnership. The objective of self-management support is to change behavior within a collaborative arrangement to produce sustainable effects.

• **Sessional fees** comprise payment mechanisms where a payment is linked to the completion of a time—limited therapeutic or counselling session (this payment model is frequently used in the field of mental health care or rehabilitation).

• **Single plan of care/Care plans** are an agreement between the patient and the health professionals detailing the type of health care the patient needs and how this care is given.

• **Walk-in services:** refers to services one can get upon arrival (immediately or after waiting in a queue), without an appointment assigned in advance.
PaRIS
Patient Reported Indicator Surveys

For more information:
www.oecd.org/health/paris/