

# PaRIS

Patient Reported Indicator Surveys

## PaRIS Patient Questionnaire (PaRIS-PQ)



# OECD PaRIS Patient Questionnaire (PaRIS-PQ)

Version for scripting online survey  
2024

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## Background

The OECD's Patient-Reported Indicator Surveys (PaRIS) initiative aims to evaluate healthcare outcomes and patient experiences internationally, with a focus on primary care performance. The primary tool used in this initiative is the PaRIS Patient Questionnaire (PaRIS-PQ), designed to assess the experiences and outcomes of patients aged 45 years and older managed in primary care. Alongside patient-reported outcomes and experience measures (PROMs and PREMs), the PaRIS-PQ includes items about sociodemographic factors, health behaviours, and healthcare capabilities. To offer further context and insights into patient-reported experiences and outcomes, a complementary questionnaire called the [PaRIS Primary Care Practice Questionnaire](#) (PaRIS-PCPQ) is employed to evaluate practice characteristics and the care delivered, particularly focusing on chronic condition management.

The development of the PaRIS-PQ involved close collaboration with policymakers, patients, and primary care providers. It is grounded in the PaRIS conceptual framework, developed through a rigorous process involving literature review and a modified Delphi process. The questionnaire underwent translation into the languages of participating countries, cross-national cognitive testing, and pilot testing in a field trial.

This document presents the English source version of the PaRIS-PQ for scripting an online survey, used for data collection between 2022 and 2023. Additionally, it includes the sources for the items incorporated into the PaRIS-PQ.

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 OECD developed the PaRIS survey instruments with an international consortium of Nivel, Ipsos, University of Exeter, Optimedis AG and Avedis Donabedian Research Institute.

## OECD PaRIS-PQ for scripting

**Note to the reader:** The PaRIS PQ was administered mainly online, but also on paper and by telephone depending on the best suited mode for the country. The layout of this document uses the PaRIS PQ version for scripting the online survey, rather than the paper-based version. Please note following elements for clarification:

- ASK ALL: item is applicable to all respondents
- ASK IF: applicability of the item is conditional on another item
- (SINGLE): items where respondents can give one of the response options
- (MULTI): items where respondents may tick multiple response options
- (LOOP): items consisting of multiple questions, each with the same answering categories

This survey is being carried out by <<insert national relevant organization in each country>> in collaboration with the Organisation for Economic Cooperation and Development (OECD). <<insert country>> is taking part in an international survey to improve health services locally and nationally.

The survey asks questions about your experience of care and treatment by your <<primary care provider>>. *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 care 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.*

In addition, there are some questions about you and your health. Your answers are important and will help policy makers and health care providers improve health care based on patients' needs.

The survey should take around 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 [\[LOCAL EMAIL\]](#).

CONSENT (SINGLE CODE)

**Do you agree to take part in the survey?**

**Yes** CONTINUE

**No** CLOSE

## SECTION 1 “Your Health” TIMING START

**ASK ALL**

**NEW PAGE**

### Your health

The first few questions are about your health.

Questions		Source
Q_AGE (SINGLE) <b>How old are you?</b>		Modified from OECD PISA- D Main Study Teacher Questionnaire IS
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	
97	Prefer not to say	

**IF Q\_AGE = 1 PARTICIPANTS ARE INELIGIBLE AND SHOULD NOT CONTINUE**

**ASK ALL**

**NEW PAGE**

Questions		Source
Q_GLOBAL (LOOP)		PROMIS® Scale v1.2 – Global Health
GLOBAL01	<b>In general, would you say your health is:</b>	
GLOBAL02	<b>In general, would you say your quality of life is:</b>	
GLOBAL03	<b>In general, how would you rate your physical health?</b>	
GLOBAL04	<b>In general, how would you rate your mental health, including your mood and your ability to think?</b>	
GLOBAL05	<b>In general, how would you rate your satisfaction with your social activities and relationships?</b>	
GLOBAL9R	<b>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.)</b>	
Responses (SINGLE)		
1	Excellent	
2	Very good	
3	Good	
4	Fair	
5	Poor	

**ASK ALL**  
**NEW PAGE**

Questions		Source
Q_GLOBAL06 (SINGLE) <b>To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?</b>		PROMIS® Scale v1.2 – Global Health
1	Completely	
2	Mostly	
3	Moderately	
4	A little	
5	Not at all	

**ASK ALL**  
**NEW PAGE**

The next few questions are about any specific symptoms you may have recently experienced.

**ASK ALL**  
**NEW PAGE**

Questions		Source
Q_PROMISDYSCB001 (SINGLE) <b>In the <u>past 7 days</u></b>		PROMIS Item Bank v. 1.0 – Dyspnea
<b>I have been short of breath</b>		
1	Not at all	
2	A little bit	
3	Somewhat	
4	Quite a bit	
5	Very much	

**ASK ALL**  
**NEW PAGE**

Questions		Source
Q_GLOBAL08R (SINGLE) <b>In the <u>past 7 days</u></b>		PROMIS® Scale v1.2 – Global Health
<b>How would you rate your fatigue on average?</b>		
1	None	
2	Mild	
3	Moderate	
4	Severe	
5	Very severe	

**ASK ALL**  
**NEW PAGE**

Questions		Source
Q_PROMISPAIN (SINGLE) <b>In the <u>past 7 days</u></b>  <b>How much did pain interfere with your day-to-day activities?</b>		PROMIS Adult Short Form v1.0 - Pain Interference
1	Not at all	
2	A little bit	
3	Somewhat	
4	Quite a bit	
5	Very much	

**ASK ALL**  
**NEW PAGE**

Questions		Source
Q_GLOBAL07R (SINGLE) <b>In the <u>past 7 days</u></b>  <b>How would you rate your pain on average?</b>		PROMIS® Scale v1.2 – Global Health
0-No pain		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10-Worst imaginable pain		

**ASK ALL**  
**NEW PAGE**

Questions		Source
Q_GLOBAL10R (SINGLE) <b>In the <u>past 7 days</u></b>  <b>How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?</b>		PROMIS® Scale v1.2 – Global Health
1	Never	
2	Rarely	
3	Sometimes	
4	Often	
5	Always	



**ASK ALL**  
**NEW PAGE**

Questions		Source																						
<p><b>(REPEAT ON EACH SCREEN) For the next few questions, please think about how you have been feeling over <u>the last two weeks</u>.</b></p> <p>QWHO5 (LOOP)</p> <table border="1"> <tr> <td>A</td> <td>I have felt cheerful and in good spirits</td> </tr> <tr> <td>B</td> <td>I have felt calm and relaxed</td> </tr> <tr> <td>C</td> <td>I have felt active and vigorous</td> </tr> <tr> <td>D</td> <td>My daily life has been filled with things that interest me</td> </tr> <tr> <td>E</td> <td>I woke up feeling fresh and rested</td> </tr> </table> <p>Responses (SINGLE)</p> <table border="1"> <tr> <td>1</td> <td>All of the time</td> </tr> <tr> <td>2</td> <td>Most of the time</td> </tr> <tr> <td>3</td> <td>More than half of the time</td> </tr> <tr> <td>4</td> <td>Less than half of the time</td> </tr> <tr> <td>5</td> <td>Some of the time</td> </tr> <tr> <td>6</td> <td>At no time</td> </tr> </table>		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	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	WHO Well-being Index (WHO-5)
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																							
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																							

**SECTION 1 'Your health' TIMING END**

## SECTION 2 'Managing your health and health care' TIMING START

**ASK ALL**

**NEW PAGE**

### 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 care professionals (doctors, nurses, and other health care professionals). Please respond in relation to your experience of care and treatment by your <<primary care provider>>. 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.

**ASK ALL**

**NEW PAGE (SAME SCREEN)**

Questions		Source
Q_EXERCISE (SINGLE) <b>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)? Vigorous physical activities typically make you breathe much harder than normal, whereas moderate activities make you breathe somewhat harder than normal.</b>		Modified from IPAQ-SF
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**

**NEW PAGE**

Questions		Source
Q_ADVPHYSACT (SINGLE) <b>In the past 12 months, has any health care professional talked with you about your physical activity?</b>		Modified from CWF2017IHP
1	Yes	
2	No	
3	Not sure	

**ASK ALL**  
**NEW PAGE**

Questions		Source
Q_EHISFR (SINGLE) <b>How often do you eat fruit, excluding juice squeezed from fresh fruit or made from concentrate?</b>		Modified from European Health Interview 2020 Edition
1	More than once a day	
2	Once a day	
3	4 to 6 days a week	
4	1 to 3 days a week	
5	Less than once a week	
6	Never	

**ASK ALL**  
**NEW PAGE**

Questions		Source
Q_EHISVG (SINGLE) <b>How often do you eat vegetables or salad, excluding potatoes and fresh juice or juice made from concentrate?</b>		Modified from European Health Interview 2020 Edition
1	More than once a day	
2	Once a day	
3	4 to 6 days a week	
4	1 to 3 days a week	
5	Less than once a week	
6	Never	

**ASK ALL**  
**NEW PAGE**

Questions		Source
Q_ADVDIET (SINGLE) <b>In the past 12 months, has any health care professional talked with you about healthy eating?</b>		Modified from CWF2017IHP
1	Yes	
2	No	
3	Not sure	

**ASK ALL****NEW PAGE**

<b>Questions</b>		<b>Source</b>
Q_EHISSK01 (SINGLE) <b>Do you smoke any tobacco products (excluding electronic cigarettes or similar electronic devices)?</b>		European Health Interview 2020 Edition
1	Yes, daily	
2	Yes, occasionally	
3	Not at all	

**ASK IF Q\_EHISSK01 = 3****NEW PAGE**

<b>Questions</b>		<b>Source</b>
Q_EHISSK04 (SINGLE) <b>Have you ever smoked tobacco products (excluding electronic cigarettes or similar electronic devices) daily, or almost daily, for at least one year?</b>		Modified from European Health Interview 2020 Edition
1	Yes	
2	No	

**ASK IF Q\_EHISSK01 = 1 or 2 OR Q\_EHISSK04=1****NEW PAGE**

<b>Questions</b>		<b>Source</b>
Q_CWF2017IHP (SINGLE) <b>In the past 12 months, has any health care professional talked with you about the health risks of smoking or using tobacco and ways to quit?</b>		Modified from CWF2017IHP
1	Yes	
2	No	
3	Not sure	

**ASK ALL****NEW PAGE**

<b>Questions</b>		<b>Source</b>
Q_EHIS (SINGLE) <b>In the past 12 months, how often have you had an alcoholic drink of any kind (beer, wine, cider, spirits, cocktails, premixes, liquor, homemade alcohol ...)?</b>		European Health Interview 2020 Edition
1	Every day or almost	
2	5-6 days a week	
3	3-4 days a week	
4	1-2 days a week	
5	2-3 days in a month	
6	Once a month	
7	Less than once a month	
8	Not in the past 12 months, as I no longer drink alcohol	
9	Never, or only a few sips or tries, in my whole life	

**ASK IF Q\_EHIS = 1 TO 8****NEW PAGE**

<b>Questions</b>		<b>Source</b>
Q_CWF2017IHP (SINGLE) <b>In the past 12 months, has any health care professional talked with you about alcohol use?</b>		Modified from CWF2017IHP
1	Yes	
2	No	
3	Not sure	

**SECTION 2 'Managing your health and health care' TIMING END**

### SECTION 3 'PN and CONFIDENT' TIMING START

#### ASK ALL

#### NEW PAGE

Q\_PN (show each question on separate screens)

**(Put this text on separate screen). The next few questions are about how you and the health care professionals that you usually see support your health and health care. Please respond in relation to your experience of care and treatment by your <<primary care provider>>.**

	Questions	Source
PN1	<b>I rely on health care professionals to tell me everything I need to know to manage my health</b>	Modified from Porter-Novelli Consumer Preferences Scale
PN2	<b>Most health issues are too complex for me to understand</b>	Porter-Novelli Consumer Preferences Scale
PN3	<b>I actively try to prevent diseases and illnesses</b>	Porter-Novelli Consumer Preferences Scale
PN4	<b>I leave it to health care professionals to make the right decisions about my health</b>	Modified from Porter-Novelli Consumer Preferences Scale
PN5	<b>It is important to me to be informed about health issues</b>	Porter-Novelli Consumer Preferences Scale
PN6	<b>I need to know about health issues so I can keep myself and my family healthy</b>	Porter-Novelli Consumer Preferences Scale
PN7	<b>I have difficulty understanding a lot of the health information that I read</b>	Porter-Novelli Consumer Preferences Scale
PN8	<b>My health care professionals and I work together to manage my health</b>	Modified from Porter-Novelli Consumer Preferences Scale
PN9	<b>When I read or hear something that is relevant to my health care, I bring it up with my health care professionals</b>	Modified from Porter-Novelli Consumer Preferences Scale
PN10	<b>I try to understand my personal health risks</b>	Porter-Novelli Consumer Preferences Scale
PREOS2m	<b>When I think something is wrong with my health care, I raise my concerns with my health care professionals</b>	Modified from PREOS-PC-6

Responses (SINGLE)

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

**ASK ALL****NEW PAGE**

Q\_CONFIDENT (LOOP)

	<b>Questions</b>	<b>Source</b>
P3CEQ10	<b>How confident are you that you can manage your own health and wellbeing?</b>	Modified from Person-Centred Coordinated Care Experience Questionnaire (P3CEQ)
MPBSPAINSTRC	<b>How confident are you that you can follow instructions from health care professionals about how you should care for yourself at home?</b>	Modified from Medicare Patient Engagement Questions
MPBSPAMEDREC	<b>How confident are you that you can follow instructions from health care professionals about how to change your habits or lifestyle?</b>	Modified from Medicare Patient Engagement Questions
MPBSPANECES	<b>How confident are you that you can identify when it is necessary for you to get medical care?</b>	Modified from Medicare Patient Engagement Questions
MPBSPASIDEX	<b>How confident are you that you can identify when you are having side effects from your medications?</b>	Modified from Medicare Patient Engagement Questions
eHEALS	<b>How confident are you in using information from the Internet to make health decisions?</b>	Modified from eHealth Literacy Scale (eHEALS)

Responses (SINGLE)

1	Very confident
2	Confident
3	Somewhat confident
4	Not confident at all
5	Does not apply (MPBSPASIDEX and eHEALS only)

**SECTION 3 'PN and CONFIDENT' TIMING END**

**SECTION 4 'Your experience of health care – part 1' TIMING START****ASK ALL****NEW PAGE****Your experience of health care**

Please respond in relation to your experience of care and treatment by your <<primary care provider>>.

**ASK ALL****NEW PAGE**

Q\_CWF1130 (SINGLE)

Questions		Source
<b>Is there one single professional you usually go to for most of your health problems?</b>		Modified from CWF2016IHP
1	Yes, a doctor	
2	Yes, another health care professional	
3	No, there is no single health care professional I usually go for most of my health problems	
4	Not sure	

**ASK IF Q\_CWF1130 = 1****NEW PAGE**

Q\_USUALDR1 (SINGLE)

Questions		Source
<b>Who is this doctor?</b>		OECD PaRIS
1	A doctor specialised in family medicine/general practice	
2	Another specialist doctor	
3	Not sure	

**ASK IF Q\_CWF1130 = 1****NEW PAGE**

Q\_CWF1140 (SINGLE)

Questions		Source
<b>How long have you been seeing this doctor?</b>		Modified from CWF2016IHP
1	1 year or less	
2	More than 1 year but no more than 3 years	
3	More than 3 years but no more than 5 years	
4	More than 5 years but no more than 10 years	
5	More than 10 years	
6	Not sure	



**ASK IF Q\_CWF1130 = 1****NEW PAGE**

Q\_USUALDR2 (SINGLE)

Questions		Source
<b>How many times have you seen this doctor in the past 12 months? This could be in person, on the phone, by video call or online messaging.</b>		OECD PaRIS
1	Not in the past 12 months	
2	1 time	
3	2 times	
4	3 times	
5	4 times	
6	5 times or more	
7	Not sure	

**ASK IF Q\_CWF1130 = 2****NEW PAGE**

Q\_USUALDR3 (SINGLE)

Questions		Source
<b>Who is this health care professional?</b>		OECD PaRIS
1	A doctor specialised in family medicine/general practice	
2	Another specialist doctor	
3	A nurse	
7	Nurse practitioner	
4	An allied health care professional, such as a physiotherapist, dietician, or podiatrist	
5	Another health care professional	
6	Not sure	

**ASK IF USUALDR3 = 1-3****NEW PAGE**

Q\_USUALDR4 (SINGLE)

Questions		Source
<b>How long have you been seeing this health care professional?</b>		OECD PaRIS
1	1 year or less	
2	More than 1 year but no more than 3 years	
3	More than 3 years but no more than 5 years	
4	More than 5 years but no more than 10 years	
5	More than 10 years	
6	Not sure	

**ASK IF USUALDR3 = 1-3**

**NEW PAGE**

Q\_ USUALDR5 (SINGLE)

Questions		Source
<p><b>How many times have you seen this health care professional in the past 12 months? This could be in person, on the phone, by video call or online messaging.</b></p>		OECD PaRIS
1	Not in the past 12 months	
2	1 time	
3	2 times	
4	3 times	
5	4 times	
6	5 times or more	
7	Not sure	

**SECTION 4 'Your experience of health care – part 1' TIMING END**

**SECTION 5 'Your experience of health care – part 2' TIMING START****ASK ALL****NEW PAGE**

Q\_CHRONCOND (MULTI, OPEN)

Questions		Source
<p><b>Have you ever been told by a doctor that you have any of the following health conditions?</b></p> <p>Please select all the options that apply.</p>		OECD PaRIS
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	Depression, anxiety or other mental health condition (e.g., bipolar disorder or schizophrenia) (ongoing)	
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)	
13	I have never been told by a doctor that I have any of these problems	

**ASK IF Q\_CHRONCOND = 1 TO 12****NEW PAGE**

The next few questions are about the care you may have received for these health conditions.

Please respond in relation to your experience of care and treatment by your << primary care provider>>.

Q\_P3CEQ6 (SINGLE)

Questions		Source
<p><b>Do you have a <u>single professional</u> who takes responsibility for coordinating your care across the services that you use?</b></p>		Modified from Person-Centred Coordinated Care Experience Questionnaire (P3CEQ)
1	Yes	
2	No	
3	I do not receive care from more than one service	
4	Not sure	

**ASK IF Q\_CHRONCOND = 1 TO 12 AND Q\_P3CEQ6 = 1**

**NEW PAGE**

Q\_P3CEQ5m1 (SINGLE)

Questions		Source
<b>Is this the same professional that you see for most of your health problems?</b>		OECD PaRIS
1	Yes	
2	No	
3	Not sure	

**ASK IF Q\_CHRONCOND = 1 TO 12 AND Q\_P3CEQ5m1 = 2 OR 3**

**NEW PAGE**

Q\_P3CEQ5m2 (SINGLE)

Questions		Source
<b>Who is this professional?</b>		OECD PaRIS
1	A doctor specialised in family medicine/general practice	
2	Another specialist doctor	
3	A nurse	
7	Nurse practitioner	
4	An allied health care professional, such as a physiotherapist, dietician, or podiatrist	
5	Another health care professional	
6	Not sure	

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

**NEW PAGE**

Q\_P3CEQ5 (SINGLE)

Questions		Source
<b>Is your health care organised in a way that works for you?</b>		Modified from Person-Centred Coordinated Care Experience Questionnaire (P3CEQ)
1	Yes, definitely	
2	Yes, to some extent	
3	No, not really	
4	No, definitely not	
5	Not sure	

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

**NEW PAGE**

Q\_ROUTINEF (SINGLE)

Questions		Source
<b>Are you offered regular follow-up for your health condition(s)? If you have more than one condition, please answer about the condition that you are seen for most regularly.</b>		OECD PaRIS
1	Yes, about every 3 months or more often	
2	Yes, about every 6 months	
3	Yes, about every 12 months	
4	Yes, over longer periods of time	
5	No	
6	Not sure	

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

**NEW PAGE**

Q\_P3CE (LOOP)

Questions		Source
P3CEQ1	<b>Do you discuss with the health care professionals involved in your care what is most important for you in managing your own health and wellbeing?</b>	Modified from Person-Centred Coordinated Care Experience Questionnaire (P3CEQ)
P3CEQ2	<b>Are you involved as much as you want to be in decisions about your care?</b>	
P3CEQ3	<b>Are you considered as a 'whole person' rather than just a disease/condition in relation to your care?</b>	
Responses (SINGLE)		
1	Yes, definitely	
2	Yes, to some extent	
3	No, not really	
4	No, definitely not	
5	Not sure	

**SECTION 5 'Your experience of health care – part 2' TIMING END**

**SECTION 6 'Your experience of health care – part 3' TIMING START**

**ASK IF Q\_CHRONCOND = 1 TO 12  
NEW PAGE**

Sometimes health professionals support patients in defining health goals. These are things that are important to you and you want help in achieving.

Q\_PCMH4 (SINGLE)

Questions		Source
<b>How often does a health care professional talk to you about specific goals for your health?</b>		Modified from Patient-Centered Medical Home (PCMH)
1	Always	
2	Often	
3	Sometimes	
4	Rarely	
5	Never	
6	Not sure	

**ASK IF Q\_CHRONCOND = 1 TO 12 NEW PAGE**

The next few questions are about care plans. A care plan (or plan of care) is a written agreement between you and your health care professionals detailing the type of care you receive over an extended period of time and how this care will be given, also including what you will do yourself. Not everybody has a care plan.

Please respond in relation to your experience of care and treatment by your <<primary care provider>>.

**ASK IF Q\_CHRONCOND = 1 TO 12  
NEW PAGE**

Q\_P3CEQ7a

Questions		Source
<b>Do you have a care plan that takes into account all your health and wellbeing needs?</b>		Person-Centred Coordinated Care Experience Questionnaire (P3CEQ)
1	Yes	
2	No	
3	Not sure	

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

**NEW PAGE**

Q\_P3CEQ7b (SINGLE)

Questions		Source
<b>Is this care plan available to you?</b>		Modified from Person-Centred Coordinated Care Experience Questionnaire (P3CEQ)
1	Yes	
2	No	
3	Not sure	

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

**NEW PAGE**

P3CEQ7c (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>To what extent have you found your care plan useful for you to manage your health and wellbeing?</b>		Modified from Person-Centred Coordinated Care Experience Questionnaire (P3CEQ)
1	Not at all	
2	To some extent	
3	To a large extent	
4	Completely	
5	Not sure	

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

**NEW PAGE**

P3CEQ7d (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>To what extent do all the professionals involved in your care appear to be following the same care plan?</b>		Modified from Person-Centred Coordinated Care Experience Questionnaire (P3CEQ)
1	Not at all	
2	To some extent	
3	To a large extent	
4	Completely	
5	Not sure	

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

**NEW PAGE**

Q\_P3CEQ8 (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>Do you have enough support from your health care professionals to help you to manage your own health and wellbeing?</b>		Modified from Person-Centred Coordinated Care Experience Questionnaire (P3CEQ)
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****NEW PAGE**

P3CEQ9 (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>To what extent do you receive useful information at the time you need it to help you manage your health and wellbeing?</b>		Modified from Person-Centred Coordinated Care Experience Questionnaire (P3CEQ)
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****NEW PAGE**

Q\_P3CEQ11b (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>Do your health care professionals involve your family, friends and/or carers as much as you want them to be in decisions about your care?</b>		Modified from Person-Centred Coordinated Care Experience Questionnaire (P3CEQ)
1	No, definitely not	
2	No, not really	
3	Yes, to some extent	
4	Yes, definitely	
5	I do not want my family, friends or carers to be involved	
6	My family, friends or carers do not want to be involved	
7	Not applicable	

**ASK IF Q\_CHRONCOND = 1 TO 12****NEW PAGE**

Q\_MEDCWF1605 (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>How many different medications as prescribed by a doctor or a nurse are you taking on a regular or ongoing basis?</b>		Modified from CWF2016IHP
1	No medication	
2	1-2 medications	
3	3-4 medications	
4	5-9 medications	
5	10 or more medications	



**ASK IF Q\_CHRONCOND = 1 TO 12 AND Q\_MEDCWF1605 = 2 TO 5**

**NEW PAGE**

Q\_MEDCWF71110 (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>In the past 12 months, has a health care professional reviewed with you all medications you take?</b>		Modified from CWF2017IHP
1	Yes	
2	No	
3	Not sure	

**SECTION 6 'Your experience of health care – part 3' TIMING END**

## SECTION 7 'Your experience of health care – part 4' TIMING START

### ASK ALL

#### NEW PAGE

The next few questions are about your experience with your <<primary care provider>> in the last 12 months.

Q\_ P3CEQ4 (SINGLE)

Questions		Source
<b>Were there times when you had to repeat information that should have been in your care records?</b>		Modified from Person-Centred Coordinated Care Experience Questionnaire (P3CEQ)
1	Yes, definitely	
2	Yes, to some extent	
3	No, not really	
4	No, definitely not	
5	Not sure	

### ASK ALL

#### NEW PAGE

Q\_PREOS3 (SINGLE)

Sometimes patients experience an event or circumstance that could have resulted, or did result, in unnecessary harm to themselves, such as not getting an appointment when needed; receiving a wrong or delayed diagnosis or treatment; or experiencing problems with communications between health care professionals.

Questions		Source
<b>How often do you believe you have had any such event or circumstance with your primary care centre?</b>		Modified from PREOS-PC-6
1	Always	
2	Often	
3	Sometimes	
4	Rarely	
5	Never	
98	Not applicable	

### ASK ALL

#### NEW PAGE

Q\_PREOS1 (SINGLE)

Questions		Source
<b>How often did you feel that the health care professionals at your primary care centre encouraged you to talk about any concerns about your health care?</b>		Modified from PREOS-PC-6
1	Always	
2	Often	
3	Sometimes	
4	Rarely	
5	Never	
98	Not applicable	

**ASK ALL****NEW PAGE**

Q\_OECDACC3 (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>How often did you have a health problem but did not seek care because of difficulties in travelling to your primary care centre?</b>		Modified from OECD proposed Set of Questions on Patient Experiences with Ambulatory Care
1	Always	
2	Often	
3	Sometimes	
4	Rarely	
5	Never	
98	Not applicable	

**ASK ALL****NEW PAGE**

Q\_OECDACC46 (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>How often did you have a health problem but did not seek care, or did not take a prescription medicine because of the cost?</b>		Modified from OECD proposed Set of Questions on Patient Experiences with Ambulatory Care
1	Always	
2	Often	
3	Sometimes	
4	Rarely	
5	Never	
98	Not applicable	

**ASK ALL****NEW PAGE**

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 consultation

**ASK ALL****NEW PAGE**

Q\_GPPS4 (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>How easy is it for you to use your primary care centre's website to look for information or access services?</b>		GP Patient Survey (GPPS)
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****NEW PAGE**

Q\_GPPS5 (MULTI)

<b>Questions</b>		<b>Source</b>
<p><b>As far as you know, which of the following online services does your primary care centre offer?</b> Please select all the options that apply.</p>		Modified from GP Patient Survey (GPPS)
1	Booking appointments online	
2	Ordering repeat prescriptions online	
3	Accessing my medical records online	
4	Video consultations	
5	None of these	
99	Don't know	

**ASK ALL****NEW PAGE**

Q\_GPPS6 (MULTIPLE)

<b>Questions</b>		<b>Source</b>
<p><b>Which of the following online services offered by your primary care centre have you used?</b> Please select all the options that apply.</p>		Modified from GP Patient Survey (GPPS)
1	Booking appointments online	
2	Ordering repeat prescriptions online	
3	Accessing my medical records online	
4	Video consultations	
5	None of these	

**ASK ALL****NEW PAGE**

Q\_CWF119 (SINGLE)

<b>Questions</b>		<b>Source</b>
<p><b>Overall, how do you rate the medical care that you have received in the past 12 months from your primary care centre?</b></p>		Modified from CWF2016IHP
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	

**SECTION 7 'Your experience of health care – part 4' TIMING END**

**SECTION 8 'Other health services' TIMING START****ASK ALL**  
**NEW PAGE****Other health services**

The next few questions are about other health services you have used in the last 12 months.

**ASK ALL**  
**NEW PAGE**  
Q\_EMERG (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>In the last 12 months, have you been to a hospital emergency department for your own medical care?</b>		Modified from CWF2017IHP
1	No	
2	Yes, once	
3	Yes, twice	
4	Yes, 3 or more times	
5	Not sure	

**ASK ALL**  
**NEW PAGE**  
Q\_CWF2016HOSP (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>In the last 12 months, have you been in a hospital for one night or longer?</b>		Modified from CWF2016IHP
1	No	
2	Yes, once	
3	Yes, twice	
4	Yes, 3 or more times	
5	Not sure	

**SECTION 8 'Other health services' TIMING END**

## SECTION 9 'Your last consultation' TIMING START

**ASK ALL**

**NEW PAGE**

Your last consultation (**SHOW ON SCREEN FOR ALL QS UP TO Q\_OECDEXP5**)

The next questions are about the last time that you had a consultation with your <<primary care provider>> with a doctor, nurse or other health care professional to get care for yourself. This may have been with your main health care professional, or another health care professional, and includes consultations over the phone or in a doctor's office or clinic.

**ASK ALL**

**NEW PAGE**

LAST APP (country specific question to establish eligibility)

**ASK ALL**

**NEW PAGE**

Q\_PURPOS (SINGLE)

Questions		Source
<b>What was the main purpose of this consultation?</b>		OECD PaRIS
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**

**NEW PAGE**

Q\_OECDACC7a (SINGLE)

Questions		Source
<b>Who did you have this last consultation with? If you saw more than one health care professional, please select the one you spent most time with on the day. Please select only <u>one</u> option.</b>		Modified from OECD proposed Set of Questions on Patient Experiences with Ambulatory Care
1	A doctor specialised in family medicine/general practice	
2	Another specialist doctor	
3	A nurse	
7	Nurse practitioner	
4	An allied health care professional, such as a physiotherapist, dietician, or podiatrist	
5	Another health care professional	
6	Not sure	

**ASK ALL****NEW PAGE**

Q\_OECDACC7b (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>Where was this health care professional working?</b>		Modified from OECD proposed Set of Questions on Patient Experiences with Ambulatory Care
1	A primary care centre	
2	An outpatient department of a hospital	
3	Other	
4	Not sure	
5	Not applicable	

**ASK ALL****NEW PAGE**

Q\_OECDACC7c (MULTI)

<b>Questions</b>		<b>Source</b>
<b>Which of the following best describes the type of care you received?</b> Please select all the options that apply.		Modified from OECD proposed Set of Questions on Patient Experiences with Ambulatory Care
1	Face-to-face consultation in the health care professional's office	
2	Telephone consultation	
3	Video consultation	
4	Home visit	
5	Other	
6	Not sure	

**ASK ALL****NEW PAGE**

GPPSACCESS (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>How long after initially trying to book the appointment did the appointment take place?</b>		Modified from GP Patient Survey (GPPS)
1	On the same day	
2	On the next day	
3	A few days and up to a week later	
4	More than a week and up to one month later	
5	More than one month later	
6	Can't remember	

**ASK ALL****NEW PAGE**

Q\_OECDACC9 (SINGLE)

Questions		Source
<b>Was the time you waited a problem for you?</b>		Modified from OECD proposed Set of Questions on Patient Experiences with Ambulatory Care
1	Yes	
2	No	
3	Not sure	

**ASK ALL****NEW PAGE**

Q\_OECDACC8 (SINGLE)

Questions		Source
<b>Did this health care professional spend enough time with you?</b>		OECD proposed Set of Questions on Patient Experiences with Ambulatory Care
1	Yes, definitely	
2	Yes, to some extent	
3	No, not really	
4	No, definitely not	
5	Not sure	

**ASK ALL****NEW PAGE**

Q\_OECDEXP2 (SINGLE)

Questions		Source
<b>Did this health care professional explain things in a way that was easy to understand?</b>		OECD proposed Set of Questions on Patient Experiences with Ambulatory Care
1	Yes, definitely	
2	Yes, to some extent	
3	No, not really	
4	No, definitely not	
5	Not sure	



**ASK ALL****NEW PAGE**

Q\_GPPSTRUST (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>Did you have confidence and trust in the health care professional you saw or spoke to?</b>		Modified from GP Patient Survey (GPPS)
1	Yes, definitely	
2	Yes, to some extent	
3	No, not really	
4	No, definitely not	
5	Not sure	

**ASK ALL****NEW PAGE**

Q\_OECDEXP5 (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>Overall, how would you rate the quality of this consultation?</b>		OECD proposed Set of Questions on Patient Experiences with Ambulatory Care
1	Excellent	
2	Very good	
3	Good	
4	Fair	
5	Poor	
6	Not sure	

**SECTION 9 'Your last consultation' TIMING END**

**SECTION 10 'COVID-19' TIMING START****ASK ALL****NEW PAGE**

The next questions are about if you have tested positive for COVID-19 and symptoms you may have experienced.

## Q\_COVID1 (SINGLE)

Questions		Source
<b>Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?</b>		Modified from Household Pulse Survey US
1	Yes	
2	No	
3	Not sure	

**ASK IF Q\_COVID1 = 1**

## Q\_COVID2 (SINGLE)

Questions		Source
<b>Did you have any symptoms lasting 2 months or longer that you did not have prior to having coronavirus or COVID-19?</b> <i>Long term symptoms may include: tiredness or fatigue, difficulty thinking, concentrating, forgetfulness, or memory problems (sometimes referred to as "brain fog", difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, menstrual changes, changes to taste/smell, or inability to exercise.</i>		Modified from Household Pulse Survey US
1	Yes, symptoms lasted between 2-3 months	
2	Yes, symptoms lasted between 3-6 months	
3	Yes, symptoms lasted between 6 months - 1 year	
4	Yes, symptoms lasted at least 1 year	
5	No	
6	Not sure	

**ASK IF Q\_COVID2 = 1 TO 4**

## Q\_COVID3 (SINGLE)

Questions		Source
<b>Do you still have these long-term symptoms?</b>		Modified from Household Pulse Survey US
1	Yes	
2	No	
3	Not sure	

**ASK IF Q\_COVID3 = 1**

Q\_COVID4 (SINGLE)

<b>Questions</b>		<b>Source</b>
<b>Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?</b>		Modified from Household Pulse Survey US
1	Yes, a lot	
2	Yes, a little	
3	Not at all	
3	Not sure	

**SECTION 10 'COVID-19' TIMING END**

**SECTION 11 'About yourself' TIMING START****ASK ALL****NEW PAGE****About yourself**

Finally, we would like to ask you 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****NEW PAGE**

Q\_WB151

Questions		Source
<b>How much do you weigh?</b>		Modified from WELL-BEING QUESTIONNAIRE FOR PISA 2018 (INTERNATIONAL OPTION)
1	___kilos (MIN 20, MAX 500) (ALTERNATIVE IN IMPERIAL)	
99	Don't know	
97	Prefer not to say	

**ASK ALL****NEW PAGE**

Q\_WB152 (SINGLE)

Questions		Source
<b>How tall are you?</b>		Modified from WELL-BEING QUESTIONNAIRE FOR PISA 2018(INTERNATIONAL OPTION)
1	___centimeters (MIN 50, MAX 250) (ALTERNATIVE IN IMPERIAL)	
99	Don't know	
97	Prefer not to say	

**ASK ALL****NEW PAGE**

Q\_ISCED (SINGLE)

Questions		Source
<b>What is the highest educational level that you have attained?</b>		Modified from International Standard Classification of Education (ISCED)
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****NEW PAGE**

Q\_SEX (SINGLE, OPEN)

Questions		Source
<b>Which of the following best describes you?</b>		Modified from OECD Risks That Matter
1	Female	
2	Male	
3	LEAVE BLANK	
4	Other	
97	Prefer not to say	

**ASK ALL****NEW PAGE**

Q\_GENDERID (COUNTRY SPECIFIC QUESTION)

**ASK ALL****NEW PAGE**

Q\_LGBT (SINGLE)

Questions		Source
<b>This question is about your sexual orientation. Do you identify as:</b>		Modified from UK National LGBT Survey
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	
97	Prefer not to say	

**ASK ALL****NEW PAGE**

Q\_OECDLIT5a (SINGLE)

Questions		Source
<b>Which of these terms best describes your current work situation?</b>		OECD Measuring Financial Literacy
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	
99	Don't know	

**ASK ALL****NEW PAGE**

Q\_OECDLIT7 (SINGLE)

Questions		Source
<b>Which of these categories does your household net income usually fall into?</b>		Modified from OECD Measuring Financial Literacy
1	Up to \$X a month	
2	Between \$X and \$Y a month	
3	\$Y or more a month	
99	Don't know	
97	Prefer not to say	

**ASK ALL****NEW PAGE**

Q\_MONMED (SINGLE)

Questions		Source
<b>In the past 12 months, did you have problems paying or were unable to pay any medical bills?</b>		National Health Interview Survey (NHIS)
1	Yes	
2	No	
98	Not applicable	

**ASK ALL****NEW PAGE**

Q\_MON (Show on different screens)

Questions		Source
<b>How often <u>in the past 12 months</u> would you say you were worried or stressed about the following things?</b>		Modified from 2017 Commonwealth Fund International Health Policy Survey of Older Adults
MONMEAL	Having enough money to buy healthy 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	Often	
3	Sometimes	
4	Rarely	
5	Never	

**ASK ALL**  
**NEW PAGE**  
 MEDHIMS6

Questions		Source
<b>Were you born in (SURVEY COUNTRY)? (SINGLE, OPEN)</b>		Mediterranean Household International Migration Survey (MED-HIMS)
1	Yes	
2	No (Please state the country you were born in _____)	

**ASK ALL**  
**NEW PAGE**  
 MEDHIMS7

Questions		Source
<b>Are you a citizen of (SURVEY COUNTRY)? (SINGLE, OPEN)</b>		Mediterranean Household International Migration Survey (MED-HIMS)
1	Yes	
2	No (Please state what country you are a citizen of _____)	

**ASK ALL**  
**NEW PAGE**  
 Q\_OECDLITii

Questions		Source
<b>Which of these best describes the type of area in which you live?</b>		Modified from OECD Measuring Financial Literacy
1	City	
2	Town or suburb	
3	Rural area	
4	Don't know	

**ASK ALL**  
**NEW PAGE**  
 OECDLIT2a (OPEN)

Questions	Source
<b>How many children <u>under the age of 18</u> live with you, in your household?</b> WRITE IN NUMBER (MIN 0, MAX 20)	OECD Measuring Financial Literacy

**ASK ALL**  
**NEW PAGE**  
 OECDLIT2b (OPEN)

Questions	Source
<b>How many people <u>aged 18 and over</u> live with you, in your household?</b> <b>Please do not count yourself</b> WRITE IN NUMBER (MIN 0, MAX 20)	OECD Measuring Financial Literacy

**ASK ALL****NEW PAGE**

WHODIS (Show on different screens)

Questions		Source
<b>Should you need help, how easy is it for you to get help from the following people?</b>		Modified from WHO/ World Bank model-disability-survey
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****NEW PAGE**

WHOWB11 (SINGLE)

Questions		Source
<b>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?</b>		Modified from WHO/ World Bank model-disability-survey
1	Yes	
2	No	

**ASK ALL****NEW PAGE**

Q\_WHOWB12 (SINGLE)

Questions		Source
<b>Do you need emotional care or support, such as comfort, advice or counseling?</b>		Modified from WHO/ World Bank model-disability-survey
1	Yes	
2	No	

**ASK ALL****NEW PAGE**

Q\_WHOWB13 (SINGLE)

Questions		Source
<b>Do you need support for health care, such as administering medicines, changing bandages or arranging for appointments with primary care providers?</b>		Modified from WHO/ World Bank model-disability-survey
1	Yes	
2	No	



**ASK ALL****NEW PAGE**

Q\_TRUST

<b>Questions</b>		<b>Source</b>
<b>How strongly do you agree or disagree that the health care system can be trusted?</b>		OECD PaRIS
1	Strongly disagree	
2	Disagree	
3	Neither agree nor disagree	
4	Agree	
5	Strongly agree	

**ASK ALL****NEW PAGE**

Q\_RESPONDENT

<b>Questions</b>		<b>Source</b>
<b>Who was the main person or people that filled in this questionnaire?</b>		NHS Inpatient Survey 2022
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 care professional or care worker	

**Thank you for taking the time to complete this questionnaire**

[SECTION 11 'About yourself' TIMING END](#)

## Annex A. Source questionnaires of the PaRIS-PQ

Source	Reference
Commonwealth Fund (CWF) Surveys: 2016 IHP, 2017 IHP	The Commonwealth Fund (2016), <i>International Health Policy Survey</i> . The Commonwealth Fund (2017), <i>International Health Policy Survey</i> .
eHealth Literacy Scale (eHEALS)	Norman CD, Skinner HA (2006a), eHEALS: The eHealth literacy scale. <i>Journal of Medical Internet Research</i> , 8(4).
European Health Interview 2020 Edition	Eurostat and European Commission (2020), <i>European Health Interview Survey (EHIS wave 3) Methodological manual</i> . Luxembourg: Publications Office of the European Union.
GP Patient Survey (GPPS)	Campbell J, Smith P, Nissen S, Bower P, Elliott M, Roland M. The GP Patient Survey for use in primary care in the National Health Service in the UK—development and psychometric characteristics. <i>BMC Fam Pract</i> . 2009;10:57.  <a href="https://www.gp-patient.co.uk/">https://www.gp-patient.co.uk/</a>
Household Pulse Survey US	United States Census Bureau (2023), <i>Phase 3.7 Household Pulse Survey</i> . <a href="https://www.census.gov/programs-surveys/household-pulse-survey/technical-documentation/questionnaires.2023.html#phase3.7">https://www.census.gov/programs-surveys/household-pulse-survey/technical-documentation/questionnaires.2023.html#phase3.7</a>
International Standard Classification of Education (ISCED)	UNESCO Institute for Statistics (2011), <i>International Standard Classification of Education ISCED 2011</i>
International Physical Activity Questionnaire - Short Form (IPAQ-SF)	Craig CL, Marshall AL, Sjostrom M, Bauman A, Booth ML, Ainsworth BE, Pratt M, Ekelund U, Yngve A, Sallis JF, Oja P: International Physical Activity Questionnaire: 12-country reliability and validity. <i>Medicine and Science in Sports and Exercise</i> . 2003, 35: 1381-1395.
Medicare Patient Engagement Questions	Parker JL, Regan JF, Petroski J (2014), Beneficiary activation in the Medicare population. <i>Medicare &amp; Medicaid Research Review</i> , 4, E1-E14.  <a href="https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey">https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey</a>
Mediterranean Household International Migration Survey (MED-HIMS)	The European Union (2019), <i>Mediterranean Household International Migration Survey (MED-HIMS)</i> .
National Health Interview Survey (NHIS)	Cohen RA, Cha AE (2023), <i>Problems paying medical bills: United States, 2021</i> .
NHS Inpatient Survey 2022	National Health Service, Care Quality Commission (2022), <i>NHS inpatient survey</i>
OECD Measuring Financial Literacy	OECD INFE (2011) Measuring Financial Literacy: Core Questionnaire in <i>Measuring Financial Literacy: Questionnaire and Guidance Notes for conducting an Internationally Comparable Survey of Financial literacy</i> .

	Paris: OECD.
OECD proposed Set of Questions on Patient Experiences with Ambulatory Care	OECD (2018), <i>OECD Health Working Papers No. 102</i> .
OECD Risks That Matter	OECD (2018), <i>OECD Risks That Matter Core Questionnaire</i> .
Patient-Centered Medical Home (PCMH)	Measures From the CAHPS Patient-Centered Medical Home Item Set. Content last reviewed May 2017. Agency for Healthcare Research and Quality, Rockville, MD. <a href="https://www.ahrq.gov/cahps/surveys-guidance/item-sets/pcmh/measures.html">https://www.ahrq.gov/cahps/surveys-guidance/item-sets/pcmh/measures.html</a>
Person-Centred Coordinated Care Experience Questionnaire (P3CEQ)*	Lloyd H, Fosh B, Whalley B, Byng R, Close J (2019), Validation of the person-centred coordinated care experience questionnaire (P3CEQ). <i>International Journal for Quality in Health Care</i> , 31(7), 506-512.  *The P3CEQ is copyright [2018] University of Plymouth. All rights reserved.
PISA-D Main Study Teacher Questionnaire IS	OECD (2016) <i>OECD PISA-D Main Study Teacher Questionnaire IS</i>
Porter-Novelli Consumer Preferences Scale	Maibach EW, Weber D, Massett H, Hancock GR, Price S (2006), Understanding consumers' health information preferences development and validation of a brief screening instrument. <i>Journal of health communication</i> , 11(8), 717-736.
Patient Reported Experiences and Outcomes of Safety in Primary Care (PREOS-PC-6)	Mounce L, Gangannagaripalli J, Ricci-Cabello I, Avery AJ, Valderas JM (2017, October). Development of two short versions of the Patient Reported Experiences and Outcomes of Safety in Primary Care (PREOS-PC) questionnaire: PREOS-PC compact and PREOS-PC-6. <i>Quality of Life Research</i> (Vol. 26, No. 1, pp. 110-110).
PROMIS® Scale v1.2 – Global Health	Available from <a href="https://www.promishealth.org/57461-2/">https://www.promishealth.org/57461-2/</a>
PROMIS Adult Short Form v1.0 - Pain Interference	Available from <a href="https://www.promishealth.org/57461-2/">https://www.promishealth.org/57461-2/</a>
PROMIS Item Bank v. 1.0 – Dyspnea	Available from <a href="https://www.promishealth.org/57461-2/">https://www.promishealth.org/57461-2/</a>
UK National LGBT Survey	Department of Education (2018), <i>National LGBT Research Report</i> .  Available from <a href="https://www.gov.uk/government/publications/national-lgbt-survey-summary-report">https://www.gov.uk/government/publications/national-lgbt-survey-summary-report</a>
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