

OECD PaRIS Patient Questionnaire
VERSION FOR ONLINE SCRIPTING
DRAFT

THIS VERSION HAS BEEN UPDATED POST ROUND 2 COG TESTING – DECEMBER 2021

ASK ALL

NEW PAGE

LANGUAGE

PLEASE SELECT THE LANGUAGE IN WHICH YOU WOULD LIKE TO CONDUCT THE INTERVIEW.

1	ENGLISH
2	SPANISH

ASK ALL

NEW PAGE

INTRO

This survey is being carried out by the Centers for Medicare and Medicaid Services in collaboration with the Organisation for Economic Cooperation and Development (OECD). The United States 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 health providers. 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.

Some of these questions may sound similar to questions you already answered during your regular MCBS interview. We need to ask them again so that everyone around the world is asked the exact same questions.

ASK ALL

NEW PAGE

ATDOOR (SINGLE)

All survey information will be kept private to the extent permitted by law, as prescribed by the Privacy Act of 1974.

Medicare benefits will not be affected in any way by survey responses or participation.

Do you agree to take part in the survey?

1	YES
2	NO

ASK IF ATDOOR=YES

NEW PAGE

SPVERNAM (SINGLE)

VERIFY THE SP'S NAME. IS THE SP'S NAME CORRECT AND COMPLETE?

FIRST NAME: [FIRST_NAME]

MIDDLE INITIAL: [MIDDLE_NAME]

LAST NAME: [LAST_NAME]

1	YES
2	NO

ASK IF SPVERNAM=1

NEW PAGE

SPCORNAM (OPEN)

MAKE ALL NECESSARY CORRECTIONS TO THE SP'S NAME.

FIRST NAME:

MIDDLE INITIAL:

LAST NAME:

ASK ALL

NEW PAGE

SPSTATUS (SINGLE)

PLEASE INDICATE THE RESPONDENT'S CURRENT STATUS. IF THE CASE IS A PROXY INTERVIEW AND YOU HAVEN'T TALKED ABOUT THE RESPONDENT'S VITAL STATUS, PROBE AT THIS TIME ABOUT WHETHER THE RESPONDENT IS ALIVE OR DECEASED AND WHERE THE RESPONDENT IS LOCATED.

WHEN WE REFER TO INSTITUTIONALIZED, WE ARE REFERRING TO THE MCBS DEFINITION OF A FACILITY. PLEASE REMEMBER THAT HOSPITALS AND HOSPICE CARE ARE NOT FACILITIES UNDER THE MCBS DEFINITION SO RESPONDENTS IN HOSPITALS AND HOSPICE CARE SHOULD NOT BE CONSIDERED TO BE INSTITUTIONALIZED BELOW.

FOR THE FULL MCBS DEFINITION OF A FACILITY, SEE THE “MCBS FACILITY DEFINITION” REFERENCE CARD.

IS THE RESPONDENT CURRENTLY:

1	ALIVE AND NOT INSTITUTIONALIZED
2	ALIVE AND INSTITUTIONALIZED
3	DECEASED – DIED IN COMMUNITY
4	DECEASED – DIED IN INSTITUTION/FACILITY

ASK IF SPSTATUS=1

NEW PAGE

PARIS_SCREEN (SINGLE)

Since (MONTH YEAR), have (you/SP) seen a healthcare professional? Healthcare professionals include doctors, nurses, and other health professionals.

1	YES
2	NO
-8	DON'T KNOW
-9	REFUSED

ASK IF SPSTATUS=2, 3, 4 OR PARIS_SCREEN=2, -8, -9

NEW PAGE

INTHANK (TEXT)

THIS CASE IS NOT ELIGIBLE FOR THE PARIS SURVEY.

ASK ALL

NEW PAGE

SPPROXIN (SINGLE)

WILL THIS INTERVIEW BE CONDUCTED WITH THE SAMPLE PERSON OR WITH A PROXY?

1	SAMPLE PERSON
2	PROXY

ASK IF SPPROXIN=2

NEW PAGE

ROSTREL (SINGLE)

WHAT IS THE RELATIONSHIP TO THE SAMPLE PERSON?

02	SPOUSE
56	PARTNER
58	CHILD

59	GRANDCHILD
60	PARENT
61	SIBLING
91	OTHER
-8	DON'T KNOW
-9	REFUSED

ASK IF SPPROXIN=2

NEW PAGE

PROXYWHY (SINGLE)

WHAT IS THE MAIN REASON THAT A PROXY RESPONDENT IS NECESSARY?

1	SP NOT CAPABLE PHYSICALLY/SICK/BLIND/CAN'T SPEAK/HEAR
2	SP NOT CAPABLE MENTALLY/POOR MEMORY/PSYCHIATRIC DISORDER
3	SP UNABLE TO PROVIDE INFORMATION REGARDING MEDICAL RECORDS
4	SP IN HOSPITAL
5	LANGUAGE PROBLEM
8	SP NOT AVAILABLE THIS ROUND
9	AUTHORIZED PROXY MUST ANSWER QUESTIONS FOR SP
91	OTHER

ASK ALL

NEW PAGE

Your health

The first few questions are about your health.

ASK ALL

NEW PAGE

Q_GLOBAL (LOOP)

GLOBAL01	<p>SHOWCARD PR1</p> <p>In general, would you say your health is excellent, very good, good, fair, or poor?</p>
GLOBAL02	<p>SHOWCARD PR1</p> <p>In general, would you say your quality of life is excellent, very good, good, fair, or poor?</p>
GLOBAL03	<p>SHOWCARD PR1</p> <p>In general, how would you rate your physical health?</p> <p>IF NEEDED: Would you rate it excellent, very good, good, fair, or poor?</p>
GLOBAL04	<p>SHOWCARD PR1</p> <p>In general, how would you rate your mental health, including your mood and your ability to think?</p> <p>IF NEEDED: Would you rate it excellent, very good, good, fair, or poor?</p>
GLOBAL05	<p>SHOWCARD PR1</p> <p>In general, how would you rate your satisfaction with your social activities and relationships?</p> <p>IF NEEDED: Would you rate it excellent, very good, good, fair, or poor?</p>
GLOBAL9R	<p>SHOWCARD PR1</p> <p>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.)</p> <p>IF NEEDED: Would you rate it excellent, very good, good, fair, or poor?</p>

Responses (SINGLE)

1	EXCELLENT
2	VERY GOOD
3	GOOD

4	FAIR
5	POOR
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

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? Would you say complete, mostly, moderately, a little, or not at all?

1	COMPLETELY
2	MOSTLY
3	MODERATELY
4	A LITTLE
5	NOT AT ALL
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

SYMPINTRO

The next few questions are about any specific symptoms you may have recently experienced. For each statement, please tell me if you have had this experience not at all, a little bit, somewhat, quite a bit, or very much.

ASK ALL

NEW PAGE

Q_PROMISDYSCB001 (SINGLE)

SHOWCARD PR2

In the past 7 days, I have been short of breath

IF NEEDED: Would you say not at all, a little bit, somewhat, quite a bit, or very much?

1	NOT AT ALL
2	A LITTLE BIT
3	SOMEWHAT
4	QUITE A BIT
5	VERY MUCH
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_PROMISLEEP44 (SINGLE)

SHOWCARD PR2

In the past 7 days, I had a problem with my sleep

IF NEEDED: Would you say not at all, a little bit, somewhat, quite a bit, or very much?

1	NOT AT ALL
2	A LITTLE BIT
3	SOMEWHAT
4	QUITE A BIT
5	VERY MUCH
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_GLOBAL08R (SINGLE)

In the past 7 days, how would you rate your fatigue on average?

IF NEEDED: Would you say not at all, a little bit, somewhat, quite a bit, or very much?

1	NONE
2	MILD
3	MODERATE
4	SEVERE
5	VERY SEVERE
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_PROMISPAIN (SINGLE)

SHOWCARD PR2

In the past 7 days, how much did pain interfere with your day to day activities? Would you say not at all, a little bit, somewhat, quite a bit, or very much?

1	NOT AT ALL
2	A LITTLE BIT
3	SOMEWHAT
4	QUITE A BIT
5	VERY MUCH

-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_GLOBAL07R (SINGLE)

In the past 7 days, how would you rate your pain on average on a scale of 0 being no pain to 10 being worst imaginable?

0-No pain

1

2

3

4

5

6

7

8

9

10-Worst imaginable pain

-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_GLOBAL10R (SINGLE)

SHOWCARD PR3

In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable? Would you say never, rarely, sometimes, often, or always?

1	NEVER
2	RARELY
3	SOMETIMES
4	OFTEN
5	ALWAYS
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

SHOWCARD PR4

(REPEAT ON EACH SCREEN) For the next few questions, please think about how you have been feeling over the last two weeks. For each one, would you say all of the time, most of the time, more than half of the time, less than half of the time, some of the time, or at no time?

QWHO5 (LOOP)

QWHO5_A	I have felt cheerful and in good spirits
QWHO5_B	I have felt calm and relaxed
QWHO5_C	I have felt active and vigorous
QWHO5_D	My daily life has been filled with things that interest me
QWHO5_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
-8	DON'T KNOW
-9	REFUSED

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 healthcare professionals such as doctors, nurses, and other healthcare professionals.

ASK ALL

NEW PAGE (SAME SCREEN)

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)? Vigorous physical activities typically make you breathe much harder than normal, whereas moderate activities make you breathe somewhat harder than normal. Would you say every day, 5 to 6 days, 3 to 4 days, 1 to 2 days, none, or are you not sure?

1	EVERY DAY
2	5 TO 6 DAYS
3	3 TO 4 DAYS
4	1 TO 2 DAYS
5	NONE, DID NOT DO ANY VIGOROUS OR MODERATE ACTIVITY IN THE PAST WEEK
6	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_ADVPHYSACT (SINGLE)

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

IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.

1	YES
2	NO
3	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_EHISFR (SINGLE)

SHOWCARD PR5

How often do you eat fruit (including fresh, frozen, canned or dried and excluding juice squeezed from fresh fruit or made from concentrate)? Would you say once or more a day, 4 to 6 times a week, 1 to 3 times a week, less than once a week, or never?

1	ONCE OR MORE A DAY
2	4 TO 6 TIMES A WEEK
3	1 TO 3 TIMES A WEEK
4	LESS THAN ONCE A WEEK
5	NEVER
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_EHISVG (SINGLE)

SHOWCARD PR5

How often do you eat vegetables or salad (including fresh, frozen or canned and excluding potatoes and fresh juice or juice made from concentrate)? Would you say once or more a day, 4 to 6 times a week, 1 to 3 times a week, less than once a week, or never?

1	ONCE OR MORE A DAY
2	4 TO 6 TIMES A WEEK
3	1 TO 3 TIMES A WEEK
4	LESS THAN ONCE A WEEK
5	NEVER

-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_ ADVDIET (SINGLE)

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

IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.

1	YES
2	NO
3	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_EHISSK01 (SINGLE)

Do you smoke tobacco products (excluding electronic cigarettes or similar electronic devices) at all nowadays?

IF YES: Do you smoke daily or occasionally?

1	YES, DAILY
2	YES, OCCASIONALLY
3	NOT AT ALL
-8	DON'T KNOW
-9	REFUSED

ASK IF Q_EHISSK01 = 3

NEW PAGE

Q_EHISSK04 (SINGLE)

Have you ever smoked tobacco products (excluding electronic cigarettes or similar electronic devices) daily, or almost daily, for at least one year?

1	YES
2	NO
-8	DON'T KNOW
-9	REFUSED

ASK IF Q_EHISSK01 = 1 or 2

NEW PAGE

Q_CWF2014IHP (SINGLE)

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

IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.

1	YES
2	NO
3	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_EHIS (SINGLE)

SHOWCARD PR6

In the past 12 months, how often have you had an alcoholic drink of any kind ? Would you say every day, 5-6 days a week, 3-4 days a week, 1-2 days a week, 2-3 days in a month, once a month, less than once a month, not in the past 12 months because you no longer drink, or never?

IF NEEDED: Alcoholic drinks include beer, wine, wine coolers, cider, spirits, cocktails, liquor, or homemade alcohol.

1	EVERY DAY 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
-8	DON'T KNOW
-9	REFUSED

ASK IF Q_EHIS = 2 TO 7

NEW PAGE

Q_CWF2017IHP (SINGLE)

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

IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.

1	YES
2	NO
3	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_PN (show on separate screens)

(Put this text on separate screen). The next few questions are about how you and the healthcare professionals that you usually see support your health and health care. As a reminder, healthcare professionals include doctors, nurses, and other health professionals.

For each statement, please tell me if you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree.

PN1	<p>SHOWCARD PR7</p> <p>I rely on healthcare professionals to tell me everything I need to know to manage my health</p> <p>IF NEEDED: Do you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?</p>
PN2	<p>SHOWCARD PR7</p> <p>Most health issues are too complex for me to understand</p> <p>IF NEEDED: Do you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?</p>
PN3	<p>SHOWCARD PR7</p> <p>I actively try to prevent diseases and illnesses</p> <p>IF NEEDED: Do you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?</p>
PN4	<p>SHOWCARD PR7</p> <p>I leave it to healthcare professionals to make the right decisions about my health</p> <p>IF NEEDED: Do you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?</p>
PN5	<p>SHOWCARD PR7</p> <p>It is important to me to be informed about health issues</p> <p>IF NEEDED: Do you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?</p>
PN6	<p>SHOWCARD PR7</p> <p>I need to know about health issues so I can keep myself and my family healthy</p> <p>IF NEEDED: Do you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?</p>
PN7	<p>SHOWCARD PR7</p> <p>I have difficulty understanding a lot of the health information that I read</p> <p>IF NEEDED: Do you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?</p>
PN8	<p>SHOWCARD PR7</p> <p>My healthcare professionals and I work together to manage my health</p> <p>IF NEEDED: Do you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?</p>

	IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.
PN9	<p>SHOWCARD PR7</p> <p>When I read or hear something that is relevant to my health care, I bring it up with my healthcare professionals</p> <p>IF NEEDED: Do you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?</p> <p>IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.</p>
PN10	<p>SHOWCARD PR7</p> <p>I try to understand my personal health risks</p> <p>IF NEEDED: Do you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?</p>
PREOS2m	<p>SHOWCARD PR7</p> <p>When I think something is wrong with my health care, I raise my concerns with my healthcare professionals</p> <p>IF NEEDED: Do you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?</p> <p>IF NEEDED: Health professionals include doctors, nurses, and other health professionals.</p>

Responses (SINGLE)

1	STRONGLY DISAGREE
2	DISAGREE
3	NEITHER AGREE NOR DISAGREE
4	AGREE
5	STRONGLY AGREE
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_CONFIDENT (LOOP)

P3CEQ10	<p>SHOWCARD PR9</p> <p>How confident are you that you can manage your own health and wellbeing? Would you say very confident, confident, somewhat confident, or not confident at all?</p>
MPBSPAINSTRC	SHOWCARD PR9

	<p>How confident are you that you can follow instructions from healthcare professionals about how you should care for yourself at home? Would you say very confident, confident, somewhat confident, or not confident at all?</p> <p>IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.</p>
MPBSPAMEDREC	<p>SHOWCARD PR9</p> <p>How confident are you that you can follow instructions from healthcare professionals about how to change your habits or lifestyle? Would you say very confident, confident, somewhat confident, or not confident at all?</p> <p>IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.</p>
MPBSPANECES	<p>SHOWCARD PR9</p> <p>How confident are you that you can identify when it is necessary for you to get medical care? Would you say very confident, confident, somewhat confident, or not confident at all?</p>
MPBSPASIDEX	<p>SHOWCARD PR9</p> <p>How confident are you that you can identify when you are having side effects from your medications? Would you say very confident, confident, somewhat confident, not confident at all, or does not apply?</p>
eHEALS	<p>SHOWCARD PR9</p> <p>How confident are you in using information from the Internet to make health decisions? Would you say very confident, confident, somewhat confident, not confident at all, or does not apply?</p>

Responses (SINGLE)

1	VERY CONFIDENT
2	CONFIDENT
3	SOMEWHAT CONFIDENT
4	NOT CONFIDENT AT ALL
5	DOES NOT APPLY (MPBSPASIDEX AND eHEALS ONLY)
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

EXPINTRO

Your experience of health care

The following questions are about 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 care system for a wide range of new and long-term health problems.

ASK ALL

NEW PAGE

Q_CWF1130 (SINGLE)

Is there one single professional you usually go to for most of your health problems?

IF YES: Is this a doctor or another healthcare professional?

1	YES, A DOCTOR
2	YES, ANOTHER HEALTHCARE PROFESSIONAL
3	NO, THERE IS NO SINGLE HEALTHCARE PROFESSIONAL I USUALLY GO FOR MOST OF MY HEALTH PROBLEMS
4	NOT SURE
-9	REFUSED

ASK IF Q_CWF1130 = 1

NEW PAGE

Q_USUALDR1 (SINGLE)

Who is this doctor? A primary care doctor, a specialist doctor, or are you not sure?

1	PRIMARY CARE DOCTOR
2	SPECIALIST DOCTOR
3	NOT SURE
-9	REFUSED

ASK IF Q_CWF1130 = 1

NEW PAGE

Q_CWF1140 (SINGLE)

SHOWCARD PR10

How long have you been seeing this doctor? Would you say 1 year or less, more than 1 year but no more than 3 years, more than 3 years but no more than 5 years, more than 5 years but no more than 10 years, 10 years or more, or not sure?

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	10 YEARS OR MORE
6	NOT SURE
-9	REFUSED

ASK IF Q_CWF1130 = 1

NEW PAGE

Q_USUALDR2 (SINGLE)

SHOWCARD PR11

How often have you seen this doctor in the past 12 months? This could be in person, on the phone, by video call or online messaging. Would you say not at all, once, 2-4 times, 5 or more times, or not sure?

1	NOT AT ALL/NOT IN THE PAST 12 MONTHS
2	ONCE
3	2-4 TIMES
4	5 TIMES OR MORE
5	NOT SURE
-9	REFUSED

ASK IF Q_CWF1130 = 2

NEW PAGE

Q_USUALDR3 (SINGLE)

Who is this healthcare professional? Are they a primary care nurse, a specialist nurse, another professional, or are you not sure?

1	A PRIMARY CARE NURSE
2	A SPECIALIST NURSE
3	ANOTHER PROFESSIONAL
4	NOT SURE
-9	REFUSED

ASK IF USUALDR3 = 1-3

NEW PAGE

Q_USUALDR4 (SINGLE)

SHOWCARD PR10

How long have you been seeing this healthcare professional? Would you say 1 year or less, more than 1 year but no more than 3 years, more than 3 years but no more than 5 years, more than 5 years but no more than 10 years, 10 years or more, or not sure?

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	10 YEARS OR MORE
6	NOT SURE
-9	REFUSED

ASK IF USUALDR3 = 1-3

NEW PAGE

Q_USUALDR5 (SINGLE)

How often have you seen this healthcare professional in the past 12 months? This could be in person, on the phone, by video call or online messaging. Would you say not in the past 12 months, once, 2-4 times, 5 times or more, or not sure?

1	NOT IN THE PAST 12 MONTHS
---	---------------------------

2	ONCE
3	2-4 TIMES
4	5 TIMES OR MORE
5	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_CHRONCOND (LOOP)

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 (e.g., high cholesterol, high triglycerides or heart failure)
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 chronic conditions
13	I have never been told by a doctor that I have any of these problems

Responses (SINGLE)

1	YES
2	NO
-8	DON'T KNOW
-9	REFUSED

ASK IF Q_CHRONCOND = 12

NEW PAGE

Q_CHRONCONDOS (OPEN)

What other chronic conditions have you been told by a doctor you have?

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.

Q_P3CEQ6 (SINGLE)

Do you have a single professional who takes responsibility for coordinating your care across the services that you use?

IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.

IF NEEDED: A professional may coordinate your care by being the first point of contact with the health care system.

1	YES
2	NO
3	NOT SURE
-9	REFUSED

ASK IF Q_CHRONCOND = 1 TO 12 AND Q_P3CEQ6 = 1

NEW PAGE

Q_P3CEQ5m1 (SINGLE)

Is this the same professional that you see for most of your health problems?

1	YES
2	NO
3	NOT SURE
-8	REFUSED

ASK IF Q_CHRONCOND = 1 TO 12 AND Q_P3CEQ6 = 1 AND Q_P3CEQ5m1 = 2 OR 3

NEW PAGE

Q_P3CEQ5m2 (SINGLE)

SHOWCARD PR12

Who is this professional? Are they a primary care doctor, specialist, primary care nurse, hospital nurse, some other professional or not sure?

1	A PRIMARY CARE DOCTOR -FAMILY DOCTOR- GENERAL PRACTITIONER
2	A SPECIALIST DOCTOR
3	A PRIMARY CARE NURSE
4	A HOSPITAL NURSE
5	OTHER DOCTOR
6	OTHER NURSE
7	OTHER HEALTHCARE PROFESSIONAL
8	NOT SURE
-9	REFUSED

ASK IF Q_CHRONCOND = 1 TO 12

NEW PAGE

Q_P3CEQ5 (SINGLE)

SHOWCARD PR8

Is your health care organized in a way that works for you? Would you say not at all, to some extent, more often than not, always, or not sure?

1	NOT AT ALL
2	TO SOME EXTENT
3	MORE OFTEN THAN NOT
4	ALWAYS
5	NOT SURE
-9	REFUSED

ASK IF Q_CHRONCOND = 1 TO 12

NEW PAGE

Q_ROUTINEF (SINGLE)

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.

1	YES
2	NO
3	NOT SURE
-9	REFUSED

ASK IF Q_ROUTINEF = 1

NEW PAGE

Q_ROUTINEF2 (SINGLE)

How often are you offered regular follow-up visits for any of your health problems? Would you say every 3 months or more often, every 6 months, every 12 months, over longer periods of time, or not sure?

IF NEEDED: If you have more than one condition, please answer about the condition that you are seen for most regularly.

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	NOT SURE
-9	REFUSED

ASK IF Q_CHRONCOND = 1 TO 12

NEW PAGE

Q_P3CE (LOOP)

P3CEQ1	<p>SHOWCARD PR8</p> <p>Do you discuss with the healthcare professionals involved in your care what is most important for you in managing your own health and wellbeing? Would you say not at all, to some extent, more often than not, always, or not relevant?</p> <p>IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.</p>
P3CEQ2	SHOWCARD PR8

	Are you involved as much as you want to be in decisions about your care? Would you say not at all, to some extent, more often than not, always, or not relevant?
P3CEQ3	SHOWCARD PR8 Are you considered as a 'whole person' rather than just a disease/condition in relation to your care? Would you say not at all, to some extent, more often than not, always, or not relevant?

Responses (SINGLE)

1	NOT AT ALL
2	TO SOME EXTENT
3	MORE OFTEN THAN NOT
4	ALWAYS
5	NOT RELEVANT
-9	REFUSED

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, doing more of, or simply keep doing (such as physical activity, minimising the need for medicines, coping better with your health condition(s) or understanding better your condition(s)).

ASK ALL

NEW PAGE

Q_PCMH4 (SINGLE)

SHOWCARD PR13

How often does someone at your primary care provider's office talk to you about specific goals for your health? Would you say always, often, sometimes, rarely, never, or not sure?

1	ALWAYS
2	OFTEN
3	SOMETIMES
4	RARELY
5	NEVER
6	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

The next few questions are about care plans. This is a written agreement between you and your healthcare 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.

ASK IF Q_CHRONCOND = 1 TO 12

NEW PAGE

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
-9	REFUSED

ASK IF Q_CHRONCOND = 1 TO 12 AND Q_P3CEQ7a = 1

NEW PAGE

Q_P3CEQ7b (SINGLE)

Is this care plan (or plan of care) available to you?

1	YES
2	NO
3	NOT SURE
-9	REFUSED

ASK IF Q_CHRONCOND = 1 TO 12 AND Q_P3CEQ7a = 1

NEW PAGE

P3CEQ7c (SINGLE)

SHOWCARD PR8

To what extent have you found your care plan (or plan of care) useful for you to manage your health and wellbeing? Would you say not at all, to some extent, more often than not, always, or not sure?

1	NOT AT ALL
2	TO SOME EXTENT
3	MORE OFTEN THAN NOT
4	ALWAYS
5	NOT SURE
-9	REFUSED

ASK IF Q_CHRONCOND = 1 TO 12 AND Q_P3CEQ7a = 1

NEW PAGE

Q_P3CEQ7d (SINGLE)

SHOWCARD PR8

To what extent do all the professionals involved in your care appear to be following the same care plan?

IF NEEDED: Would you say not at all, to some extent, more often than not, always, or not sure?

IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.

1	NOT AT ALL
2	TO SOME EXTENT
3	MORE OFTEN THAN NOT

4	ALWAYS
5	NOT SURE
-9	REFUSED

ASK IF Q_CHRONCOND = 1 TO 12

NEW PAGE

Q_P3CEQ8 (SINGLE)

Do you have enough support from your healthcare professionals to help you to manage your own health and wellbeing? Would you say you do not need support, have had no support, sometimes have enough support, often have enough support, always have enough support, not relevant, or not sure?

IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.

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
-9	REFUSED

ASK IF Q_CHRONCOND = 1 TO 12

NEW PAGE

P3CEQ9 (SINGLE)

To what extent do you receive useful information at the time you need it to help you manage your health and wellbeing? Would you say you do not receive any information, you sometimes receive enough information, you often receive enough information, you always receive enough information, you receive too much information, not relevant or not sure?

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
-9	REFUSED

ASK IF Q_CHRONCOND = 1 TO 12

NEW PAGE

Q_P3CEQ11b (SINGLE)

Do your healthcare professionals involve your family, friends and/or caregivers much as you want them to be in decisions about your care? Would you say not at all, to some extent, more often than not, always, you do not want them to be involved, they do not want to be involved or not applicable?

1	NOT AT ALL
2	TO SOME EXTENT

3	MORE OFTEN THAN NOT
4	ALWAYS
5	I DO NOT WANT MY FAMILY, FRIENDS OR CAREGIVERS TO BE INVOLVED
6	MY FAMILY, FRIENDS OR CAREGIVERS DO NOT WANT TO BE INVOLVED
7	NOT APPLICABLE
-9	REFUSED

ASK IF Q_CHRONCOND = 1 TO 12

NEW PAGE

Q_MEDCWF1605 (SINGLE)

How many different medications as prescribed by a doctor or a nurse are you taking on a regular or ongoing basis? Would you say no medication, 1-4 different medications, 5-9 medications, 10-15 medications, or 16 or more medications?

1	NO MEDICATION
2	1-4 DIFFERENT MEDICATIONS
3	5-9 MEDICATIONS
4	10-15 MEDICATIONS
5	16 OR MORE MEDICATIONS
-8	DON'T KNOW
-9	REFUSED

ASK IF Q_CHRONCOND = 1 TO 12 AND Q_MEDCWF1605 = 2 TO 5

NEW PAGE

Q_MEDCWF71110 (SINGLE)

In the past 12 months, has a healthcare professional reviewed with you all medications you take?

IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.

1	YES
2	NO
3	NOT SURE
4	I AM NOT TAKING ANY MEDICATION
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

The next few questions are about your experience with your primary care provider's office in the last 12 months.

ASK ALL

Q_P3CEQ4 (SINGLE)

SHOWCARD PR15

Were there times when you had to repeat information that should have been in your medical records? Would you say yes, definitely; yes, to some extent; no, not really; no, definitely not; or not sure?

1	YES, DEFINITELY
2	YES, TO SOME EXTENT
3	NO, NOT REALLY
4	NO, DEFINITELY NOT
5	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_PREOS3 (SINGLE)

SHOWCARD PR13

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 healthcare professionals.

How often do you believe you had any such event or circumstance with your primary care provider's office?

1	ALWAYS
2	OFTEN
3	SOMETIMES
4	RARELY
5	NEVER
98	NOT APPLICABLE
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_PREOS1 (SINGLE)

SHOWCARD PR13

How often did you feel that the healthcare professionals at your primary care provider's office encouraged you to talk about any concerns about your healthcare?

IF NEEDED: Would you say always, often, sometimes, rarely, never, or not applicable?

IF NEEDED: Healthcare professionals include doctors, nurses, and other health professionals.

1	ALWAYS
2	OFTEN
3	SOMETIMES
4	RARELY
5	NEVER
98	NOT APPLICABLE
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_OECDACC3 (SINGLE)

SHOWCARD PR13

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

IF NEEDED: Would you say always, often, sometimes, rarely, never, or not applicable?

1	ALWAYS
2	OFTEN
3	SOMETIMES
4	RARELY
5	NEVER
98	NOT APPLICABLE
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_OECDACC46 (SINGLE)

SHOWCARD PR13

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

IF NEEDED: Would you say always, often, sometimes, rarely, never, or not applicable?

1	ALWAYS
2	OFTEN
3	SOMETIMES
4	RARELY
5	NEVER
98	NOT APPLICABLE
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

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

ASK ALL

NEW PAGE

Q_GPPS4 (SINGLE)

How easy is it for you to use your primary care provider's website to look for information or access services? Would you say very easy, fairly easy, not very easy, not at all easy, you haven't tried, your provider doesn't have one, or not sure?

1	VERY EASY
2	FAIRLY EASY
3	NOT VERY EASY
4	NOT AT ALL EASY
5	I HAVEN'T TRIED
6	MY PRIMARY CARE PROVIDER DOES NOT HAVE A WEBSITE
7	NOT SURE

ASK ALL

NEW PAGE

Q_GPPS5 (MULTI)

As far as you know, which of the following online services does your primary care provider's office offer? Booking appointments online, ordering repeat prescriptions online, accessing medical records online, video consultations, none of these, or you don't know?

SELECT ALL

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
-9	REFUSED

ASK ALL

NEW PAGE

Q_GPPS6 (MULTIPLE)

Which of the following online services offered by your primary care provider's office have you used? Booking appointments online, ordering repeat prescriptions online, accessing your medical records online, video consultations, or none of these?

SELECT ALL

1	BOOKING APPOINTMENTS ONLINE
2	ORDERING REPEAT PRESCRIPTIONS ONLINE
3	ACCESSING MY MEDICAL RECORDS ONLINE
4	VIDEO CONSULTATIONS
5	NONE OF THESE
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_CWF119 (SINGLE)

SHOWCARD PR1

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 provider's office? Would you say excellent, very good, good, fair, poor, you haven't received medical care in the last 12 months, or not sure?

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
-8	DON'T KNOW
-9	REFUSED

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)

In the last 12 months, have you been to a hospital emergency department for your own medical care?

IF NEEDED: How many times? Once, twice, or 3 or more times?

1	NO
2	YES, ONCE
3	YES, TWICE
4	YES, 3 OR MORE TIMES
5	NOT SURE
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_CWF2016HOSP (SINGLE)

In the last 12 months, have you been in a hospital for one night or longer?

IF NEEDED: How many times? Once, twice, or 3 or more times?

1	NO
2	YES, ONCE
3	YES, TWICE
4	YES, 3 OR MORE TIMES
5	NOT SURE
-8	DON'T KNOW

-9	REFUSED
----	---------

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 visit with a primary care doctor, nurse or other healthcare professional to get care for yourself (this may have been with your main healthcare professional or another healthcare 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 received when you stayed overnight in a hospital, accident and emergency care, or dental care visits.

ASK ALL**NEW PAGE**

Q_PURPOS (SINGLE)

What was the main purpose of this visit? Would you say first contact for a new problem, follow-up for a new problem, routine care for a long-term problem, non-routine care for long-term problem, general preventive care, or not sure?

1	FIRST CONTACT FOR A NEW PROBLEM
2	FOLLOW-UP FOR 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
-9	REFUSED

ASK ALL**NEW PAGE**

Q_OECDACC7a (SINGLE)

Who did you have this last visit with? If you saw more than one professional, please select the one you spent most time with on the day. A primary care doctor, another specialist doctor, a nurse, an allied healthcare professional such as a physiotherapist, dietician or podiatrist, another healthcare professional, or not sure?

1	A PRIMARY CARE DOCTOR
2	ANOTHER SPECIALIST DOCTOR
3	A NURSE
4	AN ALLIED HEALTHCARE PROFESSIONAL, SUCH AS A PHYSIOTHERAPIST, DIETICIAN/DIETICIAN NUTRITIONIST, OR PODIATRIST
5	ANOTHER HEALTHCARE PROFESSIONAL
6	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_OECDACC7b (SINGLE)

Where was this professional working? A primary care provider's office, an outpatient department of a hospital, other, not sure, or not applicable?

1	A PRIMARY CARE PROVIDER'S OFFICE
2	AN OUTPATIENT DEPARTMENT OF A HOSPITAL
3	OTHER
4	NOT SURE
5	NOT APPLICABLE
-9	REFUSED

ASK ALL

NEW PAGE

Q_OECDACC7c (MULTI)

Which of the following best describes the type of care you received? Face-to-face visit in a professional's office, telephone visit, video visit, home visit, other or not sure?

SELECT ALL

1	FACE-TO-FACE VISIT IN HEALTH PROFESSIONAL'S OFFICE
2	TELEPHONE VISIT
3	VIDEO VISIT
4	HOME VISIT
5	OTHER
6	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

GPPSACCESS (SINGLE)

SHOWCARD PR14

How long after initially trying to book the appointment did the appointment take place? On the same day, next day, a few days and up to a week later, more than a week and up to one month later, more than one month later or you can't remember?

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
-9	REFUSED

ASK ALL

NEW PAGE

Q_OECDACC9 (SINGLE)

Was the time you waited a problem for you?

1	YES
---	-----

2	NO
3	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_OECDACC8 (SINGLE)

SHOWCARD PR15

Did this healthcare professional spend enough time with you? Would you say yes, definitely; yes, to some extent; no, not really; no, definitely not; or not sure?

1	YES, DEFINITELY
2	YES, TO SOME EXTENT
3	NO, NOT REALLY
4	NO, DEFINITELY NOT
5	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_OECDEXP2 (SINGLE)

SHOWCARD PR15

Did this healthcare professional explain things in a way that was easy to understand?

IF NEEDED: Would you say yes, definitely; yes, to some extent; no, not really; no, definitely not; or not sure?

1	YES, DEFINITELY
2	YES, TO SOME EXTENT
3	NO, NOT REALLY
4	NO, DEFINITELY NOT
5	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_OECDEXP3 (SINGLE)

SHOWCARD PR15

Did this healthcare professional give you an opportunity to ask questions or raise concerns about recommended treatment?

IF NEEDED: Would you say yes, definitely; yes, to some extent; no, not really; no, definitely not; or not sure?

1	YES, DEFINITELY
2	YES, TO SOME EXTENT

3	NO, NOT REALLY
4	NO, DEFINITELY NOT
5	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_GPPSTRUST (SINGLE)

SHOWCARD PR8

Did you have confidence and trust in the healthcare professional you saw or spoke to?

IF NEEDED: Would you say yes, definitely; yes, to some extent; no, not really; no, definitely not; or not sure?

1	NOT AT ALL
2	TO SOME EXTENT
3	MORE OFTEN THAN NOT
4	ALWAYS
5	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_OECDEXP5 (SINGLE)

SHOWCARD PR1

Overall, how would you rate the quality of this visit? Would you say excellent, very good, good, fair, poor, or not sure?

1	EXCELLENT
2	VERY GOOD
3	GOOD
4	FAIR
5	POOR
6	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

The next questions are about your experience of care in relation to the COVID-19/coronavirus pandemic.

Q_COVID1 (SINGLE)

In the last 12 months, has a healthcare professional or laboratory result confirmed to you that you have had COVID-19?

1	YES
2	NO
3	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_HSE2018m (SINGLE)

In the last 12 months, have you received at least one vaccination for COVID-19?

1	YES
5	NO
6	NOT SURE
-9	REFUSED

ASK ALL

NEW PAGE

Q_GPPSCV2a (MULTIPLE)

In the last 12 months, have you avoided making an appointment at your primary care provider's office for any reasons?

1	YES
6	I DIDN'T NEED AN APPOINTMENT
7	NO
8	NOT SURE
-9	REFUSED

ASK IF Q_GPPSCV2a=1

NEW PAGE

Q_GPPSCV2b (MULTIPLE)

Why did you avoid making an appointment? Would you say this was because you didn't have time, you were worried about the risk of catching COVID-19, you were worried about the burden to the health care system, you found it too difficult, another reason, or not sure?

IF NEEDED: Any other reason?

SELECT ALL

1	I DID NOT HAVE TIME
2	I WAS WORRIED ABOUT THE RISK OF CATCHING COVID-19
3	I WAS WORRIED ABOUT THE BURDEN TO THE HEALTH SYSTEM
4	I FOUND IT TOO DIFFICULT
5	FOR ANOTHER REASON
8	Not sure
-9	REFUSED

ASK ALL

NEW PAGE

Q_COVID2 (SINGLE)

SHOWCARD PR12

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? Would you say **always, often, sometimes, rarely, never, or not applicable**?

1	ALWAYS
2	OFTEN
3	SOMETIMES
4	RARELY
5	NEVER
98	NOT APPLICABLE
-9	REFUSED

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_ISCED (SINGLE)

What is the highest educational level that you have attained?

1	GRADE 4 OR LESS
2	GRADE 5 TO 8
3	GRADE 9 TO 11
4	GRADE 12 (NO DIPLOMA)
5	REGULAR HIGH SCHOOL DIPLOMA
6	GED OR ALTERNATIVE CREDENTIAL
7	SOME COLLEGE CREDIT, BUT LESS THAN 1 YEAR
8	1 OR MORE YEARS OF COLLEGE CREDIT, NO DEGREE
9	ASSOCIATE'S DEGREE (AA, AS, ETC)
10	BACHELOR'S DEGREE (BA, BS, ETC.)
11	MASTER'S DEGREE (MA, MS, MBA, ETC.)
12	PROFESSIONAL DEGREE (MD, DDS, JD, ETC.)
13	DOCTORATE DEGREE (PhD, EdD, ETC.)

ASK ALL

NEW PAGE

Q_SEX/GENDER (SINGLE, OPEN)

Are you...?

1	FEMALE
2	MALE
3	OTHER
97	PREFER NOT TO SAY

ASK ALL

NEW PAGE

Q_OECDLGBTI (SINGLE)

This question is about your sexual orientation. Do you identify as: heterosexual or straight, gay or lesbian, bisexual, something else, or would you prefer not to say?

IF NEEDED: Heterosexual or straight means being attracted to the opposite sex. Gay or Lesbian means being attracted to the same sex. Bisexual means being attracted to both sexes.

1	HETEROSEXUAL OR STRAIGHT
2	GAY OR LESBIAN
3	BISEXUAL
4	SOMETHING ELSE
97	PREFER NOT TO SAY

ASK ALL

NEW PAGE

Q_OECDLIT5a (SINGLE)

Which of these terms best describes your current work situation? Self-employed, in paid employment, looking for work, looking after the home, unable to work due to sickness or ill-health, retired, not working and not looking for work, other, or don't know?

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
8	NOT WORKING AND NOT LOOKING FOR WORK
10	OTHER
99	DON'T KNOW

ASK ALL

NEW PAGE

Q_OECDLIT7 (SINGLE)

Which of these categories does your total income before taxes usually fall into? Include income from jobs, Social Security, Railroad Retirement, other retirement income, and the other sources of income.

IF NEEDED: Please provide your total income after taxes during the past 12 months. Include income from jobs, Social Security, Railroad Retirement, other retirement income, and any other sources of income.

1	UP TO \$50,640 A YEAR
2	BETWEEN \$50,640 AND \$84,401 A YEAR
3	\$84,401 OR MORE A YEAR
99	DON'T KNOW
97	PREFER NOT TO SAY

ASK ALL

NEW PAGE

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
98	NOT APPLICABLE

ASK ALL

NEW PAGE

Q_MON (Show on different screens)

SHOWCARD PR13

How often in the past 12 months would you say you were worried or stressed about the following things? Would you say always, often, sometimes, rarely, or never?

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
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

MEDHIMS6

Were you born in the United States of America? (SINGLE, OPEN)

1	YES
---	-----

2	NO
-8	DON'T KNOW
-9	REFUSED

ASK IF MEDHIMS6=2

NEW PAGE

MEDHIMS6_OS (OPEN)

What country were you born in?

1	OPEN TEXT
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

MEDHIMS7

Are you a citizen of the United States of America? (SINGLE, OPEN)

1	YES
2	NO
-8	DON'T KNOW
-9	REFUSED

ASK IF MEDHIMS7=2

NEW PAGE

MEDHIMS7_OS (OPEN)

What country are you a citizen of?

1	OPEN TEXT
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_AREA

Which of these best describes the type of area in which you live? City, town or suburb, rural area, or are you not sure?

1	CITY
2	TOWN OR SUBURB
3	RURAL AREA
4	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

WHODIS (Show on different screens)

Should you need help, how easy is it for you to get help from the following people? Would you say very easy, easy, neither easy nor difficult, difficult, very difficult, or not applicable?

WHODIS1	A close family member (including your partner)?
WHODIS2	Friends, neighbors and co-workers?

Responses (SINGLE)

1	VERY EASY
2	EASY
3	NEITHER EASY NOR DIFFICULT
4	DIFFICULT
5	VERY DIFFICULT
6	NOT APPLICABLE
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

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
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_WHOWB11 (SINGLE)

Do you need emotional care or support, such as comfort, advice or counseling?

1	Yes
2	No
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

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
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

Q_AGSTRUST

SHOWCARD PR7

How strongly do you agree or disagree that the health care system can be trusted? Would you say strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?

1	STRONGLY DISAGREE
2	DISAGREE
3	NEITHER AGREE NOR DISAGREE
4	AGREE
5	STRONGLY AGREE
-8	DON'T KNOW
-9	REFUSED

ASK ALL

NEW PAGE

END

Thank you for your time and participation in this survey.