Measures of quality, costs and equity in primary health care: instruments developed to analyse and compare primary health care in 35 countries

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ABSTRACT
Background The Quality and Costs of Primary Care in Europe (QUALICOPC) study aims to analyse and compare how primary health care systems in 35 countries perform in terms of quality, costs and equity. This article answers the question ‘How can the organisation and delivery of primary health care and its outcomes be measured through surveys of general practitioners (GPs) and patients?’ It will also deal with the process of pooling questions and the
subsequent development and application of exclusion criteria to arrive at a set of appropriate questions for a broad international comparative study.

Methods The development of the questionnaires consisted of four phases: a search for existing validated questionnaires, the classification and selection of relevant questions, shortening of the questionnaires in three consensus rounds and the pilot survey. Consensus was reached on the basis of exclusion criteria (e.g. the applicability for international comparison). Based on the pilot survey, comprehensibility increased and the number of questions was further restricted, as the questionnaires were too long.

Results Four questionnaires were developed: one for GPs, one for patients about their experiences with their GP, another for patients about what they consider important, and a practice questionnaire.

The GP questionnaire mainly focused on the structural aspects (e.g. economic conditions) and care processes (e.g. comprehensiveness of services of primary care). The patient experiences questionnaire focused on the care processes and outcomes (e.g. how do patients experience access to care?).

The questionnaire about what patients consider important was complementary to the experiences questionnaire, as it enabled weighing the answers from the latter. Finally, the practice questionnaire included questions on practice characteristics.

Discussion The QUALICOPC researchers have developed four questionnaires to characterise the organisation and delivery of primary health care and to compare and analyse the outcomes. Data collected with these instruments will allow us not only to show in detail the variation in process and outcomes of primary health care, but also to explain the differences from features of the (primary) health care system.

BACKGROUND
Many European countries share the goal of initiating or sustaining strong primary health care systems. As a result, there is a demand for benchmarking information and a growing tendency to learn from foreign experiences. Evidence on the outcomes of primary health care in European countries is, however, still incomplete. Variation in the organisation of primary health care in Europe enables analyses of the relationship between primary care organisation and outcomes.

Decision makers may benefit from information about arrangements of primary health care which are more likely to produce better outcomes. In 2010, the three-year Quality and Costs of Primary Care in Europe (QUALICOPC) study started.

This study aims to compare and analyse how the primary health care systems of 35 countries perform in terms of quality, costs and equity. The results of this study will contribute to evidence on the benefits of strong primary health care and on the performance of health care systems in general. The European countries include 27 EU countries, Iceland, Norway, Turkey, Switzerland and Macedonia. Outside Europe, Australia, Canada and New Zealand have joined the study. For this study, data will be gathered by means of surveys among general practitioners (GPs) and
their patients. National characteristics of the organisation of primary health care will be derived from other sources, such as the Primary Health Care Activity Monitor (PHAMEU) database. GPs were chosen as survey subjects, because they can be seen as the main providers of primary health care. However, the project aims to provide insight into not only GP care, but also primary health care as a whole. Fieldworkers, who will visit GP practices to recruit patients and assist them, if necessary, with filling in the questionnaire, will also fill in a practice questionnaire. The data from GPs, patients and fieldworkers will be linked to each other. For more information on the QUALICOPC study, see Box 1. Primary health care can be characterised as the first level of access to care and is provided near patients’ homes. Primary health care includes curative and rehabilitative care, preventive care and health education. A recent literature review on primary health care distinguishes three levels of care, namely the structure, process and outcome of care. Within these levels, 10 core dimensions to measure primary health care were identified (see Table 1).

The QUALICOPC study aims to comprehensively evaluate the breadth of primary health care by gathering data on all these dimensions. The analyses will focus on the following overarching themes: quality of the process of care (including the dimensions of access, continuity, coordination and comprehensiveness of primary health care services), experiences of patients (as an indicator of the dimension quality of primary health care), costs of primary health care (as a part of the dimension efficiency of care), equity (related to the dimension access and the quality of primary health care), avoidable hospitalisation (as an indicator of the dimension quality of primary health care). A sixth synthesising theme will be the identification of ‘good practices’ of primary health care provision (related to all dimensions to measure primary health care).1

[BOX 1] [TABLE 1]
To collect data related to these six themes, new questionnaires had to be developed. Many previous studies have used questionnaires for primary health care physicians and patients. In the past, comprehensive primary care studies have been performed, for example by Barbara Starfield and the Commonwealth Fund, but only a limited number of European countries were included. Furthermore, many studies that have used questionnaires from GPs and patients had a focus on specific subjects or themes rather than a multidimensional approach. This study aims to unravel the processes and contributions of primary health care to its outcomes in terms of quality, costs and equity. The questions in the questionnaire should not only cover all themes but also be suitable for use in international surveys, which means that differences in the health care context between countries need to be taken into account.

This article describes the background to and development of the questionnaires for the QUALICOPC study. It addresses the question ‘How can the quality, costs and equity of a primary health care system be measured?’ Furthermore, criteria used for inclusion or exclusion of questions are presented, as well as an overview of the resulting questions that can be used for international comparative research on primary health care.
METHODS
Four questionnaires were developed: one for GPs, one for patients about their experiences with their GP, another for patients about their values regarding primary care (i.e. what they consider important), and finally one about the practice. Because the project aims to provide insight into GP care as a whole, the GP questionnaire should also include questions beyond the scope of the tasks of the GP. The questionnaire about what patients find important is added to weigh against their experiences. Development of the questionnaires consisted of four phases: a search for existing questionnaires, the classification and selection of relevant questions (including formulation of inclusion and exclusion criteria), shortening of the questionnaires and the pilot survey. An overview of the development process is presented in Figure 1.

Phase 1: bibliometric search
In the first phase, existing questionnaires, published between 1990 and 2010 and with an abstract written in English, were searched for in the bibliographic databases PubMed and Embase. The search aimed to identify validated questionnaires for primary health care physicians and patients, suitable for international comparisons. Search terms were derived from the 10 dimensions for measuring primary health care (Table 1).
In addition, attention was paid to identifying questionnaires on avoidable hospitalisation, which is not explicitly covered in the dimensions, and on equity, which has received relatively little attention in international comparative primary health care research.2,6

Phase 2: classification, selection, rephrasing and new questions
In the second phase, questions from the included questionnaires were classified according to the 10 dimensions. Next, the researchers selected questions that contribute to answering the main research questions of the QUALICOPC study. Questions were rephrased to fit the study approach and aim. Furthermore, new questions were formulated for gaps that were identified. The identified questions were divided between the provisional list of questions for the GP questionnaire and the Patient Experiences and Patient Values questionnaires.

Phase 3: consensus rounds
Next, in three consensus rounds, the researchers evaluated the questionnaires and selected the questions for inclusion. Each of the questions was discussed for its relevance to the purpose of this study and the exclusion criteria in order to further increase the suitability of the questions for the surveys. The researchers developed the following set of criteria for inclusion/exclusion: . the question is not suitable for international comparison (e.g. not applicable in several countries) . the question refers to a characteristic of the health care system (that can be found elsewhere, e.g. the PHAMEU database) rather than to a characteristic of an individual practice or experience of a patient . very little variation in the answers is expected, both within and between countries . the question is very detailed and will provide only fractional information . answers to the questions are expected to be unreliable (e.g. due to social desirability bias) . the question is likely to be too difficult for the respondent (e.g. it demands a high level of literacy).
In three rounds, the researchers submitted the questions to these criteria, until consensus was found. At this stage, questions were reformulated where necessary to increase comprehensibility.

PILOT SURVEY
As a final step, a pilot survey was held with GPs and patients in Belgium, the Netherlands and Slovenia, aiming to test the practicality and applicability of the survey and the comprehensibility and appropriateness of the questions. In each country, a convenience sample of GPs (around 10) was invited to participate. GPs were asked to fill in the questionnaire, which contained an extra column to add comments and questions to the questionnaire. Furthermore, project researchers visited the general practices to recruit a random sample of patients. In each practice, four consecutive patients who agreed to fill in the questionnaire were included. This resulted in a total of 112 completed questionnaires from patients (40 in Belgium and Slovenia and 32 in the Netherlands). During the visits, researchers filled in a checklist, took notes of the proceedings and asked the patients to directly mention problems or questions which they did not understand. Based on the findings of the pilot a final consensus round was held in which the questionnaires were further shortened and questions which were found too difficult were rephrased.

During the pilot and the subsequent final consensus round, special attention was paid to the intelligibility of questions, because the changed wording of several questions could have affected their validity. Explicit cognitive testing, however, has not been part of the pilot study. For two reasons it was decided not to assess the psychometric properties of the draft questionnaires. First, questions dealing with factual circumstances or facilities are less suitable for such testing. Besides, questions copied from validated questionnaires have been tested already. For instance, the questions on services that GPs offer to their patients that are derived from the European GP Task Profile study have been tested for internal consistency and scale reliability.9

RESULTS
In this section, the results of each of the phases of the development are discussed. Next, the final outcomes, namely the questionnaires, are presented.

Phase 1: bibliometric search
Through the bibliometric search, 2783 potentially relevant studies for the GP questionnaire were identified. After careful screening, 13 relevant primary health care physician questionnaires were identified, an overview of which is presented in Box 2. For the patient questionnaire, 2213 potentially relevant sources were found, which eventually resulted in 64 relevant questionnaires (see Box 3).
Phase 2: classification, selection, rephrasing and new questions
All questions from the retrieved questionnaires were classified according to the dimensions to measure primary care. The result of this classification is presented in Table 2. As some questions were classified in more than one dimension, the total number in the figure is higher than the number of questions that emerged from the search.

For each of the dimensions, the researchers selected questions potentially relevant to this study. An example of a question which was not included in the first selection phase is about the health plans of the patients. This question is country specific and not suitable for comparison between countries. After this first phase, 138 questions for GPs and 117 for patients remained.

Phase 3: consensus rounds
During the consensus phase, the questions on the provisional were further narrowed (based on the exclusion criteria) and rephrased, where necessary.

For instance, as more and more GPs work part-time, the question about the number of GP colleagues working in the same practice was further specified to include the number of full-time equivalents (FTEs) in addition to the absolute number. The number of remaining questions after each round is indicated in Figure 1.

Pilot
The pilots showed that the questionnaires were reasonably well understood and easily administered, suggesting acceptable clarity and applicability. However, both the GP and Patient Experiences questionnaires were too long, as the average time needed for completion exceeded the set limits of 30 minutes for GPs and 20 minutes for patients. Furthermore, in the GP questionnaire mistakes were identified (e.g. names of equipment were incorrect). Some questions in the patients’ questionnaire appeared too difficult.

The pilot resulted in a further reduction of the questionnaire, reformulation of several questions and the development of a short practice questionnaire about general characteristics of the practice (e.g. cleanliness of the waiting room).

GP questionnaire
The final GP questionnaire (see Appendix A – available online) contains 60 questions (25 of which have two or more subquestions). The majority of the questions have prestructured multiple choice answers.

In 13 questions, GPs are also asked to fill in numerical answers (e.g. a percentage or a number of hours).

Appendix A (available online) also provides an overview of the thematic content of each of the questions and the sources used for the questions.

Three questions focus on the background of the GP and four on the characteristics of the practice (e.g. the composition of the practice population). ‘Efficiency is measured by seven questions for instance on time allocation of the GP. Within the theme ‘‘workforce development’’ there are four questions, from additional professional activities of GP and disciplines working in the practice to job satisfaction. Five questions focus on ‘economic conditions’ (payment of the GP and co-payment for
patients). ‘Equity in access’ is reflected in questions about restrictions in access and availability of care for uninsured patients.

To gain insight into the relationship between GPs and the broader contacts of primary care, there are 12 questions about ‘coordination and cooperation’ between GPs and other disciplines. Eleven questions about the ‘continuity of care’ provided by the GPs concentrate on disease management and on referrals and information exchange. Special attention is paid to medical record keeping.

‘Quality of care’ is measured with three questions regarding the use of guidelines and feedback from colleagues or authorities. ‘Comprehensiveness of care services’ is reflected in 12 questions, dealing with the available equipment and the GPs’ task profiles (e.g. the range of problems for which the GP is the first point of contact). Finally, nine questions covering ‘accessibility of care’ can be divided into those about physical access (distance to the practice and opening hours) and those about financial access to care services.

The European study on GP Task Profiles, carried out in 30 European countries in 1992–93, is a major source for the GP questionnaire. Several questions were copied from this questionnaire. Other important sources are, for example, international surveys by the Commonwealth Fund (questions about financial incentives, guideline use and medical record keeping) and Starfield’s Primary Care Assessment Tool (question about care for uninsured persons). For several topics, no examples of existing questions were found and new questions had to be formulated.

These topics were involvement of GPs in disease management programmes, equity in access and patient involvement in the decision-making process.

**Patient Experiences questionnaire**

The Patient Experiences questionnaire, dealing with the experiences of patients with their GP (see Appendix B – available online), contains 41 multiple choice questions (10 of which have two or more subquestions).

Many questions ask to what extent the patient agrees with a statement. The questionnaire is meant to be completed in the GP’s waiting room by patients after consultation with their GP.

The 18 questions which concentrate on the patient’s background concern the patient’s socio-economic status, perceived health, reason for visiting the GP, and visits to medical specialists and hospitals. Six questions deal with measuring experiences with ‘continuity of care’, e.g. the use of medical records. ‘Quality of care’ as experienced by patients is measured in 13 questions (e.g. about the satisfaction of care needs in connection to the patient’s relationship with the GP, aspects of communication, safety, complaint handling and preventive activities).

As in the GP questionnaire, the 14 questions about the ‘accessibility of care’ can be divided into physical and financial access. These questions also include the time the GP has available for the patient, the availability of home visits and waiting times.

Three questions pay attention to ‘equity in access’ and one question to ‘equity in treatment’. ‘Coordination’ is measured with five questions on experiences of coordination in the case of referral and on treatment by a practice nurse.

To mirror the questions in the GP questionnaire about autonomy, patients are asked about their involvement in decision making and referrals. ‘Comprehensiveness of services’ is mirrored in a question about patients’ views on the breadth of the clinical
task profile of services offered by the GP. Finally, two questions specifically related to avoidable hospitalisation were included.

Major sources for this questionnaire were the Consumer Quality Index for GPs,\textsuperscript{14} the EUROPEP,\textsuperscript{15} several international Commonwealth Fund questionnaires\textsuperscript{16–20} and Starfield’s Adult Primary Care Assessment Tool.\textsuperscript{21} Compared with the GP questionnaires, more questions for patients were identified in the domain of equity in access and treatment. As few questions were found on patient autonomy, new questions had to be developed on this theme.

**Patient Values questionnaire**

Next, a Patient Values questionnaire was developed. Measuring what patients consider important enables the weighting of their experiences.\textsuperscript{22} The Patient Values questionnaire contains 19 questions (seven of which have three or more subquestions). Again, most questions are statements with multiple choice answers. A few questions ask the patient to choose from a list what they consider most important and fill in a number.

The 12 questions asking about the patient’s background are similar to those in the Patient Experiences questionnaire. Three questions contain statements asking patients about the importance of certain aspects of care (e.g. ‘How important is it that the practice has extensive opening hours?’).

Finally, four questions focus on communication between GPs and patients. The statements in these questions were developed by the GULiVer partnership based on their research on ‘tips’ from lay people on how medical consultations could become more successful from their perspective.\textsuperscript{23}

**Practice questionnaire**

A 12-question practice questionnaire was developed to record the response rate among patients during the implementation of the survey and to measure practice-related indicators with regard to the communication of opening hours, and equity in access (e.g. for handicapped persons). Most questions were based on the European Practice Assessment indicators.\textsuperscript{24}

**DISCUSSION**

The four questionnaires have been developed to characterise the organisation and delivery of primary health care and to compare and analyse its outcomes. The development of questionnaires for a multicountry study on broad themes such as quality, costs and equity in primary care requires a balance between methodological requirements and practical feasibility. Indeed, all dimensions deserved to be thoroughly investigated, although they may be difficult to measure reliably, but it must be accepted that only a limited set of questions can be asked.

Nonetheless, the QUALICOPC consortium has been able to produce the four questionnaires—as far as possible—based on existing, validated questionnaires and tested through a pilot survey in three countries. A limitation of the pilot survey is that it was carried out in only three countries. However, much attention has been paid to having valid translations in each language. In each country, an official back-and-forth translation procedure is used for the questionnaires, in which translators are asked to take comprehensibility into account. Another limitation of the questionnaire
development is that questions, derived from various validated sources, often had to be ‘processed’ to make them suitable for the QUALICOPC study. This may have resulted in a loss of validity and needs to be taken into account in the analysis phase. The questionnaires for GPs and patients contain questions that go beyond general practice. Furthermore, data about primary health care (e.g. about its costs) will be gathered at the national level in available databases. Nevertheless, results regarding quality of primary health care as a whole need to be interpreted with care. The dimension ‘Governance’ has not been covered in any of the questionnaires, because aspects of governance are relatively distant from daily reality in primary health care. However, information on governance will be used and derived from the PHAMEU database.

Relatively new topics that will be explored in the QUALICOPC study are equity in access and treatment, patient autonomy, disease management, avoidable hospitalisation and patient experiences with primary health care in general. There are also aspects of care which might be interesting, but are not included in these questionnaires. This included new developments around telemedicine, but also the experiences of patients around disease management programmes. Equity in health can also not be measured through this survey, as we only include patients who visit GP practices and, moreover, we do not measure health outcomes.

Several questions had to be omitted to keep the length of the questionnaire reasonable.

Because the sources were identified from Western countries, the questionnaires that we developed are more likely to be suitable for use in Western countries than in others. However, the 35 countries in which the questionnaires will be used in the context of the QUALICOPC study match this profile well. The results of the study will add to the available evidence on the relationship between the strength of primary care systems and their outcomes. The data from the 35 countries will be linked to the practices and their patients. Analyses of the data will provide insight into variations between countries at the level of the patient, GP practice and country. The patient questionnaires may also be suitable for use at the practice level by GPs to analyse developments in the GP practice by inviting a sample of patients every year to complete a questionnaire.

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TABLES, BOXES, FIGURES AND APPENDIX

**Box 1 The QUALICOPC study**

The QUALICOPC study is co-funded by the European Commission under the so-called 'Seventh Framework Programme', and is carried out by a consortium of six research institutes from Belgium, Germany, Italy, the Netherlands and Slovenia. The study is coordinated by NIVEL, the Netherlands Institute for Health Services Research. Data are being collected in 32 European countries (27 EU countries, Iceland, Norway, Turkey, Switzerland and Macedonia). Furthermore, research units from Australia, Canada and New Zealand have joined the study. Data collection focuses on three levels: the health care system, the GP practice and patients. Data on the health care system are derived from existing sources (e.g. the Primary Health Care Activity Monitor database). New information is being collected through surveys among GPs (seen as the main providers of primary care) their patients and fieldworkers visiting GP practices. Answers to the questionnaires provide insight into the professional behaviour of GPs and the experiences of patients. Furthermore, for comparison, data from a 1993 European study on the task profiles of GPs are available. In each country, the response target is 220 GPs and 2200 patients. The questionnaires will be translated in the national languages of the included countries via an official forward- and back-translation procedure and in some languages of large ethnic minority groups. More details of the study design and the background of the QUALICOPC project have been published by Schäfer et al.

**Table 1 Ten dimensions to measure primary health care**

<table>
<thead>
<tr>
<th>Structure</th>
<th>Process</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Governance of the PC system</td>
<td>4. Access to PC services</td>
<td>8. Quality of PC</td>
</tr>
<tr>
<td>2. Economic conditions of the PC</td>
<td>5. Continuity of PC</td>
<td>9. Efficiency of PC</td>
</tr>
<tr>
<td>system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. PC workforce development</td>
<td>6. Coordination of PC</td>
<td>10. Equity in health</td>
</tr>
<tr>
<td></td>
<td>7. Comprehensive PC services</td>
<td></td>
</tr>
</tbody>
</table>
Box 2 Retrieved GP questionnaires from phase 1

- The WHO Global Health Professional Survey
- Primary Care Evaluation Tool
- Primary Care Assessment Tool (provider and facility versions, expanded and short version)
- National survey of GPs' views on continuity of care
- Task profiles of GPs in Europe
- Survey about patient care in departments of general practice
- Eurocommunication GP questionnaire
- International Health Policy survey of primary care physicians
- Attitudes to family practice registration programmes questionnaire
- GP snapshot survey
- National survey of physicians on practice experience
- National Ambulatory Medical Care Survey
- The European Practice Assessment (EPA) instrument

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### Box 3 Retrieved patient questionnaires from phase 1

- Patient Assessment of Communication during Telemedicine (PACT) questionnaire
- European Health Interview Survey
- Patient Expectations Questionnaire (PEQ)
- Propensity to Seek Health Care Questionnaire
- Expectancies list from Nijmegen
- Consumer Quality Index GP care
- CAHPS Adult Primary Care Questionnaire 1.0; Clinician and Group Survey
- Nurse Practitioner Satisfaction Survey (NPSS)
- Physician–Patient Questionnaire (PPQ)
- Patient Participation Program Survey
- A modified version of the General Practitioner Assessment Survey (GPAS)
- Survey of primary care patients' preferences and their experiences with interpersonal continuity of care
- Patient Satisfaction Survey with Primary Care Office-Based Buprenorphine/Naloxone Treatment Survey
- Consumer Quality Index Continuum of Care
- CAHPS American Indian Survey
- Duke Health Profile (the DUKE)
- Victorian Population Health Survey
- Patient Satisfaction with Primary Care Survey
- EuroQol EQ-5D Health Questionnaire
- HTPN Patient Satisfaction Survey
- Patient Satisfaction Consultation Questionnaire (PSCQ-7)
- Health Care Satisfaction Questionnaire (HCSQ)
- Patient Experiences Questionnaire for Out-of-Hours Care (PEQ-OHC)
- The ’5As’ model (assess, advise, agree, assist, arrange)
- Breast cancer patient satisfaction with follow-up in primary care versus specialist care survey
- Patient Continuity of Care Questionnaire (PCCQ)
- Assessment of Quality of Life (AQLQ) instrument
- The patient enablement instrument
- Consumer Satisfaction with Public Health Care Survey
- Patient satisfaction survey amongst family practice patients with diverse ethnic backgrounds
- Medical Interview Satisfaction Scale (MISS)
- Consultation Satisfaction Questionnaire (CSQ)
- Primary Care Evaluation Tool (PCET)
- Patient satisfaction with visits to family physician
- Consumer satisfaction with primary care provider choice and associated trust
- Patient satisfaction survey of primary health care (PHC) services among elderly people (≥60 years)
- Quality of Visit to Family Physician Questionnaire
- Client Perceptions of Coordination Questionnaire (CPCQ)
- Out-of-Hours Patient Questionnaire
- General Practice Assessment Questionnaire (GPAQ)
- National Survey of NHS Patients: General Practice
- GP Patient Survey
- Survey of patients’ views of access to electronic health records in primary care
- Primary Care Assessment Survey
- Short Questionnaire for Out-of-Hours Care
- Adult Primary Care Assessment Tool (short and expanded versions)
- Canadian Community Health Survey (CCHS)
- Patient Experience Questionnaire (PEQ)
- Patient Satisfaction with Medical Encounters Questionnaire
- International Health Policy Survey (Commonwealth Fund, different versions)
- Health Care Quality Survey (Commonwealth Fund, different versions)
Box 3 Continued

- Patient-Reported Physician Cultural Competence (PRPCC) score\(^{83}\)
- Ambulatory Care Experiences Survey (ACES)\(^{33}\)
- QUOTE for migrant\(^{46}\)
- Patient–Doctor Relationship Questionnaire (PDRQ-9)\(^{84}\)
- Patient Satisfaction with Out-of-Hours Primary Care Survey\(^{85}\)
- SF-36 (and SF-12)\(^{49}\)
- Patients Assessment Chronic Illness Care (PACIC) Questionnaire\(^{87}\)
- Health Care, Self-Determination Theory Packet\(^{48}\)
- Patients Satisfaction in Resident and Attending Ambulatory Care Clinics Questionnaire\(^{89}\)
- EUROPEP\(^{17}\)
- Improving Practice Questionnaire (IPO)\(^{90}\)
- Eurocommunication Patient Questionnaire\(^{91}\)
- QUOTE\(^{95}\)

Table 2 Classification of questions according to the dimensions to measure primary care

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Number of questions in GP questionnaires</th>
<th>Number of questions in patient questionnaires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>60</td>
<td>—</td>
</tr>
<tr>
<td>Economic conditions</td>
<td>92</td>
<td>—</td>
</tr>
<tr>
<td>Workforce development</td>
<td>67</td>
<td>—</td>
</tr>
<tr>
<td>Accessibility</td>
<td>85</td>
<td>548</td>
</tr>
<tr>
<td>Continuity</td>
<td>227</td>
<td>121</td>
</tr>
<tr>
<td>Coordination</td>
<td>178</td>
<td>137</td>
</tr>
<tr>
<td>Comprehensiveness and quality</td>
<td>273</td>
<td>856</td>
</tr>
<tr>
<td>Equity</td>
<td>59</td>
<td>45</td>
</tr>
<tr>
<td>Efficiency</td>
<td>115</td>
<td>—</td>
</tr>
<tr>
<td>Patient autonomy</td>
<td>—</td>
<td>56</td>
</tr>
<tr>
<td>Background</td>
<td>172</td>
<td>570</td>
</tr>
<tr>
<td>Other</td>
<td>48</td>
<td>234</td>
</tr>
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### Appendix A: QUALICOPC questionnaire for general practitioners

<table>
<thead>
<tr>
<th>Question</th>
<th>Response categories</th>
<th>Source(s)</th>
<th>Theme(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you male or female?</td>
<td>☑ Male</td>
<td>New</td>
<td>BACK</td>
</tr>
<tr>
<td></td>
<td>☑ Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. What is your year of birth? Please fill in:</td>
<td>Year of birth: 19_</td>
<td>New</td>
<td>BACK</td>
</tr>
<tr>
<td>3. Were you born in this country?</td>
<td>☑ Yes</td>
<td>New</td>
<td>BACK</td>
</tr>
<tr>
<td></td>
<td>☑ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. How would you characterize the place where you are currently practising?</td>
<td>☑ Big (inter)city</td>
<td>Ref. 10, Q1.7 to make comparison possible</td>
<td>PRACC</td>
</tr>
<tr>
<td></td>
<td>☑ Suburbs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑ Small town</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑ Mixed urban–rural</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>☑ Rural</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. What is the (estimated) size of your practice population? (In a joint practice: estimate your share of the population).</td>
<td>Number of patients: ___</td>
<td>Question and response based on Ref. 19, Q1.12</td>
<td>PRACC</td>
</tr>
<tr>
<td>6. To what extent do you think your practice population compares to the average national level with respect to the following categories:</td>
<td>Below average Average Above average Don't know</td>
<td>Question and response based on Ref. 19, Q1.18 but updated (other groups of people)</td>
<td>PRACC</td>
</tr>
<tr>
<td>1. Elderly people (over 70 years)</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Socially disadvantaged people</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ethnic minority people</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. To what extent do you think that the patient turnover in your practice compares to other practices in this country?</td>
<td>Below average Average Above average Don't know</td>
<td>New</td>
<td>PRACC</td>
</tr>
<tr>
<td>8. How many hours per week do you work as a GP (excluding additional jobs and on-call or out-of-hours services)?</td>
<td>__ hours per week</td>
<td>Response categories based on Ref. 16, Q1.4</td>
<td>EFF</td>
</tr>
<tr>
<td>9. How many of these hours do you spend on direct patient care (consultations, home visits, telephone consultations)?</td>
<td>__ hours per week</td>
<td>Based on Ref. 25: combination of a set of Q11–13</td>
<td>EFF</td>
</tr>
<tr>
<td>10. How many patient contacts do you have on a normal working day?</td>
<td>__ per day</td>
<td>Ref. 10, combination of a set of Q11–14+ update (email)</td>
<td>EFF</td>
</tr>
<tr>
<td>1. Face-to-face in your office (number)</td>
<td>__ per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. By telephone</td>
<td>__ per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. By email</td>
<td>__ per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. How long does a regular patient consultation in your office usually take?</td>
<td>__ minutes</td>
<td>Based on Ref. 16, Q1.16 but changed (not only apt syst)</td>
<td>EFF</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. In a normal working week, how many patients do you see?</td>
<td>New</td>
</tr>
<tr>
<td>1. At home visits</td>
<td>EFP</td>
</tr>
<tr>
<td>2. In hospital</td>
<td></td>
</tr>
<tr>
<td>3. In homes for the elderly</td>
<td></td>
</tr>
<tr>
<td>4. In other institutions or settings</td>
<td></td>
</tr>
<tr>
<td>11. In the past 3 working months (excluding holidays etc.), how often and for how long did you have on-call duties during evenings, nights and weekends?</td>
<td>Ref. 26</td>
</tr>
<tr>
<td>1. During evening(s)</td>
<td>EFF</td>
</tr>
<tr>
<td>2. During night(s)</td>
<td></td>
</tr>
<tr>
<td>3. During weekend days</td>
<td></td>
</tr>
<tr>
<td>14. Beside your work as a GP in this practice, do you have any other paid professional activities? (multiple answers possible)</td>
<td>No</td>
</tr>
<tr>
<td>15. As a GP, are you self-employed or in salaried employment?</td>
<td>Yes; as a physician for privately paying patients</td>
</tr>
<tr>
<td></td>
<td>Yes, in a residential setting (e.g. nursing home, prison)</td>
</tr>
<tr>
<td></td>
<td>Yes, as a company doctor</td>
</tr>
<tr>
<td></td>
<td>Yes, in teaching/medical education</td>
</tr>
<tr>
<td></td>
<td>New</td>
</tr>
<tr>
<td>16. For each of the following components please estimate whether they contribute to your income as a GP, and if so, up to what percentage?</td>
<td>Ref. 25, Q36 updated, ECON; (percentages are new)</td>
</tr>
<tr>
<td>17. Can you receive an extra financial incentive or bonus for:</td>
<td>Ref. 8, Q26; ECON; EQ</td>
</tr>
<tr>
<td>1. Management of patients with diabetes</td>
<td>Ref. 11, exhibit 6, rephrased and diff topics</td>
</tr>
<tr>
<td>2. Management of patients with hypertension</td>
<td></td>
</tr>
<tr>
<td>3. Achievement of targets for screening or prevention</td>
<td></td>
</tr>
<tr>
<td>4. Referral rates below a certain level</td>
<td></td>
</tr>
<tr>
<td>5. Having disadvantaged patients in your practice</td>
<td></td>
</tr>
<tr>
<td>6. Working in a remote area</td>
<td></td>
</tr>
</tbody>
</table>
18. Do you work alone or in shared accommodation with one or more GPs and/or medical specialists? Please also fill in their number of Full Time Equivalents (FTEs). (For instance: one doctor working 5 days a week and 1 other doctor working 2.5 days a week makes 1.5 FTEs).

<table>
<thead>
<tr>
<th>□ Alone</th>
<th>□ With __ other GPs in shared accommodation</th>
<th>□ With __ medical specialist(s) in shared accommodation</th>
<th>FTE (including yourself)</th>
<th>FTE added (nowadays a lot of GPs work part-time)</th>
<th>Ref. 10, Q11, WORK</th>
</tr>
</thead>
</table>

19. Which of the following disciplines are working in your practice/centre?

1. Receptionist/medical secretary
2. Practice nurse
3. Community/home care nurse
4. Psychiatric nurse
5. Nurse practitioner (function between physician and nurse)
6. Assistant for laboratory work
7. Manager of the centre or practice (not a physician)
8. Midwife
9. Physiotherapist
10. Dentist
11. Pharmacist
12. Social worker

20. Do you use clinical guidelines for the treatment of the following?

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Ref. &amp; Q7,-cont; with slight adjustments</th>
</tr>
</thead>
</table>

1. Chronic heart failure
2. Asthma
3. COPD
4. Diabetes

21. In the past 12 months, have you been involved in a disease management programme for the following chronic conditions? (Such programmes are multidisciplinary approaches across practices, often based on protocols).

1. Chronic heart failure
2. Asthma
3. COPD
4. Diabetes

22. In the past 12 months, has the following occurred in your practice/centre?

1. Feedback on your prescriptions or referrals by health authority or insurer?
2. Feedback from colleague GPs (peer review or practice visitation)?
3. Investigation into the satisfaction of your patients?

23. In case of referral, who usually decides about where the patient is referred to?

1. I do
2. The patient does
3. It is a shared decision

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Measures of quality, costs and equity in health care instruments

<table>
<thead>
<tr>
<th>24. In case of referral, to what extent do you take into account the following considerations:</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The patient’s preference where to go</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The travel distance for the patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Your previous experiences with the medical specialist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Comparative performance information on medical specialists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Waiting time for the patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Costs for the patient</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Functions</th>
<th>Ref. 10, Q1.22 COMPR (some small adjustments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiometer</td>
<td></td>
</tr>
<tr>
<td>Bicycle ergometer</td>
<td></td>
</tr>
<tr>
<td>Eye tonometer</td>
<td></td>
</tr>
<tr>
<td>Peak flow PEF meter</td>
<td></td>
</tr>
<tr>
<td>Spirometer</td>
<td></td>
</tr>
<tr>
<td>Electrocardiograph</td>
<td></td>
</tr>
<tr>
<td>Blood pressure meter</td>
<td></td>
</tr>
<tr>
<td>Infusion set</td>
<td></td>
</tr>
<tr>
<td>Doctor’s bag for emergencies and home visits</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Urine catheter</td>
<td></td>
</tr>
<tr>
<td>Coagurometer</td>
<td></td>
</tr>
<tr>
<td>Set for minor surgery</td>
<td></td>
</tr>
<tr>
<td>Suture set</td>
<td></td>
</tr>
<tr>
<td>Defibrillator</td>
<td></td>
</tr>
<tr>
<td>Disposable syringes</td>
<td></td>
</tr>
<tr>
<td>Disposable gloves</td>
<td></td>
</tr>
<tr>
<td>Refrigerator for medicines</td>
<td></td>
</tr>
<tr>
<td>Resuscitation equipment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>26. How do you have access to laboratory facilities?</th>
<th>Ref. 10, Q1.23, COMPR changed answering categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within my practice/centre</td>
<td></td>
</tr>
<tr>
<td>Easy access outside my practice/centre</td>
<td></td>
</tr>
<tr>
<td>Insufficient access</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>27. How do you have access to X-ray facilities?</th>
<th>Ref. 10, Q1.23, COMPR changed answering categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within my practice/centre</td>
<td></td>
</tr>
<tr>
<td>Easy access outside my practice/centre</td>
<td></td>
</tr>
<tr>
<td>Insufficient access</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>28. What is the distance by road from your (main) practice building to:</th>
<th>Ref. 10, Q1.9, ACCS changed answering categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the same building</td>
<td></td>
</tr>
<tr>
<td>Less than 10 km</td>
<td></td>
</tr>
<tr>
<td>11–20 km</td>
<td></td>
</tr>
<tr>
<td>More than 20 km</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>29. How many hours on an average working day is your practice/centre open for patient care (lunch breaks excluded)?</th>
<th>New ACCS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
30. Is it possible for your patients to visit your practice/centre:
1. After 18:00h (at least once per week)
   □ Yes □ No
2. On a weekend day (at least once per month)
   □ Yes □ No

31. During evenings and nights at weekdays, how do your patients have access to (non-emergency) medical services?
   □ Not applicable (I am always available for my patients)
   □ I am available on a rota basis with a group of GPs
   □ I am not available, but other GPs are available (on a rota basis)
   □ Other physicians (not GPs) provide out-of-hours care
   □ Other arrangements

32. On Saturdays and Sundays, how do your patients have access to (non-emergency) medical services?
   □ Not applicable (I am always available for my patients)
   □ I am available on a rota basis with a group of GPs
   □ I am not available, but other GPs are available (on a rota basis)
   □ Other physicians (not GPs) provide out-of-hours care
   □ Other arrangements

33. What percentage of your patient consultations is by appointment?
   About ______% Ref. 27, Q21 ACCS

34. Do you offer a walk-in hour?
   □ Yes □ No New ACCS

35. In the past 12 months, have you ever done the following to reduce financial obstacles to disadvantaged patients:
1. Provide free samples of medication
   □ Yes □ No
2. Prescribe the cheapest equivalent medicine
   □ Yes □ No
3. Not charge the patient (e.g. for co-payments)
   □ Yes □ No

36. In the past 12 months, how often have you noticed that patients delayed their visits for financial reasons?
   □ Frequently □ Occasionally □ Never New EQ; ACCS; ECON

37. If new patients enter your practice, do you receive their medical records from their previous doctor?
   □ Yes, always or usually □ Only occasionally □ Rarely or never New COOR; CONT

38. Which restrictions do you apply to accepting new patients? (More than one answer possible)
   □ No restrictions (everyone is accepted)
   □ New patients are taken above a maximum number
   □ New patients are taken above a certain age
   □ New patients are taken outside my geographical working area
   □ I use a wait period for new patients
   □ Acceptance depends on patients’ medical history
   □ Acceptance depends on patients’ insurance status

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39. Do you provide health care to people, when you are not remunerated for this (for instance uninsured, illegal immigrants)?

- Yes, (almost) always
- Yes, but only in urgent cases
- Yes, sometimes
- No
- No such people show up in my practice
- Not applicable (in this country such care is remunerated)

New but topic based on Ref. 13, Q. other 1

40. Do your medical files normally include the following information? (Tick all that apply)

- Living situation
- Ethnicity
- Patients' family history (e.g., depression, cancer)
- Patients' weight and height
- Smoking
- Blood pressure
- Reason for encounter
- Diagnosis
- Prescribed medications
- Test results

New CONT

41. How do you keep patient medical records? (Tick all that apply)

- I keep records except for minor or trivial complaints
- I only keep records of regularly attending patients
- I keep records, unless it is too busy
- I keep records routinely of all patient contacts
- Don’t know

Ref. 27, Q28, CONT

42. In the past 2 years, have you used your medical record system to list a selection of patients on the basis of age, diagnosis or risk? (Tick all that apply)

- No
- Yes, by age (e.g., those above age 56)
- Yes, by diagnosis or health risk (e.g., diabetes or hypertension)
- Yes, by medications they take (e.g., patients on multiple medications)
- Yes, to send reminders for prevention or follow-up

Based on Ref. 12, Q18, but with different wording categories and different wording

43. For which of the following purposes do you use a computer in your practice? (Tick all that apply)

- Not applicable (I don’t use a computer)
- Making appointments
- Issuing invoices
- Issuing drug prescriptions
- Keeping records of consultations
- Sending referral letters to medical specialists
- Storing diagnostic test results
- Searching medical information on the internet
- Sending prescriptions to the pharmacy

Ref. 25, Q29, CONT; wording slightly adjusted
<table>
<thead>
<tr>
<th>Qn</th>
<th>Seldom or never</th>
<th>Every 1–3 months</th>
<th>More than once a month</th>
<th>Combination of Refs.</th>
<th>COOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>44. How often do you meet face-to-face with the following professionals (either professionally or socially):</td>
<td></td>
<td></td>
<td></td>
<td>Ref. 10, Q1.20 and</td>
<td></td>
</tr>
<tr>
<td>1. Other GP</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Ref. 27, Q1.21, extra</td>
<td></td>
</tr>
<tr>
<td>2. Practice nurse</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>extra disciplines</td>
<td></td>
</tr>
<tr>
<td>3. Ambulatory medical specialist</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>added</td>
<td></td>
</tr>
<tr>
<td>4. Hospital medical specialist</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Pharmacist</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Home care nurse</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Midwife</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Physiotherapist</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Social worker</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Dietician</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. How often do you ask advice (e.g. by telephone) from the following medical specialists?</td>
<td></td>
<td></td>
<td></td>
<td>Ref. 27, Q2.2, extra</td>
<td>COOR</td>
</tr>
<tr>
<td>1. Paediatrician</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>extra disciplines</td>
<td></td>
</tr>
<tr>
<td>2. Internist</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>added</td>
<td></td>
</tr>
<tr>
<td>3. Gynaecologist</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Surgeon</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Neurologist</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Dermatologist</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Geriatrician</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Psychiatrist/mental health professional</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Radiologist</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. Does your practice nurse or assistant independently provide:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Immunisation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Health promotion (e.g. giving lifestyle or smoking cessation advice)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Routine checks of chronically ill patients (e.g. diabetes)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Minor procedures (e.g. ear syringing, wound treatment)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. To what extent do you use referral letters (including details on provisional diagnosis and possible test results) when you refer patients to a medical specialist?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48. To what extent do medical specialists inform you after they have finished the treatment or diagnostics of your patients?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. After a patient has been discharged, how long does it usually take to receive a (summary) discharge report from the hospital most frequented by your patients?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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50. In case of the following health problems, to what extent will patients in your practice population (people who normally apply to you for primary medical care) contact you as the first health care provider? (This is only about the first contact, not about further diagnosis or treatment).

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>(Almost) Usefully</th>
<th>Occasionally</th>
<th>Seldom/ Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child with severe cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Child aged 8 with hearing problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Woman aged 18 asking for oral contraception</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Man aged 24 with stomach pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Man aged 45 with chest pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Woman aged 50 with a lump in her breast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Woman aged 60 with deteriorating vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Woman aged 60 with polypnea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Woman aged 60 with acute symptoms of paralysis/paresis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Man aged 70 with joint pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Woman aged 75 with moderate memory problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Man aged 35 with sprained ankle</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>13. Man aged 28 with a first convolution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Anxious man aged 45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Physically abused child aged 13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Couple with relationship problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Woman aged 50 with psychosocial problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Man aged 32 with sexual problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Man aged 32 with alcohol addiction problems</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

51. To what extent are you involved in the treatment and follow-up of patients in your practice population with the following diagnoses? (‘practice population’ means people who normally apply to you for primary medical care?)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>(Almost) Usefully</th>
<th>Occasionally</th>
<th>Seldom/ Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chronic bronchitis/ COPD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Hordeolum (Stye)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Peptic ulcer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Herniated disc lesion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Congestive heart failure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Pneumonia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Perionasal abscess</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Parkinson’s disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Uncomplicated diabetes (type 1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Rheumatoid arthritis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Myocardial infarction</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ref. 10, Q5  COMPR  First contact, several items removed
52. To what extent are the following activities carried out in your practice by you or your staff and not by a medical specialist? (Practice population means people normally applying to you for primary medical care). For example, if fundoscopy is (almost) always done by you, tick that box.

- Wedge resection of ingrown toenail
- Removal of sebaceous cyst from the hairy scalp
- Wound suturing
- Excision of warts
- Insertion of IUD
- Fundoscopy
- Joint injection
- Strapping an ankle
- Cryotherapy (warts)
- Setting up an intravenous infusion

53. When do you, or your staff, measure blood pressure? (more than one answer possible)

- In connection with relevant clinical conditions
- On request
- Routinely in office contacts with adults (regardless of the reason for visit)
- In adults invited for this purpose

54. When do you, or your staff, measure blood cholesterol level? (more than one answer possible)

- In connection with relevant clinical conditions
- On request
- Routinely in office contacts with adults (regardless of the reason for visit)
- In adults invited for this purpose
- No such measures

55. To what extent are you involved in health education as regards the following topics? (More than one answer possible)

- Smoking
- Diet
- Problematic use of alcohol
- Physical exercise

56. Are you or your practice staff involved in the following activities?

- Routine antenatal care
- Immunisation of children (as part of a programme)
- Paediatric surveillance of children under 4 years
- Influenza vaccination (as part of a programme)
- Palliative care

Ref. 10, Q2 COMP | Ref. 10, Q1.1, slightly changed
Ref. 10, Q1.2, slightly changed
Ref. 10, Q4.5, item 4 added and wording slightly changed
Ref. 10, Q4.6, COMP | Ref. 10, Q4.6, COMP
Activities removed and 2 added

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57. During the past 12 months, have you offered (a) special session(s) or clinics for
the following groups?
- Diabetic patients
- Hypertensive patients
- Pregnant women
- Elderly

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ref. 27, Q23, COMPR wording and answers categories changed

58. If you were confronted through your patient contacts with the following occurrences,
would you report this (for instance to an authority)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Probably Yes</th>
<th>Probably not</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

New, COMPR community responsibility

59. In the past 12 months, about how many weeks altogether have you been away from
the practice due to:
1. Attending conferences or other educational activities
2. Research activities
3. Vacations

<table>
<thead>
<tr>
<th>weeks</th>
<th>weeks</th>
<th>weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ref. 29, Q13b, EFF different, working categories

60. To what extent do you agree with the following statements?
1. I feel that some parts of my work do not really make sense
2. My work still interests me as much as it ever did
3. My work is overbroadened with unnecessary administrative detail
4. I have too much stress in my current job
5. Being a GP is a well respected job
6. In my work there is a good balance between effort and reward

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ref. 10, Q6, WORK job satisfaction, slightly charged

BACG: background; PRACG: practice characteristics; ECOG: economic conditions; WORK: workforce; ACCS: accessibility; CONT: continuity; COOR: coordination; COMP: comprehensiveness; EFF: efficiency; (AC) & (TR): equity in access and treatment.

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### Appendix B: QUALICOPC questionnaires for patients (Experiences)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response categories</th>
<th>Source(s)</th>
<th>Theme(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How would you describe your own health in general?</td>
<td>□ Very good □ Good □ Fair □ Poor</td>
<td>Ref. 30, wording changed</td>
<td>BACK</td>
</tr>
<tr>
<td>2. Do you have a longstanding disease or condition such as high blood pressure, diabetes, depression, asthma or another longstanding condition?</td>
<td>□ Yes □ No</td>
<td>New</td>
<td>BACK</td>
</tr>
<tr>
<td>3. Do you have your own doctor (for instance a GP) whom you normally consult first with a health problem?</td>
<td>□ Yes, the doctor I just visited □ Yes, but another doctor in this practice or centre □ Yes, but another doctor from somewhere else □ No, I do not have my own doctor</td>
<td>New, but topic derived from Ref. 16, Q507</td>
<td>BACK</td>
</tr>
<tr>
<td>4. In the last 6 months, how often have you visited or consulted a GP (this GP or another one)?</td>
<td>□ This was the first time in the past 6 months □ Once before this visit □ 2 to 4 times before this □ 5 times or more before this □ Don’t know</td>
<td>Ref. 31, Q3; Ref. 14, Q2; Ref. 16, Q500</td>
<td>BACK</td>
</tr>
<tr>
<td>5. What was the main reason for your visit to this GP today? (More than one answer possible)</td>
<td>□ Because you were ill or didn’t feel well □ To get a medical check up □ To get a repeat prescription □ To get a referral □ To get a medical certificate □ For a second opinion □ Other reason</td>
<td>Topic derived from Ref. 32, Q4 (very different wording)</td>
<td>BACK</td>
</tr>
<tr>
<td>6. Think about the consultation that you just finished. Do you agree with the following:</td>
<td>Yes □ No</td>
<td>Ref. 27, Q22</td>
<td>CONT</td>
</tr>
<tr>
<td>6.1. The doctor had my medical records at hand</td>
<td>□ □</td>
<td>New</td>
<td>QUAL</td>
</tr>
<tr>
<td>6.2. The doctor was polite</td>
<td>□ □</td>
<td>Ref. 31, Q10; Ref. 15, Q5 (topic)</td>
<td>QUAL</td>
</tr>
<tr>
<td>6.3. The doctor listened carefully to me</td>
<td>□ □</td>
<td>Ref. 33, Q3 (topic)</td>
<td>QUAL</td>
</tr>
<tr>
<td>6.4. The doctor hardly looked at me when we talked</td>
<td>□ □</td>
<td>New</td>
<td>QUAL</td>
</tr>
<tr>
<td>6.5. The doctor asked questions about my health problem</td>
<td>□ □</td>
<td>Ref. 34, Q14; Ref. 17, Q14; Ref. 31, Q9 (topic); Ref. 14, Q30; Ref. 27, Q22; Ref. 21, QD3 (topic)</td>
<td>QUAL</td>
</tr>
<tr>
<td>6.6. I couldn’t really understand what the doctor was trying to explain</td>
<td>□ □</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6.7. The doctor took sufficient time
☐ ☐ Ref. 14, Q42; ACCS
6.8. The doctor involved me in making decisions about treatment
☐ ☐ Ref. 15, Q4; AUTN
6.9. I would recommend this doctor to a friend or relative
☐ ☐ Ref. 14, Q66 QUAL
6.10. The doctor asked about possible other problems besides the one I just came for
☐ ☐ New QUAL
7. If you were to need an interpreter to help you speak with a doctor in this practice, is such a service available?
☐ I never need an interpreter	Ref. 17, Q37 EQ (AC)
☐ Yes, it is always available
☐ Yes, it is usually available
☐ No, it is insufficiently or not available
☐ Don’t know
8. Think about the doctor you visited today. Do you agree with the following:
8.1. He/she knows important information about my medical background
☐ ☐ ☐ Ref. 31, Q12; CONT
8.2. He/she knows about my living situation
☐ ☐ ☐ Ref. 27, Q22 CONT
8.3. This doctor doesn’t just deal with medical problems but can also help with personal problems and worries
☐ ☐ ☐ Ref. 15, Q2; QUAL
8.4. After this visit, I feel I can cope better with my health problem/ illness than before
☐ ☐ ☐ Ref. 16, Q25 QUAL (topic)
9. In the past 12 months, has a GP from this practice talked to you about how to stay healthy? (For instance about diet, alcohol or smoking)
☐ Yes
☐ No
☐ Don’t know Ref. 14, Q40, 16, Q21, COMFR
10. In past 2 years, has a GP from this practice ever asked you about all the medications you take (also those prescribed by other doctors)?
☐ Yes
☐ No
☐ Don’t know Ref. 18, Q625 CONT
11. Think about the practice that you visited today. Do you agree with the following:
11.1. The opening hours are too restricted
☐ ☐ ☐ Ref. 27, Q20 ACCS
11.2. If I need a home visit I can get one
☐ ☐ ☐ Ref. 27, Q22 ACCS
11.3. The practice is too far away from where I am living or working
☐ ☐ ☐ Ref. 33, Q23 ACCS
11.4. When I called this practice, I had to wait too long to speak to someone
☐ ☐ ☐ Ref. 14, Q5 ACCS
11.5. I know how to get evening, night and weekend services
☐ ☐ ☐ Ref. 17, Q20 ACCS
11.6. People were polite and helpful at the reception desk
☐ ☐ ☐ Ref. 34, Q24 QUAL
12. How long does it usually take you to travel from your home to this practice?
☐ Less than 20 minutes
☐ 20–40 minutes
☐ 40–60 minutes
☐ More than 1 hour
☐ Don’t know Ref. 27, Q19 ACCS

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13. Did you make an appointment for this visit to your doctor?
- Yes
- No → Go to question 16

14. Was it easy to get the appointment?
- Yes
- No

15. How many days did you wait for this visit?
- I made the appointment earlier today
- I made the appointment yesterday
- I waited 2–7 days
- I waited more than a week
- Don’t know

16. How long did you wait today between arriving in the practice and the consultation?
- Less than 15 minutes
- 15–30 minutes
- 30–45 minutes
- 45–60 minutes
- More than an hour
- Don’t know

17. Do you think it is too difficult to see a GP during evenings, rights and weekends?
- Yes
- No
- Don’t know

18. In the past 12 months, has one of the following happened to you in this practice?
- The doctor or staff acted negatively to you
   - Yes
   - No
   - Don’t know

19. Other patients were treated better than you
- Yes
- No
- Don’t know

20. The doctor was too much concerned about money
- Yes
- No
- Don’t know

21. The doctor or staff showed disrespect because of your ethnic background
- Yes
- No
- Don’t know

22. The doctor or staff showed disrespect because of your gender
- Yes
- No
- Don’t know

23. In the past 12 months, have you ever had the following experiences in this practice?
- Yes
- No
- Don’t know

24. I thought tests or examinations were repeated unnecessarily
- Yes
- No
- Don’t know

25. I thought I got the wrong medication or wrong dose
- Yes
- No
- Don’t know

26. I thought I got incorrect results of a test or X-ray
- Yes
- No
- Don’t know

27. If you are unhappy with the treatment you received, do you think this doctor would be prepared to discuss it with you?
- Yes
- No
- Don’t know

28. In the past 12 months, did you postpone or abstain from a visit to this doctor or another GP when you needed one?
- Yes
- No → Go to question 23
- Don’t know

29. What was the most important reason why you did not visit a GP? (More than one answer possible)
- I did not have insurance
- Other financial reasons
- I could not get there (physically)
- I was too busy
- Other reason

---

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23. How many times in the past 12 months, have you consulted a medical specialist for yourself?

- None
- Once or twice
- 3 to 5 times
- 6 to 10 times
- More than 10 times

24. Do you agree with the following statements:

24.1. If I visit another GP besides my own GP, he/she has the necessary information about me

- Yes
- No
- Don’t know
- Not applicable

24.2. When I am referred, my GP informs the medical specialist about my illness

- Yes
- No
- Don’t know
- Not applicable

24.3. When I am referred, my GP decides to whom I should go

- Yes
- No
- Don’t know
- Not applicable

24.4. After treatment by a medical specialist, my GP knows the results

- Yes
- No
- Don’t know
- Not applicable

24.5. It is difficult to get a referral to a medical specialist from my GP

- Yes
- No
- Don’t know
- Not applicable

25. In the last 12 months, how often did you visit a hospital emergency department for yourself?

- Never → Go to question 27
- 1 time
- 2 or 3 times
- 4 or more times

26. Why did you go to the emergency department instead of going to a GP? (More than one answer possible)

- I had something GPs do not treat
- There was no GP available
- For financial reasons
- At the emergency department, I expected a shorter waiting time
- The emergency department provides better care
- The emergency department is more convenient to reach
- Other reason(s)

27. In the past 12 months, have you been examined or treated by a nurse at your GP’s practice?

- Yes
- No
- Don’t know

28. Would most people visit a GP for the following?

1. Cut finger that needs to be stitched
2. Removal of a wart
3. Routine health checks
4. Dermatological symptoms
5. Help to quit smoking
6. A child with a severe cough
7. Stomach pain
8. Blood in the stool
9. Sprained ankle
10. Anxiety
11. Domestic violence
12. Sexual problems
13. Relationship problems
14. Advice for choosing the best hospital or specialist for a certain treatment

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29. How important would it be for you to see a doctor if you had:
   1. Weight loss of more than 2 kilograms in a month when not dieting
   2. Shortness of breath with light exercise or light work
   3. Chest pain when exercising
   4. Loss of consciousness, fainting or passing out
   5. Headache for more than one day
   6. Abdominal pain for more than one day
   7. Severe worries for more than a month

30. Do you expect to benefit from a GP visit for:
   1. Stomach problems
   2. Shoulder and neck pain
   3. Feeling nervous
   4. Diarrhoea
   5. Sore throat
   6. Headache
   7. Feeling tired
   8. Flu
   9. Feeling nauseous

31. Do you agree with the following statements:
   1. In general, doctors can be trusted
   2. In general, people can be trusted

Finally we would like to ask you some questions about your personal background:

32. Are you male or female?  Male  Female

33. What is your year of birth? Please fill in:
   Year of birth: ___

34. Where were you born?
   In this country
   In another EU country
   In a European country outside the EU
   North America, Australia or New Zealand
   In another country

35. Where was your mother born?
   In this country
   In another EU country
   In a European country outside the EU
   North America, Australia or New Zealand
   In another country

36. Are there other adults in your household (excluding children older than 14)?
   Yes  No
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Appendix C: Patient Values Questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>Response categories</th>
<th>Source(s)</th>
<th>Theme(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How would you describe your own health in general?</td>
<td>□ Very good □ Good □ Fair □ Poor</td>
<td>Ref. 30, wording changed</td>
<td>BACK</td>
</tr>
<tr>
<td>2. Do you have a longstanding disease or condition such as high blood pressure, diabetes, depression, asthma or another longstanding condition?</td>
<td>□ Yes □ No</td>
<td>New</td>
<td>BACK</td>
</tr>
<tr>
<td>3. How important are the following to you: Not important Somewhat important Important Very important Weiging Patient Experiences</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>1. That this doctor has my medical records at hand</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2. That this doctor is polite</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3. That this doctor asks questions about my health problem</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4. That I understand clearly what this doctor explains</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5. That this doctor involves me in making decisions about treatment</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>6. That this doctor asks about possible other problems besides the one I come for</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>7. That people at the reception desk are polite and helpful</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4. How important are the following to you: Not important Somewhat important Important Very important Weiging Patient Experiences</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>1. That this doctor knows important information about my medical background</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2. That this doctor knows about my living situation</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3. That I feel able to cope better with my health problem/illness after this visit</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5. How important are the following to you: Not important Somewhat important Important Very important Weiging Patient Experiences</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>1. That this practice has extensive opening hours</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2. That I can get an appointment easily at this practice</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3. That I know how to get evening, night and weekend services</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4. That this practice is close to where I live or work</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5. That I have a short waiting time on the phone when I call this practice</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
6. How important are the following to you:

- Before the consultation with your GP
  1. That I don’t need to tell a receptionist or nurse about details of my health problem before seeing my doctor
  2. That the doctor has prepared for the consultation by reading my medical notes
  3. That I have prepared for the consultation by keeping a symptom diary or preparing questions
  4. That I can bring a family member/friend to the consultation if I think this is useful
  5. That I know which doctor I will see
  6. That I keep to my appointment

Most important is item number: ___ (fill in)

7. How important are the following to you:

- During the consultation with your GP
  1. That the doctor makes me feel welcome by making eye contact
  2. That the doctor listens attentively
  3. That the doctor does not give me the feeling to be under time pressure
  4. That the doctor is aware of my personal, social and cultural background
  5. That the doctor is not prejudiced because of my age, gender, religion or cultural background
  6. That the doctor treats me as a person and not just a medical problem
  7. That the doctor is respectful during physical examination and by not interrupting me
  8. That the doctor takes me seriously
  9. That the doctor understands me
  10. That the doctor asks me if I have any questions
  11. That the doctor asks if I have understood everything
  12. That the doctor knows when to refer me to a medical specialist
  13. That the doctor asks how I prefer to be treated

Most important is item number: ___ (fill in)

From the above-mentioned 13 items, which one do you find the most important one?
<table>
<thead>
<tr>
<th>Question</th>
<th>Not important</th>
<th>Somewhat important</th>
<th>Important</th>
<th>Very important</th>
<th>Ref. 23 QUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. How important are the following to you: During the consultation with your GP</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>1. That the doctor avoids disturbances of the consultation by telephone calls, etc.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>2. That the doctor gives me additional information about my health problem, e.g. leaflets</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>3. That the doctor informs me about reliable sources of information, e.g. websites</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>4. That I tell the doctor what I want to discuss in this consultation</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>5. That I am prepared to ask questions and take notes</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>6. That I am honest and not feel embarrassed to talk about my health problem</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>7. That I am open about my use of other treatments, such as self-medication or alternative medicine</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>8. That psychosocial issues (for example personal worries) can be discussed if needed</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>9. From the above mentioned 8 items, which one do you find the most important one?</td>
<td>Most important is item number (fill in)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Not important</th>
<th>Somewhat important</th>
<th>Important</th>
<th>Very important</th>
<th>Ref. 23 QUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. How important are the following to you: After the consultation with your GP</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>1. That the doctor gives me all test results, even if they show no abnormalities</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>2. That the doctor offers me to have telephone or email contact if I have further questions</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>3. That the doctor gives me clear instructions on what to do when things go wrong</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>4. That I adhere to the agreed treatment plan</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>5. That I inform the doctor how the treatment works out</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>6. That I can see another doctor if I think it is necessary</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>7. From the above mentioned 6 items, which one do you find the most important one?</td>
<td>Most important is item number (fill in)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Finally, we would like to ask you some questions about your personal background:

10. Are you male or female?  
- Male  
- Female  

11. What is your year of birth? Please fill in the year of birth: 19___  

12. Where were you born?  
- In this country  
- In another EU country  
- In a European country outside the EU  
- North America, Australia or New Zealand  
- In another country  

13. Where was your mother born?  
- In this country  
- In another EU country  
- In a European country outside the EU  
- North America, Australia or New Zealand  
- In another country  

14. Are there other adults in your household (including children older than 18)?  
- Yes  
- No  

15. Are there any children (under 18) in your household?  
- Yes  
- No  

16. How would you describe your current occupation or employment status? (More than one answer possible)  
- Employed (including civil service)  
- Self-employed or family business  
- Student  
- Looking for a job (unemployed)  
- Unable to work due to illness or disability  
- Retired  
- Mainly homemaker (including looking after children etc)  

17. What is the highest level of education that you achieved?  
- No qualifications obtained / Pre-primary education (incl. ...) or lower secondary education (incl. ...)  
- Upper secondary level of education (incl. ...)  
- Post-secondary, non-tertiary education (incl. ...) or higher  

18. How well do you speak an official language of this country? (Fill in language[s]).  
- Fluency/native speaker level  
- Sufficiently  
- Moderately  
- Poorly  
- Not at all  

19. Compared to the average income in this country, would you say your household’s income is:  
- Below average  
- Around average  
- Above average  

BACK, background; AGS, accessibility; CONT, continuity;COORD, coordination; COMP, comprehensiveness; QUAL, quality; EQ (AC) & (TX), equity in access and treatment; AUTR, patient autonomy.

This is a NIVEL certified Post Print, more info at [http://www.nivel.eu](http://www.nivel.eu)
**Appendix D: Practice questionnaire**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response categories</th>
<th>Source(s)</th>
<th>Theme(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total number of patients asked to participate</td>
<td>Patients</td>
<td>New</td>
<td>Response rate</td>
</tr>
<tr>
<td>2. Number of patients that has participated</td>
<td>Patients</td>
<td>New</td>
<td>Response rate</td>
</tr>
<tr>
<td>3. Opening hours are clearly indicated outside</td>
<td>□ Yes □ No</td>
<td>Ref. 24</td>
<td>ACCS</td>
</tr>
<tr>
<td>4. Outside it is clearly indicated how to get out-of-hours care</td>
<td>□ Yes □ No</td>
<td>Ref. 24</td>
<td>ACCS</td>
</tr>
<tr>
<td>5. The practice has parking space for handicapped people</td>
<td>□ Yes □ No</td>
<td>Ref. 24</td>
<td>EQ (AC)</td>
</tr>
<tr>
<td>6. Is the practice at the ground floor?</td>
<td>□ Yes → continue to Q 8 □ No</td>
<td>Ref. 24</td>
<td>BACK</td>
</tr>
<tr>
<td>7. Is an elevator available for patients?</td>
<td>□ Yes □ No</td>
<td>Ref. 24</td>
<td>EQ (AC)</td>
</tr>
<tr>
<td>8. How accessible is the practice for patients using a wheelchair or stroller?</td>
<td>□ Very easy □ Easy □ Difficult □ Impossible to access</td>
<td>Ref. 24</td>
<td>EQ (AC)</td>
</tr>
<tr>
<td>9. Is a toilet available for patients with a handicap?</td>
<td>□ Yes □ No</td>
<td>Ref. 24</td>
<td>EQ (AC)</td>
</tr>
<tr>
<td>10. How clean does the waiting room look?</td>
<td>□ Very clean □ Rather clean □ Not clean</td>
<td>Ref. 24</td>
<td>QUAL</td>
</tr>
<tr>
<td>11. Can people in the waiting room hear what is being said at the reception desk?</td>
<td>□ Yes □ No □ Not Applicable (no reception desk)</td>
<td>New</td>
<td>QUAL</td>
</tr>
<tr>
<td>12. Can people in the waiting room hear or see what happens in the doctor’s office?</td>
<td>□ Yes □ No</td>
<td>New</td>
<td>QUAL</td>
</tr>
</tbody>
</table>

BACK, background; ACCS, accessibility; QUAL, quality; EQ (AC) & (TR), equity in access and treatment.