

The following appendices are part of the publication:

**“Assessing the potential for improvement of primary care in 34 countries: a cross-sectional survey”**

Published in the WHO Bulletin, 2015.

*Authors: Willemijn LA Schäfer, Wienke GW Boerma, Anna M Murante, Herman JM Sixma, François G Schellevis, Peter P. Groenewegen*

**Corresponding author:** Willemijn LA Schäfer ( [w.schafer@nivel.nl](mailto:w.schafer@nivel.nl) )

**Funding**

The article is based on the QUALICOPC (Quality and Costs of Primary Care in Europe) project, co-funded by the European Commission under the Seventh Framework Programme (FP7/2007-2013) under grant agreement 242141.

**Index**

Appendix 1: Patient Experiences Questionnaire of QUALICOPC ..... 3

Appendix 2: Patient Values questionnaire of the QUALICOPC study..... 7

Appendix 3: Overview of Structure indicators Primary Health care Activity Monitor ..... 9

Appendix 4: Scale scores of primary care structure per country, sorted per dimension ..... 15

Appendix 5: Sensitivity analyses..... 16

Appendix 6: Overview of % negative experiences per country ..... 17

Appendix 7: Overview of average values scores per country ..... 18

Appendix 8: Overview of improvement scores per country ..... 19

Appendix 9: Overview of background characteristics patients per country ..... 20

## Appendix 1: Patient Experiences Questionnaire of QUALICOPC

| Question                                                                                                                                        | Response categories                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. How would you describe your own health in general?                                                                                           | <input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Fair<br><input type="checkbox"/> Poor                                                                                                                                                                                                                                          |
| 2. Do you have a longstanding disease or condition such as high blood pressure, diabetes, depression, asthma or another longstanding condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                       |
| 3. Do you have your own doctor (for instance a GP) whom you normally consult first with a health problem?                                       | <input type="checkbox"/> Yes, the doctor I just visited<br><input type="checkbox"/> Yes, but another doctor in this practice or centre<br><input type="checkbox"/> Yes, but another doctor from somewhere else<br><input type="checkbox"/> No, I do not have my own doctor                                                                                                     |
| 4. In the last 6 months, how often have you visited or consulted a GP (this GP or another one)?                                                 | <input type="checkbox"/> This was the first time in the past 6 months<br><input type="checkbox"/> Once before this visit<br><input type="checkbox"/> 2 to 4 times before this<br><input type="checkbox"/> 5 times or more before this<br><input type="checkbox"/> Don't know                                                                                                   |
| 5. What was the main reason for your visit to this GP today? (More than one answer possible)                                                    | <input type="checkbox"/> Because you were ill or didn't feel well<br><input type="checkbox"/> For a medical check up<br><input type="checkbox"/> To get a repeat prescription<br><input type="checkbox"/> To get a referral<br><input type="checkbox"/> To get a medical certificate<br><input type="checkbox"/> For a second opinion<br><input type="checkbox"/> Other reason |
| 6. Think about the consultation that you just finished. Do you agree with the following:                                                        | Yes      No<br><input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                               |
| 6.1. The doctor had my medical records at hand                                                                                                  | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| 6.2. The doctor was polite                                                                                                                      | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| 6.3. The doctor listened carefully to me                                                                                                        | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| 6.4. The doctor hardly looked at me when we talked                                                                                              | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| 6.5. The doctor asked questions about my health problem                                                                                         | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| 6.6. I couldn't really understand what the doctor was trying to explain                                                                         | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| 6.7. The doctor took sufficient time                                                                                                            | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| 6.8. The doctor involved me in making decisions about treatment                                                                                 | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| 6.9. I would recommend this doctor to a friend or relative                                                                                      | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| 6.10. The doctor asked about possible other problems besides the one I just came for                                                            | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| 7. If you were to need an interpreter to help you speak with a doctor in this practice, is such a service available?                            | <input type="checkbox"/> I never need an interpreter<br><input type="checkbox"/> Yes, it is always available<br><input type="checkbox"/> Yes, it is usually available<br><input type="checkbox"/> No, it is insufficiently or not available<br><input type="checkbox"/> Don't know                                                                                             |
| 8. Think about the doctor you visited today. Do you agree with the following:                                                                   | Yes      No      Don't know<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                      |
| 8.1. He/she knows important information about my medical background                                                                             | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                     |
| 8.2. He/ she knows about my living situation                                                                                                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                     |
| 8.3. This doctor doesn't just deal with medical problems but can also help with personal problems and worries                                   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                     |
| 8.4. After this visit, I feel I can cope better with my health problem/ illness than before                                                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                     |
| 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)    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know                                                                                                                                                                                                                                                                             |
| 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)?    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know                                                                                                                                                                                                                                                                             |

| Question                                                                                                                   | Response categories                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11. Think about the practice that you visited today. Do you agree with the following:                                      | Yes      No      Don't know                                                                                                                                                                                                                                           |
| 11.1. The opening hours are too restricted                                                                                 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 11.2. If I need a home visit I can get one                                                                                 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 11.3. The practice is too far away from where I am living or working                                                       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 11.4. When I called this practice, I had to wait too long to speak to someone                                              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 11.5. I know how to get evening, night and weekend services                                                                | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 11.6. People were polite and helpful at the reception desk                                                                 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 12. How long does it usually take you to travel from your home to this practice?                                           | <input type="checkbox"/> Less than 20 minutes<br><input type="checkbox"/> 20-40 minutes<br><input type="checkbox"/> 40-60 minutes<br><input type="checkbox"/> More than 1 hour<br><input type="checkbox"/> Don't know                                                 |
| 13. Did you make an appointment for this visit to your doctor?                                                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No → Go to question 16                                                                                                                                                                                       |
| 14. Was it is easy to get the appointment?                                                                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                           |
| 15. How many days did you wait for this visit?                                                                             | <input type="checkbox"/> I made the appointment earlier today<br><input type="checkbox"/> I made the appointment yesterday<br><input type="checkbox"/> I waited 2-7 days<br><input type="checkbox"/> I waited more than a week<br><input type="checkbox"/> Don't know |
| 16. How long did you wait today between arriving in the practice and the consultation?                                     | <input type="checkbox"/> Less than 15 minutes<br><input type="checkbox"/> 15-30 minutes<br><input type="checkbox"/> 30-45 minutes<br><input type="checkbox"/> 45-60 minutes<br><input type="checkbox"/> More than an hour<br><input type="checkbox"/> Don't know      |
| 17. Do you think it is too difficult to see a GP during evenings, nights and weekends?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know                                                                                                                                                                          |
| 18. In the past 12 months, has one of the following happened to you in this practice?                                      | Yes      No      Don't know                                                                                                                                                                                                                                           |
| 18.1. The doctor or staff acted negatively to you                                                                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 18.2. Other patients were treated better than you                                                                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 18.3. The doctor was too much concerned about money                                                                        | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 18.4. The doctor or staff showed disrespect because of your ethnic background                                              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 18.5. The doctor or staff showed disrespect because of your gender                                                         | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 19. In the past 12 months, have you ever had the following experiences in this practice:                                   | Yes      No      Don't know                                                                                                                                                                                                                                           |
| 19.1. I thought tests or examinations were repeated unnecessarily                                                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 19.2. I thought I got the wrong medication or wrong dose                                                                   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 19.3. I thought I got incorrect results of a test or X-ray                                                                 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                            |
| 20. If you are unhappy with the treatment you received, do you think this doctor would be prepared to discuss it with you? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know                                                                                                                                                                    |
| 21. In the past 12 months, did you postpone or abstain from a visit to this doctor or another GP when you needed one?      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No → Go to question 23                                                                                                                                                                                       |
| 22. What was the most important reason why you did not visit a GP? (More than one answer possible)                         | <input type="checkbox"/> I did not have insurance<br><input type="checkbox"/> Other financial reasons<br><input type="checkbox"/> I could not get there (physically)<br><input type="checkbox"/> I was too busy<br><input type="checkbox"/> Other reason              |
| 23. How many times in the past 12 months, have you consulted a medical specialist for yourself?                            | <input type="checkbox"/> None<br><input type="checkbox"/> Once or twice<br><input type="checkbox"/> 3 to 5 times<br><input type="checkbox"/> 6 to 10 times<br><input type="checkbox"/> More than 10 times                                                             |

| Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Response categories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>24. Do you agree with the following statements:</p> <p>24.1. If I visit another GP besides my own GP, he/she has the necessary information about me</p> <p>24.2. When I am referred, my GP informs the medical specialist about my illness</p> <p>24.3. When I am referred, my GP decides to whom I should go</p> <p>24.4. After treatment by a medical specialist, my GP knows the results</p> <p>24.5. It is difficult to get a referral to a medical specialist from my GP</p>                                                                     | <p>Yes    No    Don't know    Not applicable</p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p>25. In the last 12 months, how often did you visit a hospital emergency department for yourself?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><input type="checkbox"/> Never → Go to question 27</p> <p><input type="checkbox"/> 1 time</p> <p><input type="checkbox"/> 2 or 3 times</p> <p><input type="checkbox"/> 4 or more times</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>26. Why did you go to the emergency department instead of going to a GP? (More than one answer possible)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><input type="checkbox"/> I had something GPs do not treat</p> <p><input type="checkbox"/> There was no GP available</p> <p><input type="checkbox"/> For financial reasons</p> <p><input type="checkbox"/> At the emergency department, I expected a shorter waiting time</p> <p><input type="checkbox"/> The emergency department provides better care</p> <p><input type="checkbox"/> The emergency department is more convenient to reach</p> <p><input type="checkbox"/> Other reason(s)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>27. In the past 12 months, have you been examined or treated by a nurse at your GP's practice?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>28. Would most people visit a GP for the following?</p> <p>1. Cut finger that needs to be stitched</p> <p>2. Removal of a wart</p> <p>3. Routine health checks</p> <p>4. Deteriorated vision</p> <p>5. Help to quit smoking</p> <p>6. A child with a severe cough</p> <p>7. Stomach pain</p> <p>8. Blood in the stool</p> <p>9. Sprained ankle</p> <p>10. Anxiety</p> <p>11. Domestic violence</p> <p>12. Sexual problems</p> <p>13. Relationship problems</p> <p>14. Advice for choosing the best hospital or specialist for a certain treatment</p> | <p>Yes    Probably yes    Probably not    No    Don't know</p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> |
| <p>29. How important would it be for you to see a doctor if you had:</p> <p>1. Weight loss of more than 2 kilograms in a month when not dieting</p> <p>2. Shortness of breath with light exercise or light work</p> <p>3. Chest pain when exercising</p> <p>4. Loss of consciousness, fainting or passing out</p> <p>5. Headache for more than one day</p> <p>6. Abdominal pain for more than one day</p> <p>7. Severe worries for more than a month</p>                                                                                                 | <p>Extremely Important    Rather important    Somewhat important    Not important</p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>30. Do you expect to benefit from a GP visit for:</p> <p>1. Stomach problems</p> <p>2. Shoulder and neck pain</p> <p>3. Feeling nervous</p> <p>4. Diarrhoea</p> <p>5. Sore throat</p> <p>6. Headache</p> <p>7. Feeling tired</p> <p>8. Flu</p> <p>9. Feeling nauseous</p>                                                                                                                                                                                                                                                                             | <p>Yes    No    Don't know</p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Question                                                                                                                         | Response categories                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31. Do you agree with the following statements:<br>1. In general, doctors can be trusted<br>2. In general, people can be trusted | Strongly agree    Agree    Disagree    Strongly disagree<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                  |
| 32. Are you male or female?                                                                                                      | <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                           |
| 33. What is your year of birth? Please fill in:                                                                                  | Year of birth: 19__                                                                                                                                                                                                                                                                                                                                                                                                     |
| 34. Where were you born?                                                                                                         | <input type="checkbox"/> In this country<br><input type="checkbox"/> In another EU country<br><input type="checkbox"/> In a European country outside the EU<br><input type="checkbox"/> North America, Australia or New Zealand<br><input type="checkbox"/> In another country                                                                                                                                          |
| 35. Where was your mother born?                                                                                                  | <input type="checkbox"/> In this country<br><input type="checkbox"/> In another EU country<br><input type="checkbox"/> In a European country outside the EU<br><input type="checkbox"/> North America, Australia or New Zealand<br><input type="checkbox"/> In another country                                                                                                                                          |
| 36. Are there other adults in your household (including children older than 18)?                                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                             |
| 37. Are there any children (under 18) in your household?                                                                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                             |
| 38. How would you describe your current occupation or employment status? (More than one answer possible)                         | <input type="checkbox"/> Employed (including civil service)<br><input type="checkbox"/> Self employed or family business<br><input type="checkbox"/> Student<br><input type="checkbox"/> Looking for a job (unemployed)<br><input type="checkbox"/> Unable to work due to illness or disability<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Mainly homemaker (including looking after children etc) |
| 39. What is the highest level of education that you achieved?                                                                    | <input type="checkbox"/> No qualifications / Pre-primary education (incl. ...) or primary education (incl. ...) or lower secondary education (incl. ...)<br><input type="checkbox"/> Upper secondary education (incl. ...)<br><input type="checkbox"/> Post-secondary, non-tertiary education (incl. ...) or higher                                                                                                     |
| 40. How well do you speak an official language of this country [fill in language(s)]?                                            | <input type="checkbox"/> Fluently/native speaker level<br><input type="checkbox"/> Sufficiently<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Poorly<br><input type="checkbox"/> Not at all                                                                                                                                                                                                        |
| 41. Compared to the average in this country, would you say your household's income is:                                           | <input type="checkbox"/> Below average<br><input type="checkbox"/> Around average<br><input type="checkbox"/> Above average                                                                                                                                                                                                                                                                                             |

## Appendix 2: Patient Values questionnaire of the QUALICOPC study

| Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Response categories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-----------|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How would you describe your own health in general?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Fair<br><input type="checkbox"/> Poor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 2. Do you have a longstanding disease or condition such as high blood pressure, diabetes, depression, asthma or another longstanding condition?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 3. How important are the following to you:<br><br>1. That this doctor has my medical records at hand<br>2. That this doctor is polite<br>3. That this doctor asks questions about my health problem<br>4. That I understand clearly what this doctor explains<br>5. That this doctor involves me in making decisions about treatment<br>6. That this doctor asks about possible other problems besides the one I come for<br>7. That people at the reception desk are polite and helpful                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 12.5%;">Not important</th> <th style="width: 12.5%;">Somewhat important</th> <th style="width: 12.5%;">Important</th> <th style="width: 12.5%;">Very important</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | Not important            | Somewhat important       | Important | Very important | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Not important                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Somewhat important       | Important                | Very important           |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 4. How important are the following to you:<br><br>1. That this doctor knows important information about my medical background<br>2. That this doctor knows about my living situation<br>3. That I feel able to cope better with my health problem/illness after this visit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 12.5%;">Not important</th> <th style="width: 12.5%;">Somewhat important</th> <th style="width: 12.5%;">Important</th> <th style="width: 12.5%;">Very important</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | Not important            | Somewhat important       | Important | Very important | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Not important                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Somewhat important       | Important                | Very important           |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 5. How important are the following to you:<br><br>1. That this practice has extensive opening hours<br>2. That I can get an appointment easily at this practice<br>3. That I know how to get evening, night and weekend services<br>4. That this practice is close to where I live or work<br>5. That I have a short waiting time on the phone when I call this practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 12.5%;">Not important</th> <th style="width: 12.5%;">Somewhat important</th> <th style="width: 12.5%;">Important</th> <th style="width: 12.5%;">Very important</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | Not important            | Somewhat important       | Important | Very important | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Not important                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Somewhat important       | Important                | Very important           |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 6. How important are the following to you:<br><u>Before</u> the consultation with your GP<br>1. That I don't need to tell a receptionist or nurse about details of my health problem before seeing my doctor<br>2. That the doctor has prepared for the consultation by reading my medical notes<br>3. That I have prepared for the consultation by keeping a symptom diary or preparing questions<br>4. That I can bring a family member/friend to the consultation if I think this is useful<br>5. That I know which doctor I will see<br>6. That I keep to my appointment<br>7. From the abovementioned 6 items, which one do you find the most important one?                                                                                                                                                                                                                                                                                                                                                                                                 | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 12.5%;">Not important</th> <th style="width: 12.5%;">Somewhat important</th> <th style="width: 12.5%;">Important</th> <th style="width: 12.5%;">Very important</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> Most important is item number: ____ (fill in)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Not important            | Somewhat important       | Important | Very important | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Not important                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Somewhat important       | Important                | Very important           |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 7. How important are the following to you:<br><u>During</u> the consultation with your GP<br>1. That the doctor makes me feel welcome by making eye contact<br>2. That the doctor listens attentively<br>3. That the doctor does not give me the feeling to be under time pressure<br>4. That the doctor is aware of my personal, social and cultural background<br>5. That the doctor is not prejudiced because of my age, gender, religion or cultural background<br>6. That the doctor treats me as a person and not just as a medical problem<br>7. That the doctor is respectful during physical examination and by not interrupting me<br>8. That the doctor takes me seriously<br>9. That the doctor understands me<br>10. That the doctor asks me if I have any questions<br>11. That the doctor asks if I have understood everything<br>12. That the doctor knows when to refer me to a medical specialist<br>13. That the doctor asks how I prefer to be treated<br>14. From the abovementioned 13 items, which one do you find the most important one? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 12.5%;">Not important</th> <th style="width: 12.5%;">Somewhat important</th> <th style="width: 12.5%;">Important</th> <th style="width: 12.5%;">Very important</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> Most important is item number: ____ (fill in) |                          | Not important            | Somewhat important       | Important | Very important | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Not important                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Somewhat important       | Important                | Very important           |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

| Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Response categories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. How important are the following to you:<br><u>During</u> the consultation with your GP<br><br>1. That the doctor avoids disturbances of the consultation by telephone calls etc.<br>2. That the doctor gives me additional information about my health problem e.g. leaflets<br>3. That the doctor informs me about reliable sources of information e.g. websites<br>4. That I tell the doctor what I want to discuss in this consultation<br>5. That I am prepared to ask questions and take notes<br>6. That I am honest and not feel embarrassed to talk about my health problem<br>7. That I am open about my use of other treatments, such as self-medication or alternative medicine<br>8. That psychosocial issues (for example personal worries) can be discussed if needed<br>9. From the abovementioned 8 items, which one do you find the most important one? | <table border="1"> <thead> <tr> <th>Not important</th> <th>Somewhat important</th> <th>Important</th> <th>Very important</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> Most important is item number: ____ (fill in) | Not important            | Somewhat important       | Important | Very important | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not important                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Somewhat important                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Important                | Very important           |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 9. How important are the following to you:<br><u>After</u> the consultation with your GP<br><br>1. That the doctor gives me all test results, even if they show no abnormalities<br>2. That the doctor offers me to have telephone or email contact if I have further questions<br>3. That the doctor gives me clear instructions on what to do when things go wrong<br>4. That I adhere to the agreed treatment plan<br>5. That I inform the doctor how the treatment works out<br>6. That I can see another doctor if I think it is necessary<br>7. From the abovementioned 6 items, which one do you find the most important one?                                                                                                                                                                                                                                        | <table border="1"> <thead> <tr> <th>Not important</th> <th>Somewhat important</th> <th>Important</th> <th>Very important</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> Most important is item number: ____ (fill in)                                                                                                                                                                                                                                                                                             | Not important            | Somewhat important       | Important | Very important | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |
| Not important                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Somewhat important                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Important                | Very important           |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 10. Are you male or female?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 11. What is your year of birth? Please fill in:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Year of birth: 19__                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 12. Where were you born?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> In this country<br><input type="checkbox"/> In another EU country<br><input type="checkbox"/> In a European country outside the EU<br><input type="checkbox"/> North America, Australia or New Zealand<br><input type="checkbox"/> In another country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 13. Where was your mother born?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> In this country<br><input type="checkbox"/> In another EU country<br><input type="checkbox"/> In a European country outside the EU<br><input type="checkbox"/> North America, Australia or New Zealand<br><input type="checkbox"/> In another country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 14. Are there other adults in your household (including children older than 18)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 15. Are there any children (under 18) in your household?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 16. How would you describe your current occupation or employment status? (More than one answer possible)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Employed (including civil service)<br><input type="checkbox"/> Self employed or family business<br><input type="checkbox"/> Student<br><input type="checkbox"/> Looking for a job (unemployed)<br><input type="checkbox"/> Unable to work due to illness or disability<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Mainly homemaker (including looking after children etc)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 17. What is the highest level of education that you achieved?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> No qualifications obtained/ Pre-primary education (incl. ...) or primary education (incl. ...) or lower secondary education (incl. ...)<br><input type="checkbox"/> Upper secondary level of education (incl. ...)<br><input type="checkbox"/> Post-secondary, non-tertiary education (incl. ...) or higher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 18. How well do you speak an official language of this country [fill in language(s)]?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Fluently/native speaker level<br><input type="checkbox"/> Sufficiently<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Poorly<br><input type="checkbox"/> Not at all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 19. Compared to the average income in this country, would you say your household's income is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Below average<br><input type="checkbox"/> Around average<br><input type="checkbox"/> Above average                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |           |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |



### Appendix 3: Overview of Structure indicators Primary Health care Activity Monitor

Source: Kringos et al. BMC Family Practice 2010, 11:81; <http://www.biomedcentral.com/1471-2296/11/81>

| Dimension: Governance of the PC system (Structure)              |                                                  |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Feature                                                         | Indicator title                                  | Indicator                                                                                                                                                                                                                         | Additional information item                                                                                                                                                                                                                                                                                                       |
| GOV1. Primary care goals                                        | Primary care goals                               | GOV1.1 Have policy documents (by government or important stakeholders) been issued that reflect a clear vision on current and future PC (e.g. for the next 5 years)? [Yes/No]                                                     | GOV1.1a If Yes: In which year? What does this vision entail? What is the status of these documents (e.g. policy paper, law, formal public statement); Which stakeholder?                                                                                                                                                          |
| GOV2. Policy on equality in access                              | Policy on distribution of human resources        | GOV2.1 Is there an explicit governmental policy to regulate the distribution of PC providers and facilities more evenly? [Yes/No]                                                                                                 | GOV2.1a If yes: Please describe the content of these pro-equality measures (e.g. they may be focused on improved working conditions or on obligations for young doctors to work in rural areas?).                                                                                                                                 |
| GOV3. (De)centralization of PC management & service development | PC within the Ministry of Health                 | GOV3.1 Does PC has its own department or unit within the Ministry of Health? [Yes/No]                                                                                                                                             | GOV3.1a Does PC have a budget that can be distinguished from other sectors, such as specialist care? [Yes/No] If yes, please explain at which level this budget is established (e.g. national, regional).                                                                                                                         |
|                                                                 | PC policy development at regional or local level | GOV3.2 Have responsibilities for PC been decentralized to regional or local level? [Yes/No]                                                                                                                                       | GOV3.2a If yes, please explain which responsibilities have been decentralized to which levels (for instance, setting priorities; aspects of service provision).                                                                                                                                                                   |
|                                                                 | Stakeholder involvement in PC policy development | GOV3.3 Do organisations of stakeholders contribute to PC policy development? (e.g. health insurers, medical professionals, or representatives of patients or consumers). [Yes/No]                                                 | GOV3.3a If yes, please explain in which way they contribute to PC policy development (e.g. in regular formal consultations or incidentally and informal).                                                                                                                                                                         |
|                                                                 | (De)centralization of PC service delivery        | GOV3.4 Has community influence on the provision of PC services been organised on a national or regional level? [not applicable, it is not used/ yes, on a national level/ yes in some regions/ yes, incidentally at local level]. | GOV3.4a If yes, which of the following forms apply:<br>1. Via ownership of PC facilities by authorities:<br>a. State; b. Region; c. Local.<br>2. (Voluntary) patient councils with PC facilities.<br>3. Local/regional/national PC satisfaction surveys;<br>4. Volunteer work in PC facilities;<br>5. Other [Please fill in]..... |
| GOV4. PC Quality Management Infrastructure                      | Coordination of quality management               | GOV4.1 If state inspection on health care exists, does it have a specific unit for PC? [Yes/No/Not applicable]                                                                                                                    | -                                                                                                                                                                                                                                                                                                                                 |
|                                                                 | Certification of providers                       | GOV4.2 Do formal requirements exist for physicians (such as GPs/Family doctors) to work in PC? [Yes/No]                                                                                                                           | GOV4.2a If yes, what are the obligatory professional requirements for physicians to practice in PC? (e.g. Having completed postgraduate specialisation or obligatory CME). Please specify for GPs/FDs and possible other specialists working in PC                                                                                |

| <b>Dimension: Governance of the PC system (Structure)</b> |                                    |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Feature</b>                                            | <b>Indicator title</b>             | <b>Indicator</b>                                                                                                                                                                                                                                                                                                                | <b>Additional information item</b>                                                                                                                                                                                                                                                                                                                                                       |
|                                                           | Licensing of facilities            | GOV4.3 Do formal requirements exist for PC practices or facilities to operate? [Yes/No]                                                                                                                                                                                                                                         | GOV4.3a <i>If yes, What are the requirements for PC practices or facilities to operate?</i>                                                                                                                                                                                                                                                                                              |
|                                                           |                                    |                                                                                                                                                                                                                                                                                                                                 | GOV4.3b <i>Please mention important voluntary mechanisms to maintain and improve the quality of care. (e.g. clinical guidelines, voluntary peer-review mechanisms).</i>                                                                                                                                                                                                                  |
|                                                           | Development of clinical guidelines | GOV4.4 Have evidence based clinical guidelines been produced for specific use by GPs? [Yes/No]                                                                                                                                                                                                                                  | GOV4.4a <i>If yes: What is the usual mode of production of these guidelines?</i><br>1. <i>Issued by a national agency such as the Ministry of Health [yes / no];</i><br>2. <i>Issued by a college or association of GPs [yes / no];</i><br>3. <i>Adapted foreign guidelines [yes / no];</i><br>4. <i>Developed by medical specialists [yes / no] ;</i><br>5. <i>Other:.....[fill in]</i> |
| GOV5. Patient advocacy                                    | Patient rights                     | GOV5.1 Have any laws/regulation pertaining to the following patients' rights in PC been implemented?<br>1. Informed consent [Yes/No]; 2. Patient access to own medical files [Yes/No]; 3. Confidential use of medical records [Yes/No]; 4. Availability of a procedure to process patient complaints in PC facilities [Yes/No]. | -                                                                                                                                                                                                                                                                                                                                                                                        |
| GOV6. Multidisciplinary collaboration                     | Multidisciplinary collaboration    | GOV6.1 Has a governmental policy on cooperation or integration of PC services been laid down in a law or policy paper? [Yes/No/ Not applicable, because no such policy exists]                                                                                                                                                  | GOV6.1a <i>If yes, what is the core of this policy and which PC providers are targeted?</i>                                                                                                                                                                                                                                                                                              |

Source: Kringos et al. BMC Family Practice 2010, 11:81; <http://www.biomedcentral.com/1471-2296/11/81>

| Dimension: Economic conditions of the PC system (Structure) |                                                       |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                             |
|-------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Feature                                                     | Indicator title                                       | Indicator                                                                                                                                                                                                                                                                                      | Additional information item                                                                                                                                                 |
| ECO1. Primary care expenditure                              | Total PC expenditure                                  | ECO1.1 Total expenditure on PC as % of total expenditure on health                                                                                                                                                                                                                             | -                                                                                                                                                                           |
|                                                             | Expenditure on prevention and public health           | ECO1.2 Total expenditure on prevention and public health as % of total expenditure on health.                                                                                                                                                                                                  | -                                                                                                                                                                           |
| ECO2. Primary care coverage                                 | Total PC coverage                                     | ECO2.1 % of the population fully covered or insured for PC costs.                                                                                                                                                                                                                              | -                                                                                                                                                                           |
|                                                             | GP services coverage                                  | ECO2.2 % of the population covered or insured for costs of GP services (office and at home) .                                                                                                                                                                                                  | ECO2.2a If copayment applies, please explain the volume of copayment                                                                                                        |
|                                                             | Medicines coverage                                    | ECO2.3 % of the population covered or insured for medicines prescribed in primary care / GP.                                                                                                                                                                                                   | ECO2.3a If copayment applies, please explain the volume of copayment                                                                                                        |
|                                                             | Uninsured population                                  | ECO2.4 % of the population uninsured for medical expenses (this may be an estimation)                                                                                                                                                                                                          | -                                                                                                                                                                           |
|                                                             | Out-patient medical care coverage by social insurance | ECO2.5 Social health insurance coverage for out-patient medical care by % of population.                                                                                                                                                                                                       | -                                                                                                                                                                           |
| ECO3. Employment status of PC workforce                     | Employment status of GPs                              | ECO3.1 % of GPs that are:<br>1a. Salaried with national, regional or local authorities; 1b. Salaried with other physicians; 2a. Self-employed with contract to health insurance fund(s) or health authority; 2b. Self-employed without contract (paid by patients out-of-pocket).3. Other mode | -                                                                                                                                                                           |
| ECO4. Remuneration system of PC workforce                   | Remuneration system for salaried GPs                  | ECO4.1 How are salaried GPs paid? 1. Flat salary; 2. salary related to the number of their patients; 3 Salary related to both the number of their patients and indicators of performance                                                                                                       | <i>ECO4.1a If they receive a performance-related salary: please explain which elements are taken into account.</i>                                                          |
|                                                             | Remuneration system for self-employed GPs             | ECO4.2 How are self-employed GPs paid? 1. Fee-for-service payment; 2. Capitation payment; 3. Mix of capitation and fee-for-service payment. 4. Mix of capitation and fee-for-service and other specific components (e.g. bonus for working in disadvantaged areas etc.).                       | <i>ECO4.2a If they receive a payment consisting of other components than capitation or fee-for service, please explain to what targets or situations these are related.</i> |
| ECO5. Income of PC workforce                                | Income of GPs                                         | ECO5.1 What is the (estimated) gross annual income (in Euros) of a 'mid-career' GP (about 10 years experience and with an average size of practice)?                                                                                                                                           | <i>ECO5.1a Does this income include costs for running the practice (premises; equipment; care; employed staff)?</i>                                                         |

Source: Kringos et al. BMC Family Practice 2010, 11:81; <http://www.biomedcentral.com/1471-2296/11/81>

| Dimension: PC Workforce Development (Structure)   |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                               |
|---------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Feature                                           | Indicator title                       | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Additional information item                                                                                                                                                                   |
| WFD1. Profile of PC workforce                     | Type of PC professionals              | <p>WFD1.1 To which of the following medical, para-medical and nursing disciplines people have direct access (which means without referral or intervention by another medical provider)? Please, indicate on the list and add disciplines if applicable. Also indicate with each discipline whether they exclusively work in PC or also provide services on referral (for instance in another setting, such as a hospital)</p> <ul style="list-style-type: none"> <li>- GP /Family physician</li> <li>- Gynaecologist/obstetrician</li> <li>- Paediatrician</li> <li>- Specialist of Internal medicine</li> <li>- Ophthalmologist</li> <li>- ENT specialist</li> <li>- Cardiologist</li> <li>- Neurologist</li> <li>- Surgeon</li> <li>- Primary care / GP practice nurse</li> <li>- Specialised nurse (eg. on diabetes)</li> <li>- Home care nurse</li> <li>- Physiotherapists (ambulatory)</li> <li>- Midwife (ambulatory)</li> <li>- Occupational therapist</li> <li>- Speech therapist</li> <li>- Dentist</li> <li>- Other:, namely: .....</li> </ul> | -                                                                                                                                                                                             |
|                                                   | Age distribution GPs                  | WFD1.2 Average age of practicing GPs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><i>WFD1.2a What is the age distribution among practicing GPs? Please fill in the % of GPs that are: &lt;35 years of age; 35-45 years of age; 45-55 years of age; 55+ years of age.</i></p> |
|                                                   | Workload GPs                          | WFD1.3 Average number of working hours per week of GPs (including: hours for keeping up to date and for administration; excluding: hours on call (in evening, weekends etc.))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                                                                                                                                                                                             |
| WFD2. Status & Responsibilities of PC disciplines | Recognition / responsibilities of GPs | WFD2.1 Have tasks/duties of GPs or family doctors been described in a law or policy document? [Yes/No]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><i>WFD2.1a If yes, please fill in the name of the documents, who issued it, and year of issue.</i></p>                                                                                     |

Source: Kringos et al. BMC Family Practice 2010, 11:81; <http://www.biomedcentral.com/1471-2296/11/81>

**Dimension: PC Workforce Development (Structure)**

App

| Feature                                | Indicator title                                  | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
|----------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
|                                        | Financial status of GPs compared to a specialist | <p>WFD2.2 How does the gross annual income (in Euros) of a mid-career GP (about 10 yrs experience with average size of practice) relate to the gross annual income of the following medical, para-medical and nursing disciplines of the same age? Please give an estimation whether a GP's income is [Much lower / lower / equal / higher / much higher].</p> <ul style="list-style-type: none"> <li>- Gynaecologist/obstetrician</li> <li>- Paediatrician</li> <li>- Specialist of Internal medicine</li> <li>- Ophthalmologist</li> <li>- ENT specialist</li> <li>- Cardiologist</li> <li>- Neurologist</li> <li>- Surgeon</li> <li>- Primary care / GP practice nurse</li> <li>- Specialised nurse (eg. on diabetes)</li> <li>- Home care nurse</li> <li>- Physiotherapists (ambulatory)</li> <li>- Midwife (ambulatory)</li> <li>- Occupational therapist</li> <li>- Speech therapist</li> <li>- Dentist</li> </ul> | - |
|                                        | Attractiveness of FM among medical students      | <p>WFD2.3 What % of all medical graduates chooses to enrol in postgraduate training in family medicine (within 1 year after graduation)? (use the most recent available year, and fill this in) [...%, with reference year...]</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - |
| WFD3. PC Workforce supply and planning | Development of workforce supply                  | <p>WFD3.1 Please indicate the % by which the supply (total number) of directly accessible medical, para-medical and nursing disciplines has increased [+....%] or reduced [-....%] over the most recent available 5 year period. Please also indicate the years applied [Years .....].</p> <ul style="list-style-type: none"> <li>- GP /Family physician</li> <li>- Gynaecologist/obstetrician</li> <li>- Paediatrician</li> <li>- Specialist of Internal medicine</li> <li>- Ophthalmologist</li> <li>- ENT specialist</li> <li>- Cardiologist</li> <li>- Neurologist</li> <li>- Surgeon</li> <li>- Primary care / GP practice nurse</li> <li>- Specialised nurse (eg. on diabetes)</li> <li>- Home care nurse</li> <li>- Physiotherapists (ambulatory)</li> <li>- Midwife (ambulatory)</li> <li>- Occupational therapist</li> <li>- Speech therapist</li> <li>- Dentist - Other:., namely: .....</li> </ul>            | - |

Source: Kringos et al. BMC Family Practice 2010, 11:81; <http://www.biomedcentral.com/1471-2296/11/81>

| Dimension: PC Workforce Development (Structure) |                                         |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Feature                                         | Indicator title                         | Indicator                                                                                                                                | Additional information item                                                                                                                                                                                                                                                                                              |
|                                                 | GP-Specialist ratio                     | WFD3.2 Total nr. of active GPs as a ratio to total nr. of active specialists.                                                            | -                                                                                                                                                                                                                                                                                                                        |
|                                                 | Workforce planning                      | WFD3.3 Are data available from studies on PC workforce capacity needs and development in the future? [Yes/No]                            | <i>WFD3.3a If yes, for which PC disciplines and what was the latest date of publication?</i>                                                                                                                                                                                                                             |
| WFD4. Academic status of PC                     | Academic status of FM/ general practice | WFD4.1% of medical universities (or universities with a medical faculty) with a postgraduate programme in family medicine.               | <i>WFD4.1a In what year was postgraduate training in family medicine first introduced?</i>                                                                                                                                                                                                                               |
|                                                 |                                         |                                                                                                                                          | <i>WFD4.1b How many departments of family medicine are there at medical universities (or universities with medical faculties) in this country?</i>                                                                                                                                                                       |
|                                                 | FM/ general practice education          | WFD4.2 Is family medicine subject in the undergraduate medical curriculum? [Yes/No]                                                      | <i>WFD4.2a What is the duration of a postgraduate programme in family medicine in this country, and how many months do trainees spend in a PC setting?</i>                                                                                                                                                               |
|                                                 | Education of nurses in PC               | WFD4.3 Is there professional training specifically for:<br>- district- or community nurses? [Yes/No]<br>- PC/GP practice nurses [Yes/No] | <i>WFD4.3a If yes, what is its duration?</i>                                                                                                                                                                                                                                                                             |
| WFD5. Medical associations                      | Professional association of GPs         | WFD5.1 Do national associations or colleges of GPs exist in this country? [Yes/No]                                                       | <i>WFD5.1a If yes, please provide the name(s), number of GPs being a member, and indicate which of the following activities the association/organization undertakes: 1. Defending financial/material interests; 2. Professional development (e.g. guideline development); 3. Education; 4. Scientific activities.</i>    |
|                                                 | Professional Journal on GP              | WFD5.2 Is a journal on family medicine/general practice being published in this country? [Yes/No]                                        | <i>WFD5.2a Please provide its name, number of issues per year, and the number of subscriptions. Also indicate for each journal a characterisation of its content [primarily; about 50/50; minor importance]: News; opinions; popular articles; scientific articles (peer reviewed; with abstract in English)</i>         |
|                                                 | Professional association of PC nurses   | WFD5.3 Do national associations or organisations of PC nurses exist in this country? [Yes/No]                                            | <i>WFD5.3a If yes, please provide the name(s), number of nurses being a member, and indicate which of the following activities the association/organization undertakes: 1. Defending financial/material interests; 2. Professional development (e.g. guideline development); 3. Education; 4. Scientific activities.</i> |
|                                                 | Professional Journal on PC nursing      | WFD5.4 Is a professional journal on PC nursing being published in this country? [Yes/No]                                                 | <i>WFD5.4a Please provide its name, number of issues per year, and the number of subscriptions.</i>                                                                                                                                                                                                                      |

Source: Kringos et al. BMC Family Practice 2010, 11:81; <http://www.biomedcentral.com/1471-2296/11/81>

## Appendix 4: Scale scores of primary care structure per country, sorted per dimension

Data are derived from the PHAMEU database (see: Kringos D, et al. *The strength of primary care in Europe: an international comparative study*. Br J Gen Pract. 2013 Nov;63(616):e742–50. <http://dx.doi.org/10.3399/bjgp13X674422>).

Data on Australia, Canada, FYR Macedonia and New Zealand are collected by the national coordinators of the QUALICOPC project.

| Country        | Overall structure |
|----------------|-------------------|
| UK             | 2.5129            |
| Netherlands    | 2.4906            |
| Spain          | 2.4335            |
| Portugal       | 2.4053            |
| Denmark        | 2.3875            |
| New Zealand    | 2.3694            |
| Slovenia       | 2.3672            |
| Canada         | 2.3564            |
| Australia      | 2.341             |
| Italy          | 2.3357            |
| Romania        | 2.3099            |
| Finland        | 2.3059            |
| Estonia        | 2.3049            |
| Turkey         | 2.2849            |
| Lithuania      | 2.2762            |
| Norway         | 2.273             |
| Sweden         | 2.2518            |
| Austria        | 2.2436            |
| FYR Macedonia  | 2.2372            |
| Belgium        | 2.2317            |
| Germany        | 2.2222            |
| Ireland        | 2.1799            |
| France         | 2.1735            |
| Latvia         | 2.1682            |
| Czech Republic | 2.1604            |
| Poland         | 2.1409            |
| Bulgaria       | 2.1392            |
| Malta          | 2.1361            |
| Greece         | 2.1194            |
| Hungary        | 2.0964            |
| Slovakia       | 2.0545            |
| Switzerland    | 2.0459            |
| Cyprus         | 1.966             |
| Luxembourg     | 1.9415            |
| Iceland        | 1.8366            |

| Country        | Governance |
|----------------|------------|
| Netherlands    | 2.5865     |
| Spain          | 2.5556     |
| UK             | 2.5446     |
| Portugal       | 2.5388     |
| Italy          | 2.5281     |
| Denmark        | 2.5188     |
| Estonia        | 2.5167     |
| Romania        | 2.5139     |
| Slovenia       | 2.5139     |
| Norway         | 2.5089     |
| FYR Macedonia  | 2.5035     |
| Australia      | 2.4893     |
| Lithuania      | 2.4854     |
| Austria        | 2.4763     |
| Turkey         | 2.4717     |
| Sweden         | 2.4621     |
| Latvia         | 2.462      |
| Greece         | 2.4498     |
| Bulgaria       | 2.4464     |
| Czech Republic | 2.4394     |
| New Zealand    | 2.4291     |
| Canada         | 2.4228     |
| Germany        | 2.4172     |
| Belgium        | 2.3865     |
| Poland         | 2.3783     |
| France         | 2.3776     |
| Finland        | 2.3748     |
| Iceland        | 2.32       |
| Slovakia       | 2.295      |
| Malta          | 2.2724     |
| Ireland        | 2.2704     |
| Hungary        | 2.238      |
| Cyprus         | 2.1952     |
| Luxembourg     | 2.1935     |
| Switzerland    | 2.1163     |

| Country        | Economic conditions |
|----------------|---------------------|
| UK             | 2.3482              |
| New Zealand    | 2.3482              |
| Spain          | 2.2703              |
| Belgium        | 2.2556              |
| Finland        | 2.2522              |
| Netherlands    | 2.249               |
| Slovenia       | 2.2316              |
| Australia      | 2.2301              |
| Germany        | 2.2162              |
| FYR Macedonia  | 2.2144              |
| Italy          | 2.2019              |
| Turkey         | 2.1895              |
| Romania        | 2.184               |
| Canada         | 2.1821              |
| Austria        | 2.173               |
| France         | 2.1644              |
| Switzerland    | 2.1644              |
| Portugal       | 2.1606              |
| Denmark        | 2.1507              |
| Sweden         | 2.1447              |
| Slovakia       | 2.1434              |
| Hungary        | 2.1395              |
| Latvia         | 2.116               |
| Lithuania      | 2.1116              |
| Estonia        | 2.1013              |
| Poland         | 2.097               |
| Norway         | 2.0885              |
| Luxembourg     | 2.0845              |
| Greece         | 2.0649              |
| Czech Republic | 2.0588              |
| Malta          | 2.0503              |
| Cyprus         | 2.0482              |
| Iceland        | 2.0153              |
| Ireland        | 1.9595              |
| Bulgaria       | 1.8764              |

| Country        | Workforce development |
|----------------|-----------------------|
| UK             | 2.3391                |
| Netherlands    | 2.3006                |
| Canada         | 2.2927                |
| Denmark        | 2.2458                |
| Portugal       | 2.2414                |
| Ireland        | 2.2358                |
| Finland        | 2.2224                |
| New Zealand    | 2.2147                |
| Spain          | 2.2122                |
| Malta          | 2.1753                |
| Slovenia       | 2.1524                |
| Australia      | 2.132                 |
| Switzerland    | 2.1063                |
| Estonia        | 2.1046                |
| Lithuania      | 2.0917                |
| Italy          | 2.0863                |
| Turkey         | 2.0696                |
| Romania        | 2.0661                |
| Hungary        | 2.0635                |
| Sweden         | 2.0584                |
| Norway         | 2.0562                |
| Belgium        | 2.0494                |
| Germany        | 2.0091                |
| France         | 2.0063                |
| Austria        | 1.9936                |
| Bulgaria       | 1.9904                |
| Poland         | 1.984                 |
| Czech Republic | 1.9558                |
| Cyprus         | 1.9431                |
| Greece         | 1.9069                |
| FYR Macedonia  | 1.8972                |
| Latvia         | 1.8863                |
| Slovakia       | 1.885                 |
| Luxembourg     | 1.838                 |
| Iceland        | 1.6034                |

## Appendix 5: Sensitivity analyses

Table 1: Level of gatekeeping (higher score indicates stronger gatekeeping)

(source: Primary Health Care Activity Monitor Database)

| Country        | Level of gatekeeping |
|----------------|----------------------|
| Australia      | 3                    |
| Austria        | 1                    |
| Belgium        | 1                    |
| Bulgaria       | 3                    |
| Canada         | 3                    |
| Cyprus         | 1                    |
| Czech Republic | 2                    |
| Denmark        | 2                    |
| Estonia        | 3                    |
| Finland        | 2                    |
| France         | 2                    |
| FYR Macedonia  | 2                    |
| Germany        | 1                    |
| Greece         | 2                    |
| Hungary        | 2.5                  |
| Iceland        | 2                    |
| Ireland        | 2                    |
| Italy          | 3                    |

| Country        | Level of gatekeeping |
|----------------|----------------------|
| Latvia         | 2.5                  |
| Lithuania      | 3                    |
| Luxembourg     | 1                    |
| Malta          | 2                    |
| Netherlands    | 3                    |
| New Zealand    | 3                    |
| Norway         | 3                    |
| Poland         | 2                    |
| Portugal       | 3                    |
| Romania        | 3                    |
| Slovak Rep.    | 2                    |
| Slovenia       | 3                    |
| Spain          | 3                    |
| Sweden         | 2.5                  |
| Switzerland    | 1                    |
| Turkey         | 1                    |
| United Kingdom | 3                    |

Table 2: Correlation coefficient between level of gatekeeping and patient perceived improvement potential (n=34)

|                   | Level of gatekeeping |
|-------------------|----------------------|
| Accessibility     | -0.0636              |
| Continuity        | -0.3334*             |
| Comprehensiveness | -0.1314              |
| Involvement       | -0.0146              |
| Communication     | 0.0546               |

\* Significant at p<0.05 (one-tailed)

### Interpretation of results

The correlation coefficients between the level of gatekeeping and the patient perceived improvement potential are generally low. However, for the continuity of care it is found that the patient perceived improvement potential is lower in countries with a stronger gatekeeping system.



## Appendix 6: Overview of % negative experiences per country

Source: QUALICOPC database verion 4.0, March 2015; (see also: Schäfer et al, QUALICOPC, a multi-country study evaluating quality, costs and equity in primary care. BMC Fam Pract. 2011;12(1):115.)

| * Country<br>(n <sub>i</sub> = 34)<br>(n <sub>i</sub> = 61,931) | Accessibility/ Availability                               |                                              |                                                              |                                                                  | Continuity                                                         |                                                                      |                                                                     |                                                                     | Comprehen-<br>siveness                                           |                                                             | Auto-<br>nomy                                                          | Doctor-Patient Communication                                          |                                                 |                                                          |                                                           |                                                    |
|-----------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                                                 | Opening hours are too restricted (n <sub>i</sub> =54,894) | Practice is too far (n <sub>i</sub> =59,209) | I had to wait too long on the phone (n <sub>i</sub> =55,314) | The doctor did not take sufficient time (n <sub>i</sub> =61,095) | Did not know how to get out-of-hours care (n <sub>i</sub> =60,324) | Doctor did not have medical records at hand (n <sub>i</sub> =61,075) | Doctor did not know about living situation (n <sub>i</sub> =50,816) | The doctor did not know medical background (n <sub>i</sub> =56,202) | Doctor did not ask about other problems (n <sub>i</sub> =60,908) | Does not discuss personal problems (n <sub>i</sub> =43,085) | Doctor did not involve me in making decisions (n <sub>i</sub> =60,851) | Did not Understand what the doctor explained (n <sub>i</sub> =60,811) | Did not look into eyes (n <sub>i</sub> =58,858) | Doctor did not listen carefully (n <sub>i</sub> =61,071) | The doctor did not ask questions (n <sub>i</sub> =61,042) | The doctor was not polite (n <sub>i</sub> =61,123) |
| Austria                                                         | 15.7%                                                     | 10.5%                                        | 4.4%                                                         | 9.8%                                                             | 22.0%                                                              | 11.1%                                                                | 18.7%                                                               | 5.2%                                                                | 38.7%                                                            | 21.3%                                                       | 18.9%                                                                  | 5.3%                                                                  | 7.7%                                            | 4.8%                                                     | 7.8%                                                      | 2.9%                                               |
| Belgium                                                         | 14.4%                                                     | 6.8%                                         | 5.0%                                                         | 2.2%                                                             | 28.5%                                                              | 6.8%                                                                 | 13.4%                                                               | 5.0%                                                                | 25.2%                                                            | 13.2%                                                       | 7.8%                                                                   | 11.6%                                                                 | 15.9%                                           | 1.3%                                                     | 4.4%                                                      | 0.5%                                               |
| Bulgaria                                                        | 29.9%                                                     | 20.5%                                        | 13.7%                                                        | 10.5%                                                            | 31.4%                                                              | 10.3%                                                                | 37.4%                                                               | 11.4%                                                               | 41.6%                                                            | 46.7%                                                       | 39.3%                                                                  | 13.8%                                                                 | 13.8%                                           | 6.8%                                                     | 11.6%                                                     | 3.1%                                               |
| Cyprus                                                          | 54.3%                                                     | 8.8%                                         | 35.9%                                                        | 17.5%                                                            | 67.4%                                                              | 31.5%                                                                | 69.5%                                                               | 29.3%                                                               | 51.5%                                                            | 73.1%                                                       | 42.4%                                                                  | 9.6%                                                                  | 21.7%                                           | 3.9%                                                     | 13.0%                                                     | 4.2%                                               |
| Czech Republic                                                  | 13.3%                                                     | 10.4%                                        | 6.7%                                                         | 5.6%                                                             | 46.7%                                                              | 1.6%                                                                 | 26.3%                                                               | 2.3%                                                                | 27.2%                                                            | 49.0%                                                       | 28.2%                                                                  | 12.4%                                                                 | 6.5%                                            | 2.7%                                                     | 4.5%                                                      | 0.9%                                               |
| Denmark                                                         | 10.9%                                                     | 5.0%                                         | 11.5%                                                        | 7.1%                                                             | 12.0%                                                              | 6.7%                                                                 | 9.4%                                                                | 2.0%                                                                | 51.7%                                                            | 9.3%                                                        | 16.4%                                                                  | 10.6%                                                                 | 5.9%                                            | 2.8%                                                     | 12.8%                                                     | 1.8%                                               |
| Estonia                                                         | 18.2%                                                     | 10.9%                                        | 6.8%                                                         | 6.0%                                                             | 20.8%                                                              | 4.0%                                                                 | 19.7%                                                               | 1.5%                                                                | 27.2%                                                            | 35.4%                                                       | 23.8%                                                                  | 6.0%                                                                  | 14.5%                                           | 3.4%                                                     | 6.9%                                                      | 1.4%                                               |
| England                                                         | 15.5%                                                     | 3.4%                                         | 12.2%                                                        | 5.0%                                                             | 28.9%                                                              | 2.9%                                                                 | 28.6%                                                               | 2.4%                                                                | 38.8%                                                            | 13.3%                                                       | 13.1%                                                                  | 9.1%                                                                  | 10.4%                                           | 2.8%                                                     | 6.8%                                                      | 1.9%                                               |
| Finland                                                         | 27.8%                                                     | 6.4%                                         | 26.0%                                                        | 5.4%                                                             | 12.4%                                                              | 6.6%                                                                 | 25.5%                                                               | 4.6%                                                                | 37.0%                                                            | 18.1%                                                       | 17.0%                                                                  | 7.7%                                                                  | 10.6%                                           | 2.7%                                                     | 9.6%                                                      | 1.2%                                               |
| Germany                                                         | 14.2%                                                     | 9.1%                                         | 5.2%                                                         | 4.2%                                                             | 19.9%                                                              | 4.8%                                                                 | 16.3%                                                               | 4.4%                                                                | 31.8%                                                            | 17.9%                                                       | 14.4%                                                                  | 14.0%                                                                 | 5.9%                                            | 1.9%                                                     | 4.8%                                                      | 1.0%                                               |
| Greece                                                          | 28.8%                                                     | 18.5%                                        | 11.4%                                                        | 13.7%                                                            | 32.9%                                                              | 47.2%                                                                | 34.6%                                                               | 19.6%                                                               | 25.7%                                                            | 19.3%                                                       | 23.8%                                                                  | 12.1%                                                                 | 10.9%                                           | 4.2%                                                     | 4.9%                                                      | 1.6%                                               |
| Hungary                                                         | 17.9%                                                     | 18.2%                                        | 10.8%                                                        | 6.6%                                                             | 24.9%                                                              | 20.7%                                                                | 26.1%                                                               | 7.3%                                                                | 34.8%                                                            | 45.1%                                                       | 15.2%                                                                  | 20.6%                                                                 | **                                              | 4.3%                                                     | 8.6%                                                      | 2.7%                                               |
| Iceland                                                         | 23.0%                                                     | 7.1%                                         | 14.3%                                                        | 5.4%                                                             | 30.8%                                                              | 9.6%                                                                 | 11.9%                                                               | 1.5%                                                                | 44.3%                                                            | 30.1%                                                       | 13.4%                                                                  | 12.7%                                                                 | 9.3%                                            | 2.3%                                                     | 9.9%                                                      | 1.9%                                               |
| Ireland                                                         | 18.0%                                                     | 7.4%                                         | 8.5%                                                         | 9.8%                                                             | 23.1%                                                              | 5.3%                                                                 | 17.9%                                                               | 2.6%                                                                | 32.0%                                                            | 12.2%                                                       | 18.1%                                                                  | 12.6%                                                                 | 16.2%                                           | 5.4%                                                     | 13.2%                                                     | 4.5%                                               |
| Italy                                                           | 26.8%                                                     | 11.9%                                        | 14.1%                                                        | 8.8%                                                             | 29.9%                                                              | 16.0%                                                                | 12.4%                                                               | 3.0%                                                                | 50.9%                                                            | 20.8%                                                       | 25.0%                                                                  | 10.8%                                                                 | 27.3%                                           | 5.2%                                                     | 17.3%                                                     | 5.3%                                               |
| Latvia                                                          | 20.8%                                                     | 13.0%                                        | 11.1%                                                        | 19.1%                                                            | 22.6%                                                              | 4.8%                                                                 | 21.3%                                                               | 4.0%                                                                | 18.1%                                                            | 33.5%                                                       | 22.2%                                                                  | 11.8%                                                                 | 40.0%                                           | 5.2%                                                     | 7.8%                                                      | 3.7%                                               |
| Lithuania                                                       | 12.4%                                                     | 12.3%                                        | 19.3%                                                        | 10.1%                                                            | 31.4%                                                              | 4.8%                                                                 | 35.3%                                                               | 5.2%                                                                | 19.7%                                                            | 30.7%                                                       | 26.7%                                                                  | 11.7%                                                                 | 14.1%                                           | 4.7%                                                     | 6.7%                                                      | 1.8%                                               |
| Luxembourg                                                      | 10.7%                                                     | 6.6%                                         | 3.9%                                                         | 4.0%                                                             | 35.3%                                                              | 8.5%                                                                 | 14.5%                                                               | 5.8%                                                                | 21.1%                                                            | 18.4%                                                       | 16.5%                                                                  | 11.1%                                                                 | 10.5%                                           | 2.1%                                                     | 5.3%                                                      | 3.1%                                               |
| FYR Macedonia                                                   | 19.5%                                                     | 12.6%                                        | 7.6%                                                         | 5.6%                                                             | 12.9%                                                              | 6.1%                                                                 | 14.9%                                                               | 1.6%                                                                | 33.0%                                                            | 45.3%                                                       | 19.9%                                                                  | 10.7%                                                                 | 5.8%                                            | 1.3%                                                     | 1.3%                                                      | 0.7%                                               |
| Malta                                                           | 26.4%                                                     | 16.5%                                        | 14.2%                                                        | 3.9%                                                             | 30.3%                                                              | 38.5%                                                                | 45.8%                                                               | 29.6%                                                               | 49.1%                                                            | 49.1%                                                       | 19.3%                                                                  | 13.5%                                                                 | 19.9%                                           | 2.6%                                                     | 11.9%                                                     | 1.4%                                               |
| Netherlands                                                     | 16.7%                                                     | 5.4%                                         | 11.5%                                                        | 6.0%                                                             | 9.3%                                                               | 7.6%                                                                 | 14.6%                                                               | 2.4%                                                                | 50.5%                                                            | 10.3%                                                       | 13.6%                                                                  | 9.2%                                                                  | 13.5%                                           | 3.1%                                                     | 11.6%                                                     | 3.7%                                               |
| Norway                                                          | 19.3%                                                     | 8.2%                                         | 24.3%                                                        | 8.9%                                                             | 28.7%                                                              | 7.4%                                                                 | 16.5%                                                               | 6.1%                                                                | 47.2%                                                            | 13.7%                                                       | 14.5%                                                                  | 8.0%                                                                  | 7.4%                                            | 2.9%                                                     | 9.7%                                                      | 2.1%                                               |
| Poland                                                          | 16.8%                                                     | 15.3%                                        | 20.6%                                                        | 7.1%                                                             | 25.8%                                                              | 4.9%                                                                 | 44.6%                                                               | 14.9%                                                               | 29.6%                                                            | 44.6%                                                       | 27.9%                                                                  | 9.7%                                                                  | 11.7%                                           | 3.9%                                                     | 8.1%                                                      | 1.4%                                               |
| Portugal                                                        | 24.8%                                                     | 15.7%                                        | 29.9%                                                        | 3.9%                                                             | 32.2%                                                              | 3.5%                                                                 | 10.0%                                                               | 2.8%                                                                | 21.8%                                                            | 8.4%                                                        | 21.8%                                                                  | 15.4%                                                                 | 13.6%                                           | 1.6%                                                     | 5.4%                                                      | 0.9%                                               |
| Romania                                                         | 16.1%                                                     | 18.6%                                        | 8.0%                                                         | 3.0%                                                             | 44.6%                                                              | 5.0%                                                                 | 20.2%                                                               | 4.6%                                                                | 19.9%                                                            | 45.2%                                                       | 20.2%                                                                  | 19.4%                                                                 | 13.8%                                           | 1.8%                                                     | 5.5%                                                      | 0.7%                                               |
| Slovakia                                                        | 39.6%                                                     | 27.1%                                        | 6.5%                                                         | 10.1%                                                            | 53.1%                                                              | 5.6%                                                                 | 44.6%                                                               | 4.4%                                                                | 49.8%                                                            | 23.9%                                                       | 20.4%                                                                  | 12.7%                                                                 | 13.7%                                           | 5.7%                                                     | 10.1%                                                     | 1.7%                                               |
| Slovenia                                                        | 26.1%                                                     | 10.3%                                        | 16.8%                                                        | 6.9%                                                             | 23.6%                                                              | 2.0%                                                                 | 27.9%                                                               | 2.9%                                                                | 37.2%                                                            | 37.5%                                                       | 22.5%                                                                  | 10.9%                                                                 | 7.1%                                            | 3.3%                                                     | 9.0%                                                      | 1.5%                                               |
| Spain                                                           | 31.3%                                                     | 14.2%                                        | 46.5%                                                        | 12.1%                                                            | 35.2%                                                              | 2.3%                                                                 | 21.5%                                                               | 3.9%                                                                | 34.8%                                                            | 39.3%                                                       | 16.8%                                                                  | 18.0%                                                                 | 20.2%                                           | 2.9%                                                     | 8.4%                                                      | 2.5%                                               |
| Sweden                                                          | 21.0%                                                     | 5.5%                                         | 16.5%                                                        | 9.2%                                                             | 28.3%                                                              | 15.7%                                                                | 34.9%                                                               | 10.3%                                                               | 47.3%                                                            | 38.9%                                                       | 17.0%                                                                  | 7.7%                                                                  | 8.8%                                            | 5.5%                                                     | 12.2%                                                     | 3.7%                                               |
| Switzerland                                                     | 8.5%                                                      | 6.4%                                         | 3.3%                                                         | 1.5%                                                             | 23.5%                                                              | 4.1%                                                                 | 9.2%                                                                | 3.8%                                                                | 25.4%                                                            | 12.2%                                                       | 7.8%                                                                   | 10.6%                                                                 | 7.3%                                            | 0.7%                                                     | 3.5%                                                      | 0.8%                                               |
| Turkey                                                          | 21.2%                                                     | 9.6%                                         | 11.8%                                                        | 3.7%                                                             | 70.7%                                                              | 6.5%                                                                 | 51.0%                                                               | 27.1%                                                               | 26.1%                                                            | 40.9%                                                       | 11.6%                                                                  | 18.7%                                                                 | 25.5%                                           | 2.3%                                                     | 5.3%                                                      | 1.2%                                               |
| Australia                                                       | 10.9%                                                     | 6.6%                                         | 4.5%                                                         | 2.7%                                                             | 36.0%                                                              | 2.2%                                                                 | 9.6%                                                                | 1.7%                                                                | 17.3%                                                            | 8.2%                                                        | 4.6%                                                                   | 8.0%                                                                  | 12.6%                                           | 0.5%                                                     | 2.0%                                                      | 0.1%                                               |
| Canada                                                          | 9.3%                                                      | 6.4%                                         | 6.0%                                                         | 2.4%                                                             | 35.9%                                                              | 1.7%                                                                 | 11.1%                                                               | 1.3%                                                                | 23.9%                                                            | 11.1%                                                       | 4.8%                                                                   | 7.7%                                                                  | 14.3%                                           | 0.6%                                                     | 2.6%                                                      | 0.2%                                               |
| New Zealand                                                     | 6.8%                                                      | 5.2%                                         | 1.7%                                                         | 1.3%                                                             | 21.7%                                                              | 0.5%                                                                 | 9.4%                                                                | 1.0%                                                                | 22.1%                                                            | 10.0%                                                       | 4.9%                                                                   | 6.3%                                                                  | 7.9%                                            | 0.4%                                                     | 2.7%                                                      | 0.1%                                               |

\* All items have been (re)formulated negatively \*\* This value is missing due to a translation error in the Hungarian questionnaire

## Appendix 7: Overview of average values scores per country

Source: QUALICOPC database version 4.0, March 2015; (see also: Schäfer et al, QUALICOPC, a multi-country study evaluating quality, costs and equity in primary care. BMC Fam Pract. 2011;12(1):115.)

| Country<br>(n <sub>i</sub> = 34)<br>(n <sub>j</sub> = 7,270) | Accessibility/ Availability                      |                                                                    |                                                      |                                                      | Continuity                                              |                                                                 |                                                                 | Comprehensiveness                                                |                                                               | Autonomy                                                        | Doctor-Patient Communication                            |                                                                 |                                                        |                                                           |                                                      |                                                  |
|--------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|
|                                                              | Extensive Opening hours (n <sub>j</sub> = 7,177) | Practice close to living or working place (n <sub>j</sub> = 7,192) | Short waiting time on phone (n <sub>j</sub> = 7,158) | No feeling of time pressure (n <sub>j</sub> = 7,197) | Knowledge of out-of-hours care (n <sub>j</sub> = 7,168) | The doctor has medical records at hand (n <sub>j</sub> = 7,197) | The doctors knows the living situation (n <sub>j</sub> = 7,210) | The doctor knows the medical background (n <sub>j</sub> = 7,235) | The doctor asks about other problems (n <sub>j</sub> = 7,194) | Psychosocial problems can be discussed (n <sub>j</sub> = 7,123) | Involvement in decision making (n <sub>j</sub> = 7,135) | Understanding what the doctor explains (n <sub>j</sub> = 7,190) | The doctor making eye contact (n <sub>j</sub> = 7,192) | The doctor listening attentively (n <sub>j</sub> = 7,214) | The doctor asking questions (n <sub>j</sub> = 7,200) | The doctor being polite (n <sub>j</sub> = 7,204) |
| Austria                                                      | 3.10                                             | 3.24                                                               | 2.95                                                 | 3.48                                                 | 3.48                                                    | 3.51                                                            | 2.98                                                            | 3.61                                                             | 3.33                                                          | 3.06                                                            | 3.44                                                    | 3.77                                                            | 2.98                                                   | 3.59                                                      | 3.69                                                 | 3.55                                             |
| Belgium                                                      | 2.82                                             | 2.88                                                               | 2.81                                                 | 3.36                                                 | 3.07                                                    | 3.30                                                            | 2.90                                                            | 3.48                                                             | 2.90                                                          | 3.08                                                            | 3.30                                                    | 3.48                                                            | 2.97                                                   | 3.49                                                      | 3.48                                                 | 3.37                                             |
| Bulgaria                                                     | 2.85                                             | 2.90                                                               | 2.85                                                 | 3.57                                                 | 3.40                                                    | 3.38                                                            | 2.51                                                            | 3.57                                                             | 3.27                                                          | 2.81                                                            | 2.97                                                    | 3.48                                                            | 3.37                                                   | 3.55                                                      | 3.48                                                 | 3.36                                             |
| Cyprus                                                       | 3.37                                             | 3.31                                                               | 3.51                                                 | 3.80                                                 | 3.25                                                    | 3.43                                                            | 2.92                                                            | 3.70                                                             | 3.20                                                          | 3.07                                                            | 3.48                                                    | 3.69                                                            | 3.57                                                   | 3.75                                                      | 3.61                                                 | 3.50                                             |
| Czech Republic                                               | 2.50                                             | 2.76                                                               | 2.47                                                 | 3.09                                                 | 2.63                                                    | 3.16                                                            | 2.48                                                            | 3.48                                                             | 2.81                                                          | 2.52                                                            | 2.79                                                    | 3.54                                                            | 2.78                                                   | 3.41                                                      | 3.55                                                 | 3.55                                             |
| Denmark                                                      | 2.06                                             | 2.59                                                               | 2.79                                                 | 3.39                                                 | 3.14                                                    | 2.96                                                            | 2.94                                                            | 3.52                                                             | 2.57                                                          | 3.36                                                            | 3.40                                                    | 3.63                                                            | 3.24                                                   | 3.51                                                      | 3.41                                                 | 3.25                                             |
| England                                                      | 3.14                                             | 3.14                                                               | 3.16                                                 | 3.48                                                 | 3.32                                                    | 3.63                                                            | 2.46                                                            | 3.67                                                             | 2.82                                                          | 3.31                                                            | 3.57                                                    | 3.72                                                            | 3.25                                                   | 3.58                                                      | 2.86                                                 | 3.46                                             |
| Estonia                                                      | 3.20                                             | 3.03                                                               | 3.20                                                 | 3.50                                                 | 3.22                                                    | 3.52                                                            | 2.35                                                            | 3.69                                                             | 3.13                                                          | 2.52                                                            | 3.37                                                    | 3.71                                                            | 3.25                                                   | 3.61                                                      | 3.67                                                 | 3.64                                             |
| Finland                                                      | 2.61                                             | 2.97                                                               | 3.09                                                 | 3.27                                                 | 3.29                                                    | 3.47                                                            | 2.76                                                            | 3.39                                                             | 3.02                                                          | 2.78                                                            | 3.22                                                    | 3.66                                                            | 3.16                                                   | 3.41                                                      | 3.40                                                 | 3.22                                             |
| Germany                                                      | 3.03                                             | 3.09                                                               | 3.03                                                 | 3.50                                                 | 3.30                                                    | 3.44                                                            | 2.95                                                            | 3.62                                                             | 3.33                                                          | 3.18                                                            | 3.44                                                    | 3.70                                                            | 3.03                                                   | 3.62                                                      | 3.65                                                 | 3.52                                             |
| Greece                                                       | 3.35                                             | 3.55                                                               | 3.31                                                 | 3.50                                                 | 3.38                                                    | 3.24                                                            | 2.96                                                            | 3.55                                                             | 3.19                                                          | 3.05                                                            | 3.22                                                    | 3.63                                                            | 3.45                                                   | 3.67                                                      | 3.58                                                 | 3.58                                             |
| Hungary                                                      | 2.86                                             | 3.09                                                               | 3.15                                                 | 3.28                                                 | 3.24                                                    | 2.71                                                            | 2.63                                                            | 3.23                                                             | 2.75                                                          | 2.54                                                            | 3.17                                                    | 3.39                                                            | 3.06                                                   | 3.43                                                      | 3.30                                                 | 3.27                                             |
| Iceland                                                      | 3.20                                             | 3.04                                                               | 3.33                                                 | 3.53                                                 | 3.30                                                    | 3.31                                                            | 2.93                                                            | 3.54                                                             | 3.03                                                          | 3.14                                                            | 3.40                                                    | 3.70                                                            | 2.73                                                   | 3.43                                                      | 3.46                                                 | 3.49                                             |
| Ireland                                                      | 3.31                                             | 3.18                                                               | 3.24                                                 | 3.62                                                 | 3.41                                                    | 3.60                                                            | 2.76                                                            | 3.68                                                             | 3.23                                                          | 3.36                                                            | 3.63                                                    | 3.81                                                            | 3.32                                                   | 3.71                                                      | 3.69                                                 | 3.54                                             |
| Italy                                                        | 2.65                                             | 2.59                                                               | 2.59                                                 | 3.36                                                 | 2.86                                                    | 3.18                                                            | 2.68                                                            | 3.47                                                             | 2.54                                                          | 2.55                                                            | 3.03                                                    | 3.46                                                            | 2.93                                                   | 3.51                                                      | 3.24                                                 | 3.38                                             |
| Latvia                                                       | 3.02                                             | 3.02                                                               | 3.03                                                 | 2.64                                                 | 3.14                                                    | 3.16                                                            | 2.39                                                            | 3.34                                                             | 3.00                                                          | 2.39                                                            | 3.15                                                    | 3.38                                                            | 2.66                                                   | 3.26                                                      | 3.34                                                 | 3.23                                             |
| Lithuania                                                    | 3.12                                             | 2.83                                                               | 3.08                                                 | 2.74                                                 | 3.22                                                    | 3.07                                                            | 2.28                                                            | 3.45                                                             | 2.56                                                          | 2.39                                                            | 3.13                                                    | 3.36                                                            | 2.81                                                   | 3.20                                                      | 3.37                                                 | 3.25                                             |
| Luxembourg                                                   | 3.13                                             | 3.17                                                               | 3.04                                                 | 3.64                                                 | 3.26                                                    | 3.41                                                            | 3.03                                                            | 3.67                                                             | 3.30                                                          | 3.00                                                            | 3.43                                                    | 3.82                                                            | 3.32                                                   | 3.65                                                      | 3.63                                                 | 3.46                                             |
| FYR Macedonia                                                | 3.09                                             | 3.28                                                               | 3.03                                                 | 3.37                                                 | 3.46                                                    | 2.78                                                            | 3.03                                                            | 3.54                                                             | 2.86                                                          | 3.14                                                            | 3.08                                                    | 3.36                                                            | 3.49                                                   | 3.56                                                      | 3.44                                                 | 3.45                                             |
| Malta                                                        | 3.29                                             | 3.28                                                               | 3.18                                                 | 3.37                                                 | 3.39                                                    | 3.29                                                            | 2.65                                                            | 3.47                                                             | 2.75                                                          | 2.79                                                            | 3.40                                                    | 3.62                                                            | 2.91                                                   | 3.51                                                      | 3.54                                                 | 3.59                                             |
| Netherlands                                                  | 2.69                                             | 3.00                                                               | 3.09                                                 | 3.43                                                 | 3.44                                                    | 3.36                                                            | 2.81                                                            | 3.60                                                             | 2.92                                                          | 3.27                                                            | 3.48                                                    | 3.61                                                            | 3.12                                                   | 3.51                                                      | 3.46                                                 | 3.28                                             |
| Norway                                                       | 2.50                                             | 2.81                                                               | 3.07                                                 | 3.56                                                 | 2.84                                                    | 3.33                                                            | 2.90                                                            | 3.42                                                             | 3.01                                                          | 3.23                                                            | 3.58                                                    | 3.70                                                            | 3.30                                                   | 3.54                                                      | 3.52                                                 | 3.41                                             |
| Poland                                                       | 3.10                                             | 3.18                                                               | 3.20                                                 | 3.50                                                 | 3.25                                                    | 3.32                                                            | 2.30                                                            | 3.33                                                             | 3.09                                                          | 2.53                                                            | 3.21                                                    | 3.60                                                            | 3.15                                                   | 3.48                                                      | 3.38                                                 | 3.37                                             |
| Portugal                                                     | 3.43                                             | 3.38                                                               | 3.42                                                 | 3.45                                                 | 3.47                                                    | 3.67                                                            | 3.28                                                            | 3.62                                                             | 3.42                                                          | 3.14                                                            | 3.35                                                    | 3.73                                                            | 3.47                                                   | 3.73                                                      | 3.74                                                 | 3.70                                             |
| Romania                                                      | 2.72                                             | 3.02                                                               | 3.28                                                 | 3.32                                                 | 3.06                                                    | 3.38                                                            | 2.84                                                            | 3.53                                                             | 3.10                                                          | 3.22                                                            | 3.22                                                    | 3.52                                                            | 3.41                                                   | 3.60                                                      | 3.49                                                 | 3.43                                             |
| Slovakia                                                     | 2.98                                             | 2.44                                                               | 2.27                                                 | 3.07                                                 | 2.61                                                    | 3.27                                                            | 2.79                                                            | 3.55                                                             | 3.11                                                          | 2.91                                                            | 3.07                                                    | 3.18                                                            | 3.02                                                   | 3.58                                                      | 3.36                                                 | 3.11                                             |
| Slovenia                                                     | 2.99                                             | 3.05                                                               | 3.17                                                 | 3.51                                                 | 3.29                                                    | 3.62                                                            | 2.77                                                            | 3.74                                                             | 3.17                                                          | 3.06                                                            | 3.48                                                    | 3.73                                                            | 3.40                                                   | 3.67                                                      | 3.67                                                 | 3.64                                             |
| Spain                                                        | 3.21                                             | 3.14                                                               | 3.17                                                 | 3.39                                                 | 3.34                                                    | 3.65                                                            | 2.93                                                            | 3.67                                                             | 3.14                                                          | 3.11                                                            | 3.41                                                    | 3.67                                                            | 3.17                                                   | 3.58                                                      | 3.69                                                 | 3.61                                             |
| Sweden                                                       | 3.27                                             | 3.10                                                               | 3.33                                                 | 3.57                                                 | 3.35                                                    | 3.46                                                            | 2.74                                                            | 3.44                                                             | 3.13                                                          | 3.30                                                            | 3.50                                                    | 3.76                                                            | 3.30                                                   | 3.60                                                      | 3.58                                                 | 3.53                                             |
| Switzerland                                                  | 2.91                                             | 3.06                                                               | 2.87                                                 | 3.41                                                 | 3.15                                                    | 3.44                                                            | 3.03                                                            | 3.56                                                             | 3.21                                                          | 3.09                                                            | 3.48                                                    | 3.66                                                            | 3.19                                                   | 3.63                                                      | 3.57                                                 | 3.55                                             |
| Turkey                                                       | 3.09                                             | 3.37                                                               | 3.35                                                 | 3.51                                                 | 3.29                                                    | 3.32                                                            | 2.78                                                            | 3.23                                                             | 3.19                                                          | 3.16                                                            | 3.26                                                    | 3.47                                                            | 3.26                                                   | 3.57                                                      | 3.49                                                 | 3.51                                             |
| Australia                                                    | 3.12                                             | 3.11                                                               | 2.93                                                 | 3.43                                                 | 3.19                                                    | 3.66                                                            | 2.93                                                            | 3.74                                                             | 3.30                                                          | 3.22                                                            | 3.66                                                    | 3.82                                                            | 3.28                                                   | 3.64                                                      | 3.72                                                 | 3.57                                             |
| Canada                                                       | 3.08                                             | 2.85                                                               | 3.04                                                 | 3.54                                                 | 3.21                                                    | 3.73                                                            | 2.90                                                            | 3.82                                                             | 3.44                                                          | 3.48                                                            | 3.75                                                    | 3.84                                                            | 3.27                                                   | 3.68                                                      | 3.79                                                 | 3.55                                             |
| New Zealand                                                  | 2.94                                             | 2.73                                                               | 2.82                                                 | 3.49                                                 | 3.12                                                    | 3.63                                                            | 2.76                                                            | 3.78                                                             | 3.35                                                          | 3.08                                                            | 3.61                                                    | 3.83                                                            | 3.23                                                   | 3.63                                                      | 3.70                                                 | 3.49                                             |

## Appendix 8: Overview of improvement scores per country

Source: QUALICOPC database version 4.0, March 2015; (see also: Schäfer et al, QUALICOPC, a multi-country study evaluating quality, costs and equity in primary care. BMC Fam Pract. 2011;12(1):115.)

|                | Accessibility/ Availability |                |                           |                 | Continuity                  |                         |                               |                                 | Comprehensiveness           |                   | Autonomy            | Doctor-Patient Communication |                    |                     |                  |            |
|----------------|-----------------------------|----------------|---------------------------|-----------------|-----------------------------|-------------------------|-------------------------------|---------------------------------|-----------------------------|-------------------|---------------------|------------------------------|--------------------|---------------------|------------------|------------|
|                | Opening hours               | Close practice | Waiting time on the phone | Sufficient time | Knowledge out-of-hours care | Medical records at hand | Knowledge of living situation | Knowledge of medical background | Asking about other problems | Personal problems | Patient involvement | Clearly explaining           | Making eye contact | Listening carefully | Asking questions | Politeness |
| Austria        | 0.49                        | 0.34           | 0.13                      | 0.34            | 0.77                        | 0.39                    | 0.56                          | 0.19                            | 1.29                        | 0.65              | 0.65                | 0.20                         | 0.23               | 0.17                | 0.29             | 0.10       |
| Belgium        | 0.41                        | 0.20           | 0.14                      | 0.07            | 0.87                        | 0.22                    | 0.39                          | 0.17                            | 0.73                        | 0.41              | 0.26                | 0.40                         | 0.47               | 0.04                | 0.15             | 0.02       |
| Bulgaria       | 0.85                        | 0.59           | 0.39                      | 0.37            | 1.07                        | 0.35                    | 0.94                          | 0.41                            | 1.36                        | 1.31              | 1.17                | 0.48                         | 0.46               | 0.24                | 0.40             | 0.10       |
| Cyprus         | 1.83                        | 0.29           | 1.26                      | 0.67            | 2.19                        | 1.08                    | 2.03                          | 1.08                            | 1.65                        | 2.25              | 1.47                | 0.36                         | 0.77               | 0.14                | 0.47             | 0.15       |
| Czech Republic | 0.33                        | 0.29           | 0.16                      | 0.17            | 1.23                        | 0.05                    | 0.65                          | 0.08                            | 0.77                        | 1.24              | 0.79                | 0.44                         | 0.18               | 0.09                | 0.16             | 0.03       |
| Denmark        | 0.22                        | 0.13           | 0.32                      | 0.24            | 0.38                        | 0.20                    | 0.28                          | 0.07                            | 1.33                        | 0.31              | 0.56                | 0.38                         | 0.19               | 0.10                | 0.44             | 0.06       |
| Estonia        | 0.58                        | 0.33           | 0.22                      | 0.21            | 0.67                        | 0.14                    | 0.46                          | 0.05                            | 0.85                        | 0.89              | 0.80                | 0.22                         | 0.47               | 0.12                | 0.25             | 0.05       |
| Finland        | 0.72                        | 0.19           | 0.80                      | 0.18            | 0.41                        | 0.23                    | 0.70                          | 0.15                            | 1.12                        | 0.50              | 0.55                | 0.28                         | 0.33               | 0.09                | 0.32             | 0.04       |
| Germany        | 0.43                        | 0.28           | 0.16                      | 0.15            | 0.66                        | 0.16                    | 0.48                          | 0.16                            | 1.06                        | 0.57              | 0.50                | 0.52                         | 0.18               | 0.07                | 0.18             | 0.03       |
| Greece         | 0.96                        | 0.66           | 0.38                      | 0.48            | 1.11                        | 1.53                    | 1.02                          | 0.70                            | 0.82                        | 0.59              | 0.77                | 0.44                         | 0.37               | 0.15                | 0.17             | 0.06       |
| Hungary        | 0.51                        | 0.56           | 0.34                      | 0.21            | 0.81                        | 0.56                    | 0.69                          | 0.23                            | 0.96                        | 1.14              | 0.48                | 0.70                         |                    | 0.15                | 0.28             | 0.09       |
| Iceland        | 0.74                        | 0.22           | 0.48                      | 0.19            | 1.02                        | 0.32                    | 0.35                          | 0.05                            | 1.34                        | 0.94              | 0.46                | 0.47                         | 0.26               | 0.08                | 0.34             | 0.07       |
| Ireland        | 0.60                        | 0.24           | 0.27                      | 0.35            | 0.79                        | 0.19                    | 0.49                          | 0.09                            | 1.03                        | 0.41              | 0.66                | 0.48                         | 0.54               | 0.20                | 0.49             | 0.16       |
| Italy          | 0.71                        | 0.31           | 0.36                      | 0.30            | 0.86                        | 0.51                    | 0.33                          | 0.10                            | 1.29                        | 0.53              | 0.76                | 0.37                         | 0.80               | 0.18                | 0.56             | 0.18       |
| Latvia         | 0.63                        | 0.39           | 0.34                      | 0.50            | 0.71                        | 0.15                    | 0.51                          | 0.13                            | 0.54                        | 0.80              | 0.70                | 0.40                         | 1.06               | 0.17                | 0.26             | 0.12       |
| Lithuania      | 0.39                        | 0.35           | 0.59                      | 0.28            | 1.01                        | 0.15                    | 0.80                          | 0.18                            | 0.50                        | 0.73              | 0.84                | 0.39                         | 0.40               | 0.15                | 0.22             | 0.06       |
| Luxembourg     | 0.34                        | 0.21           | 0.12                      | 0.14            | 1.15                        | 0.29                    | 0.44                          | 0.21                            | 0.69                        | 0.55              | 0.57                | 0.42                         | 0.35               | 0.08                | 0.19             | 0.11       |
| FYR Macedonia  | 0.60                        | 0.41           | 0.23                      | 0.19            | 0.44                        | 0.17                    | 0.45                          | 0.06                            | 0.94                        | 0.90              | 0.61                | 0.36                         | 0.20               | 0.05                | 0.05             | 0.60       |
| Malta          | 0.87                        | 0.54           | 0.45                      | 0.13            | 1.03                        | 1.27                    | 1.21                          | 1.03                            | 1.35                        | 1.37              | 0.65                | 0.49                         | 0.58               | 0.09                | 0.42             | 0.05       |
| Netherlands    | 0.45                        | 0.16           | 0.35                      | 0.20            | 0.32                        | 0.26                    | 0.41                          | 0.09                            | 1.47                        | 0.34              | 0.47                | 0.33                         | 0.42               | 0.11                | 0.40             | 0.12       |
| Norway         | 0.48                        | 0.23           | 0.75                      | 0.32            | 0.81                        | 0.25                    | 0.48                          | 0.21                            | 1.42                        | 0.44              | 0.52                | 0.29                         | 0.24               | 0.10                | 0.34             | 0.07       |
| Poland         | 0.52                        | 0.49           | 0.66                      | 0.25            | 0.84                        | 0.16                    | 1.03                          | 0.50                            | 0.91                        | 1.13              | 0.90                | 0.35                         | 0.37               | 0.14                | 0.27             | 0.05       |
| Portugal       | 0.85                        | 0.53           | 1.02                      | 0.14            | 1.12                        | 0.13                    | 0.33                          | 0.10                            | 0.75                        | 0.26              | 0.73                | 0.57                         | 0.47               | 0.06                | 0.20             | 0.03       |
| Romania        | 0.44                        | 0.56           | 0.26                      | 0.10            | 1.36                        | 0.17                    | 0.57                          | 0.16                            | 0.62                        | 1.46              | 0.65                | 0.68                         | 0.47               | 0.06                | 0.19             | 0.02       |
| Slovakia       | 1.18                        | 0.66           | 0.15                      | 0.31            | 1.39                        | 0.18                    | 1.25                          | 0.15                            | 1.55                        | 0.70              | 0.63                | 0.40                         | 0.41               | 0.20                | 0.34             | 0.05       |
| Slovenia       | 0.78                        | 0.31           | 0.53                      | 0.24            | 0.78                        | 0.07                    | 0.77                          | 0.11                            | 1.18                        | 1.15              | 0.78                | 0.41                         | 0.24               | 0.12                | 0.33             | 0.06       |
| Spain          | 1.00                        | 0.44           | 1.47                      | 0.41            | 1.18                        | 0.08                    | 0.63                          | 0.14                            | 1.09                        | 1.22              | 0.57                | 0.66                         | 0.64               | 0.10                | 0.31             | 0.09       |
| Sweden         | 0.69                        | 0.17           | 0.55                      | 0.33            | 0.95                        | 0.54                    | 0.95                          | 0.35                            | 1.48                        | 1.28              | 0.60                | 0.29                         | 0.29               | 0.20                | 0.44             | 0.13       |
| Switzerland    | 0.25                        | 0.20           | 0.09                      | 0.05            | 0.74                        | 0.14                    | 0.28                          | 0.13                            | 0.81                        | 0.38              | 0.27                | 0.39                         | 0.23               | 0.02                | 0.12             | 0.03       |
| Turkey         | 0.66                        | 0.32           | 0.40                      | 0.13            | 2.33                        | 0.22                    | 1.42                          | 0.87                            | 0.83                        | 1.29              | 0.38                | 0.65                         | 0.83               | 0.08                | 0.18             | 0.04       |
| England        | 0.48                        | 0.11           | 0.38                      | 0.17            | 0.96                        | 0.11                    | 0.71                          | 0.09                            | 1.09                        | 0.44              | 0.47                | 0.34                         | 0.34               | 0.10                | 0.19             | 0.07       |
| Australia      | 0.34                        | 0.21           | 0.13                      | 0.09            | 1.15                        | 0.08                    | 0.28                          | 0.06                            | 0.57                        | 0.26              | 0.17                | 0.30                         | 0.41               | 0.02                | 0.07             | 0.00       |
| Canada         | 0.29                        | 0.18           | 0.18                      | 0.08            | 1.15                        | 0.06                    | 0.32                          | 0.05                            | 0.82                        | 0.39              | 0.18                | 0.30                         | 0.47               | 0.02                | 0.10             | 0.29       |
| New Zealand    | 0.20                        | 0.14           | 0.05                      | 0.05            | 0.68                        | 0.02                    | 0.26                          | 0.04                            | 0.74                        | 0.31              | 0.18                | 0.24                         | 0.25               | 0.02                | 0.10             | 0.00       |

.=missing

## Appendix 9: Overview of background characteristics patients per country

|                | Patient Experiences database |             | Patient Values database |             |
|----------------|------------------------------|-------------|-------------------------|-------------|
|                | Female (%)                   | Average age | Female (%)              | Average age |
| Austria        | 60.4                         | 50.7        | 58.5                    | 52.9        |
| Belgium        | 57.6                         | 48.9        | 60.2                    | 46.4        |
| Bulgaria       | 57.7                         | 49.0        | 66.2                    | 46.5        |
| Cyprus         | 50.9                         | 54.6        | 61.4                    | 55.2        |
| Czech Republic | 58.5                         | 50.2        | 62.3                    | 46.9        |
| Denmark        | 63.3                         | 53.5        | 61.7                    | 52.8        |
| Estonia        | 62.5                         | 50.4        | 69.8                    | 46.0        |
| Finland        | 63.9                         | 59.3        | 61.2                    | 57.3        |
| Germany        | 55.4                         | 55.2        | 58.1                    | 55.6        |
| Greece         | 55.9                         | 52.8        | 57.5                    | 51.9        |
| Hungary        | 64.4                         | 49.6        | 65.0                    | 47.2        |
| Iceland        | 63.0                         | 53.3        | 52.5                    | 52.2        |
| Ireland        | 66.9                         | 48.2        | 74.9                    | 47.3        |
| Italy          | 56.3                         | 56.3        | 61.8                    | 52.4        |
| Latvia         | 65.9                         | 45.3        | 66.0                    | 44.8        |
| Lithuania      | 69.0                         | 48.3        | 66.5                    | 46.8        |
| Luxembourg     | 56.8                         | 48.7        | 68.0                    | 52.1        |
| Malta          | 61.9                         | 48.2        | 54.4                    | 48.1        |
| Netherlands    | 63.5                         | 50.7        | 58.6                    | 51.6        |
| Norway         | 61.9                         | 48.7        | 63.2                    | 49.0        |
| Poland         | 60.6                         | 48.4        | 66.7                    | 45.4        |
| Portugal       | 65.4                         | 52.8        | 62.2                    | 52.4        |
| Romania        | 65.2                         | 49.4        | 61.6                    | 48.1        |
| Slovakia       | 52.1                         | 48.9        | 52.7                    | 45.7        |
| Slovenia       | 59.1                         | 49.7        | 58.4                    | 44.7        |
| Spain          | 58.6                         | 52.7        | 61.5                    | 50.7        |
| Sweden         | 64.6                         | 56.4        | 63.1                    | 55.6        |
| Switzerland    | 56.6                         | 56.6        | 53.0                    | 54.6        |
| Turkey         | 61.2                         | 41.2        | 57.2                    | 38.9        |
| England        | 63.2                         | 54.9        | 60.0                    | 55.9        |
| Australia      | 62.6                         | 54.8        | 65.9                    | 55.5        |
| Canada         | 66.8                         | 52.0        | 69.4                    | 51.3        |
| New Zealand    | 61.9                         | 58.4        | 69.2                    | 57.3        |

Source: QUALICOPC database version 4.0, March 2015; (see also: Schäfer et al, QUALICOPC, a multi-country study evaluating quality, costs and equity in primary care. BMC Fam Pract. 2011;12(1):115.)