Survey Introduction and Information

This is a unique EU-wide survey which was designed by patients and patients' representatives. It is aimed at capturing the experience of patients across diseases and member states as regards various dimensions of access to healthcare and treatment.

What is the survey about?

This survey aims to gain knowledge on the perception of patients across the European Union as to access to healthcare. It looks at 5 dimensions of access to healthcare:

- · Availability whether a healthcare service or product is available in the healthcare system of your country
- · Affordability whether seeking healthcare causes financial hardship to patients.
- Accessibility– Whether there are barriers, other than financial (e.g. waiting lists, geographical barriers...), that stop patients from accessing healthcare
- Adequacy the quality of healthcare and involvement of patients in shared decision making with their healthcare professionals
- · Appropriateness whether healthcare meets the need of different groups in the population

Who is the survey for?

This survey is aimed at individual patients with chronic or long-term conditions and their family members or informal carers.

You do not need in-depth knowledge on healthcare to complete this survey, questions are primarily about your experience, there is no wrong or right answers.

How much time will it take?

This survey consists of 30 questions, some of which have tick-box options. It should take around 20-25 minutes to complete.

Please note that you do need to answer all the questions, unless the question is marked as "optional".

The survey is open until 31 October 2016.

Will my identity be published?

The survey is anonymous. We only ask for information necessary to analysing the results, e.g.,

demographic and country information. No personal information will be published. If you wish to be contacted further, for example for an interview, you can provide your contact details.

By completing and submitting this survey, as a participant, you are providing your informed consent.

How will the survey responses be used?

The survey is run by the European Patients' Forum, a non-governmental organisation that works with patients' groups in public health and health advocacy across Europe. Our members represent specific chronic disease groups at EU level or are national coalitions of patients.

This survey is crucial for the European Patients' Forum, as its results will be used to inform our advocacy work on access to healthcare and health inequalities at EU level, including an EU wide campaign on access to healthcare in 2017.

The survey report will be published and available for free on EPF website.

If you need additional information about the questionnaire or clarifications on the content, please do not hesitate to write at the following email address: laurene.souchet@eu-patient.eu

Thank you for your support!

The EPF team

DEMOGRAPHIC AND HEALTH QUESTIONS

| * 1. Are you: |
|---|
| A patient with a chronic or long term condition |
| A patient with several chronic and long term conditions |
| A family/informal carer |
| A patient and informal carer |
| None of the above |
| 2. Are you filling this questionnaire: |
| On your behalf |
| On somebody else's behalf |
| 3. What age are you (or the patient you are responding on behalf of): |
| 4. What is your gender: |
| Male |
| Female |
| Intersex |
| Transgender |
| Prefer not to say |
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| 5. \ | our country of residence is: |
|------|--|
| | Austria |
| | Belgium |
| | Bulgaria |
| | Croatia |
| | Cyprus |
| | Czech Republic |
| | Denmark |
| | Estonia |
| | Finland |
| | France |
| | Germany |
| | Greece |
| | Hungary |
| | Ireland |
| | Italy |
| | Latvia |
| | Lithuania |
| | Luxembourg |
| | Malta |
| | Netherlands |
| | Poland |
| | Portugal |
| | Romania |
| | Slovakia |
| | Slovenia |
| | Spain |
| | Sweden |
| | UK |
| 6. 🛭 | Do you live in: |
| | A urban area (a city or city suburb, a medium to large town) |
| | A rural area (open countryside, a village/small town) |
| | |

| 7. A household may have different sources of income and more than one household member may |
|--|
| contribute to it. Thinking of your household's total monthly income: is your household able to make ends meet? |
| |
| Very easily |
| Easily |
| Fairly easily |
| With some difficulty |
| With difficulty |
| With great difficulty |
| Onn't know |
| Prefer not to say |
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AVAILABILITY OF HEALTHCARE

| Very difficult | | | | | |
|--|---------------|-----------------------------|-----------------------|------------------|------------------------------|
| Difficult | | | | | |
| Moderate | | | | | |
| Easy | | | | | |
| Very easy | | | | | |
| . How would you rat ources or channels? | ormation on a | available health Average | ncare service Good | s from the follo | owing Not applicable to me |
| School | | | | | to me |
| Work | | | | | |
| The doctor's practice | | | | | |
| Hospitals | | | | | |
| Pharmacies | | | | | |
| Internet websites | | | | | |
| Social media | | | | | |
| TV | | | | | |
| Patient organisations | | | | | |
| Relatives and peer patients | | | | | |
| | | | | | |
| Public health authorities | | | | | |

| , - | | tion about available healthc | |
|--|-----|------------------------------|--------|
| | Yes | No | Unsure |
| Easy to find | | | |
| Easily accessible for people with disabilities | | \bigcirc | |
| Easy to understand | | | |
| Jseful | | | |
| Transparent on the financial (out-of-pocket) costs | | | |
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AFFORDABILITY OF HEALTHCARE

| | Always | Very Often | Sometimes | Rarely | Never | Not applicable | | |
|---|--------|------------|------------|--------|------------|----------------|--|--|
| Primary care doctor | | | | | | | | |
| Specialist doctor | | | | | | | | |
| Specialised healthcare providers (e.g. physiotherapist, psychologist, etc.) | | | | | | | | |
| Hospital | | | | | | | | |
| Medicine | | | | | | | | |
| Medical equipment or device (including the necessary consumables) (e.g. diagnostic test, wheelchair, etc.) | | | \bigcirc | | | | | |
| Dental health care | | | | | | | | |
| Cosmetic intervention/reconstruction necessary as a result of your condition | | \bigcirc | \bigcirc | | \bigcirc | | | |
| 12. Do you experience financial difficulties as a result of spending on healthcare? Never Rarely Sometimes Regularly | | | | | | | | |
| 13. In the past 12 months, did you reduce your spending on essential needs, such as food or clothing, to be able to cover healthcare costs? | | | | | | | | |
| Yes | | | | | | | | |

| | In the past 12 months, did you forgo (do without) or postpone healthcare visits because of cost? |
|-----|---|
| | Never |
| | 1 time |
| | 2 times |
| | 3 or more times |
| 15. | In the past 12 months, did you forgo (do without) or postpone treatment because of cost? |
| | Never |
| | 1 time |
| | 2 times |
| | 3 or more times |
| | What do you think of the statement: My healthcare costs are covered to a sufficient degree by my althcare system (whether it is tax based or social insurance based): |
| | Strongly agree |
| | Agree |
| | Neutral |
| | Disagree |
| | Strongly disagree |
| | Don't know |
| | Do you need to have recourse to a private or complementary health insurance in order to cover r healthcare cost? |
| | Yes |
| | No |
| | Don't know |
| 18. | Do you have any other comment on your healthcare coverage? |
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ACCESSIBILITY OF HEALTHCARE

| | Yes | No | Not applicable to me | | | | |
|---|---|---------------------------|----------------------|--|--|--|--|
| our medicine(s) | | | | | | | |
| treatment tervention, such as urgery or other rocedure. | | | | | | | |
| medical device or ledical equipment | | | | | | | |
| diagnostic test | \bigcirc | | | | | | |
| n appointment with a urse | | | 0 | | | | |
| n appointment with a rimary care doctor e.g. a general ractitioner) | | | | | | | |
| n appointment with a pecialist | | | | | | | |
| lelp/support from social ervices | | | | | | | |
| 20. Would you say the following services are located near enough from your home? Yes No | | | | | | | |
| . Would you say the follo | wing services are loca Yes | ted near enough from yo | No No | | | | |
| | | ted near enough from yo | | | | | |
| pharmacy | | ted near enough from yo | | | | | |
| pharmacy | | ted near enough from yo | | | | | |
| pharmacy GP specialist | | ted near enough from yo | | | | | |
| pharmacy GP specialist n hospital | Yes | | | | | | |
| pharmacy GP specialist n hospital | Yes O O following issues when | | No O | | | | |
| pharmacy GP specialist n hospital . Do you face any of the f | Yes O following issues when o get the service I need | | No O | | | | |
| pharmacy GP specialist I no you face any of the face to go to another city to | Yes One of the service I need on to get the service I need | seeking care for your cor | No O | | | | |

| 22. To overcome this geographical barrier, do you have access to: |
|--|
| A mobile or eHealth service to help you access healthcare remotely |
| Financial support for travel |
| Transportation |
| None of the above |
| Other (please specify) |
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ADEQUACY OF HEALTHCARE

| 23. Please rate the statements below that relate to the communication with your healthcare provide |
|--|
|--|

| | Always | Very Often | Sometimes | Rarely | Never |
|---|------------|------------|-----------|------------|-------|
| I'm adequately informed by healthcare providers about my treatment options | | | | | |
| I'm involved in decisions regarding my care by my healthcare providers | | | | | |
| My healthcare providers give me the information I need about the safety of my treatment | | | | | |
| My healthcare provider adapt my care according to my changing needs | \bigcirc | | | \bigcirc | |
| My healthcare providers are capturing my feedback on quality of care provided (through satisfaction survey or other means) | | | | | |

24. Would you agree with the following statement on the quality and safety of your care?

| | Always | Very Often | Sometimes | Rarely | Never | I don't know |
|--|--------|------------|-----------|--------|-------|--------------|
| I receive good quality care according to the standard/ guidelines or best practices available for my condition | | | | 0 | 0 | |
| I'm satisfied with the safety of care provided to me | | | | | | |
| I'm satisfied with continuity in my care over time | | | | | | |

APPROPRIATE HEALTHCARE

| 25. app | Have you ever felt stigmatised when seeking or receiving healthcare because of (mark all that sly): |
|-------------|--|
| ··· | Your young age |
| | Your older age |
| | Your physical disabilities |
| | Your intellectual disabilities |
| | Your mental health status |
| | Your chronic/long term condition |
| | Your ethnicity |
| | Being a woman |
| | Being a man |
| | Being intersex |
| | Being transgender |
| | Your income/social status |
| | Your religion |
| | Your sexual orientation |
| | No |
| | Other (please specify) |
| | |
| 00 | NAME of the second of all second and the second of the sec |
| ∠ 0. | What type of stigma or discrimination did you experience? Mark all that apply. |
| <u> </u> | Attitude of healthcare staff Penial of my rights |
| <u> </u> | Denial of my rights |
| <u> </u> | Inappropriate language Lack of healthcare facility in my community |
| | Refusal to provide me with treatment |
| | Other (please specify) |
| | Carol (piocos spoolly) |
| | |

| 27. What measures | need to be taken to | prevent this situation | ? | |
|-------------------|---------------------|------------------------|---|--|
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| Conclusions |
| 28. What do you think is the most important action policy makers could take to improve access to healthcare in your country? |
| 29. Do you have any other comments regarding any aspects of access to healthcare in your country? |
| 30. EPF may need to contact some participants for follow up interviews. If you would consent to be contacted for a follow up interview, please provide your e-mail address. |
| |
| The survey is now completed. We thank you for your participation! |
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