

## How do you evaluate primary care provision in your region?



**This is the English translation of the original German questionnaire.  
This survey has been conducted only in Germany and the questionnaire has been translated solely for the purpose of this publication.**





Medizinische Hochschule  
Hannover

Dear participant,

The Hannover Medical School conducts a survey among the inhabitants of Lower Saxony's rural regions. This questionnaire includes questions on the current primary care provision as well as future development of primary care on-site.

It is our intention to improve primary care provision in Lower Saxony's rural regions and to take the population's needs and preferences into account. Therefore, we would like to determine how the population of rural regions assesses primary care and which aspects are of special importance for them.

The survey completion will take about 15 minutes.

#### Information on the completion of the survey

If you wish to correct an answer, please make the correction clearly visible and circle the correct answer:



Please answer the questions in the right order, question by question. Do not skip any question except there is a clear notice to do so.

Please use a pen when completing the questionnaire.

In case you want to comment questions or give more detailed answers on some questions please use the last page of the questionnaire.

If you have any questions or need help completing the survey, please contact:

Contact person:



Phone:



Email:



**Thank you for your participation!**

**PART I – PRIMARY CARE AND HEALTH STATUS**

- (1) Public media as well as policy currently discuss on primary care in rural and remote regions.

How do you personally rate the primary care provision at your site? Would you say the primary care provision is...

Very good	Good	Moderate	Poor	Very poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- (2) For how long have you already been patient of you current general practitioner?

I don't have a general practitioner .....  **➔ Skip to question (6)**

For less than 1 year .....

For 1 – 5 years .....

For 6 – 10 years .....

For more than 10 years .....

- (3) How long do you usually need to reach your general practitioner's practice form your home?

*(☞ Please state the number of minutes – irrespectively of the transport you use to reach your general practitioner.)*

About \_\_\_\_\_ minutes

- (4) How long do you usually wait for an appointment when visiting you general practitioner, if you have acute health complaints e.g. a flu?

No appointment necessary .....

No waiting time .....

1 day .....

2 days .....

3 days .....

More than 3 days .....

(5) How often have you visited your general practitioner in the past 12 month for a treatment?

(☞ Please count solely visits where you personally talked to the general practitioner.)

- Not at all .....
- 1 – 3 times .....
- 4 – 6 times .....
- 7 – 10 times .....
- More than 10 times .....

(6) Do you have the possibility to choose between different general practitioners at your site?

- Yes .....
- No .....

(7) How **important** are the following aspects of primary care for you personally?

	Very unimportant	Rather unimportant	Partly important	Rather important	Very important
Short waiting time for an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short distance to the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal relationship to the general practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extensive diagnostic facilities of the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional skills of the general practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(8) How **satisfied** are you with the following aspects of primary care at your site?

	Very unsatisfied	Rather unsatisfied	Partly (un)satisfied	Rather satisfied	Very satisfied	I don't know
Waiting time for an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance to the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to the general practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic facilities of the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional skills of the general practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(9) Could you imagine moving, in case the primary care provision is no longer sufficient?

- Yes, for sure .....
- It depends .....
- No, nothing doing .....

(10) Do you think that primary care provision at your site will change within the next 5 years? Would you say it will...

- ...improve .....
- ...stay the same .....
- ...worsen .....

(11) Do you think the following aspects of primary care at your site will **change** within the next 5 years?

	Strongly worsen	Slightly worsen	Stay the same	Slightly improve	Strongly improve	I don't know
Waiting time for an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance to the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to the general practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic facilities of the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional skills of the general practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions will focus on your personal health status.

(12) How would you describe your current general health?

Excellent      
 Very good      
 Good      
 Less good      
 Poor

(13) Do you suffer from a chronic disease (e.g. diabetes or asthma)?

Yes .....

No .....  **➔ Continue on page 5**

(14) Are you restricted in your daily life due to this disease?

Yes, I am very restricted .....

Yes, I am somewhat restricted .....

No, I am not restricted .....

## PART II – OPTIONS OF PRIMARY CARE PROVISION

On the next page you will see a selection of fictional primary care situations. 9 different choice situations will compare two situations where the following attributes (home visits, distance to practice, healthcare provisions by... etc.) are continuously changing. Please choose each time the one situation you prefer over the other one. You cannot give any “right” or “wrong” answers. We are only interested in your personal opinion.

The following six attributes of primary care will appear repeatedly on the following pages of the questionnaire:

### Description of the attributes of primary care

**Home visits:** Medical care at the patients' home in case they are not able to get to the practice.

**Distance to the practice:** Number of minutes that patients need to reach the general practitioner's practice (irrespectively of the transport they use to reach the practice).

**Healthcare provision by...:** Healthcare on-site through one physician / several varying physicians.

**Opening hours of the practice:** Days on which the practice opens and a physician is present.













**Delegation of medical tasks:** Delegation of simple tasks to professionals who have specific qualification (e. g. administration of pharmaceuticals if the physician prescribed it, care of wounds or vaccinations).

**Diagnostic facilities of the practice:** Medical-laboratory facilities for diagnostics and treatment of diseases at the family practice (e. g. via ultrasound, ECG, pulmonary function test). Limited diagnostic facilities might restrict possibilities for diagnostics and medical care and lead to referrals to specialists.















On the following pages a total of 9 choice sets will be presented which show different options of primary care provision. Please choose the one option you prefer over the other one in each of the choice sets. Imagine that the current primary care provision on-site does not exist any longer but instead one of the primary care situations as described below would be comprised.













1. Which of the two primary care situations (situation 1 or situation 2) would you prefer? Please tick your preferred situation:

Attribute	Situation 1	Situation 2
Home visits	 Home visits are provided	 Home visits are <u>not</u> provided
Distance to the practice	 15 minutes	 45 minutes
Healthcare provision by...	 ... <u>one</u> physician	 ... <u>several varying</u> physicians
Opening hours of the practice	 Practice opens <u>five days</u> a week	 Practice opens <u>three days</u> a week
Delegation of medical tasks	 No delegation of medical tasks to specially trained professionals	 Delegation of medical tasks to specially trained professionals
Diagnostic facilities of the practice	 Extensive diagnostic facilities	 Limited diagnostic facilities
I choose...	situation 1 <input type="checkbox"/>	situation 2 <input type="checkbox"/>













2. Which of the two primary care situations (situation 1 or situation 2) would you prefer? Please tick your preferred situation:

Attribute	Situation 1	Situation 2
Home visits	 Home visits are provided	 Home visits are <u>not</u> provided
Distance to the practice	 15 minutes	 30 minutes
Healthcare provision by...	 ... <u>one</u> physician	 ... <u>several varying</u> physicians
Opening hours of the practice	 Practice opens <u>three days</u> a week	 Practice opens <u>four days</u> a week
Delegation of medical tasks	 No delegation of medical tasks to specially trained professionals	 Delegation of medical tasks to specially trained professionals
Diagnostic facilities of the practice	 Extensive diagnostic facilities	 Limited diagnostic facilities
I choose...	situation 1 <input type="checkbox"/>	situation 2 <input type="checkbox"/>













3. Which of the two primary care situations (situation 1 or situation 2) would you prefer? Please tick your preferred situation:

Attribute	Situation 1	Situation 2
Home visits	 Home visits are provided	 Home visits are <u>not</u> provided
Distance to the practice	 15 minutes	 45 minutes
Healthcare provision by...	 ... <u>one</u> physician	 ... <u>several varying</u> physicians
Opening hours of the practice	 Practice opens <u>four days</u> a week	 Practice opens <u>three days</u> a week
Delegation of medical tasks	 Delegation of medical tasks to specially trained professionals	 No delegation of medical tasks to specially trained professionals
Diagnostic facilities of the practice	 Extensive diagnostic facilities	 Limited diagnostic facilities
I choose...	situation 1 <input type="checkbox"/>	situation 2 <input type="checkbox"/>













4. Which of the two primary care situations (situation 1 or situation 2) would you prefer? Please tick your preferred situation:

Attribute	Situation 1	Situation 2
Home visits	 Home visits are provided	 Home visits are <u>not</u> provided
Distance to the practice	 30 minutes	 15 minutes
Healthcare provision by...	 ... <u>one</u> physician	 ... <u>several varying</u> physicians
Opening hours of the practice	 Practice opens <u>five days</u> a week	 Practice opens <u>four days</u> a week
Delegation of medical tasks	 Delegation of medical tasks to specially trained professionals	 No delegation of medical tasks to specially trained professionals
Diagnostic facilities of the practice	 Extensive diagnostic facilities	 Limited diagnostic facilities
I choose...	situation 1 <input type="checkbox"/>	situation 2 <input type="checkbox"/>













5. Which of the two primary care situations (situation 1 or situation 2) would you prefer? Please tick your preferred situation:

Attribute	Situation 1	Situation 2
Home visits	 Home visits are provided	 Home visits are <u>not</u> provided
Distance to the practice	 15 minutes	 30 minutes
Healthcare provision by...	 ... <u>several varying</u> physicians	 ... <u>one</u> physician
Opening hours of the practice	 Practice opens <u>three days</u> a week	 Practice opens <u>four days</u> a week
Delegation of medical tasks	 Delegation of medical tasks to specially trained professionals	 No delegation of medical tasks to specially trained professionals
Diagnostic facilities of the practice	 Limited diagnostic facilities	 Extensive diagnostic facilities
I choose...	situation 1 <input type="checkbox"/>	situation 2 <input type="checkbox"/>













6. Which of the two primary care situations (situation 1 or situation 2) would you prefer? Please tick your preferred situation:

Attribute	Situation 1	Situation 2
Home visits	 Home visits are <u>not</u> provided	 Home visits are provided
Distance to the practice	 15 minutes	 45 minutes
Healthcare provision by...	 ... <u>one</u> physician	 ... <u>several varying</u> physicians
Opening hours of the practice	 Practice opens <u>three days</u> a week	 Practice opens <u>four days</u> a week
Delegation of medical tasks	 Delegation of medical tasks to specially trained professionals	 No delegation of medical tasks to specially trained professionals
Diagnostic facilities of the practice	 Extensive diagnostic facilities	 Limited diagnostic facilities
I choose...	situation 1 <input type="checkbox"/>	situation 2 <input type="checkbox"/>













7. Which of the two primary care situations (situation 1 or situation 2) would you prefer? Please tick your preferred situation:

Attribute	Situation 1	Situation 2
Home visits	 Home visits are <u>not</u> provided	 Home visits are provided
Distance to the practice	 45 minutes	 30 minutes
Healthcare provision by...	 ... <u>one</u> physician	 ... <u>several varying</u> physicians
Opening hours of the practice	 Practice opens <u>four days</u> a week	 Practice opens <u>five days</u> a week
Delegation of medical tasks	 Delegation of medical tasks to specially trained professionals	 No delegation of medical tasks to specially trained professionals
Diagnostic facilities of the practice	 Extensive diagnostic facilities	 Limited diagnostic facilities
I choose...	situation 1 <input type="checkbox"/>	situation 2 <input type="checkbox"/>

8. Which of the two primary care situations (situation 1 or situation 2) would you prefer? Please tick your preferred situation:

Attribute	Situation 1	Situation 2
Home visits	 Home visits are provided	 Home visits are <u>not</u> provided
Distance to the practice	 30 minutes	 45 minutes
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Delegation of medical tasks	 Delegation of medical tasks to specially trained professionals	 No delegation of medical tasks to specially trained professionals
Diagnostic facilities of the practice	 Limited diagnostic facilities	 Extensive diagnostic facilities
I choose...	situation 1 <input type="checkbox"/>	situation 2 <input type="checkbox"/>

9. Which of the two primary care situations (situation 1 or situation 2) would you prefer? Please tick your preferred situation:

Attribute	Situation 1	Situation 2
Home visits	 Home visits are <u>not</u> provided	 Home visits are provided
Distance to the practice	 45 minutes	 15 minutes
Healthcare provision by...	 ... <u>one</u> physician	 ... <u>several varying</u> physicians
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Diagnostic facilities of the practice	 Extensive diagnostic facilities	 Limited diagnostic facilities
I choose...	situation 1 <input type="checkbox"/>	situation 2 <input type="checkbox"/>

(15) If you think about the nine choices you just had to make, what would you say: How difficult has it been to choose one of the two situations?

Not difficult      Rather not difficult      Rather difficult      Difficult

(16) How sure have you been in choosing a situation?

Not sure      Rather not sure      Rather sure      Sure

**PART III – PERSONAL INFORMATION**

(17) Your gender?

Female .....

Male .....

(18) In which year have you been born?

1	9		
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(19) How many patients do permanently live in your household, including yourself?

A total of \_\_\_\_\_ person(s)

Thereof \_\_\_\_\_ child(ren) under the age of 18 years

(20) What is your current employment status?

Full-time employed .....

Part-time employed .....

Marginally or irregularly employed .....

Company-based training / company-based retraining .....

School / University .....

Voluntary military service .....

Voluntary social/ecological year, "Bundesfreiwilligendienst" .....

Retired .....

Currently not employed .....

Other: \_\_\_\_\_

(21) What is your highest level of school-leaving qualification?

Still going to school .....

No school-leaving qualification .....

School-leaving qualification "Volks- oder Hauptschulabschluss" .....

School-leaving qualification "Realschulabschluss / Mittlere Reife" .....

School-leaving qualification "Fachhochschulreife" .....

School-leaving qualification "Abitur / Hochschulreife" .....

Other school-leaving qualification: \_\_\_\_\_

(22) Which kind of health insurance are you insured at?

*(Please answer this question even if you are not insured independently but as a family member.)*

Insured in a statutory health insurance .....

Solely insured in a private health insurance .....

If you should have questions or comments on this survey, please feel free to make notes here:

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**Thank you for your participation!**

