



Yes (I really needed at least at one occasion medical examination or treatment)

☐ 1

No (I did not need any medical examination or treatment)

☐ 2

**FILTER:** If PH040\_Q1 = 1 then GO TO PH040\_Q2. Else GO TO PH060\_Q1.

**PH040 Q2: *Did you have a medical examination or treatment each time you really needed?***

Yes (I had a medical examination or treatment each time I needed)

☐ 1

No (there was at least one occasion when I did not have a medical examination or treatment)

☐ 2

**FILTER:** If PH040\_Q2 = 2 then GO TO PH050\_Q1. Else GO TO PH060\_Q1.

**Recommendations on the model question(s):**

- In order to ensure that only relevant health problems are taken into account (in situations perceived by respondent as worrying or possibly causing additional health problems or further significantly deteriorating his/her health), the question should include 'really' (... when you really needed ...).
- In order to make sure that only consultations needed on the person's own behalf rather than on behalf of children, spouse, etc., the question should include 'for yourself'.
- Both 'examination and treatment' shall be asked as both terms might be perceived differently by the respondents and the intention is to include all contacts with medical professionals (including diagnostic and preventive check-ups).
- Not to include any other questions related to unmet needs before or between the model questions;
- To follow the proposed order of all the questions and the answer categories.
- Depending on the national context, the model question can explicitly ask for exclusion of dental examination or treatment if there is a worry that respondents could consider it as part of medical care. This should especially be taken in account when questions on unmet needs for medical care are asked before questions on unmet needs for dental care.

**Construction of PH040 variable from the model questions:**

PH040 = 1 if PH040\_Q1 = 1 and PH040\_Q2 = 2

PH040 = 2 if PH040\_Q1 = 1 and PH040\_Q2 = 1

PH040 = missing and flag -2 if PH040\_Q1 = 2.

**Before 2015**

This is a follow-up question to the previous one. It aims to capture the dimension of restricted access to healthcare by including not only formal healthcare coverage (by insurance or universal coverage), but also restrictions due to rationing, waiting lists, the ability to afford care, and other reasons.

In the proposed classification for this item, option 2 (length of the waiting list) should be used for people who were actually on a waiting list and who were not helped, for respondents who were discouraged from seeking care because of perceptions of long waiting lists, as well as people who have 'applied' and are still waiting to see a medical specialist.

'Not covered by insurance' should be coded as 'could not afford to' if the respondent could not afford to pay for the treatment/examination himself or herself.

The issue regarding the perception of 'Could not afford to (too expensive)' should be addressed to exclude the response of 'too expensive' which is relative (more expensive than before, etc.) so that it relates only to whether the person could not pay the price/did not have enough money to pay. The fact that the price is not covered by an insurance fund is an important element that is to be taken into account.

It is recommended that the question should be asked in this way:

***What was the main reason for not having a medical examination or treatment?***

- Could not afford to (too expensive or not covered by the insurance fund) ☐ 01
- Waiting list, don't have the referral letter ☐ 02
- Could not take time because of work, care for children or for others ☐ 03
- Too far to travel/no means of transportation ☐ 04
- Fear of doctors/hospitals/examination/treatment ☐ 05
- Wanted to wait and see if problem got better on its own ☐ 06
- Didn't know any good specialist ☐ 07