**Health Care in Canada Survey - Data Request Form**

**Note: *Please complete the HCIC Roster Template and submit with the Data Request Form.***

**Contact Information**

Requestor:

Institution:

Department:

Address:

Telephone:

Email:

**Project Information**

Title:

Brief description of the project:

Anticipated completion date:

**Data request**

Level of analysis

 [ ]  Raw data

 [ ]  Frequencies and descriptive summary

 [ ]  Data tables and graphs

 [ ]  Other

Category of variables

* Health professionals and managers perspective

[ ]  Quality of health care

[ ]  Personal values

[ ]  Social determinants of health

[ ]  Health status of health professionals

[ ]  Access to health care

[ ]  Access to health care professionals

[ ]  Adherence to medications

[ ]  Pharmaceuticals and vaccines

[ ]  Funding health care

[ ]  Innovations in the health care system

[ ]  Chronic disease care and management

[ ]  Patient-centred care

[ ]  Demographics

* General public perspective

[ ]  Quality of health care

[ ]  Personal values

[ ]  Social determinants of health

[ ]  Access to health care

[ ]  Access to health care professionals

[ ]  Chronic conditions

[ ]  Adherence to medications

[ ]  Pharmaceuticals and vaccines

[ ]  Funding health care

[ ]  Innovations in the health care system

[ ]  Personal experience

[ ]  Patient-centred care

[ ]  Demographics

NOTE: I understand that there may be a fee (approximately $50 - $200) based on the level of analysis.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

*Please submit to* ***hcic@mcgill.ca***