**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.

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Today’s Date

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

Signature

*Please submit to* [***hcic@mcgill.ca***](mailto:hcic@mcgill.ca)