**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**

Survey Year

 [ ]  2013-14 [ ]  2016 [ ]  2018

Level of analysis

 [ ]  Raw data [ ]  Data tables and graphs

 [ ]  Frequencies and descriptive summary [ ]  Other (e.g., by sex)

Category of variables (*please identify the exactly information required, e.g., which slides from the complete results for 2016 or 2018*)

***Health professional perspective***

[ ]  Trends

[ ]  Access

[ ]  Health status/Workplace Engagement

[ ]  Chronic disease management

[ ]  Pharmacare (2016, 2018 only)

[ ]  Patient-centred care

[ ]  End of life options (2016, 2018 only)

[ ]  eHealth (2018 only)

[ ]  Opioids (2018 only)

[ ]  Future Innovations

[ ]  Demographics

***General public perspective***

[ ]  Trends

[ ]  Access

[ ]  Health status

[ ]  Chronic disease – Prevalence

[ ]  Chronic disease – Management

[ ]  Pharmacare (2016, 2018 only)

[ ]  Patient-centred care

[ ]  End of life options (2016, 2018 only) Caregivers

[ ]  eHealth (2018 only)

[ ]  Caregiving

[ ]  Future Innovations

[ ]  Demographics

Note: *I understand that there may be a fee (approximately $50 - $200); the total cost will depend on the complexity of the request.*

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Today’s Date

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

Signature

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