**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**](mailto:hcic@mcgill.ca)