

Cross-border health services in the EU

Analytical report

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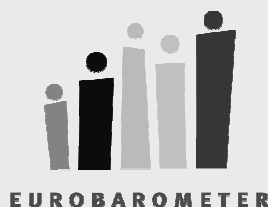
This survey was requested by Health and Consumer Protection Directorate-General and coordinated by Directorate General Communication

This document does not represent the point of view of the European Commission.
The interpretations and opinions contained in it are solely those of the authors.

Flash EB Series #210

Cross-border health services in the EU

Conducted by
The Gallup Organization, Hungary
upon the request of the
Health and Consumer Protection Directorate-
General (DG SANCO), Health Strategy Unit
(C5)



Survey organised and managed by the
Eurobarometer Team of Directorate-General
“Communication”

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THE GALLUP ORGANIZATION

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Introduction

The current landscape regarding cross-border health services and their coverage by national healthcare systems is highly complex. Recent cases of the European Court of Justice show that cross-border healthcare is surrounded by legal uncertainties.

A very limited amount of data is available about how many people actually receive healthcare outside their country of residence. It is not clear how many people are aware of the possibilities to receive healthcare abroad. Neither is much information available about the numbers of people actually willing to receive medical treatment abroad and under which circumstances. In order to fill these gaps, DG SANCO commissioned a Flash Eurobarometer on **"Cross-border healthcare in the EU"**. The study was carried out under the Flash Eurobarometer framework and coordinated by The Gallup Organization.

The survey covered all 27 Member States of the European Union (EU) on a randomly selected sample of over 27,200 individuals of at least 15 years of age. The interviews were conducted by telephone between May 26 and 30, 2007. More details on the survey are available in the final chapter of this report.

In order to assess cross-border healthcare from the citizens' perspective, the European Commission Directorate General for Health and Consumer Protection sought to poll citizens from all EU countries about their experiences and expectations concerning *patient mobility*. The study was primarily designed to:

- Understand beliefs regarding coverage of medical treatment in another Member State by national health authorities or healthcare insurers
- Explore past experiences of cross-border treatments received in another Member State
- Improve understanding of the attitudes towards medical treatments in another Member State and the various push-and-pull factors that might motivate or discourage European citizens to obtain such services abroad

The survey was dominantly carried out via telephone, using WebCATI (web-based computer aided telephone interviewing). Due to the relatively low fixed telephone coverage in the Czech Republic, Estonia, Latvia, Lithuania, Hungary, Poland and Slovakia, we also sampled and interviewed 300 persons face-to-face in each of these countries. To correct for sampling disparities, a post-stratification weighting of the results was implemented, based on key socio-demographic variables.

As the conclusions of this Eurobarometer are based on samples, the reader should take the statistical margins due to this sampling process into consideration. A tool to calculate these margins is available in chapter 7 of the analytical report.

Key findings

- Seventy percent of the EU27 population tend to believe that costs of healthcare treatment received elsewhere in the EU will be reimbursed for them by their health authority.
- Four percent of Europeans received medical treatment in another EU Member State over the past 12 months; cross-border patient mobility is most significant in Luxemburg, where every fifth citizen sought healthcare outside the country's borders.
- Slightly more than half of EU citizens are open to travel to another EU country to seek medical treatment (54%). The most prominent reason to do so is a hypothesised unavailability of the necessary treatment in the domestic healthcare system. The hope of better quality (generally, or through a specialist residing elsewhere in Europe) and the promise of quicker access to the necessary treatment are also important motivating factor for patients. Europeans are least likely to look for cheaper treatment when considering the option to obtain health service from another EU country, but still, it plays a role for 48% of those who are open to travel for such a purpose. Better quality of treatment is a more important driver of mobility in the new Member States than in the old ones, while there are less marked differences in the other aspects investigated.
- The 42% who are not willing to travel abroad for treatment are motivated by distinctly different reasons in the old and the new Member States. Generally, the survey found that citizens in the EU15 zone are deterred by their satisfaction with domestic services, and the convenience of local treatment (which are the dominant reasons of a sedentary patient attitude at the EU27 level too), while those in the NMS zone are more likely to be discouraged by affordability problems.

1. Entitlements and reimbursement for medical treatment undertaken in another Member State

The current landscape of regarding cross-border health services and their coverage by national health insurers is highly complex. Depending not just on the country, but also on the specific treatment within a given country, incurred costs might be recovered from national health insurers fully or partially, or not at all.

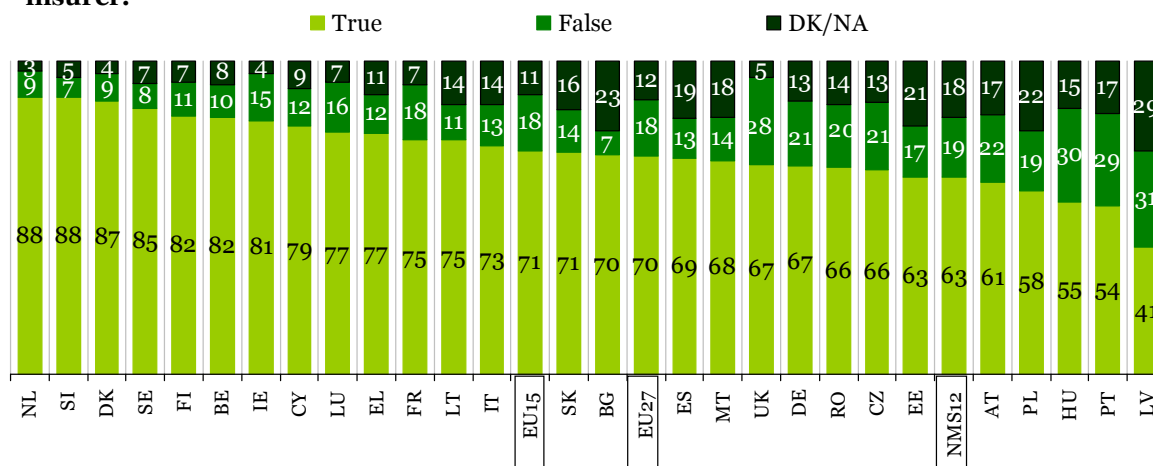
Therefore the question we asked about the availability of a possibility “to receive medical treatment in another EU country and be reimbursed for that by national health authority or health care insurer” was designed to measure attitudes or beliefs rather than to check the accuracy of citizens’ knowledge in this matter.

If it is asked as a simple “trivia” question, the significant majority of EU citizens believe that they are free to use health services elsewhere in the Union: 70% think that they are entitled to receive medical treatment in another EU Member State and be reimbursed by their national health authority or health care insurer. Just under a fifth of citizens (18%) do not share that opinion, and 12% are not sure if the statement is true or false.

There is a major difference of opinion between the old and newer Member States. In the EU15 zone, 71% of citizens feel they are entitled to treatment and they will be reimbursed, whereas in the NMS12, only a smaller proportion – but still the majority – are of this opinion (63%).

The most likely to feel they will be reimbursed are the Dutch (88%), Slovenians (88%) and Danes (87%). The least likely to believe they will be reimbursed for costs incurred abroad for health services are the Hungarians (55%), Portuguese (54%) and Latvians (41%).

Q1. I am entitled to receive medical treatment in another EU country and be reimbursed for that treatment by my national health authority or health care insurer.



Q1. I am entitled to receive medical treatment in another EU country and be reimbursed for that treatment by my national health authority or health care insurer.
%, Base: all respondents, by country

There are no major differences according to socio-demographic segments: in all segments the majority (varying between 64% and 76%) tends to believe that such a possibility is provided by their national health insurer. Those who admit that they do not know is the highest among those with the least schooling (stopped full time education at age of 15 or earlier: 19%, see Annex Table 1b).

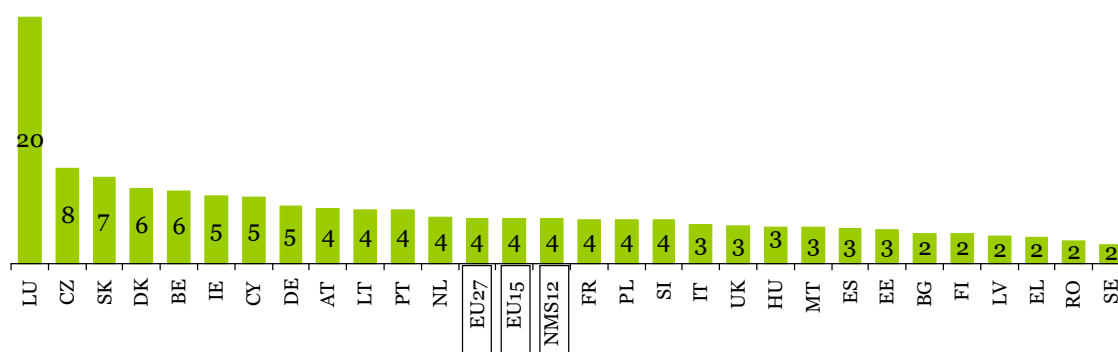
2. Experience of receiving medical treatment in another EU Member State

In terms of the numbers of citizens actually receiving medical treatment in another Member State, there is relatively little difference from one EU country to another. Across the Union, 4% of citizens (on average) have received medical treatment outside of their national borders in the last 12 months.¹

Looking at individual Member States, the range goes from 2% to 8% of citizens for 26 of the EU countries. The major exception is Luxembourg, where 20% of its citizens have travelled outside of its borders for medical treatment.

Despite a greater number of EU15 citizens believing that they are entitled to medical treatment and that they will be reimbursed, the numbers in the old and newer Member States that have actually received treatment elsewhere in the EU are identical (both 4%). Luxembourg stands out as a country where a significant minority obtained treatment abroad, in another EU country: every fifth respondent indicated receiving such treatment recently (20%). The Czechs are a distant second in receiving medical treatment outside of their national borders (8%), while those in Bulgaria, Finland, Latvia, Greece, Romania and Sweden had the lowest numbers of citizens that had been treated elsewhere in the EU (2%).

Q2. Have you, yourself, received any medical treatment in another EU Member State in the last 12 months?



Q2. Have you, yourself, received any medical treatment in another EU Member State in the last 12 months?
% yes, Base: all respondents, by country

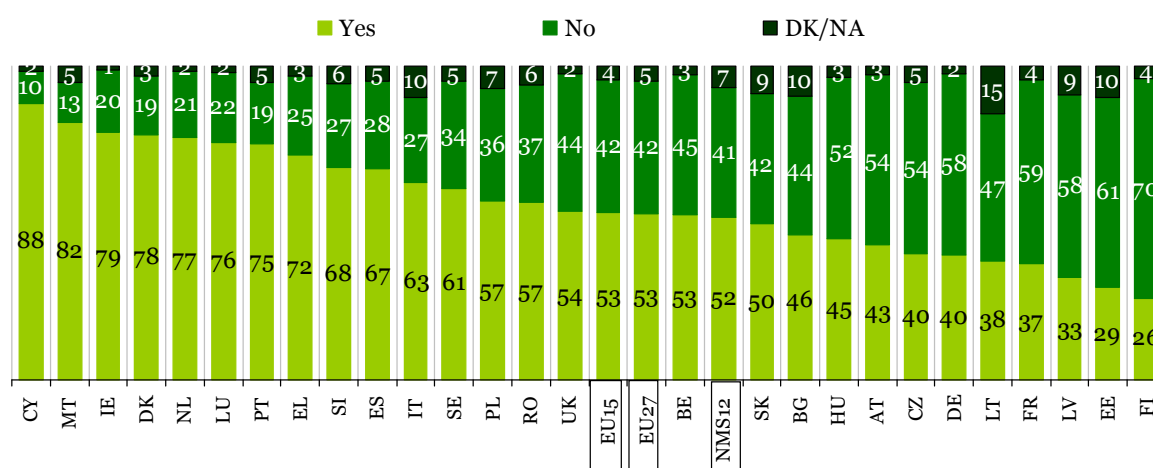
As Annex Table 2b shows, there is minimal difference, in terms of socio-demographics, in the proportion of citizens that have actually received treatment in another EU country in the last 12 months (ranging between 3-5% across the various segments).

¹ Due to the size of the sample, it is on the basis of the outcome of the questionnaire possible to say that, on a level of 99% confidence, in reality between 3,7 and 4,3 percent of EU citizens received any medical treatment in another EU Member State in the last 12 months.

3. Willingness to travel to another EU country to receive medical treatment

The survey asked a very general question about the top-of-mind willingness to obtain medical treatment in another EU country. Between the citizens of individual Member States, there is a significant difference in the preparedness to travel to another EU country to receive healthcare service. The responses range from 88% of Cypriots who are willing to travel (followed by 82% of citizens in Malta and 79% of Irish respondents) to just 26% of Finns (and 29% of Estonians and 33% of Latvians). Geographical distances as well as cultural distances probably play a part in the willingness to travel and it should be noted that there are examples of smaller Member States at both ends of the scale.

Q3. Would you be willing to travel to another EU country to receive medical treatment?



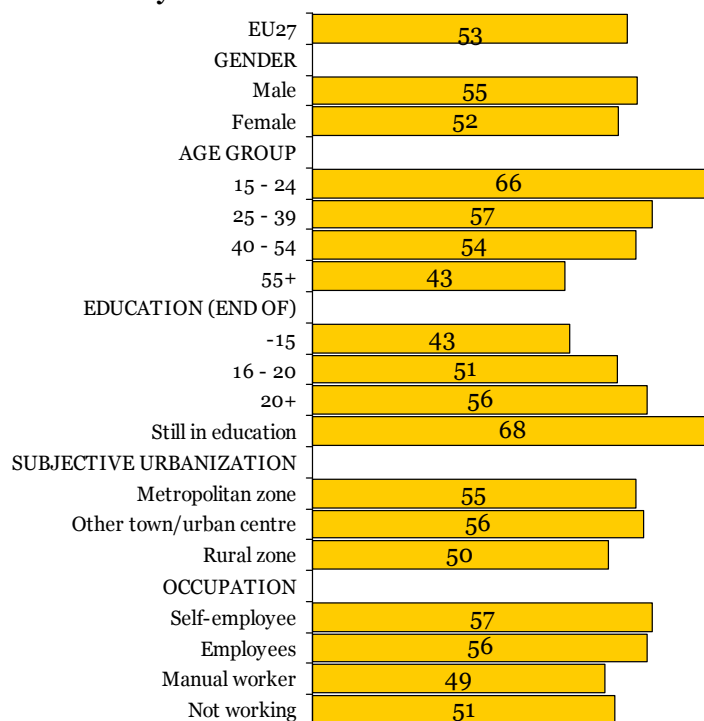
Q3. Would you be willing to travel to another EU country to receive medical treatment?
%, Base: all respondents, by country

On average, 53% of the EU citizens would be willing to travel abroad for medical treatment. Looking at age groups, we see that the willingness to travel decreases as the age of the citizens (as well as the frequency of medical treatments) increases. While two-thirds of citizens aged 15-24 would be “willing” to travel abroad, the figure is 43% for those aged over 55.

Another important factor is education. Only 43% of citizens with little educational qualifications would be willing to go to another Member States for medical treatment, whereas 56% of those who finished education beyond the age of 20 would be agreeable to such a proposition. (Corresponding to the previous statement about the interaction between young age and openness for treatment abroad, those still in school are even more prepared to travel: 68%)

Other factors are less important. However it should be noted that only 50% of citizens in rural areas and 49% of manual workers would be willing to travel for medical treatment, whereas 57% of the self-employed say they are prepared to do so.

Q3. Would you be willing to travel to another EU country to receive medical treatment?



Q3. Would you be willing to travel to another EU country to receive medical treatment?%, Base: all respondents, by EU27

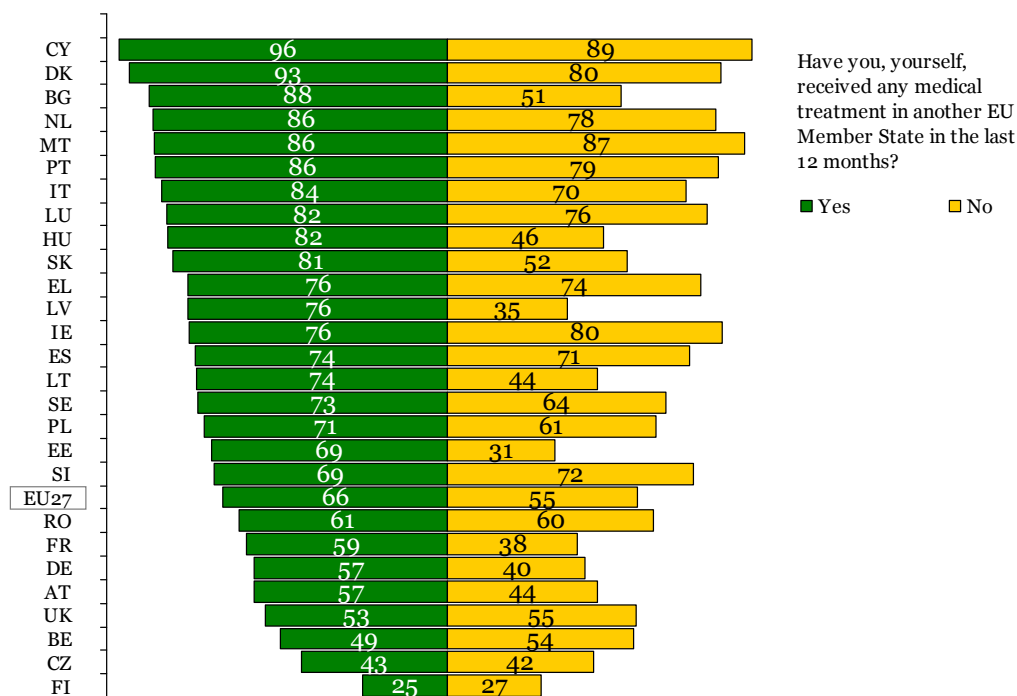
The impact of previous experience on the willingness to travel abroad for treatment in the future

In several countries, citizens that have had experience of receiving medical treatment in another country are somewhat more likely to be willing to go abroad again for that purpose. This relationship is particularly strong in countries such as Hungary, Latvia, Lithuania, Estonia, Bulgaria and Slovakia.

For example, the following chart shows that 82% of Hungarians that had travelled abroad for medical treatment (in the last 12 months) would be willing to do so again compared with just 46% of those that had not travelled abroad for treatment. In other words, in the above-mentioned countries, treatment received abroad tends to increase the likelihood that citizens would follow the same course in the future.

In some countries however, such as Malta, Greece, Romania, the UK, Czech Republic and Finland, the experience of travelling abroad for medical treatment makes no difference (2 percentage points or less) in future intentions. In Belgium and Ireland, with differences of 5 and 4 percentage points, respectively, citizens are slightly more likely to be *unwilling* to travel abroad following a previous experience.

The proportion of those who would travel abroad to receive medical treatment among those who have already received treatment abroad, and among those who have not



Q3. Would you be willing to travel to another EU country to receive medical treatment? – percent of „Yes”
%, Base: all respondents, by country

Looking at correlations between the questions investigated so far (assumption that such treatments are covered by regular health insurance, previous experience of treatment elsewhere in the EU and preparedness to travel abroad for treatment), we find evidence that opinions in the EU are not structured. As the table below suggest, there is almost no relation between any two of the three factors, suggesting that answers provided are not necessarily reflecting well established attitudes.

Correlations between factors of obtaining cross-border medical treatments in the EU

(EU27, Pearson correlations, those marked by ** are significant at the 0,95 confidence level)

	q1	q2	q3
q1. Please indicate if you think that the following statement is true or false: I am entitled to receive medical treatment in another EU country and be reimbursed for that treatment by my national health authority or health care insurer. (true / false)	1	0.010	0.075**
q2. Have you, yourself, received any medical treatment in another EU Member State in the last 12 months? (yes / no)	0.010	1	0.054**
q3. Would you be willing to travel to another EU country to receive medical treatment? (yes / no)	0.075**	0.054**	1

As we see, the perception whether or not national health authority or insurer provides coverage for treatments abroad has no relation at all with the actual experience in this regard, and only a minimal, almost nonexistent positive correlation with the preparedness to obtain such services. Previous experience has, again, a nominal positive relationship with the willingness to travel, but such correlation levels practically indicate no relations. (The value of the correlation can range from 0 – where there is no relationship at all – to 1, indicating a completely consistent pattern of association).

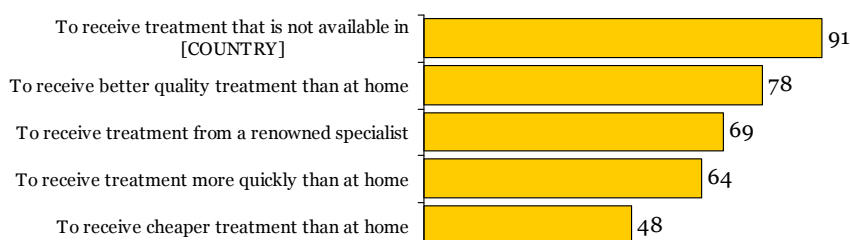
4. What motivates citizens to obtain treatment elsewhere in the EU

In this section, we focus on those citizens that said they would be prepared to travel to another EU Member State for medical treatment (53% of all those asked in the 27 Member States). We asked these respondents about various factors that might motivate them to obtain health service outside of their country, in the EU. These are:

- To *reduce the waiting time* for medical treatment;
- To receive *cheaper* medical treatment;
- To receive a treatment of *better quality*;
- To receive treatment from a *renowned specialist*;
- To receive *treatment that is not available at home*.

Responses showed that the major reason why citizens would travel to another Member State would be the inability to receive such treatment at home (91%). The next most-mentioned factor was an expected better quality of treatment (78%), followed by 69% of citizens that would be prepared to travel abroad for treatment by a renowned specialist. In the opinion of 64% of respondents, they would be prepared to travel abroad in order to reduce the waiting time for treatment. Finally, just 48% of respondents mentioned that they would be willing to travel if cheaper treatment was available abroad.

For which of the following reasons would you travel to another EU country to receive medical treatment?



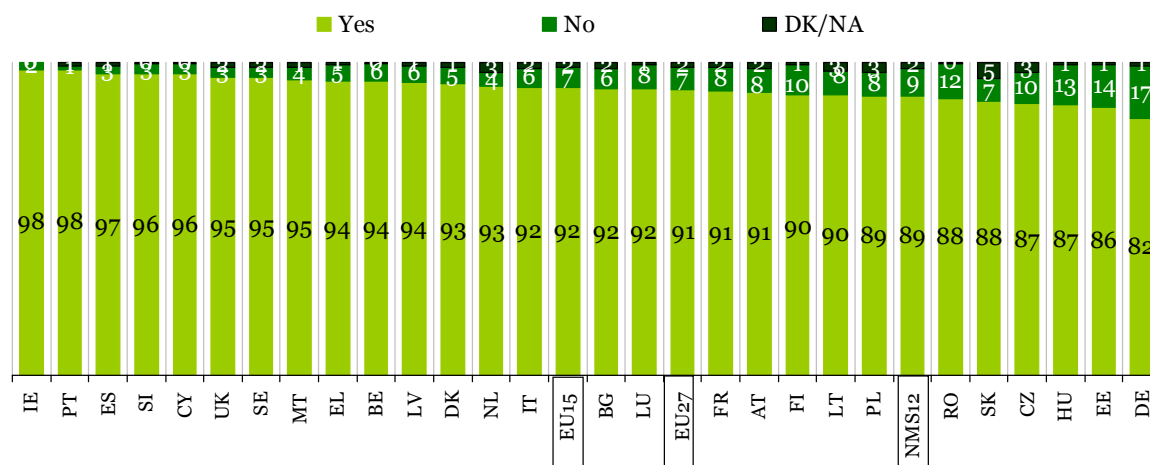
For which of the following reasons would you travel to another EU country to receive medical treatment?
(Base: % those who would be willing to travel to another EU country to receive medical treatment) % of "Yes"

These factors are examined in more detail in the following sections, in the sequence in which respondents ranked their importance.

4.a Medical treatment not available at home

Medical treatment not available at home was the factor that would motivate most European citizens who are otherwise open to travel abroad for medical reasons (91%). The difference in the responses from citizens in the various Member States was rather narrow, as it varied from 98% in Ireland to 82% in Germany. There was hardly any difference between responses from the old and newer Member States (92% and 89% respectively).

Q4e. For which of the following reasons would you travel to another EU country to receive medical treatment? - To receive treatment that is not available in [COUNTRY].



Q4. For which of the following reasons would you travel to another EU country to receive medical treatment?
%, Base: all respondents, by country

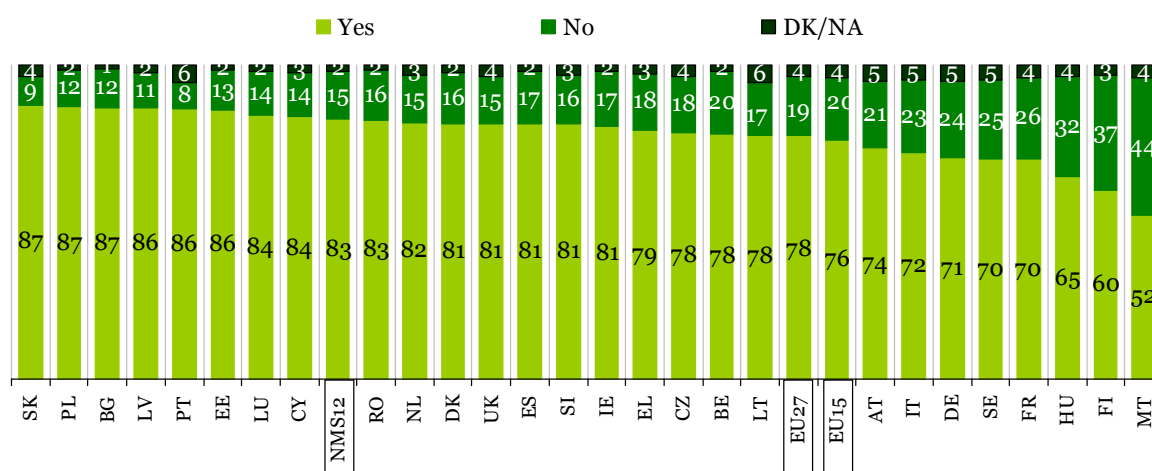
Variations according to socio-demographics were rather insignificant, as the overwhelming majority selected this reason for potential treatments in another EU country; still the youngest generation were the most likely to have mentioned this reason (which is true for other factors as well), and manual workers were the least likely. There are no differences between the genders, and only minimal ones according to level of urbanisation (see Table 4b in the Annex).

4.b A better quality of medical treatment

On average, over three-quarters of respondents interested in cross-border health services (78%) chose the possibility of receiving a better quality of medical treatment as a reason to go abroad. In respect of choosing this particular reason to travel abroad, there was the biggest difference between old and newer Member States, with 76% of the EU15 and 83% of the NMS12 indicating the hope of better quality treatment.

Slovakians, Polish and Bulgarian citizens were the most likely to list this reason, with Hungarians (65%), Finns (60%) and Maltese (52%) being the least likely to use that rationale.

Q4c. For which of the following reasons would you travel to another EU country to receive medical treatment? - To receive better quality treatment than at home.



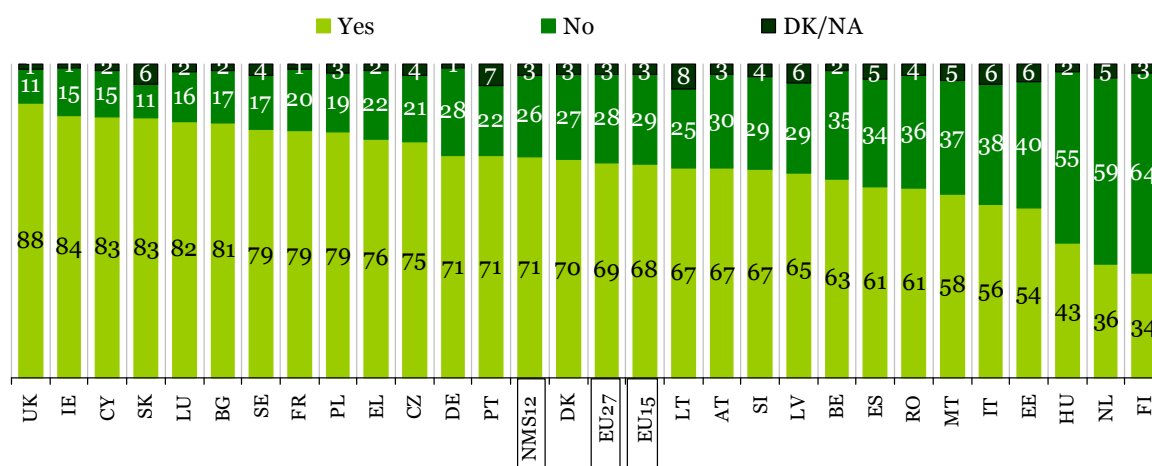
Q4. For which of the following reasons would you travel to another EU country to receive medical treatment?
%, Base: all respondents, by country

85% of the youngest age group selected this option while only 71% among those over 55 years of age would look for better quality medical treatment elsewhere in the EU. We find a similar but more modest range of opinions according to education: those with the most years in school are more likely to seek treatment elsewhere in the EU (79%) compared to those with the lowest levels of education (74%) with the hope of receiving better treatment. 80% of self-employed Europeans would be motivated by this factor, compared to only 73% of manual workers. Metropolitan residents (79%) are also more inclined than Europeans living in rural districts (75%) to seek better treatment abroad. There are no differences between genders (see Table 4b in the Annex).

4.c Medical treatment provided by specialist

There was a major difference here between Member States. The numbers that were prepared to travel abroad to receive treatment from a renowned specialist ranged from 88% in the UK and 84% in Ireland, to just 34% in Finland and 36% in the Netherlands. With the EU27 average being 69%, there is only a slight difference no appreciable difference between newer and old Member States.

**Q4d. For which of the following reasons would you travel to another EU country to receive medical treatment? -
To receive treatment from a renowned specialist.**



Q4. For which of the following reasons would you travel to another EU country to receive medical treatment?
%, Base: all respondents, by country

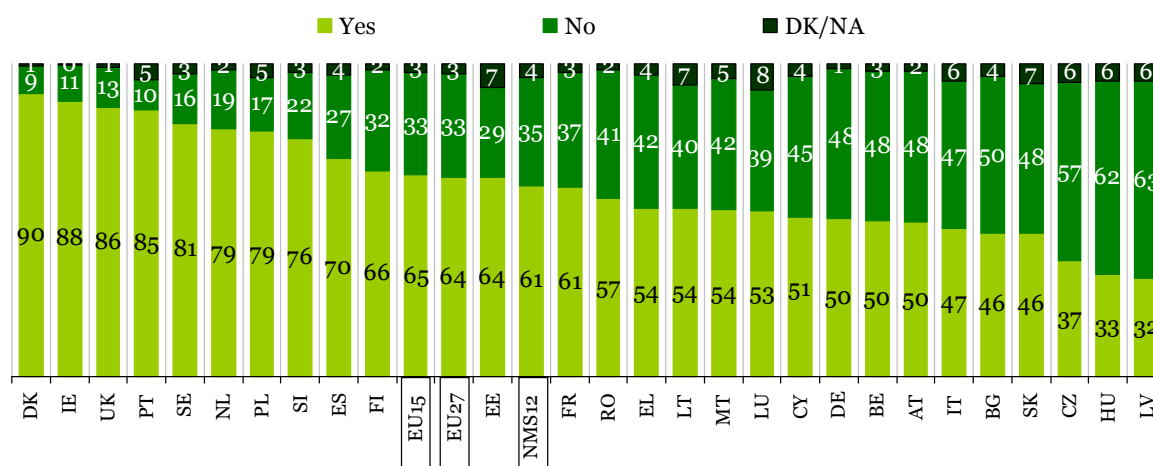
The possibility to be treated by renowned specialists is much less of a dividing factor according to socio-demographic parameters. The attractiveness of this opportunity is slightly higher among the youngest citizens (71% compared to 67% among those over 40). Otherwise, no systematic patterns were observed across the various segments (see Table 4b in the Annex).

4.d Quicker treatment

Across the EU, just under two-thirds (64%) of EU citizens said they were willing to travel abroad to reduce the waiting time for the required medical treatment. The differences between Member States were greater here than for any other reason, as they ranged from the Danes (90%), Irish (88%) and the British (86%) to the Hungarians (33%) and Latvians (32%).

Only in six Member States: Italy (47%), Bulgaria and Slovakia (46%), the Czech Republic (37%), Hungary (33%) and Latvia (32%), were less than 50% of citizens unwilling to travel abroad for quicker medical treatment. The difference between new and older Member States was relatively low – 4%.

Q4a. For which of the following reasons would you travel to another EU country to receive medical treatment? - To receive treatment more quickly than at home.



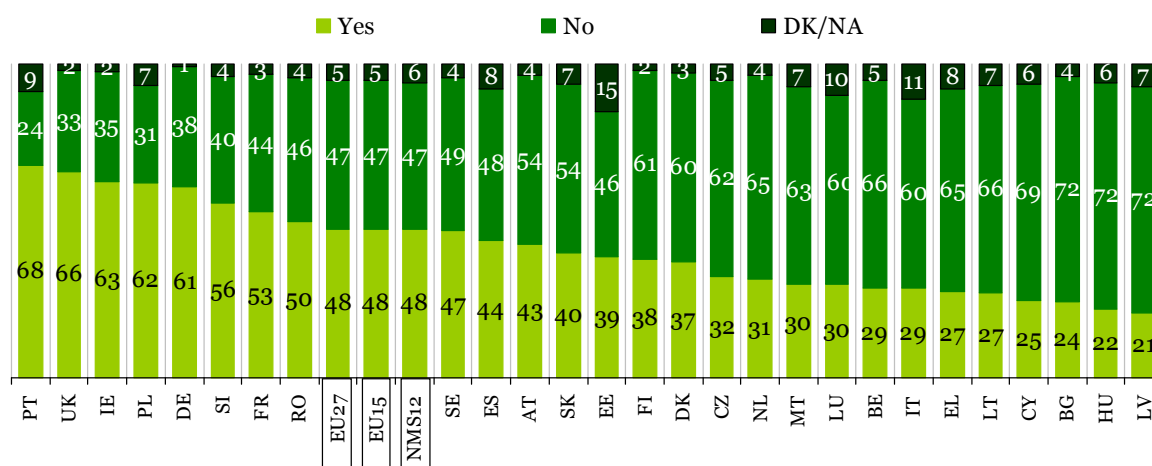
Q4. For which of the following reasons would you travel to another EU country to receive medical treatment?
%, Base: all respondents, by country

Reduced waiting time is most attractive for metropolitan Europeans (66%) and those who are in employment (67%) but the variation is again minimal across the various socio-demographic segments. Those with the least education and those not working (dominantly retired persons) are the least likely to opt for this argument, with 61% in both groups being motivated by the promise of quicker treatment (see Table 4b in the Annex).

4.e Cheaper medical treatment

The Portuguese (68%), the British (66%) and the Irish (63%) were the most likely to say that they would be willing to travel to another country for cheaper medical treatment. That was least likely in Bulgaria (24%), Hungary (22%) and Latvia (21%).

Q4b. For which of the following reasons would you travel to another EU country to receive medical treatment? - To receive cheaper treatment than at home.



Q4. For which of the following reasons would you travel to another EU country to receive medical treatment?
%, Base: all respondents, by country

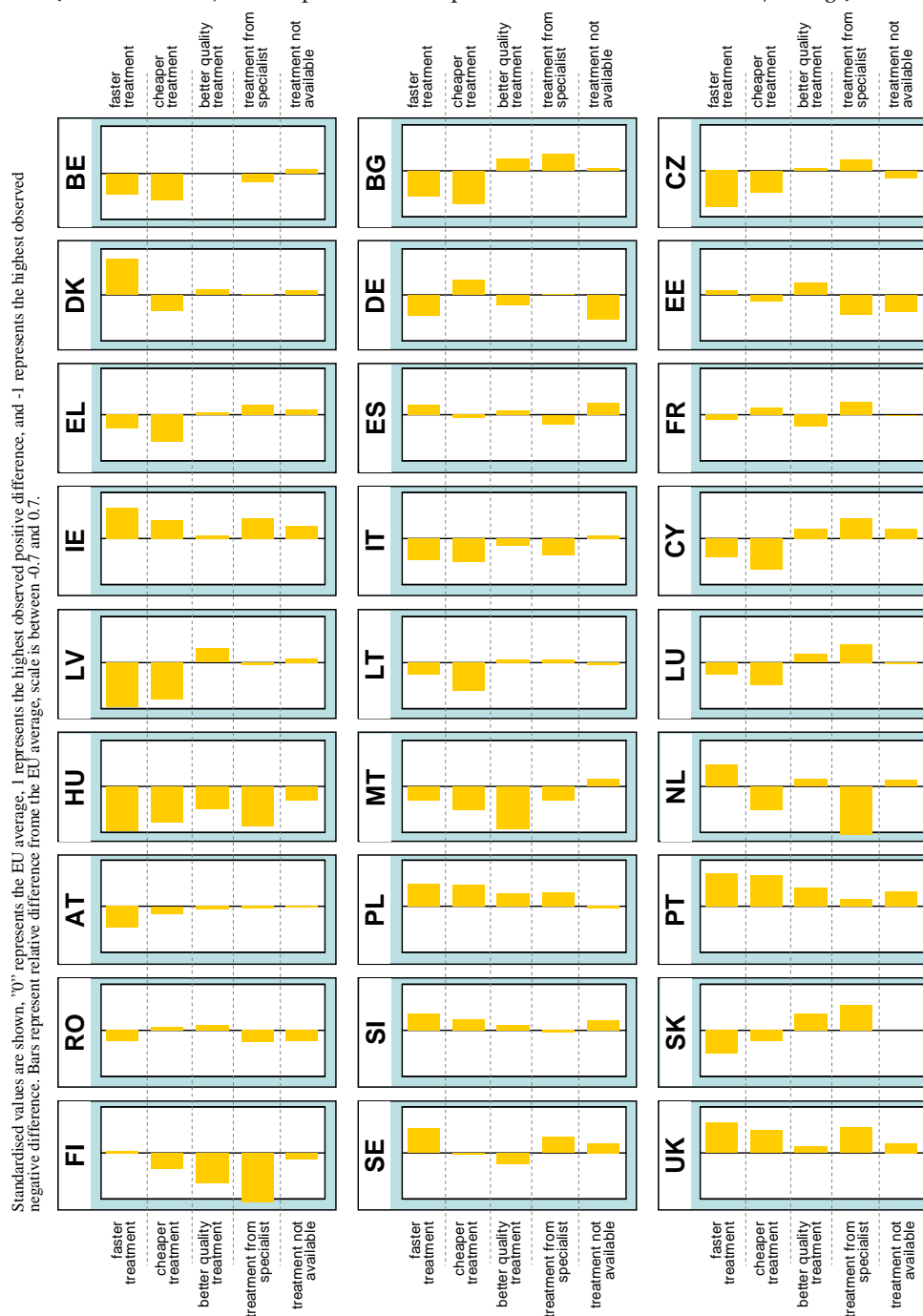
Males (51%) are clearly more likely than females (46%) to indicate this reason for seeking medical treatment outside their country. 50% of the youngest age group selected this option while only 45% among those over 55 years of age would seek cheaper medical treatment elsewhere in the EU. The most educated Europeans are less inclined to travel for more affordable healthcare (45%) compared to those with medium and low levels of education (49% both). By far, manual workers were the most likely to consider the potential economical advantages of receiving treatment abroad (58%, whereas only 44% of the self-employed citizens are motivated by potential savings on medical treatments, see Table 4b in the Annex).

4.f Summary overview

The chart below compares the results received in each Member State in comparison with the EU average in a standardised way. This gives an overview of the relative importance of the various factors that motivate patient mobility in the various Member States, providing very distinct country profiles where the various factors can be compared. For example, looking at the chart below, it is evident that for Danes only the possibility to receive treatment faster is a driver well above the general EU opinion, while they are less interested in cheaper treatments than other Europeans, and so forth.

Relative weight of factors motivating patients to obtain medical treatment elsewhere in the EU

(mean of z-scores, that compare the local importance of the factors to the EU-27 average)



The picture is not always that mixed: there are several Member States where most or all reasons are more frequently mentioned than in the EU in general (the UK, Portugal, Poland, and Ireland) while in Hungary all motivating factors were selected below the EU average.

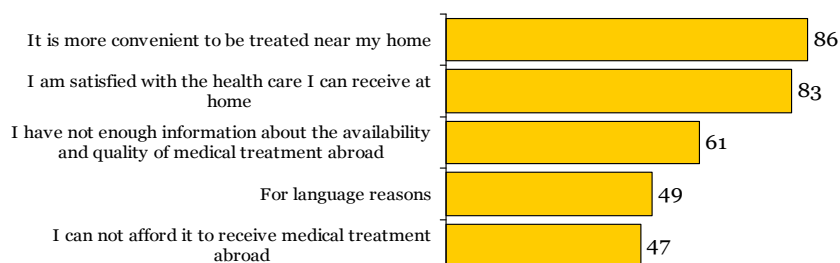
5. Factors that discourage citizens to obtain treatment elsewhere in the EU

In this section, we focus on those citizens that said they would not be willing to travel to another EU Member State for medical treatment. We asked these respondents to say for which of the following reasons, they would not be ready to travel to another EU country:

- It is *more convenient* to be treated near home
- Already *satisfied* with treatment at home
- *Lack of information* about the medical treatment available abroad
- Because of *language reasons*
- Medical treatment abroad is *not affordable*

Eighty-six percent of the EU citizens not willing to travel abroad for medical treatment believe it is simply more convenient for them to receive medical treatment in their own country. Almost as many, 83%, said they are satisfied with the medical treatment available at home. Sixty-one percent mentioned that they do not have enough information about treatments available abroad, while 49% said they would not travel abroad for medical treatment because of language barriers. Finally, 47% believe that they cannot afford to travel abroad for medical treatment.

For which of the following reasons would you not travel to a not her EU country to receive medical treatment?



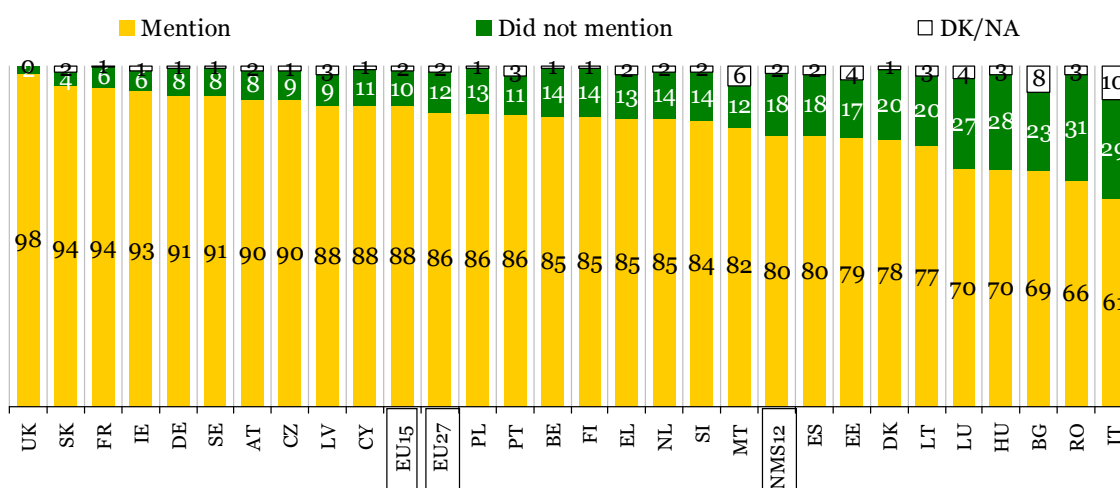
For which of the following reasons would you travel to another EU country to receive medical treatment?
 Base: %those who would benot willing to travel to another EU countryto receive medical treatment % of "Yes"

5.a Convenience – it is more convenient to be treated near my home

Of those citizens that are *not willing* to travel for medical treatment, the British (98%), Slovaks (94%) and French (94%) are the most likely to say that it is more convenient to find treatment at home. The range of the differences between Member States is the smallest of all five reasons for not travelling abroad, as even 61% of Italians and 66% of Romanians, at the other end of the scale, say they prefer to find treatment at home.

Q5b. For which of the following reasons would you not travel to another EU country to receive medical treatment?

It is more convenient to be treated near my home



Q5. For which of the following reasons would you not travel to another EU country to receive medical treatment?
 %, Base: all respondents, by country

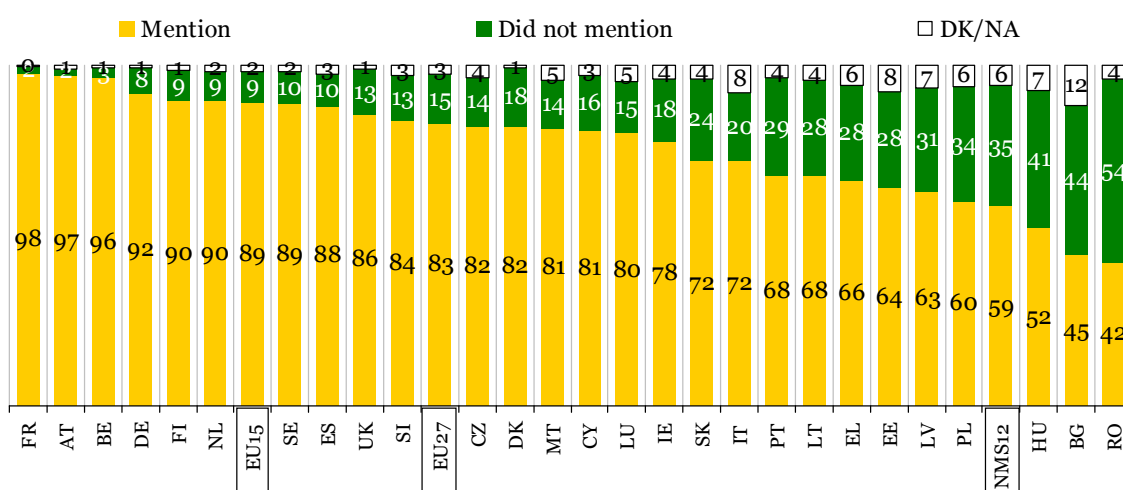
Convenience is more of a concern for females (88%) compared to males (85%), but especially for those Europeans who are in employment (90%). Generally, the likelihood of selecting this most popular reason is extremely high in every socio-demographic segment, with only minimal, insignificant variation among the groups as shown on Table 5b. in the Annex of this report.

5.b Satisfaction with healthcare received in respondents' own country

Investigating the level of satisfaction with the medical treatment available at home revealed some major differences across Member States. Generally, compared to the EU15 (89%) average, the NMS12 average (59%) marked a 30 percentage point difference. The EU27 average is 83% in this regard.

Satisfaction with healthcare available in home country ranged from France (98%), Austria (97%) and Belgium (96%) where practically all citizens who were unwilling to travel indicated this reason, to only 52% in Hungary, 45% in Bulgaria and 42% in Romania.

Q5a. For which of the following reasons would you not travel to another EU country to receive medical treatment?
I am satisfied with the health care I can receive at home



Q5. For which of the following reasons would you not travel to another EU country to receive medical treatment?
 %, Base: all respondents, by country

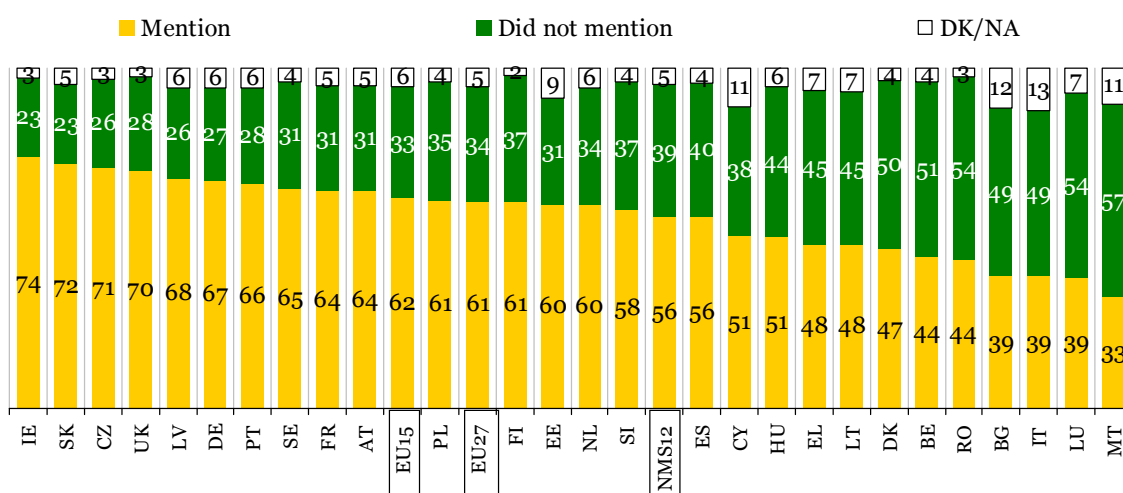
Satisfaction with the healthcare available in their home country is keeping back most citizens from seeking medical help abroad among the highest-educated group and among employees (both 87%). The likelihood to report this reason increases slightly with age: 80% of the youngest generation and 84% of those over 55 explain their sedentary attitude with their satisfaction concerning the treatments available in their country. People living in European cities are also more likely than others to be satisfied with the availability of their healthcare (86%, see Table 5b. in the Annex).

5.c The role of information – lack of information

The lack of information – as a reason for being unprepared to seek for medical treatment in another EU country – also shows significant variance across the individual countries.

The proportion of those mentioning lack of information as one possible reason for not travelling is the highest in Ireland (74%), Slovakia (72%), and the Czech Republic (71%). Significantly less, 39% in Bulgaria, Italy, and Luxembourg, and 33% in Malta agreed that it is a lack of information that discourages them from seeking medical help in another EU country.

Q5c. For which of the following reasons would you not travel to another EU country to receive medical treatment?
I have not enough information about the availability and quality of medical treatment abroad



Q5. For which of the following reasons would you not travel to another EU country to receive medical treatment?
 %, Base: all respondents, by country

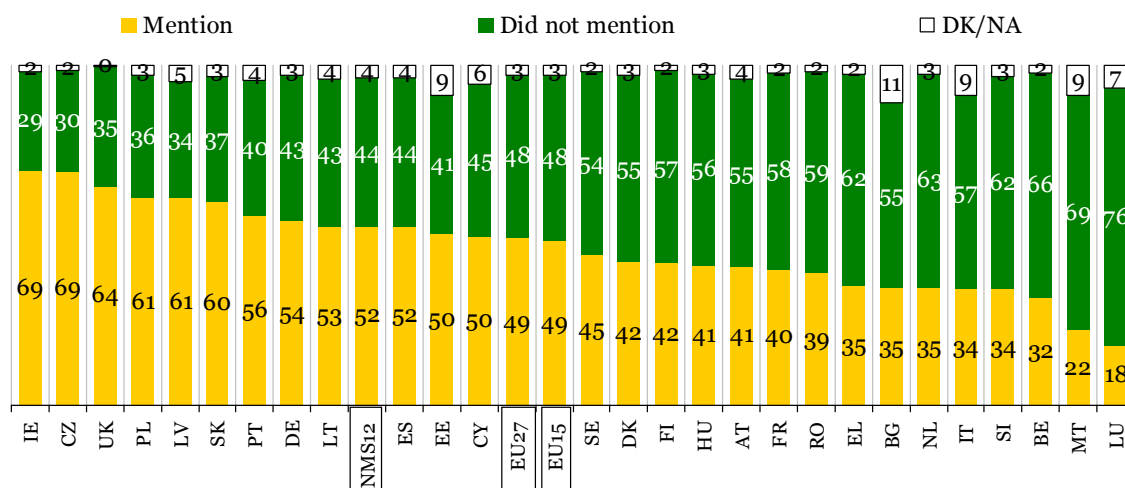
Lack of information is a slightly more important reason for females (62% versus 59% among males) not to be prepared to travel to another EU country to get treatment. This is especially important for the youngest group (64% of those younger than 24 say one of the reasons for not being prepared to travel for medical treatment is that they lack information on the availability and quality of treatments, compared to 58% among the eldest group). Employees (64%), as well, were relatively likely to mention this reason compared to other occupational groups (e.g. 58% among self-employed persons, see Table 5b. in the Annex).

5.d The role of language barriers

Besides English language countries we also find some Slavic language countries (and Latvia) among the first six countries where the proportion of those refusing treatment abroad on account of language reasons is high.

We find those who mention language difficulties as a reason for not travelling abroad for medical treatment to be in the lowest proportion in Belgium (32%), Malta (22%) and Luxembourg (18%).

Q5d. For which of the following reasons would you not travel to another EU country to receive medical treatment?
For language reasons



Q5. For which of the following reasons would you not travel to another EU country to receive medical treatment?
%, Base: all respondents, by country

Education and age are key factors in this regard: those with the lowest education are much more likely (55%) than the highly-educated (37%) to consider language problems as a barrier of patient mobility. The difference is almost as pronounced according to age: the youngest Europeans are considerably less likely to be deterred from using medical services abroad (43%) than the oldest age group (52%). Also, males are less likely to be bothered by this factor (45%) than females (53%).

Manual workers mentioned language problems as reason for not travelling in the highest proportion (56%), followed in order by those not working (52%). Forty-six percent of employees, and 42% of the self-employed mentioned language barriers.

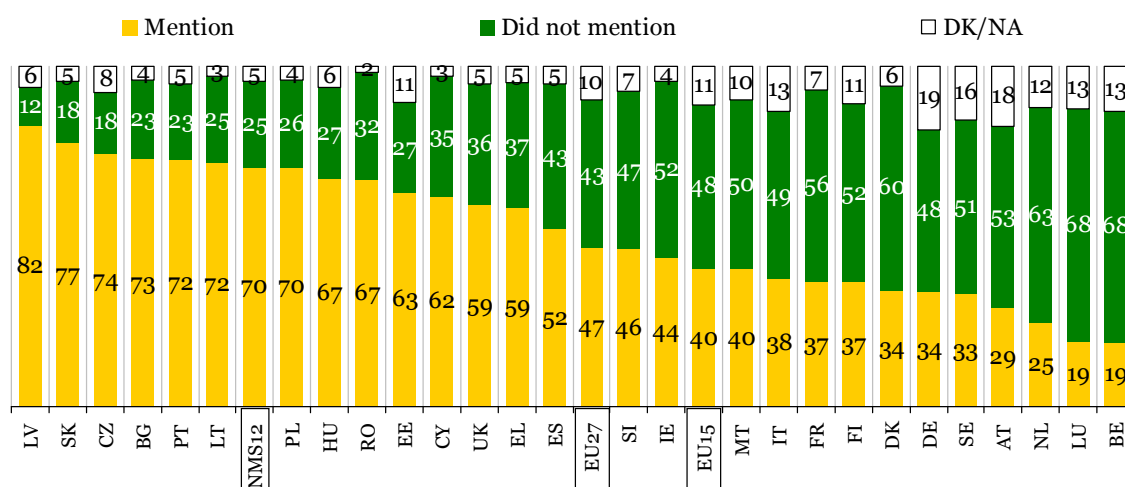
5.e Financial reasons – cannot afford treatment abroad

Even those who believe that the medical treatment itself is covered by their insurer (who are in the majority in Europe, see section 1.) see extra costs arising if they obtain such services in another EU country (such as travel, accommodation for family members, etc.). While overall this was the rarest reason to support the sedentary attitude of respondents, the role of this financial aspect is enormously different among the individual countries, and varies in a 60 percentage point range.

Respondents say that financial concerns hinder patient mobility in the highest proportion in Latvia (82%). A very significant number of the respondents mention similar reasons in Slovakia (77%) and the Czech Republic as well (74%).

On the other hand, in the Benelux countries, one in four respondents or less – 25% in the Netherlands, and 19% both in Luxembourg and Belgium – mentioned that they cannot afford to be treated outside of their national borders.

Q5e. For which of the following reasons would you not travel to another EU country to receive medical treatment?
I can not afford it to receive medical treatment abroad



Q5. For which of the following reasons would you not travel to another EU country to receive medical treatment?
%, Base: all respondents, by country

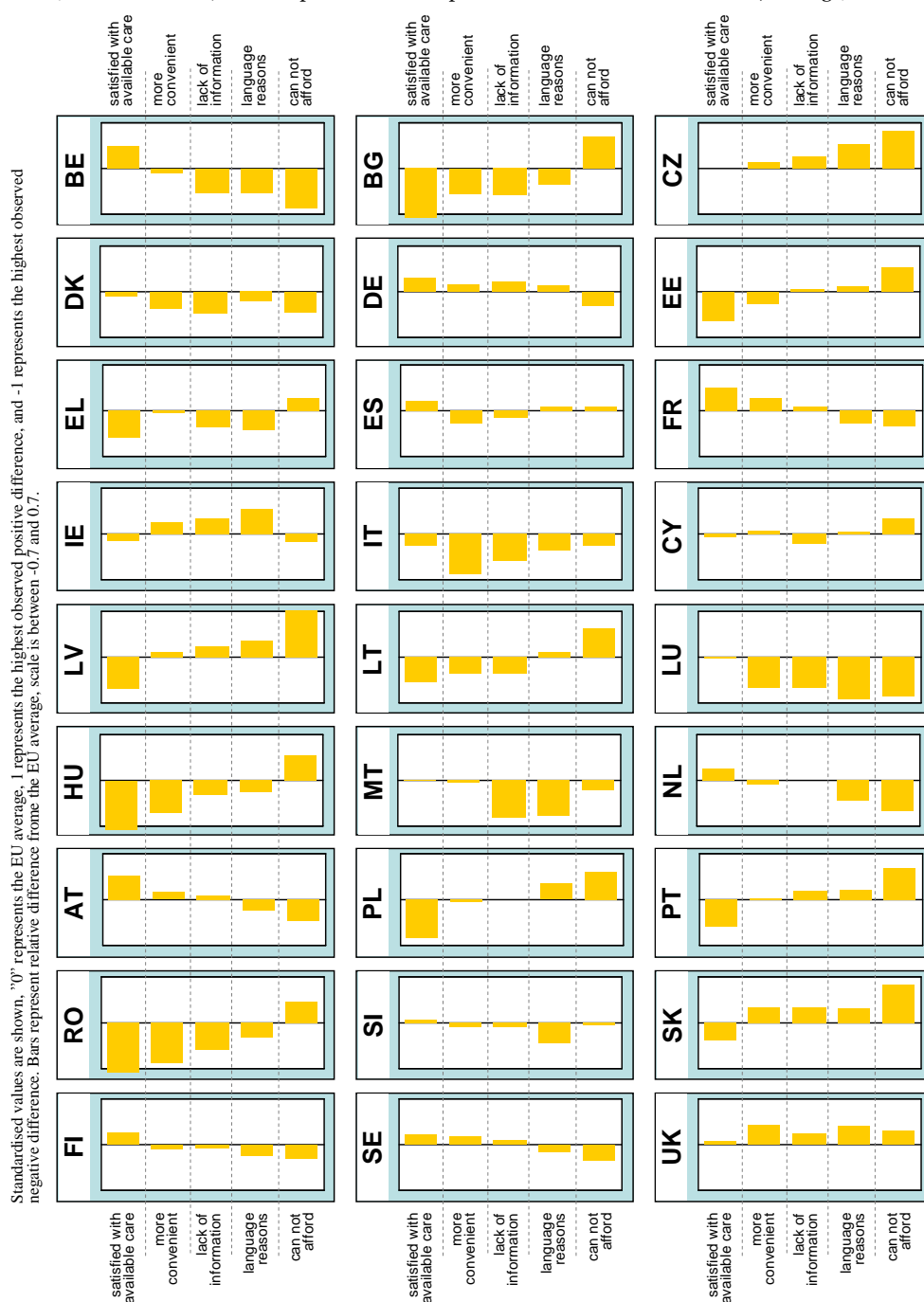
Women (51%) are much more likely than men (42%) to be concerned about the cost implications of such an endeavour, and cost-related worries increase with age as well (below 24: 43%, over 55: 50%). The difference is even more spectacular between those with the highest levels of education (34% say that financial reasons prevent patient mobility) and those with the fewest years spent at school. Among the latter group, 56% indicate that they cannot afford to get treatment abroad. Among occupational groups, manual workers are the most worried about cost implications (54%). Full details are available in Annex Table 5b.

5.f Summary overview

In general, the statistical analysis of the responses suggest that the five tested arguments form two distinct groups: the mentions of convenience and satisfaction with the domestic service correlate strongly with each other in most cases, while language barriers, financial constraints and lack of information create another, independent group of factors that discourage patient mobility. The chart below compares the results received in each Member State in comparison with the EU average in a standardised way. This gives an overview of the relative importance of the various factors hindering patient mobility in the various Member States. For example, in Belgium patient immobility is more of a result of satisfaction with domestic services than generally in the EU, and it has significantly less to do with affordability compared to the EU27 average.

Relative weight of factors discouraging patients from obtaining medical treatment elsewhere in the EU

(mean of z-scores, that compare the local importance of the factors to the EU-27 average)



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Annex Tables and Survey Details

THE GALLUP ORGANIZATION

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Table 1a. Entitled to receive medical treatment in another EU country and be reimbursed for, by country

QUESTION: Q1. Please indicate if you think that the following statement is true or false: I am entitled to receive medical treatment in another EU country and be reimbursed for that treatment by my national health authority or health care insurer.





























		Total N	% True	% False	% DK/NA
	EU27	27228	69,6	18,1	12,3
	COUNTRY				
	Belgium	1038	82	10,3	7,6
	Bulgaria	1010	70,3	7,2	22,5
	Czech Rep.	1012	65,5	21,2	13,3
	Denmark	1018	87,4	8,6	3,9
	Germany	1017	66,6	20,8	12,6
	Estonia	1006	62,9	16,5	20,7
	Greece	1011	76,9	12,4	10,7
	Spain	1007	68,8	12,7	18,5
	France	1001	74,8	17,7	7,4
	Ireland	1000	80,9	15,1	4
	Italy	1009	73	13,1	13,9
	Cyprus	1001	79,2	12,1	8,7
	Latvia	1016	40,6	30,8	28,7
	Lithuania	1009	74,8	11,3	13,9
	Luxembourg	1008	77,3	15,8	6,9
	Hungary	1017	54,9	30,1	14,9
	Malta	1006	68,1	14,1	17,7
	Netherlands	1006	88,4	8,6	3,1
	Austria	1000	61,3	21,7	17
	Poland	1004	58,4	19,2	22,4
	Portugal	1000	53,8	29,4	16,8
	Romania	1009	66,1	19,8	14,1
	Slovenia	1004	88,3	6,5	5,1
	Slovakia	1009	70,9	13,7	15,5
	Finland	1000	82,4	10,8	6,8
	Sweden	1003	84,8	8,1	7,1
	United Kingdom	1007	67,1	27,9	5

Table 1b. Entitled to receive medical treatment in another EU country and be reimbursed for, by socio-demographics

QUESTION: Q1. Please indicate if you think that the following statement is true or false: I am entitled to receive medical treatment in another EU country and be reimbursed for that treatment by my national health authority or health care insurer.






	Total N	% True	% False	% DK/NA
EU27	27228	69,6	18,1	12,3
 SEX				
Male	13172	69,9	18,3	11,9
Female	14056	69,3	18	12,7
 AGE				
15 - 24	4069	68,2	21,9	9,9
25 - 39	6939	68,7	20,8	10,5
40 - 54	7444	70,7	17,9	11,4
55 +	8633	70	14,5	15,5
 EDUCATION (end of)				
Until 15 years of age	4602	63,8	17,3	18,9
16 - 20	11532	68,3	19,2	12,6
20 +	7331	76,2	16	7,8
Still in education	3139	69,5	20,9	9,6
 LOCALITY TYPE				
Metropolitan area	5640	71,5	17,4	11,1
Other towns	10602	70,2	17	12,7
Rural zones	10897	68	19,6	12,4
 OCCUPATION				
Self-employed	2504	71,3	18,8	10
Employee	8915	74,3	17,4	8,4
Manual worker	2369	65,7	20,9	13,4
Not working	13354	66,9	18,1	15,1

Table 2a. Medical treatment received in another Member State, by country

QUESTION: Q2. Have you, yourself, received any medical treatment in another EU Member State in the last 12 months?





























		Total N	% Yes	% No	% DK/NA
	EU27	27228	3,6	96	0,4
	COUNTRY				
	Belgium	1038	5,8	93,6	0,6
	Bulgaria	1010	2,4	95,8	1,8
	Czech Rep.	1012	7,6	91,7	0,7
	Denmark	1018	6	93,9	0,1
	Germany	1017	4,6	95,3	0,1
	Estonia	1006	2,7	96,5	0,9
	Greece	1011	2,1	97,9	0
	Spain	1007	2,8	96,9	0,3
	France	1001	3,5	96,5	0,1
	Ireland	1000	5,4	94,6	0
	Italy	1009	3,1	96	0,9
	Cyprus	1001	5,3	94,5	0,2
	Latvia	1016	2,2	96,6	1,3
	Lithuania	1009	4,3	94,4	1,3
	Luxembourg	1008	19,6	80,2	0,2
	Hungary	1017	2,9	97	0,1
	Malta	1006	2,9	96,5	0,6
	Netherlands	1006	3,7	96,2	0,1
	Austria	1000	4,4	95,4	0,2
	Poland	1004	3,5	94,7	1,8
	Portugal	1000	4,3	95,2	0,4
	Romania	1009	1,8	97,7	0,5
	Slovenia	1004	3,5	96,3	0,2
	Slovakia	1009	6,9	92,7	0,4
	Finland	1000	2,4	97,3	0,3
	Sweden	1003	1,5	98,5	0
	United Kingdom	1007	3	97	0

Table 2b. Medical treatment received in another Member State, by socio-demographics

QUESTION: Q2. Have you, yourself, received any medical treatment in another EU Member State in the last 12 months?






	Total N	% Yes	% No	% DK/NA
EU27	27228	3,6	96	0,4
 SEX				
Male	13172	3,9	95,6	0,5
Female	14056	3,3	96,3	0,4
 AGE				
15 - 24	4069	5,2	94,5	0,4
25 - 39	6939	4	95,5	0,5
40 - 54	7444	3	96,9	0,1
55 +	8633	3,1	96,3	0,6
 EDUCATION (end of)				
Until 15 years of age	4602	2,8	96,5	0,7
16 - 20	11532	3,5	96,2	0,3
20 +	7331	3,9	95,8	0,3
Still in education	3139	4,6	95,1	0,2
 LOCALITY TYPE				
Metropolitan area	5640	4,9	94,7	0,4
Other towns	10602	3,4	96,1	0,5
Rural zones	10897	3,1	96,5	0,4
 OCCUPATION				
Self-employed	2504	4	96	0
Employee	8915	3,2	96,5	0,3
Manual worker	2369	4	95,4	0,6
Not working	13354	3,7	95,8	0,5

Table 3a. Q3. Preparedness to travel to another MS to receive treatment, by country

QUESTION: Q3. Would you be willing to travel to another EU country to receive medical treatment?





























		Total N	% Yes	% No	% DK/NA
	EU27	27228	53	42,2	4,8
	COUNTRY				
	Belgium	1038	52,7	44,7	2,5
	Bulgaria	1010	46,4	43,9	9,7
	Czech Rep.	1012	40,4	54,4	5,2
	Denmark	1018	78,1	18,6	3,3
	Germany	1017	40	57,8	2,2
	Estonia	1006	29,3	60,9	9,8
	Greece	1011	71,6	25,1	3,3
	Spain	1007	67,3	28	4,7
	France	1001	37	58,8	4,2
	Ireland	1000	78,9	19,9	1,3
	Italy	1009	63	26,9	10,1
	Cyprus	1001	87,9	10,4	1,7
	Latvia	1016	32,5	58,2	9,3
	Lithuania	1009	38	46,9	15,1
	Luxembourg	1008	75,6	22,4	2
	Hungary	1017	45	51,6	3,4
	Malta	1006	82,2	12,6	5,2
	Netherlands	1006	77,4	21,1	1,5
	Austria	1000	43	54,1	2,9
	Poland	1004	56,9	35,9	7,2
	Portugal	1000	75,3	19,4	5,4
	Romania	1009	56,6	37,4	5,9
	Slovenia	1004	67,8	26,8	5,5
	Slovakia	1009	49,7	41,5	8,8
	Finland	1000	26	69,9	4,1
	Sweden	1003	60,8	34,4	4,9
	United Kingdom	1007	53,9	43,9	2,2

Table 3b. Preparedness to travel to another MS to receive treatment, by socio-demographics

QUESTION: Q3. Would you be willing to travel to another EU country to receive medical treatment?






	Total N	% Yes	% No	% DK/NA
EU27	27228	53	42,2	4,8
 SEX				
Male	13172	54,7	41	4,3
Female	14056	51,5	43,3	5,2
 AGE				
15 - 24	4069	65,9	30,9	3,2
25 - 39	6939	57,2	38,1	4,7
40 - 54	7444	54,4	41	4,5
55 +	8633	42,5	51,8	5,7
 EDUCATION (end of)				
Until 15 years of age	4602	43,2	50,3	6,6
16 - 20	11532	51,3	44,5	4,3
20 +	7331	56,2	39,5	4,3
Still in education	3139	67,5	28,8	3,6
 LOCALITY TYPE				
Metropolitan area	5640	54,5	40,8	4,6
Other towns	10602	55,7	39	5,3
Rural zones	10897	49,8	45,9	4,4
 OCCUPATION				
Self-employed	2504	57,1	38,9	4
Employee	8915	56,2	40,2	3,6
Manual worker	2369	49,1	44,8	6,1
Not working	13354	50,8	43,8	5,4

Table 4a. Motivating factors of patient mobility, by country

QUESTION: Q4_A-E. For which of the following reasons would you travel to another EU country to receive medical treatment?

Base: those who would be willing to travel to another EU country to receive medical treatment

% of "Yes" shown





























		Total N	To receive treatment more quickly than at home	To receive cheaper treatment than at home	To receive better quality treatment than at home	To receive treatment from a renowned specialist	To receive treatment that is not available in [COUNTRY]
	EU27	14437	63,8	47,5	77,5	68,6	91,3
	COUNTRY						
	Belgium	548	49,7	28,8	77,9	63,2	93,9
	Bulgaria	468	45,8	24,3	86,6	81,4	91,8
	Czech Rep.	409	37	32,3	78,4	75,2	86,9
	Denmark	795	90,4	37	81,4	69,7	93,4
	Germany	407	50,4	61	70,7	71	82,1
	Estonia	295	63,7	38,6	85,8	54,3	85,7
	Greece	724	53,9	27,3	79,3	75,9	94,1
	Spain	678	69,8	44	81,1	61,1	96,5
	France	370	60,5	53	70	78,7	90,8
	Ireland	789	88,1	62,7	80,6	83,6	97,8
	Italy	636	47,3	28,6	72	55,5	92
	Cyprus	880	50,9	24,7	83,7	83,4	96,3
	Latvia	330	31,6	20,8	86,4	65,3	93,5
	Lithuania	383	53,6	27,1	77,6	67,1	89,5
	Luxembourg	762	52,9	29,9	83,9	81,7	91,7
	Hungary	458	32,5	21,9	64,5	42,9	86,6
	Malta	827	53,5	30	52	58,4	94,5
	Netherlands	778	79,4	31,4	81,8	36,3	92,6
	Austria	430	49,6	42,8	73,9	67,1	90,6
	Poland	572	78,6	62,1	86,8	78,5	89,4
	Portugal	753	85,1	67,8	86,1	70,9	97,5
	Romania	571	57,1	50	82,5	60,5	88,3
	Slovenia	680	75,9	55,6	81,1	66,6	96,4
	Slovakia	502	45,7	39,7	87,2	82,8	87,8
	Finland	260	65,7	37,7	60,1	33,5	89,6
	Sweden	609	80,8	46,9	70,1	79,3	95,3
	United Kingdom	543	86,2	65,6	81,2	87,5	95,4

Table 4b. Motivating factors of patient mobility, by socio-demographics

QUESTION: Q4_A-E. For which of the following reasons would you travel to another EU country to receive medical treatment?

Base: those who would be willing to travel to another EU country to receive medical treatment

% of "Yes" shown






	Total N	To receive treatment more quickly than at home	To receive cheaper treatment than at home	To receive better quality treatment than at home	To receive treatment from a renowned specialist	To receive treatment that is not available in [COUNTRY]
EU27	14437	63,8	47,5	77,5	68,6	91,3
 SEX						
Male	7203	63,3	50,5	77,6	69,2	91,3
Female	7234	64,2	44,5	77,3	68	91,3
 AGE						
15 - 24	2682	65,1	49,5	84,5	70,7	93,1
25 - 39	3968	63,1	48,8	79,5	69,3	92,1
40 - 54	4051	63,5	47,3	76,5	67,3	91,6
55 +	3670	63,6	45	71,2	67,7	89
 EDUCATION (end of)						
Until 15 years of age	1986	61	48,5	73,5	66,3	89,6
16 - 20	5911	64,5	49,4	75,8	70	91,1
20 +	4117	64,2	44,5	79,1	69,1	91,7
Still in education	2120	63,6	46,8	83,1	67,3	93,5
 LOCALITY TYPE						
Metropolitan area	3075	65,9	50	79,1	69,3	91,7
Other towns	5905	64	45,2	78,7	67,3	92,2
Rural zones	5422	62,3	48,6	75,2	69,6	90,1
 OCCUPATION						
Self-employed	1430	64,8	44,1	80,2	70,4	93,6
Employee	5013	67	48,8	79,4	70,1	93,8
Manual worker	1163	65,1	58	73,1	72,2	86,5
Not working	6785	60,9	45,6	76,3	66,6	89,9

Table 5a. Deterring factors of patient mobility, by country

QUESTION: Q5_A. For which of the following reasons would you not travel to another EU country to receive medical treatment?

Base: those who would not be willing to travel to another EU country to receive medical treatment

% of "Mention" shown


































	Total N	I am satisfied with the health care I can receive at home	It is more convenient to be treated near my home	I have not enough information about the availability and quality of medical treatment abroad	For language reasons	I can not afford it to receive medical treatment abroad
 EU27	11486	82,6	86,4	60,6	49,4	46,6
COUNTRY						
 Belgium	464	96,3	84,9	44,4	31,7	18,9
 Bulgaria	444	44,6	69,1	39	34,5	72,8
 Czech Rep.	551	82	90	70,5	68,6	74,4
 Denmark	190	81,9	78,4	46,7	42,4	34,3
 Germany	588	91,5	91,1	67	54,4	33,7
 Estonia	613	63,8	78,9	60	50,3	62,7
 Greece	254	66,1	84,7	48,3	35,3	58,5
 Spain	282	87,9	79,5	56,1	52,4	52,2
 France	589	97,5	93,8	64,1	40	36,8
 Ireland	199	77,7	92,6	73,8	69,3	43,6
 Italy	271	72	61,2	38,8	34,3	37,5
 Cyprus	104	80,8	88,3	50,6	49,6	61,9
 Latvia	591	63	88,4	67,8	61,1	82,2
 Lithuania	473	67,7	77	48,2	52,7	71,7
 Luxembourg	226	80,3	69,7	38,5	17,5	19
 Hungary	525	52,1	69,6	50,5	41	66,8
 Malta	126	81,4	81,9	32,6	22	40,4
 Netherlands	213	89,6	84,5	60	34,5	24,7
 Austria	541	97,1	90,1	63,9	40,9	28,9
 Poland	360	60	86,2	61,1	61,2	70,1
 Portugal	194	67,8	85,6	66,3	55,8	72,4
 Romania	378	42,1	66,2	43,6	38,9	66,6
 Slovenia	269	83,9	84	58,4	34,2	46,2
 Slovakia	419	72,1	94,2	71,8	60,1	77,4
 Finland	699	89,8	84,8	60,6	42	36,6
 Sweden	345	88,6	91,1	64,8	44,5	33,1
 United Kingdom	442	85,7	97,7	69,7	64,4	59,2

Table 5b. Deterring factors of patient mobility, by socio-demographics

QUESTION: Q5_A. For which of the following reasons would you not travel to another EU country to receive medical treatment?

Base: those who would not be willing to travel to another EU country to receive medical treatment

% of "Mention" shown

	Total N	I am satisfied with the health care I can receive at home	It is more convenient to be treated near my home	I have not enough information about the availability and quality of medical treatment abroad	For language reasons	I can not afford it to receive medical treatment abroad
EU27	11486	82,6	86,4	60,6	49,4	46,6
 SEX						
Male	5399	81,9	84,9	58,5	45,4	42
Female	6087	83,3	87,7	62,4	52,9	50,7
 AGE						
15 - 24	1256	80,4	86,8	64,4	42,8	42,8
25 - 39	2647	81,6	88	62	47,3	45,4
40 - 54	3056	82,7	83,7	61,4	49,7	43,9
55 +	4471	83,8	87,3	58,2	52,3	50,3
 EDUCATION (end of)						
Until 15 years of age	2314	79,1	82,5	53,1	54,6	55,5
16 - 20	5129	82,1	87,7	64,6	55,6	50,1
20 +	2897	87,1	87,8	59,3	37,1	33,7
Still in education	906	83,1	85,8	61,2	39,3	41,3
 LOCALITY TYPE						
Metropolitan area	2303	85,7	88,5	61,9	46,1	42,6
Other towns	4139	80,9	85,6	59,7	49,4	49,5
Rural zones	4997	82,6	86,3	60,8	51	46
 OCCUPATION						
Self-employed	974	76,8	83,9	57,7	42,2	40,1
Employee	3580	87,3	89,5	63,7	45,7	38,3
Manual worker	1062	78	82,2	63,2	55,8	54,2
Not working	5847	81,6	85,7	58,6	51,7	51,3

7. Survey details

This survey on the General population survey on “Health Service” was conducted for the European Commission, DG Health and Consumer Protection.

Telephone interviews were conducted in each country with the exception of the Bulgaria, Czech Republic, Estonia, Latvia, Lithuania, Hungary Poland, Romania and Slovakia where, both telephone and face-to-face interviews were conducted (700 WebCATI and 300 F2F interviews) The interviews were conducted between the 26/05/2007 and the 30/05/2007 by these Institutes:

Belgium	BE	Gallup Europe	(Interviews : 26/05/2007 - 29/05/2007)
Bulgaria	BG	Vitosha	(Interviews : 26/05/2007 - 30/05/2007)
Czech Republic	CZ	Focus Agency	(Interviews : 26/05/2007 - 30/05/2007)
Denmark	DK	Hermelin	(Interviews : 26/05/2007 - 30/05/2007)
Germany	DE	IFAK	(Interviews : 26/05/2007 - 30/05/2007)
Estonia	EE	Saar Poll	(Interviews : 26/05/2007 - 30/05/2007)
Greece	EL	Metroanalysis	(Interviews : 26/05/2007 - 30/05/2007)
Spain	ES	Gallup Spain	(Interviews : 26/05/2007 - 28/05/2007)
France	FR	Efficienc3	(Interviews : 26/05/2007 - 28/05/2007)
Ireland	IE	Gallup UK	(Interviews : 26/05/2007 - 30/05/2007)
Italy	IT	Demoskopea	(Interviews : 26/05/2007 - 30/05/2007)
Cyprus	CY	CYMAR	(Interviews : 26/05/2007 - 29/05/2007)
Latvia	LV	Latvian Facts	(Interviews : 26/05/2007 - 30/05/2007)
Lithuania	LT	Baltic Survey	(Interviews : 26/05/2007 - 30/05/2007)
Luxembourg	LU	Gallup Europe	(Interviews : 26/05/2007 - 30/05/2007)
Hungary	HU	Gallup Hungary	(Interviews : 26/05/2007 - 29/05/2007)
Malta	MT	MISCO	(Interviews : 26/05/2007 - 28/05/2007)
Netherlands	NL	Telder	(Interviews : 26/05/2007 - 29/05/2007)
Austria	AT	Spectra	(Interviews : 26/05/2007 - 30/05/2007)
Poland	PL	Gallup Poland	(Interviews : 26/05/2007 - 30/05/2007)
Portugal	PT	Consulmark	(Interviews : 26/05/2007 - 30/05/2007)
Romania	RO	Gallup Romania	(Interviews : 26/05/2007 - 30/05/2007)
Slovenia	SI	Cati d.o.o.	(Interviews : 26/05/2007 - 30/05/2007)
Slovakia	SK	Focus Agency	(Interviews : 27/05/2007 - 30/05/2007)
Finland	FI	Hermelin	(Interviews : 26/05/2007 - 30/05/2007)
Sweden	SE	Hermelin	(Interviews : 26/05/2007 - 30/05/2007)
United Kingdom	UK	Gallup UK	(Interviews : 26/05/2007 - 30/05/2007)

Representativeness of the results

Each national sample is representative of the population aged 15 years and above.

Sizes of the sample

In most EU countries the target sample size was 1000 respondents. The below table shows the achieved sample size by country

A weighting factor was applied to the national results in order to compute a marginal total where each country contributes to the European Union result in proportion to its population.

The table below presents, for each of the countries:

- (1) the number of interviews actually carried out in each country
- (2) the population-weighted total number of interviews for each country

	Total Interviews			
	Conducted	% of Total	EU27 Weighted	% on Total (weighted)
Total	27228	100	27228	100
BE	1038	3.8	578	2.1
BG	1010	3.7	449	1.7
CZ	1012	3.7	584	2.1
DK	1018	3.7	293	1.1
DE	1017	3.7	4773	17.5
EE	1006	3.7	76	0.3
EL	1011	3.7	625	2.3
ES	1007	3.7	2346	8.6
FR	1001	3.7	3230	11.9
IE	1000	3.7	214	0.8
IT	1009	3.7	3340	12.3
CY	1001	3.7	41	0.1
LV	1016	3.7	132	0.5
LT	1009	3.7	191	0.7
LU	1008	3.7	24	0.1
HU	1017	3.7	562	2.1
MT	1006	3.7	22	0.1
NL	1006	3.7	892	3.3
AT	1000	3.7	449	1.6
PL	1004	3.7	2137	7.8
PT	1000	3.7	585	2.1
RO	1009	3.7	1200	4.4
SI	1004	3.7	115	0.4
SK	1009	3.7	300	1.1
FI	1000	3.7	290	1.1
SE	1003	3.7	499	1.8
UK	1007	3.7	3280	12.0

Questionnaires

1. The questionnaire prepared for this survey is reproduced at the end of this results volume, in English (see hereafter).
2. The institutes listed above translated the questionnaire in their respective national language(s).
3. One copy of each national questionnaire is annexed to the data tables results volumes.

Tables of results

VOLUME A: COUNTRY BY COUNTRY

The VOLUME A presents the European Union results country by country.

VOLUME B : RESPONDENTS' DEMOGRAPHICS

The VOLUME B presents the European Union results with the following socio-demographic characteristics of respondents as breakdowns:

Volume B :

- Sex (Male, Female)
- Age (15-24, 25-39, 40-54, 55 +)
- Education (15&-, 16-20, 21&+, Still in full time education)
- Subjective urbanisation (Metropolitan zone, Other town/urban centre, Rural zone)
- Occupation (Self-employed, Employee, Manual worker, Not working)

Statistical significance of the results

The results in a survey are valid only between the limits of a statistical margin caused by the sampling process. This margin varies with three factors:

1. The sample size (or the size of the analysed part in the sample): the greater the number of respondents is, the smaller the statistical margin will be;
2. The result in itself: the closer the result approaches 50%, the wider the statistical margin will be;
3. The desired degree of confidence: the more "strict" we are, the wider the statistical margin will be.

As an example, examine this illustrative case:

1. One question has been answered by 500 people;
2. The analysed result is around 50%;
3. We choose a significance level of 95 % (it is the level most often used by the statisticians, and it is the one chosen for the Table hereafter);

In this illustrative case the statistical margin is: (+/- 4.4%) around the observed 50%. And as a conclusion: the result for the whole population lies between 45.6% and 54.4 %.

Hereafter, the statistical margins computed for various observed results are shown, on various sample sizes, at the 95% significance level.

STATISTICAL MARGINS DUE TO THE SAMPLING PROCESS (AT THE 95 % LEVEL OF CONFIDENCE)

Various sample sizes are in rows;

Various observed results are in columns:

	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
N=50	6,0	8,3	9,9	11,1	12,0	12,7	13,2	13,6	13,8	13,9
N=500	1,9	2,6	3,1	3,5	3,8	4,0	4,2	4,3	4,4	4,4
N=1000	1,4	1,9	2,2	2,5	2,7	2,8	3,0	3,0	3,1	3,1
N=1500	1,1	1,5	1,8	2,0	2,2	2,3	2,4	2,5	2,5	2,5
N=2000	1,0	1,3	1,6	1,8	1,9	2,0	2,1	2,1	2,2	2,2
N=3000	0,8	1,1	1,3	1,4	1,5	1,6	1,7	1,8	1,8	1,8
N=4000	0,7	0,9	1,1	1,2	1,3	1,4	1,5	1,5	1,5	1,5
N=5000	0,6	0,8	1,0	1,1	1,2	1,3	1,3	1,4	1,4	1,4
N=6000	0,6	0,8	0,9	1,0	1,1	1,2	1,2	1,2	1,3	1,3

8. Survey questionnaire

Q1. Please indicate if you think that the following statement is true or false: I am entitled to receive medical treatment in another EU country and be reimbursed for that treatment by my national health authority or health care insurer.

- True 1
- False 2
- [DK/NA] 9

Q2. Have you, yourself, received any medical treatment in another EU Member State in the last 12 months?

IF ASKED CLARIFY: We mean emergency or any other treatment in an EU Member State

- Yes 1
- No 2
- [DK/NA] 9

Q3. Would you be willing to travel to another EU country to receive medical treatment?

- Yes 1
- No 2
- [DK/NA] 9

If yes in Q3

Q4. For which of the following reasons would you travel to another EU country to receive medical treatment?

- Yes 1
 - No 2
 - [DK/NA] 9
- a. To receive treatment more quickly than at home 1 2 9
 - b. To receive cheaper treatment than at home 1 2 9
 - c. To receive better quality treatment than at home 1 2 9
 - d. To receive treatment from a renowned specialist 1 2 9
 - e. To receive treatment that is not available in [COUNTRY] 1 2 9

If no in Q3

Q5. For which of the following reasons would you not travel to another EU country to receive medical treatment?

- yes 1
 - no 2
 - [DK/NA] 9
- a. I am satisfied with the health care I can receive at home 1 2 9
 - b. It is more convenient to be treated near my home 1 2 9
 - c. I have not enough information about the availability and quality of medical treatment abroad 1 2 9
 - d. For language reasons 1 2 9
 - e. I can not afford it to receive medical treatment abroad 1 2 9

Demography

D1. Gender [DO NOT ASK - MARK APPROPRIATE]

- [1] Male
 [2] Female

D2. How old are you?

- [][] years old
 [00] [REFUSAL/NO ANSWER]

D3. How old were you when you stopped full-time education? [Write in THE AGE WHEN EDUCATION WAS TERMINATED]

- [][] years old
 [00] [STILL IN FULL TIME EDUCATION]
 [01] [NEVER BEEN IN FULL TIME EDUCATION]
 [99] [REFUSAL/NO ANSWER]

D4. As far as your current occupation is concerned, would you say you are self-employed, an employee, a manual worker or would you say that you are without a professional activity? Does it mean that you are a(n)...

[IF A RESPONSE TO THE MAIN CATEGORY IS GIVEN, READ OUT THE RESPECTIVE SUB-CATEGORIES - ONE ANSWER ONLY]

- Self-employed

- i.e. : - farmer, forester, fisherman..... 11
 - owner of a shop, craftsman..... 12
 - professional (lawyer, medical practitioner, accountant, architect,...)..... 13
 - manager of a company 14
 - other 15

- Employee

- i.e. : - professional (employed doctor, lawyer, accountant, architect) 21
 - general management, director or top management..... 22
 - middle management..... 23
 - Civil servant 24
 - office clerk..... 25
 - other employee (salesman, nurse, etc...) 26
 - other 27

- Manual worker

- i.e. : - supervisor / foreman (team manager, etc...) 31
 - Manual worker 32
 - unskilled manual worker..... 33
 - other 34

- Without a professional activity

- i.e. : - looking after the home..... 41
 - student (full time) 42
 - retired 43
 - seeking a job 44
 - other 45

- [Refusal] 99

D6. Would you say you live in a ...?

- metropolitan zone 1
- other town/urban centre 2
- rural zone 3
- [Refusal] 9