Appendix C Initial questionnaire

Medication incidents in primary care (MIPC)

Initial reporting (Version 1.0, January 25th 2015)
Internet version: not available in English

1. Sentinella identification number: .............

2. Number of physicians within your practice: .............

3. Number of them who report to Sentinella .............

4. Your weekly workload, h/w: <16 □, 16-30 □, >30 □

5. Number of hours within your practice (%): <50% □, ≥50% □

6. Approximate proportion of medication prescribed (as compared to directly delivered drugs): <33% □, 33-66% □, >66% □

7. Do you have an X-ray (machine?)? yes □ no □

8. Do you have an ECG? yes □ no □

9. Do you have an ultrasound? yes □ no □

10. Do you have an electronic system for controlling electronic drug interaction? yes □ no □

11. Do you have electronic patient history documentation? yes □ no □

12. Do you prescribe electronically?
   yes, with a medication thesaurus □ yes, but without one (use of a typewriter) □ no □

13. Is your practice certified (e.g. EQUAM)? yes □ no □

14. Do you regularly schedule team sessions?
   Yes, at least monthly □, yes, but less frequently □, no □
15. Do you attend quality circle sessions (in accordance with "Hausärzte Schweiz")?
   yes, regularly ☐, yes, now and then ☐, no ☐

16. Did you complete a special education (e.g. manual or psychosomatic medicine), or do you have special interests (e.g. toxic maniac patients)? yes ☐, no ☐
   if yes, please specify : ………………………………………………………………………

17. Are you contracted by an institution? yes ☐, no ☐
   if yes, please specify (prison, home etc.): ………………………………………………………………

18. If yes, does this institution have specific problems with medication? yes ☐, no ☐, if yes, please specify: ………………………………………………………………………

19. Are you involved in other special activities (teaching, research, insurance doctor)?
   yes ☐, no ☐
   If yes, please specify the kind of activity: ……………………………………………………………

Thank you very much!