

Gut Feelings Questionnaire	Completely disagree	Disagree	Neutral	Agree	Completely agree
	1	2	3	4	5
<p>1. Please indicate what kind of gut feeling you have at the end of the consultation. If you cannot answer this question now, please answer the following nine questions, then give your answer to question 1, which is repeated at the end of the questionnaire.</p> <p><input type="radio"/> something is wrong with this picture.  <input type="radio"/> everything fits.  <input type="radio"/> impossible to say, or not applicable.</p>					
2. It all adds up. I feel confident about my management plan and/or about the outcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Something does not add up here. I am concerned about this patient's state of health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In this particular case, I will formulate provisional hypotheses with potentially serious outcomes and weigh them against each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have an uneasy feeling because I am worried about potentially unfavourable outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Prevention of any (further) serious health problems requires specific management of this case.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. This patient's situation gives me reason to arrange a follow-up visit sooner than usual or to refer him or her more quickly than usual to a specialist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>8. What diagnoses (or diagnosis) do you have in mind? (max. 3)</p> <p>.....  .....  .....</p>					
<p>9. What management have you chosen? (Please tick one answer.) I will...</p> <p><input type="radio"/> not yet take action; wait and see.  <input type="radio"/> not yet take action, but advise the patient to come back if the problem persists.  <input type="radio"/> not yet take action, but invite the patient for a follow-up appointment either face-to-face or by phone.  <input type="radio"/> order further testing (laboratory tests, X-rays, etc.).  <input type="radio"/> order further testing, and in the meantime, I will start treatment (medicinal or other).  <input type="radio"/> start treatment, but will not arrange a follow-up.  <input type="radio"/> start treatment and give the advice to the patient to come back if the problem persists.  <input type="radio"/> start treatment and invite the patient for a follow-up appointment either face-to-face or by phone.  <input type="radio"/> refer the patient.</p>					
<p>10. Which diagnosis has determined your management?</p> <p>.....</p>					
<p>11. This question is the same as question 1. If you have already given an answer, there is no need to answer this question again. Please indicate what kind of gut feeling you have at the end of the consultation:</p>					

- something is wrong with this picture.
- everything fits.
- impossible to say, or not applicable.

If you want to share some thoughts about your diagnostic reasoning, please use the back of this questionnaire.

#### Appendix 1: Gut Feeling Questionnaire