Illness behaviour of general practitioners – a qualitative study to identify aspects for health care utilisation

**Sociodemographic questionnaire for sample description**

Please fill out the questionnaire completely. Please tick the answers that apply in each case!

1. How old are you? 

2. What is your gender?
   - ○ female  ○ male

3. Marital status:
   - ○ single  ○ married  ○ in partnership  ○ separated/divorced/widowed

4. Do you have children? If yes, please indicate the age of each (e.g. 2 months, 7 years, ...)
   - Age 1. child:
   - Age 2. child:
   - Age 3. child:
   - Age 4. child:

5. What is/was your parents’ profession?
   - Profession of the mother: 
   - Profession of the father: 

6. Did you learn another profession besides being a doctor, e.g. nurse?
   - ○ No  ○ Yes, namely

7. When did you finish your medical studies?

8. How many years did you work in the hospital as a physician before you established / became self-employed?

9. How many years have you been in outpatient practice?

10. In which practice form do you work? (Multiple answers possible):
    - ○ single practice  ○ joint practice  ○ group practice
    - ○ medical care center  ○ other
11. What kind of employment do you have?

- self-employed
- employed
- other

If you are self-employed, since when? __________

12. What is the population of the municipality in which the practice where you work (predominantly) is located?

- less than 5,000 inhabitants
- 5,000 to 20,000 inhabitants
- more than 20,000 inhabitants

13. How many bills per quarter does your practice generate? ________________

14. How are you insured?

- statutory health insurance
- private health insurance

15. Since establishing as a family physician, have you ever seen another physician on your own behalf?

- Yes
- No

16. Do you have your own family physician?

- Yes
- No

17. Please provide information about your current state of health!

- I am healthy
- I suffer from the following acute illness(es):

  __________________________

  __________________________

  __________________________

- I suffer from the following chronic disease(s):

  __________________________
18. Do you regularly seek medical treatment?

   ○ Yes   ○ No

If yes, who do you see regularly for medical treatment? (Multiple answers possible):

   ○ family physician   ○ specialist: ______________________________

   ○ hospital   ○ informal contact (colleague)

   ○ dentist   ○ others: ______________________________

Reason for regular treatment:

   ○ screening / check-up   ○ disease(s) ______________________________

   ○ counselling   ○ other reason: ______________________________

19. Other non-regular physician contacts on own account (Multiple answers possible):

   ○ Family physician

   ○ specialist, (which?): ______________________________

   ○ hospital

   ○ informal contact (colleague)

   ○ others: ______________

   If you were in a hospital: Were you there exclusively as an outpatient or as part of an inpatient stay?

   ○ exclusively ambulatory   ○ inpatient stay

20. Are you receiving regular treatment or therapy from caregivers who are not physicians? (Multiple answers possible)
21. Do you treat yourself? (Multiple answers possible)

☐ No

☐ Yes:  ☐ physiotherapy
     ☐ Speech therapy
     ☐ occupational therapy
     ☐ psychotherapy
     ☐ alternative medicine
     ☐ others: ____________________________

22. Do you agree with the following statement? "I spend some of my available time on my own health maintenance."

☐ I agree  ☐ I do not agree.

23. Do you agree with the following statement? "I am open to naturopathic medicine or complementary medicine."

☐ I agree  ☐ I do not agree.

24. Please name three reasons why you would see a doctor!

_________________________________________________________________________________
25. Please name three reasons why you would not see a doctor!
- 
- 
- 

26. Please name three diseases for which you would consult a doctor!
- 
- 
- 

27. Please name three diseases for which you would not consult a doctor!
- 
- 
- 

28. Would you like a point of contact that is specifically tailored to the needs of physicians who become ill, e.g., a special consultation hour just for physicians?

○ Yes  ○ No

If yes, what are your wishes (special hours outside general office hours, anonymous treatment possible, ...)?

- 
- 
-