

## Overview of preventive practices provided by primary care physicians

1. Do you perform these **twelve preventive practices** in **asymptomatic adults**?

***Patients with increased risk of disease** (such as obese, hypertensive or diabetic patients, as well as patients with personal or family history of cancer) **are excluded***

1.1. **Systolic and diastolic blood pressure** measurement (at least once/year)

1.2. **Weight** measurement (at least once)

1.3. **Height** measurement (at least once)

1.4. Screening for **dyslipidemia**

a. From what age do you generally perform this screening?  years

b. Until what age do you generally perform this screening?  years

c. At what frequency do you generally perform this screening? once every  years

d. Which diagnostic test do you generally use? total cholesterol ☐<sup>1</sup> or full lipid profile ☐<sup>2</sup>

1.5. Screening for **hazardous drinking** (at least once)

a. Do you generally use a validated questionnaire to screen? ☐<sup>1</sup> yes ☐<sup>2</sup> no

b. If yes, which questionnaire(s)? ☐<sup>1</sup> AUDIT ☐<sup>2</sup> CAGE ☐<sup>3</sup> MAST ☐<sup>4</sup> other

1.6. Advice to **decrease drinking** (if hazardous drinking)

a. Generally for men drinking at least  glasses per week

b. Generally for women drinking at least  glasses per week

c. Generally for men drinking at least  glasses per occasion

d. Generally for women drinking at least  glasses per occasion

1.7. Screening for **smoking** (at least once)

1.8. Advice to **stop smoking** (at least once/year)

	Never	Rarely	Sometimes	Often	Always	I don't know
1.1. Systolic and diastolic blood pressure measurement (at least once/year)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
1.2. Weight measurement (at least once)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
1.3. Height measurement (at least once)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
1.4. Screening for dyslipidemia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
a. From what age do you generally perform this screening? <input type="text"/> years						
b. Until what age do you generally perform this screening? <input type="text"/> years						
c. At what frequency do you generally perform this screening? once every <input type="text"/> years						
d. Which diagnostic test do you generally use? total cholesterol <input type="checkbox"/> <sup>1</sup> or full lipid profile <input type="checkbox"/> <sup>2</sup>						
1.5. Screening for hazardous drinking (at least once)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
a. Do you generally use a validated questionnaire to screen? <input type="checkbox"/> <sup>1</sup> yes <input type="checkbox"/> <sup>2</sup> no						
b. If yes, which questionnaire(s)? <input type="checkbox"/> <sup>1</sup> AUDIT <input type="checkbox"/> <sup>2</sup> CAGE <input type="checkbox"/> <sup>3</sup> MAST <input type="checkbox"/> <sup>4</sup> other						
1.6. Advice to decrease drinking (if hazardous drinking)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
a. Generally for men drinking at least <input type="text"/> glasses per week						
b. Generally for women drinking at least <input type="text"/> glasses per week						
c. Generally for men drinking at least <input type="text"/> glasses per occasion						
d. Generally for women drinking at least <input type="text"/> glasses per occasion						
1.7. Screening for smoking (at least once)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
1.8. Advice to stop smoking (at least once/year)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

1. Do you perform these **twelve preventive practices** in **asymptomatic adults**?

***Patients with increased risk of disease** (such as obese, hypertensive or diabetic patients, as well as patients with personal or family history of cancer) **are excluded***

#### 1.9. Screening for **colon cancer**

- From what age do you generally perform this screening?  years
- Until what age do you generally perform this screening?  years
- Which diagnostic test do you generally use? colonoscopy ☐<sup>1</sup> or stool-based test ☐<sup>2</sup> ?
- At what frequency generally? once every  years

#### 1.10. Screening for **prostate cancer** using PSA

- From what age do you generally perform this screening?  years
- Until what age do you generally perform this screening?  years
- At what frequency generally? once every  years
- Generally in the context of a shared decision making process? ☐ yes ☐ no

#### 1.11. **Influenza immunization** for patients ≥ 65 years (once/year)

#### 1.12. **Influenza immunization** for at-risk patients < 65 years (once/year)

(several possible answers) :

- ☐<sup>1</sup> chronic heart disease, ☐<sup>2</sup> chronic lung disease
- ☐<sup>3</sup> chronic liver disease, ☐<sup>4</sup> chronic kidney disease
- ☐<sup>5</sup> splenic dysfunction, ☐<sup>6</sup> immune deficiency
- ☐<sup>7</sup> living in nursing home, ☐<sup>8</sup> regular contact with one of these 7 categories
- ☐<sup>9</sup> regular contacts with infants < 6 months, ☐<sup>10</sup> caregivers

Never	Rarely	Sometimes	Often	Always	I don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Finally, a few questions about yourself...

2. Are you...

☐<sup>1</sup> a man

☐<sup>2</sup> a women

3. Which age group do you fall into?

☐<sup>1</sup> 25-29 years

☐<sup>6</sup> 50-54 years

☐<sup>2</sup> 30-34 years

☐<sup>7</sup> 55-59 years

☐<sup>3</sup> 35-39 years

☐<sup>8</sup> 60-64 years

☐<sup>4</sup> 40-44 years

☐<sup>9</sup> ≥65 years

☐<sup>5</sup> 45-49 years

4. How many half-days do you generally work per week (min 1, max 14)?  half-days per week (min 1, max 14)

5. What is the postal code of your current practice?

6. How many years have you been in private practice?  years

We thank you very warmly for having agreed to participate in this survey!