

**Additional file 1:****Questionnaire: Perception of continuity of care between different levels of care: Emergency Departments (EDs) and Primary Care Physicians (PCPs)**

ED: Emergency Department

EP: Emergency Physician

IC: Informational Continuity

COC: Continuity of Care

MC: Management Continuity

MCA: Management Continuity: Accessibility between levels

MCCC: Management Continuity: Care Coherence

PCP: Primary Care Physician

RC: Relational Continuity

RC\_EP: Relational Continuity with Emergency Physician

RC\_PCP: Relational Continuity with Primary Care Physician

Please tell us about your opinion with regard to the following statements. Your answers can vary from “always” to “never”. You have also the possibility to answer “I don’t know”.

<b>Informational Continuity: Transfer of medical information</b>					
	Always	Often	Rarely	Never	I don't know
IC1. I believe that the professionals attending to me know my previous medical history					
IC2. After being to the ED, my PCP discusses the visit with me					
IC3. My PCP is aware of the instructions given to me by the EP before I explain them to him/her					
IC4. The EP is aware of the instructions given to me by my PCP before I explain them to him/her.					

<b>Management Continuity: Care Coherence</b>					
	Always	Often	Rarely	Never	I don't know
MCCC1. My PCP agrees with the instructions of the EP					
MCCC2. My PCP and the EP communicate with each other concerning my case					
MCCC3. The EP agrees with the instructions given to me by my PCP					
MCCC4. The EP repeats the tests which my PCP has already done: blood test, radiology, etc....					

MCCC5. The EP gives me the first treatment that he has prescribed to me					
MCCC6. The EP sends me to my PCP for follow-up					
MCCC7. I believe that the care I receive from my PCP and the EP is coordinated.					

<b>Management Continuity: Accessibility between levels</b>					
	Always	Often	Rarely	Never	I don't know
MCA1. My PCP informs the EP of my arrival to ED if necessary					
MCA2. When I request an appointment with my PCP, I have to wait a long time to see him/her					
MCA3. When I present to the ED, I spend less time waiting if my condition is deemed urgent par the nurse or the doctor at the reception					
MCA4. When I present to the ED, I don't have to pay my consultation right away. This is easier for me.					

<b>Relational Continuity with PCP: patient-provider relationship</b>					
	Always	Often	Rarely	Never	I don't know
RC_PCP1. I have confidence in the professional ability of my PCP					
RC_PCP2. I believe that my PCP cares about me					
RC_PCP3. I feel comfortable consulting my PCP about my doubts or health problems					
RC_PCP4. My PCP understands what I tell him/her about my health					
RC_PCP5. The information my PCP gives me is easy to understand					
RC_PCP6. The information my PCP gives me is sufficient					
RC_PCP7. When I request an appointment with my PCP I always see the same doctor (or group of doctors)					
RC_PCP8. I would recommend my PCP to my family and friends					

<b>Relational Continuity with EP: patient-provider relationship</b>					
	Always	Often	Rarely	Never	I don't know
RC_EP1. I have confidence in the professional ability of the EP who is attending to me					
RC_EP2. I believe that the EP cares about me					
RC_EP3. I feel comfortable consulting the EP about my doubts or health problems					
RC_EP4. The EP understands what I tell him/her about my health					
RC_EP5. The information the EP gives me is easy to understand					
RC_EP6. The information the EP gives me is sufficient					
RC_EP7. I would recommend "my ED" to my family and friends					

<b>General morbidity and socio-demographic data</b>
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1. How would you describe your general health

Very good	good	fair	poor	Very poor
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2. Do you suffer from a chronic disease (have you been ill since a long time?)

3. What is the health problem that makes you visit the ED?

4. Gender:

5. Date of birth:

6. Place of birth:

If Belgium, go to question 9

7. Nationality:

8. Lives in Belgium since:

9. Town:

10. Profession:

11. Education level:

12. Would you like to add something?

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