

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)

- No
- Yes:
- physiotherapy
 - Speech therapy
 - occupational therapy
 - psychotherapy
 - alternative medicine
 - others: _____

21. Do you treat yourself? (Multiple answers possible)

- No
- Yes:
- over-the-counter self-medication
 - selfmedication only available on prescription
 - non-drug therapy not prescribed by colleagues or other therapists
 - writing referrals for myself
 - writing hospital admissions for myself
 - 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, ...)?
