Doctor questionnaire

*To be completed after consultations with consenting patients. Please circle the answer that best applies*

Patient’s name or identification no. ..............................................

Q1. How did the consultation go?  
   - Very well □  
   - OK □  
   - Not particularly well □  
   - Badly □

Q2. Do you think the patient raised all the health concerns they wanted to today?  
   - Yes □  
   - No □  
   - I don’t know □

Q3. Did you need to encourage the patient to raise the concerns they had come with today?  
   - Yes □  
   - No □

Q4. What was the **main health problem** raised? ..............................................

Q5. Did you feel you understood the patient’s views about this health problem?  
   - Yes □  
   - No □  
   - I don’t know □

Q6. Did you feel you understood the patient’s views about the treatment they would find acceptable?  
   - Yes □  
   - No □  
   - I don’t know □

Q7. Did you think the patient wanted a prescription for this health problem?  
   - Definitely □  
   - Probably □  
   - Probably not □  
   - Definitely not □  
   - I don’t know □  
   - Don’t think patient knew □

Q8. Did you feel pressured by the patient to write a prescription?  
   - Definitely pressured □  
   - A little pressured □  
   - Not at all pressured □

Q9. Did you write a prescription for this problem?  
   - Yes □  
   - No □

   If yes, please give details of drug and dose, please circle whether new or repeat and whether this was strictly indicated on strictly medical grounds

<table>
<thead>
<tr>
<th>Drug (block capitals)</th>
<th>Dose</th>
<th>New or repeat?</th>
<th>Strictly indicated?</th>
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Q10. Did you feel comfortable about this prescribing decision?  
   - Definitely comfortable □  
   - Fairly comfortable □  
   - Slightly uncomfortable □  
   - Definitely uncomfortable □

**please turn over**
If a second health problem was raised, please complete this side.

Q11 What was the second health problem raised? ...........................................

Q12 Did you feel you understood the patient’s views about 
this health problem?  

Yes ☐
No ☐
I don’t know ☐

Q13 Did you feel you understood the patient’s views about 
the treatment they would find acceptable?  

Yes ☐
No ☐
I don’t know ☐

Q14. Did you think the patient wanted a prescription 
for this health problem?  

Definitely ☐
Probably ☐
Probably not ☐
Definitely not ☐
I don’t know ☐
Don’t think patient knew ☐

Q15. Did you feel pressured by the patient to write 
a prescription?  

Definitely pressured ☐
A little pressured ☐
Not at all pressured ☐

Q16. Did you write a prescription for this problem?  

Yes ☐
No ☐

If yes, please give details of drug and dose, please circle whether new or repeat and whether this was strictly indicated on strictly medical grounds

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Q17. Did you feel comfortable about this prescribing decision?  

Definitely comfortable ☐
Fairly comfortable ☐
Slightly uncomfortable ☐
Definitely uncomfortable ☐

Thank you for completing this. Please add any further comments you would like to make on this consultation.