II.	<b>Questions on the patient and this consultation</b> The following questions should be answered for every patient who accepts a questionnaire. The patient's and your form should have the same number in ou to be cross-linked. Neither your identity, nor the patient's identity will be reveal				
53.	The patient is a		man woman		
54.	Patient's year of t	birth			
55.	The patient's fam	myself another GP a a GP at anoth a private GP unknown	t the same health care centre her health care centre as no family doctor		
56.	I have seen the p	atient before	many times once never		
57.	The visit was a		first visit for this complaint (no visit in the last 12 months) follow-up appointment		
58.	The consultation was a planned consultation (= booked no later than 24 hours prior to the consultation) emergency consultation after telephone contact with the physician other emergency consultation				
59.	I assess the patie	ent's complaint as entirely somatic primarily somatic equally somatic and psychiatric primarily psychiatric entirely psychiatric			
60.	I estimate that the	one week one month three months more than thr	e cannot be estimated		

61. My diagnosis is very certain fairly certain neither certain nor uncertain

62. The patient's disease/complaint is classified in the following group (International Classification of Diseases 9<sup>th</sup> revision).
If more than one diagnosis is applicable, rank them with 1, 2 and 3 according to your judgement of their importance for the present consultation.

- L Infectious diseases Ш Tumours Ш Endocrine diseases IV Blood diseases V Psychiatric diseases VI Diseases in nervous system VII Diseases in circulatory system VIII Diseases in respiratory system IX Diseases in digestive system Х Diseases in uro-genital system XI Complications to pregnancy and childbearing XII Skin disorders XIII Diseases in musculoskeletal system XIV Symptoms and unspecified cases XV Trauma and poisonings None of the groups above
- 63. I assess that the patient's complaints will restrain her/him from

rassess that the patient's complaints will restain hermin nom				
	not at all	moderately	severely	
occupational work				
everyday pursuits				
taking care of her/his children				
activities of daily living				
physical leisure time activities				
social leisure time activities				
intellectual leisure time activities				
sleeping at night				

64. I assess that as regards the decision about sick leave/sick listing the patient and I were

completely in agreement	
mainly in agreement	
neither in agreement nor not in agreement	
not completely in agreement	
seriously in disagreement	
sick leave/sick listing did not come up	

Questions 65-68 should be answered **ONLY** if you sick listed the patient or gave the patient a recommendation to report sick:

65.	Did you recommend the patient to	o report sick	yes no	
66.	How many days did you report th patient sick on the sickness certif		days	
67.	Degree of sickness certification	100% 75% 50% 25%		

- 68. You have certified the patient sick or recommended him/her to stay at home for a certain number of days. Estimate how long you think the length of the sick leave period will be
  - 1-3 days4-7 days8-14 days15-29 days30-89 daysmore than 90 days

Thank you for your participation!