



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.*

- I    Infectious diseases                      
 II    Tumours                                      
 III    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           
 X    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  
   not at all        moderately        severely

- |                                      |                          |                          |                          |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| occupational work                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| everyday pursuits                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| taking care of her/his children      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| activities of daily living           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| physical leisure time activities     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| social leisure time activities       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| intellectual leisure time activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| sleeping at night                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 report sick      yes        
no     

66. How many days did you report the patient sick on the sickness certificate      ..... 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 days        
4-7 days        
8-14 days        
15-29 days        
30-89 days        
more than 90 days     

**Thank you for your participation!**