



## Questionnaire for participating GP practices

Dear Colleagues,

thank you for participating in a project of the Department of General Medicine at the University Hospital Erlangen regarding the question "Conceptualization of acute bronchitis". The basic information obtained throughout the questionnaire allows us to describe the surveyed sample in outline. The questionnaire is filled out anonymously and it is therefore not necessary to provide personal data.

Of course, the information provided will be treated strictly confidential.

For the sake of better readability, no distinction has been made between male and female spelling. The respective designation always refers to all genders.

Please note the following when completing the form:

- Please do not enter any personal data (name/date of birth or similar)
- Print in the free text areas
- Tick the boxes clearly:

In case of accidental wrong selection, please fill in the corresponding box completely and reenter your correct selection next to the box

Please return the completed questionnaire to the interviewer only once the interview is completed.

With many thanks for your participation,

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## Questionnaire for participating GP practices

### Where is your practice located?

- City radius 20 km  
 Rural area

### In which form of practice do you work?

- Single Office                       Joint Practice  
 Group Practice                       Medical Care Center

### What is the average number of patients in your practice?

- < 500 patients                       500-1000 patients  
 1001-1500 patients                       > 1500 patients

### How many colleagues work in the practice besides you?

- Single Office                      Number of Colleagues:

### Your Birthyear

19

(Please fill in the year)

### What is your sex?

- female                                       male

### What year did you establish your practice?

(Please fill in the year)

### What is your specialty?

- General practitioner  
 GP Internist

Others: