

**Survey 360**  
**PHYSICIAN QUESTIONNAIRE**  
**(should be completed only by physician)**

**Questions on slide 3-4 are asked only once**

# PHYSICIAN GENERAL CHARACTERISTICS

Age: |\_\_|\_\_| years

**Gender:**

- Male
- Female

**Practice Setting (please select the facility you are working in):**

- Inpatient facility (i.e. ward for >24- hours hospitalizations)
- Outpatient facility
- Day hospital
- Other

**Type of Facility (please select the option that applies):**

- Private Facility
- Public Facility

# PHYSICIAN GENERAL CHARACTERISTICS

**Experience as a certified psychiatrists (in years)**

- Less than 5
- 5-10
- 11-15
- >15

**How many patients living with schizophrenia do you see in a month?**

|\_|\_| number

**How many of those are on second generation long acting treatments**

|\_|\_| number

**How many of those are on PP3M?**

|\_|\_| number

**Whom do you find important to involve in the treatment decision? (multiple answers)**

- Patient
- Caregiver
- Doctor
- Nurse
- Other