Doctor questionnaire

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

Patient's name or identification	ation no				
v1. How did the consultation go? OK Not particularl 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 he	ealth 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?				now	
Q7. Did you think the patient wanted a prescription for this health problem?			Definite Probabl Probabl Definite I don't k Don't th knew	y y not ly not	
Q8. Did you feel pressured by the patient to write a prescription?			A little p	ly pressured ressured Il pressured	
Q9. Did you write a prescription for this problem?			Yes No		
If yes, please give det and whether this was	•	•			peat
Drug (block capitals)	Dose	New or repeat?		Strictly indicated?	
		New / Repeat		Yes / No	
		New / Repeat		Yes / No	
		New / Repeat		Yes / No	
Q10. Did you feel comfortable about this prescribing decision?			Definitely comfortable Fairly comfortable Slightly uncomfortable Definitely uncomfortable please turn over		
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it a second nealth proble	em was raised, pieas	e compiet	e tnis si	ae.	
Q11 What was the second	health problem raised	d?			
Q12 Did you feel you under 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?				t Yes No I don't know	
Q14. Did you think the pat for this health prob	tion	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 preso	n? Yes No				
If yes, please give det and whether this was					peat
Drug (block capitals)	Dose	New or repeat?		Strictly indicated?	
		New / Repeat		Yes / No	
		New / Repeat		Yes / No	
				Yes / No	
Q17. Did you feel comforta decision?	able about this prescri	bing	Fairly co	ly comfortable omfortable uncomfortab ly uncomforts	□ ole □

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

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