

**Use and perceptions of information among family physicians: sources considered accessible, relevant, and reliable**

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**APPENDIX A**

**Sequence no: D, mood and anxiety disorders in Saskatchewan family practice survey**

Completion of this questionnaire implies consent to participate in this survey.

Confidential when completed.

If you have any questions regarding this survey, please contact:

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**Introduction**

This survey concerns your practices regarding the diagnosis and treatment of patients with mood and anxiety disorders.

This survey is completely voluntary and will take approximately 20 minutes to complete. All family physicians in Saskatchewan are being surveyed in order to have accurate results that are representative of our province as a whole. Your name and address were obtained from the Canadian Medical Directory and the College of Physicians and Surgeons of Saskatchewan mailing list.

The findings of the survey will help us to learn more about the information and resources that physicians use and need to effectively diagnose and treat patients with mood and anxiety disorders.

Your answers are strictly confidential and anonymous. Only aggregate data will be reported; as such, your answers cannot be identified. The findings will be made available directly to the study participants and will also be available to the public and the media in a summary report. Peer-reviewed scientific journal articles and conference presentations will also result from the successful completion of the study.

Your help is greatly appreciated.



Specific purpose of using the information source

	To update your general medical knowledge	To make a specific clinical decision
Example: Medical journals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information source		
a. Medical journals	<input type="checkbox"/>	<input type="checkbox"/>
b. Medical textbooks	<input type="checkbox"/>	<input type="checkbox"/>
c. Colleagues in your <i>main patient care setting</i>	<input type="checkbox"/>	<input type="checkbox"/>
d. Colleagues outside of your <i>main patient care setting</i>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pharmaceutical sales representatives	<input type="checkbox"/>	<input type="checkbox"/>
f. Clinical practice guidelines	<input type="checkbox"/>	<input type="checkbox"/>
g. Personal digital assistant programs (PDA)	<input type="checkbox"/>	<input type="checkbox"/>
h. Other decision aids	<input type="checkbox"/>	<input type="checkbox"/>
i. Drug manuals	<input type="checkbox"/>	<input type="checkbox"/>
j. Psychiatrist(s)	<input type="checkbox"/>	<input type="checkbox"/>
k. Mental health professional(s) (other than psychiatrist)	<input type="checkbox"/>	<input type="checkbox"/>
l. Pharmacist(s)	<input type="checkbox"/>	<input type="checkbox"/>
m. Favorite Internet website (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
n. Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

2. Using check marks where applicable, please indicate whether you find the following information sources to be (in general): reliable, easy to access, relevant to your needs, and easy to understand.

	Reliable (You trust this source)	Easy to access	Relevant (to your needs)	Easy to understand
Example: Medical journals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information source				
a. Medical journals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medical textbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Continuing medical education/continuing professional development/continuing professional learning (CME/CPD/CPL) courses/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Colleagues in your <i>main patient care setting</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Colleagues outside of your <i>main patient care setting</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pharmaceutical sales representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Clinical practice guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. Personal digital assistant programs (PDA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other decision aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Drug manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Psychiatrist(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Mental health professional(s) (other than psychiatrist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Pharmacist(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Favorite Internet website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. Patients with depression**

1. Please indicate the two treatment interventions that you currently use most often for patients with depressive disorders that are moderate and severe. Indicate your first choice with "1" and second choice with "2".

Treatment	If depressive disorder is:	
	Moderate	Severe
Exercise/recreation	_____	_____
Counselor/psychological referral	_____	_____
Medication	_____	_____
Watchful waiting	_____	_____
Psychiatric referral	_____	_____
Psychotherapy provided by you	_____	_____
Other (please specify):	_____	_____

2. When deciding on the best treatment for a patient with depression, do you consider the following factors? Please mark *all* that apply with a check mark.

The patient's	All of the time	Most of the time	Some of the time	A little of the time	None of the time
age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
preference for treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
family's preference for treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please estimate the following:

a. The length of time you spend with a patient presenting with depression for a *new* visit  
 Average number of minutes \_\_\_\_\_

b. The length of time you spend with a patient you are treating for depression for a *follow-up* visit

Average number of minutes \_\_\_\_\_

c. The number of patients per week you *recognize* as presenting with depression

Average number of patients/week \_\_\_\_\_

d. The number of patients per week you *diagnose* with depression

Average number of patients/week \_\_\_\_\_

e. The number of patients per week you *treat or manage* for depression

Average number of patients/week \_\_\_\_\_

f. *Excluding* patient visits while on-call, please estimate the following:

Number of *total* patient visits per week \_\_\_\_\_

4. Please check the square that is closest to your level of agreement with the following statements:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
a. During the past 5 years, I have seen an increase in the number of patients presenting with depressive symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The majority of depression seen in general practice originates from patients' recent misfortunes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. An underlying biochemical abnormality is the basis of severe cases of depression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is difficult to differentiate whether patients are presenting with unhappiness or a clinical depressive disorder that needs treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is possible to distinguish two main groups of depression, one psychological in origin and the other caused by biochemical mechanisms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Becoming depressed is a way that people with poor stamina deal with life difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Depressed patients are more likely to have experienced deprivation in early life than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel comfortable in dealing with depressed patients' needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| i. Depression reflects a characteristic response in patients that is not amenable to change.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Becoming depressed is a natural part of being old.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. The community nurse could be a useful person to support depressed patients.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Most depressive disorders seen in general practice improve without medication.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Working with depressed patients is heavy going.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. There is little to be offered to those depressed patients who do not respond to what general practitioners do.                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. It is rewarding to spend time looking after depressed patients.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Psychotherapy tends to be unsuccessful with depressed patients.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. If depressed patients need antidepressants, they should be started on tricyclics as first-line treatment.                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. If depressed patients need antidepressants, they should be started on selective serotonin reuptake inhibitors (SSRIs) as first-line treatment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. If depressed patients need antidepressants, they are better off with a psychiatrist than with a general practitioner.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Antidepressants usually produce a satisfactory result in the treatment of depression in general practice.                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Psychotherapy for depressed patients should be left to a specialist.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. If psychotherapy were freely available, this would be more beneficial than antidepressants for most depressed patients.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Imagine that you are unsure about *diagnosing* a patient with depression. Which of the following actions might you take to confirm your decision? Please mark *all* that apply with a check mark.

- Conduct a thorough patient interview
- Use a screening instrument (please specify instrument): \_\_\_\_\_
- Consult a diagnostic manual (please specify the manual): \_\_\_\_\_
- Consult a colleague
- Consult a psychiatrist
- Consult a mental health professional (other than a psychiatrist)
- Base it on experience
- Other (please specify): \_\_\_\_\_

6. Although a patient may present with signs or symptoms of depression, you may choose not to make a formal diagnosis. Do any of the following reasons contribute to your decision? Please mark *all* that apply with a check mark.

- Physical causes need to be completely ruled out first.
- Patient refusal to accept diagnosis.
- Patient noncompliance.
- The patient will work through it on his/her own.
- It is unlikely that the patient will be seen in time if I refer him/her to a specialist.
- The patient lives too far away from a mental health specialist.
- I don't want the diagnosis to show up on the patient's medical record.
- The stigma that the patient may suffer.
- Other (please specify): \_\_\_\_\_

7. Please complete the following statements by indicating your level of agreement with a check mark.

To effectively <i>manage</i> patients presenting with symptoms of depression, I need...	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
a. Improved access to psychiatrists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To be able to prescribe affordable medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. More time to spend with my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Improved access to mental health professionals (other than psychiatrists).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. More training on counselling techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. More personal experience managing patients with mental disorders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| g. Up-to-date information on effective pharmacological treatments.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Up-to-date information on effective <i>non</i> -pharmacological treatments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. More time to spend on accessing and reading research on mental disorders.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Other (please specify):   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. To what extent do you believe each of the following statements is true or false? Please check the square that is closest to your answer.

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. The maintenance phase of treatment for major depression focuses on preventing recurrence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If psychotherapy for major depression has no effect within 6 weeks of regular sessions, medication is recommended.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. An appropriate trial of antidepressant medication for major depressive disorder requires use of therapeutic dosages daily for at least 4–6 weeks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Side effects occur only in a small percentage of patients taking any antidepressant medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Medication and psychotherapy are efficacious for depression in elderly adults as well as for the non-elderly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Evidence suggests that primary care clinicians prescribe appropriate dosages of antidepressants to fewer than a third of patients with a current major depressive disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Dysthymic disorder is mild, brief depression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The goal of cognitive therapy is to remove symptoms of depression by identifying and correcting patients' distorted, negatively biased thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- i. In general, antidepressant medication can be discontinued after 4–9 months for patients with a single major depressive episode who no longer have symptoms of depression.
- j. Anxiolytics and sedatives (minor tranquilizers) have equivalent efficacy in major depression as antidepressant medications.
- k. Psychotherapy with a trained therapist is appropriate as the sole treatment for moderate major depression that is not chronic, psychotic, or melancholic.
- l. Tricyclic antidepressants and SSRIs have equivalent side effect profiles.

9. Please list your first choice of medication to treat depression, starting dosage, and duration of treatment for patients in these 3 age groups:

Patient's age	Medication	Starting dosage	Duration of treatment
10–17 yrs	_____	_____(mg)	_____(wks)
18–65 yrs	_____	_____(mg)	_____(wks)
66+ yrs	_____	_____(mg)	_____(wks)

**D. Main patient care setting**

1. What is your *main patient care setting* (i.e., where you spend the most time providing patient care)?

- Private office/clinic (excluding free standing walk-in clinics)
- Community clinic/Community health centre
- Free-standing walk-in clinic
- Academic health sciences centre
- Community hospital
- Emergency department (community hospital or academic health sciences centre)
- Other (please specify): \_\_\_\_\_

2. How is your *main patient care setting* organized?

- Solo practice
- Group practice
- Other (please specify) \_\_\_\_\_

3. Do you have Internet access in your *main patient care setting*?

- No
- Yes

4. Do you have Internet access during consultations with patients in your *main patient care setting*?

- No       Yes

5. What is the population of the town/city of your main patient care setting?

- over 75,000  
 50,001 to 75,000  
 20,001 to 50,000  
 10,001 to 20,000  
 5,001 to 10,000  
 2,501 to 5,000  
 1,001 to 2,500  
 less than 1,000

### E. Demographics

1. Gender:     Male       Female

2. Year of birth? 19 \_\_\_\_\_

3. Number of years you have been in practice as a family physician? \_\_\_\_\_ years

4. Your status:

- In full-time or part-time medical practice  
 Locum tenens  
 On a leave of absence or sabbatical from active patient care  
 Medical student  
 Resident  
 Employed in a medically related field (e.g., administration, teaching, research)  
 Retired  
 Other (please specify): \_\_\_\_\_

### F. Education

1. Where and when did you complete your *undergraduate medical* training?

Country \_\_\_\_\_ Graduation year \_\_\_\_\_

\_\_\_\_\_

2. Where and when did you complete your *postgraduate medical* training?

Country \_\_\_\_\_ Graduation year \_\_\_\_\_

\_\_\_\_\_

3. Other medical training (please specify):

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Do you have comments about caring for patients with depression?

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Do you have any general comments about this questionnaire?

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Thank you for taking the time to complete this questionnaire.  
Your help is greatly appreciated.

Please return your completed questionnaire in the enclosed envelope to:

Applied Research  
University of Saskatchewan  
Box 92, Royal University Hospital  
103 Hospital Drive  
Saskatoon, SK  
Canada S7N 0W8