

## **APPENDIX**

### **Questionnaire for children**

*In the English versions of the questionnaires, we write out-of-hours primary care, emergency department, and 112 ambulance care in the answering categories. The wording was culturally adapted in the language-specific questionnaires to match the available services.*

### **SITUATION DESCRIPTIONS**

We present six fictive situations. Each of the situations describes an invented case including a health problem affecting your **child's** health occurring outside the office hours of your own GP. Please answer what action(s) you would most likely take in this situation at this moment.

We would like to know what you would choose to do in the given situation (i.e. which actions you would most likely take). You do not have to consider what would be the "right" thing to answer or what other people think you should do.

In the cases we refer to a specific age. We ask you to pretend that your son/daughter is of the age stated in the case.

**Case 1**

*Time:* Saturday at 3 PM.

*Situation:* Your 4-year-old child has had abdominal pain for two days, and the pain is increasing in severity. He has a fever (39.6°C). He has vomited twice today and has not eaten anything for the entire day. He will not drink much. He has a little bit of diarrhoea. You cannot comfort him by reading a book, and he does not want to play by himself.

**1. What would you do, at this moment? (Please give one or more answers)**

- Wait and see (no contact with a doctor or similar)
- Self-care (for example a pain killer)
- Ask your partner, a relative, or others for advice
- Check a medical reference book, the internet or an app (for example "Patienthåndbogen"/"Moet ik naar de dokter?")
- Contact own general practitioner the next working day
- Contact the out-of-hours primary care outside opening hours own GP
- Contact the emergency department
- Call 112 ambulance care
- Do something else *Please describe:* \_\_\_\_\_

**Case 2**

*Time:* Sunday evening at 4 PM.

*Situation:* Your 3-year-old child has a cold and has had red eyes with discharge since two days. He is also sniffing. The eye discharge is yellow, and the eye lids stick together slightly. He is watching television.

**2. What would you do, at this moment? (Please give one or more answers)**

- Wait and see (no contact with a doctor or similar)
- Self-care (for example rinse with boiled water)
- Ask your partner, a relative, or others for advice
- Check a medical reference book, the internet or an app (for example "Patienthåndbogen"/"Moet ik naar de dokter?")
- Contact your child's own general practitioner the next working day
- Contact the out-of-hours primary care outside opening hours own GP
- Contact the emergency department

- Call 112 ambulance care
- Do something else *Please describe:* \_\_\_\_\_

**Case 3**

*Time:* Saturday at 3 PM.

*Situation:* Your 15-month-old child has woken after his nap with a temperature of 39.8°C. He already seemed listless before his nap today. He has not vomited, has no diarrhoea and no skin rash. He wants to sit with you and watch television. He does not want to eat anything, but drinks small amounts of cold water.

**3. What would you do, at this moment? (Please give one or more answers)**

- Wait and see (no contact with a doctor or similar)
- Self-care (for example a pain killer)
- Ask your partner, a relative, or others for advice
- Check a medical reference book, the internet or an app (for example "Patienthåndbogen"/"Moet ik naar de dokter?")
- Contact your child's own general practitioner the next working day
- Contact the out-of-hours primary care outside opening hours own GP
- Contact the emergency department
- Call 112 ambulance care
- Do something else. *Please describe:* \_\_\_\_\_

**Case 4**

*Time:* Saturday at 3 PM.

*Situation:* Your 2-year-old child wakes up after his nap with red rash across arms, legs, chest and face. The rash is itching. He is alert, is playing as usual and has no other complaints and no fever.

**4. What would you do, at this moment? (Please give one or more answers)**

- Wait and see (no contact with a doctor or similar)
- Self-care
- Ask your partner, a relative, or others for advice
- Check a medical reference book, the internet or an app (for example "Patienthåndbogen"/"Moet ik naar de dokter?")
- Contact your child's own general practitioner the next working day

- Contact the out-of-hours primary care outside opening hours own GP
- Contact the emergency department
- Call 112 ambulance care
- Do something else *Please describe:* \_\_\_\_\_

**Case 5**

*Time:* Thursday at 7 PM.

*Situation:* Your 8-month-old child has a fever. Last week, he had a common cold with a fever. He was also coughing. He seemed to recover, but now the fever has returned (temperature: 39.1°C). He does not drink a lot, and he is still coughing. Your child wants to sit with you all the time, but you cannot comfort him.

**5. What would you do, at this moment? (Please give one or more answers)**

- Wait and see (no contact with a doctor or similar)
- Self-care (for example a pain killer)
- Ask your partner, a relative, or others for advice
- Check a medical reference book, the internet or an app (for example "Patienthåndbogen"/"Moet ik naar de dokter?")
- Contact your child's own general practitioner the next working day
- Contact the out-of-hours primary care outside opening hours own GP
- Contact the emergency department
- Call 112 ambulance care
- Do something else *Please describe:* \_\_\_\_\_

**Case 6**

*Time:* Sunday at 5 PM.

*Situation:* For one day, your 2-year-old child has had red skin and fluid-filled blisters, mostly on the chest and belly. He is a bit warm (temperature: 38.1°C), complains of a sore throat and generally does not seem fit. He drinks and eats as usual and is as alert as usual.

**6. What would you do, at this moment? (Please give one or more answers)**

- Wait and see (no contact with a doctor or similar)
- Self-care (for example a pain killer)
- Ask your partner, a relative, or others for advice

- Check a medical reference book, the internet or an app (for example “Patienthåndbogen”/”Moet ik naar de dokter?”)
- Contact your child’s own general practitioner the next working day
- Contact the out-of-hours primary care outside opening hours own GP
- Contact the emergency department
- Call 112 ambulance care
- Do something else *Please describe:* \_\_\_\_\_

**FACTORS AFFECTING DECISION-MAKING**

The next questions relate to general factors that may affect decision-making regarding health problems.

**7. We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement. (Please mark one answer per statement)**

		Not at all true	Hardly true	Moderately true	Exactly true
1.	I can always manage to solve difficult problems if I try hard enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	If someone opposes me, I can find the means and ways to get what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	It is easy for me to stick to my aims and accomplish my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	I am confident that I could deal efficiently with unexpected events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Thanks to my resourcefulness, I know how to handle unforeseen situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I can solve most problems if I invest the necessary effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I can remain calm when facing difficulties because I can rely on my coping abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	When I am confronted with a problem, I can usually find several solutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	If I am in trouble, I can usually think of a solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	I can usually handle whatever comes my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We used validated Danish, Dutch, and German versions of the Generalized Self-Efficacy scale, see <http://userpage.fu-berlin.de/health/selfscal.htm> (Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user’s portfolio. Causal and control beliefs* (pp. 35- 37). Windsor, England: NFER-NELSON).

8. Over the last two weeks, how often have you been bothered by the following problems?

		Not at all	Several days	More than half the days	Nearly every day
1.	Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We used validate Danish, Dutch, and German versions of the Generalized Anxiety Disorder scale (GAD-2), see <http://www.phqscreeners.com/select-screener> (Kroenke K, Spitzer RL, Williams JB, Monahan PO, Lowe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Ann Intern Med.* 2007; 146: 317-25).

9. Do you have somebody to talk to if you have problems or you need support? (Please only mark one answer)

- No, never or almost never
- Yes, sometimes
- Yes, often
- Yes, always

We used two scales of the validated Health Literacy Questionnaire (HLQ). As the HLQ is copyrighted to Deakin University, publication of the items or scales is not permitted. (Osborne RH, Batterham RW, Elsworth GR, Hawkins M, Buchbinder R. The grounded psychometric development and initial validation of the Health Literacy Questionnaire (HLQ). *BMC Public Health.* 2013; 13: 658).

10. How severe would your child's medical problem have to be before you felt it was appropriate to contact ...? (Please mark one grade per row)

	Not severe											Very severe	Don't know
... your own GP	0	1	2	3	4	5	6	7	8	9	10		<input type="radio"/>
... OOH primary care	0	1	2	3	4	5	6	7	8	9	10		<input type="radio"/>
... 112	0	1	2	3	4	5	6	7	8	9	10		<input type="radio"/>

11. The following statements concern your considerations for contacting OOH-PC. Please answer to which degree you agree with each statement. (Please mark one answer per statement)

		Totally agree	Agree	Not agree and not disagree	Disagree	Totally disagree	Don't know
1.	The OOH primary care is intended for <u>all</u> medical problems (including non-urgent problems) that occur outside my GP's normal opening hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	I can contact OOH primary care at any time, because it is financed by taxation (Denmark)/my insurance (the Netherlands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	I feel more personal barriers in relation to contacting OOH primary care than contacting my own GP during daytime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	I carefully consider whether I should contact OOH primary care, because I do not want to disturb the health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the past year, how many times have you contacted the following health care providers regarding yourself and/or your children? (Please only mark one cross in each row – if you are unsure, please answer what you think is most accurate)

	Never	1	2	3	4	5 or more	Don't know/ not relevant
Own GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OOH primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How satisfied are you in general with the following health care providers? (Please only mark one cross in each row)

	Very satisfied	Satisfied	Not satisfied, not satisfied	Dissatisfied	Very dissatisfied	Don't know	Not relevant/ no contact
Own GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OOH primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. During the last two years, have you experienced practical problems in contacting your own GP during day time, due to ... (Please only mark one cross in each row)

	No problems	Yes, few problems	Yes, some problems	Yes, many problems	Don't know	Not relevant
... your own working hours or private appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... your GPs telephone accessibility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the possibility to make a telephone appointment with your GP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... your GPs availability for a clinic appointment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the accessibility to your own GP practice by website (i.e. making a appointment, repeat prescription, asking questions)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. What is the expected travel time from your home to the nearest OOH primary care, using your usual means of transport (public or private)? (Please only mark one answer)

- Less than 15 minutes
- 15 to 30 minutes
- 30 to 60 minutes
- More than 60 minutes
- Don't know



## BACKGROUND INFORMATION

### 16. What is your age?

Age: \_\_\_ years

*Question not in Dutch questionnaire as information was available directly from the consumer panel.*

### 17. What is your sex?

- Male
- Female

### 18. Do you live together with another adult? *(Please give one or more answers)*

- No
- Yes, with friend(s) or roommate(s)
- Yes, with adult child(ren)
- Yes, with wife/husband, partner
- Yes, with parent(s)
- Yes, in nursing home
- Yes, other. *Please describe:* \_\_\_\_\_

### 19. How many children do you have (including children for whom you are sharing care)?

Number of children: \_\_\_\_\_

### 20. What is the age of your oldest and youngest child (in years and months - for children above 3 years, year is sufficient)

Your oldest child: ..... years and ..... months

Your youngest child: ..... years and ..... months

### 21. In general, how easily can you arrange day care for your child in case of illness? *(Please only mark one answer) (Only in questionnaire for parents)*

- Very easily
- Easily
- With difficult
- Very great difficult
- Not relevant
- Don't know

**22. In general, how would you describe your own health? (Please only mark one answer)**

- Very good
- Good
- Fair
- Bad
- Very bad

**23. In general, how would you describe your child's health? (Please only mark one answer)**

- Very good
- Good
- Fair
- Bad
- Very bad

**24. What is the highest educational level that you have completed? (Please only mark one answer)**

- No education
- Primary school
- Lower secondary school
- Higher secondary school
- College – bachelor's degree
- University – bachelor's degree
- University – master's degree
- PhD/doctoral
- Other. Please describe: \_\_\_\_\_

*Answering categories were adjusted to the education system of each country.*

*Question not in Dutch questionnaire as information was available directly from the consumer panel.*

**25. What is your current job position? (Please only mark one answer – in case more answers apply, please mark the most accurate answer)**

- Employed
- Unemployed
- Pre-pension/ pension
- Care for family and household
- Leave

- Disabled
- Student
- Other. *Please describe:* \_\_\_\_\_

*Question not in Dutch questionnaire as information was available directly from the consumer panel.*

**26. From which country of birth are you and your parents? (Please only mark one cross in each row)**

	Denmark/The Netherlands	Other, please write the country
You	○	○ _____
Your mother	○	○ _____
Your father	○	○ _____

**27. Do you have a medical education? (Please only mark one answer)**

- No
- Yes, I am a doctor
- Yes, I am a nurse
- Yes, I have had another medical education. *Please describe:* \_\_\_\_\_

**28. Do you use healthcare applications (apps) or the Internet (e.g. 'Google search') when you experience a health problem? (Please only mark one answer)**

- Often
- Sometimes
- Rarely
- Never → skip question 29
- Don't know → skip question 29

**29. In general, does using apps or the Internet (e.g. 'Google search') influence your need to contact healthcare professionals when you experience a health problem? (Please only mark one answer)**

- No
- Yes, it mostly increases my need to contact
- Yes, it sometimes increases and sometimes decrease my need to contact
- Yes, it mostly decreases my need to contact
- Don't know

**COMMENTS**

You are welcome to write your comments on the questionnaire here:

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## **Questionnaire for adults**

*In the English versions of the questionnaires, we write out-of-hours primary care, emergency department, and 112 ambulance care in the answering categories. Wording is adjusted in the language specific questionnaires to match the available services.*

### **SITUATION DESCRIPTIONS**

We present six fictive situations. Each of the situations describes an invented case including a health problem affecting your health occurring outside the office hours of your own GP. Please answer what action(s) you would most likely take in this situation at this moment.

We would like to know what you would choose to do in the given situation (i.e. which actions you would most likely take). You do not have to consider what would be the “right” thing to answer or what other people think you should do.

**Case 1**

*Time:* Sunday at 3 PM.

*Situation:* When you woke up this morning, your left leg was swollen and painful. The leg has a warm, red and painful area with a 10 cm diameter. You do not feel well. You are not sure whether you have a fever. You did not hit your leg.

**1. What would you do, at this moment? (Please give one or more answers)**

- Wait and see (no contact with a doctor or similar)
- Self-care (for example a pain killer)
- Ask your partner, a relative, or others for advice
- Check a medical reference book, the internet or an app (for example "Patienthåndbogen"/"Moet ik naar de dokter?")
- Contact own general practitioner the next working day
- Contact the out-of-hours primary care outside opening hours own GP
- Contact the emergency department
- Call 112 ambulance care
- Do something else *Please describe:* \_\_\_\_\_

**Case 2**

*Time:* Monday at 8 PM.

*Situation:* You have been suffering from a severe stomach ache that started suddenly two hours ago; something you have never had before. The pain seems to be localised in your upper stomach, radiating towards your shoulder blades. You have an urge to move around a lot, and you feel nauseous, but you do not vomit. You have had normal defecation patterns all day.

**2. What would you do, at this moment? (Please give one or more answers)**

- Wait and see (no contact with a doctor or similar)
- Self-care (for example a pain killer)
- Ask your partner, a relative, or others for advice
- Check a medical reference book, the internet or an app (for example "Patienthåndbogen"/"Moet ik naar de dokter?")
- Contact own general practitioner the next working day
- Contact the out-of-hours primary care outside opening hours own GP
- Contact the emergency department

- Call 112 ambulance care
- Do something else *Please describe:* \_\_\_\_\_

### Case 3

*Time:* Wednesday at 6 PM.

*Situation:* This morning you suddenly got a severe back pain when lifting a bag with groceries. The pain is continuously present in your lower back. The pain does radiate to your left buttocks, and it limits your movements. You have taken paracetamol (Panadol), but this does not relieve the pain.

### 3. What would you do, at this moment? (Please give one or more answers)

- Wait and see (no contact with a doctor or similar)
- Self-care (for example a pain killer)
- Ask your partner, a relative, or others for advice
- Check a medical reference book, the internet or an app (for example "Patienthåndbogen"/"Moet ik naar de dokter?")
- Contact own general practitioner the next working day
- Contact the out-of-hours primary care outside opening hours own GP
- Contact the emergency department
- Call 112 ambulance care
- Do something else *Please describe:* \_\_\_\_\_

### Case 4

*Time:* Thursday at 7 PM.

*Situation:* You have been suffering from a severe sore throat for two days. You are also coughing slightly and feel feverish. You can take liquids, but swallowing is painful. You have to attend a wedding of a relative in two days.

### 4. What would you do, at this moment? (Please give one or more answers)

- Wait and see (no contact with a doctor or similar)
- Self-care (for example a pain killer)
- Ask your partner, a relative, or others for advice
- Check a medical reference book, the internet or an app (for example "Patienthåndbogen"/"Moet ik naar de dokter?")
- Contact own general practitioner the next working day

- Contact the out-of-hours primary care outside opening hours own GP
- Contact the emergency department
- Call 112 ambulance care
- Do something else *Please describe:* \_\_\_\_\_

**Case 5**

*Time:* Wednesday at 7 PM.

*Situation:* You accidentally stepped on a piece of glass with your left foot 30 minutes ago. The piece of glass seems to have come out. The bleeding seems to have lessened. The wound is about 3 cm long and is 1-2 mm broad. Your tetanus vaccination is up to date.

**5. What would you do, at this moment? (Please give one or more answers)**

- Wait and see (no contact with a doctor or similar)
- Self-care (for example put a plaster on)
- Ask your partner, a relative, or others for advice
- Check a medical reference book, the internet or an app (for example "Patienthåndbogen"/"Moet ik naar de dokter?")
- Contact own general practitioner the next working day
- Contact the out-of-hours primary care outside opening hours own GP
- Contact the emergency department
- Call 112 ambulance care
- Do something else *Please describe:* \_\_\_\_\_

**Case 6**

*Time:* Saturday at 4 PM.

*Situation:* Your left foot was twisted yesterday when you were walking in the forest. Your left ankle was directly painful and swollen. Initially, you were able to walk on the injured foot, but now you are unable to even rest on it. Your left ankle is quite painful and seems swollen compared to the right one.

**6. What would you do, at this moment? (Please give one or more answers)**

- Wait and see (no contact with a doctor or similar)
- Self-care (for example put ice on)
- Ask your partner, a relative, or others for advice



- Check a medical reference book, the internet or an app (for example “Patienthåndbogen”/”Moet ik naar de dokter?”)
- Contact own general practitioner the next working day
- Contact the out-of-hours primary care outside opening hours own GP
- Contact the emergency department
- Call 112 ambulance care
- Do something else *Please describe:* \_\_\_\_\_

**FACTORS AFFECTING DECISION-MAKING**

The next questions relate to general factors that may affect decision-making regarding health problems.

**7. We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement. (Please mark one answer per statement)**

		Not at all true	Hardly true	Moderately true	Exactly true
1.	I can always manage to solve difficult problems if I try hard enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	If someone opposes me, I can find the means and ways to get what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	It is easy for me to stick to my aims and accomplish my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	I am confident that I could deal efficiently with unexpected events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Thanks to my resourcefulness, I know how to handle unforeseen situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I can solve most problems if I invest the necessary effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I can remain calm when facing difficulties because I can rely on my coping abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	When I am confronted with a problem, I can usually find several solutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	If I am in trouble, I can usually think of a solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	I can usually handle whatever comes my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*We used validated Danish, Dutch, and German versions of the Generalized Self-Efficacy scale (Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, Measures in health psychology: A user’s portfolio. Causal and control beliefs (pp. 35- 37). Windsor, England: NFER-NELSON).*

**8. Over the last two weeks, how often have you been bothered by the following problems?**

		Not at all	Several days	More than half the days	Nearly every day
1.	Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We used validate Danish, Dutch, and German versions of the Generalized Anxiety Disorder scale (GAD-2), see <http://www.phqscreeners.com/select-screener> (Kroenke K, Spitzer RL, Williams JB, Monahan PO, Lowe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Ann Intern Med.* 2007; 146: 317-25).

**9. Do you have somebody to talk to if you have problems or you need support? (Please only mark one answer)**

- No, never or almost never
- Yes, sometimes
- Yes, often
- Yes, mostly

We used two scales of the validated Health Literacy Questionnaire (HLQ). As the HLQ is copyrighted to Deakin University, publication of the items or scales is not permitted (Osborne RH, Batterham RW, Elsworth GR, Hawkins M, Buchbinder R. The grounded psychometric development and initial validation of the Health Literacy Questionnaire (HLQ). *BMC Public Health.* 2013; 13: 658).

**10. How severe would your medical problem have to be before you felt it was appropriate to contact ...?**

(Please mark one grade per row)

	Not severe										Very severe	Don't know
... your own GP	0	1	2	3	4	5	6	7	8	9	10	<input type="radio"/>
... OOH primary care	0	1	2	3	4	5	6	7	8	9	10	<input type="radio"/>
... 112	0	1	2	3	4	5	6	7	8	9	10	<input type="radio"/>

11. The following statements concern your considerations for contacting OOH-PC. Please answer to which degree you agree with each statement. (Please mark one answer per statement)

		Totally agree	Agree	Not agree and not disagree	Disagree	Totally disagree	Don't know
1.	The OOH primary care is intended for <u>all</u> medical problems (including non-urgent problems) that occur outside my GP's normal opening hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	I can contact OOH primary care at any time, because it is financed by taxation (Denmark)/my insurance (the Netherlands, Switzerland)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	I feel more personal barriers in relation to contacting OOH primary care than contacting my own GP during daytime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	I carefully consider whether I should contact OOH primary care, because I do not want to disturb the health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the past year, how many times have you contacted the following health care providers regarding yourself and/or your children? (Please only mark one cross in each row– if you are unsure, please answer what you think is most accurate)

	Never	1	2	3	4	5 or more	Don't know/ not relevant
Own GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OOH primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How satisfied are you in general with the following health care providers? (Please only mark one cross in each row)

	Very satisfied	Satisfied	Not satisfied, not satisfied	Dissatisfied	Very dissatisfied	Don't know	Not relevant/ no contact
Own GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OOH primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. During the last two years, have you experienced practical problems in contacting your own GP during day time, due to ... (Please only mark one cross in each row)

	No problems	Yes, few problems	Yes, some problems	Yes, many problems	Don't know	Not relevant
... your own working hours or private appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... your GPs telephone accessibility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the possibility to make a telephone appointment with your GP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... your GPs availability for a clinic appointment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the accessibility to your own GP practice by website (i.e. making an appointment, repeat prescription, asking questions)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. What is the expected travel time from your home to the nearest OOH primary care, using your usual means of transport (public or private)? (Please only mark one answer)

- Less than 15 minutes
- 15 to 30 minutes
- 30 to 60 minutes
- More than 60 minutes
- Don't know

## BACKGROUND INFORMATION

### 16. What is your age?

Age: \_\_\_ years

*Question not in Dutch questionnaire as information was available directly from the consumer panel.*

### 17. What is your sex?

- Male
- Female

*Question not in Dutch questionnaire as information was available directly from the consumer panel.*

### 18. Do you live together with another adult? (Please give one or more answers)

- No
- Yes, with friend(s) or roommate(s)
- Yes, with adult child(ren)
- Yes, with wife/husband, partner
- Yes, with parent(s)
- Yes, in nursing home
- Yes, other. Please describe: \_\_\_\_\_

### 19. In general, how would you describe your own health? (Please only mark one answer)

- Very good
- Good
- Fair
- Bad
- Very bad

### 20. What is the highest educational level that you have completed? (Please only mark one answer)

- No education
- Primary school
- Lower secondary school
- Higher secondary school
- College – bachelor's degree
- University – bachelor's degree
- University – master's degree

- PhD/doctoral
- Other. *Please describe:* \_\_\_\_\_

*Answering categories were adjusted to the education system of each country.*

*Question not in Dutch questionnaire as information was available directly from the consumer panel.*

**21. What is your current job position?** (*Please only mark one answer - in case more answers apply, please mark the most accurate answer*)

- Employed
- Unemployed
- Pre-pension/ pension
- Care for family and household
- Leave
- Disabled
- Student
- Other. *Please describe:* \_\_\_\_\_

*Question not in Dutch questionnaire as information was available directly from the consumer panel.*

**22. From which country of birth are you and your parents?** (*Please only mark one cross in each row*)

	Denmark/The Netherlands/Switzerland	Other, please write the country
You	○	○ _____
Your mother	○	○ _____
Your father	○	○ _____

**23. Do you have a medical education?** (*Please only mark one answer*)

- No
- Yes, I am a doctor
- Yes, I am a nurse
- Yes, I have had another medical education. *Please describe:* \_\_\_\_\_

**24. Do you use healthcare applications (apps) or the Internet (e.g. 'Google search') when you experience a health problem?** (*Please only mark one answer*)

- Often
- Sometimes

- Rarely
- Never → skip question 25
- Don't know → skip question 25

**25. In general, does using apps or the Internet (e.g. 'Google search') influence your need to contact healthcare professionals when you experience a health problem? (Please only mark one answer)**

- No
- Yes, it mostly increases my need to contact
- Yes, it sometimes increases and sometimes decrease my need to contact
- Yes, it mostly decreases my need to contact
- Don't know
- Not relevant – rarely/never use this

*The Swiss questionnaire had four extra questions concerning ethnicity, being listed at a GP, and the insurance model.*

**COMMENTS**

You are welcome to write your comments on the questionnaire here:

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<b>Table 1.</b> Description of background characteristics of Danish population per age group, for respondents and non-respondents						
<b>Age group</b>	<b>0-4 years</b>		<b>30-39 years</b>		<b>50-59 years</b>	
	<b>Respondents</b>	<b>Non-respondents</b>	<b>Respondents</b>	<b>Non-respondents</b>	<b>Respondents</b>	<b>Non-respondents</b>
Age citizen (mean)	2.0 (1.9-2.1)	2.1 (1.9-2.2)	34.7 (34.5-35.0)	34.8 (34.6-35.0)	54.2 (54.0-54.5)	54.3 (54.0-54.5)
Gender citizen (%)						
- Male	50.3 (46.3-54.4)	51.8 (47.8-55.6)	38.0 (33.4-42.7)	55.2 (51.7-58.7)	45.0 (41.2-48.8)	54.6 (50.4-58.7)
- Female	49.7 (45.6-53.7)	48.2 (44.4-52.2)	62.0 (57.3-66.5)	44.8 (41.3-48.3)	55.1 (51.2-58.8)	45.4 (41.3-49.6)
Region citizen (%)						
- Capital	32.3 (28.6-36.3)	36.1 (32.5-40.0)	35.2 (30.8-39.8)	37.1 (33.8-40.6)	25.9 (22.7-29.4)	32.8 (29.0-36.8)
- Zealand	12.6 (10.1-15.6)	12.4 (10.1-15.2)	13.6 (10.6-17.5)	11.4 (9.4-13.9)	16.9 (14.2-20.0)	14.3 (11.6-17.5)
- South	20.3 (17.2-23.8)	20.2 (17.3-23.6)	18.2 (14.8-22.1)	20.3 (17.6-23.3)	22.9 (19.8-26.2)	21.6 (18.4-25.3)
- Central	23.6 (20.3-27.3)	23.1 (20.0-26.6)	24.9 (21.1-29.3)	20.9 (18.2-23.9)	23.5 (20.4-26.9)	20.7 (17.5-24.3)
- North	11.2 (8.9-14.0)	8.1 (6.2-10.5)	8.2 (5.9-11.2)	10.3 (8.3-12.6)	10.9 (8.7-13.5)	10.6 (8.3-13.5)
<i>Education level, ethnicity and living status were not available for the non-respondents. We checked the general population: respondents seem more slightly more often native and a bit higher educated.</i>						



<b>Table 2.</b> Description of background characteristics of Dutch population per age group, for respondents and general population						
<b>Age group</b>	<b>0-4 years</b>		<b>30-39 years</b>		<b>50-59 years</b>	
<b>Characteristics</b>	<b>Respondents</b>	<b>General population<sup>1</sup></b>	<b>Respondents</b>	<b>General population</b>	<b>Respondents</b>	<b>General population</b>
Age citizen (mean)	1.7 (1.6-1.8)	2.0	34.8 (34.6-35.0)	34.5	54.6 (54.4-54.8)	54.4
Gender citizen (%)	<i>Not available – only gender parent</i>					
- Male		51.2 (51.1-51.3)	50.2 (46.1-54.2)	50.1 (50.0-50.2)	52.9 (49.0-56.8)	50.2 (50.1-50.2)
- Female		48.8 (48.7-48.9)	49.8 (45.8-53.9)	49.9 (49.8-50.0)	47.1 (43.2-51.0)	49.8 (50.0-50.0)
Region (%)						
- Groningen	3.1 (2.0-4.7)	3.1 (3.0-3.1)	3.4 (2.2-5.2)	3.2 (3.2-3.3)	3.6 (2.4-5.4)	3.3 (3.3-3.3)
- Friesland	3.7 (2.5-5.5)	3.7 (3.6-3.7)	2.5 (1.5-4.2)	3.4 (3.4-3.5)	3.5 (2.3-5.2)	3.8 (3.8-3.8)
- Drenthe	2.4 (1.5-4.0)	2.6 (2.5-2.6)	2.2 (1.3-3.7)	2.5 (2.4-2.5)	3.3 (2.2-5.0)	3.1 (3.0-3.1)
- Overijssel	6.9 (5.2-9.2)	7.0 (6.9-7.0)	7.4 (5.6-9.8)	6.6 (6.5-6.6)	7.0 (5.2-9.2)	6.5 (6.5-6.6)
- Gelderland	11.9 (9.6-14.7)	11.5 (11.5-11.6)	11.3 (9.0-14.1)	11.0 (11.0-11.0)	13.1 (10.7-16.0)	12.2 (12.2-12.3)
- Utrecht	9.0 (7.0-11.5)	8.4 (8.3-8.4)	9.6 (7.5-12.3)	8.1 (8.0-8.1)	6.5 (4.8-8.7)	7.1 (7.1-7.1)
- Noord-Holland	15.8 (13.1-18.9)	16.8 (16.7-16.9)	18.1 (15.2-21.4)	18.0 (18.0-18.1)	15.6 (13.0-18.7)	16.1 (16.0-16.1)
- Zuid-Holland	22.5 (19.4-26.0)	23.0 (22.9-23.1)	21.3 (18.2-24.8)	22.8 (22.7-22.8)	18.0 (15.2-21.2)	20.6 (20.5-20.6)
- Zeeland	1.9 (1.1-3.4)	2.1 (2.1-2.1)	1.9 (1.0-3.3)	2.0 (1.9-2.0)	2.5 (1.6-4.1)	2.3 (2.2-2.3)
- Flevoland	3.7 (2.5-5.5)	2.8 (2.8-2.9)	3.2 (2.1-5.0)	2.6 (2.6-2.6)	2.8 (1.8-4.5)	2.4 (2.4-2.5)
- Noord-Brabant	14.2 (11.6-17.1)	13.9 (13.8-14.0)	13.7 (11.1-16.7)	14.2 (14.2-14.3)	16.3 (13.6-19.4)	15.2 (15.1-15.2)
- Limburg	4.8 (3.4-6.8)	5.2 (5.1-5.2)	5.4 (3.8-7.5)	5.7 (5.7-5.7)	7.7 (5.9-10.1)	7.4 (7.4-7.4)

<sup>1</sup>Information was only available on children for the general population, whereas information on the respondents was on parent/care-giver, who was the decision maker and answered the questionnaire.

<b>Table 3.</b> Description of background characteristics of Swiss population per age group, for respondents and general population				
<b>Age group</b>	<b>30-40 years</b>		<b>50-60 years</b>	
	<b>Respondents<sup>1,2</sup></b>	<b>General population<sup>3</sup></b>	<b>Respondents</b>	<b>General population<sup>3</sup></b>
Age respondent (mean)	34.9 (34.7-35.2)	34.5	54.5 (54.2-54.7)	54.2
Gender respondent (%)				
- Male	42.3 (38.3-46.3)	50.3 (50.2-50.4)	48.1 (44.1-52.1)	50.4 (50.3-50.5)
- Female	57.7 (53.7-61.7)	49.7 (49.6-49.8)	51.9 (47.9-55.9)	49.6 (49.5-49.6)
Education level (%)		<b>(35-44 years)</b>		<b>(55-64 years)</b>
- Low	4.6 (3.2-6.6)	11.5	9.7 (7.6-12.4)	15.5
- Middle	59.4 (55.3-63.3)	42.5	66.1 (62.1-69.8)	52.4
- High	36.1 (32.3-40.0)	46.0	24.2 (20.9-27.8)	32.1
Ethnicity (%)				
- Native	64.0 (60.0-67.8)	62.8 (62.7-62.9)	70.3 (66.4-73.8)	80.0 (80.0-80.1)
- Immigrant	36.0 (32.2-40.0)	37.2 (37.1-37.3)	29.7 (26.2-33.6)	20.0 (19.9-20.0)
<sup>1</sup> ResponDi panel company; <sup>2</sup> Bilendi panel company; <sup>3</sup> According to the federal statistical office of Switzerland <a href="https://www.bfs.admin.ch/bfs/en/home/statistics/population.html">https://www.bfs.admin.ch/bfs/en/home/statistics/population.html</a>				