Supporting Information 1. Questionnaire for patients visited the department of general medicine during consultation hours

Q1: How many times did you visit a hospital emergency department (including other hospitals) out-of-hours in the past 3 years? Please place a check mark next to the response that most closely reflects your situation.

□0 times

□1 time

□2 or more times

Q2: Do you have your own primary care physician?

□Yes

(Where is that physician located? □This hospital □Another clinic or hospital)

□No

Q3: Do you regularly visit a clinic or hospital?

□Yes

(Which hospital is it? □This hospital □Another clinic or hospital)

□No

Q4: Please check ☑ the responses that most closely reflect your opinions about reasons why you sought care today.

	Yes	Somewhat agree	No	Absolutely not agree
(Example of description) Because I ~	☑	□	□	□
1. Because I desired to be cured quickly	□	□	□	□
2. Because my condition was not improving	□	□	□	□
3. Because over-the-counter medicine was not working	□	□	□	□
4. Because I wanted a doctor's opinion	□	□	□	□
5. Because I wanted to know whether the condition was serious	□	□	□	□
6. Because I wanted to know if I could attend work, school, or events	□	□	□	□
7. Because I wanted laboratory tests done	□	□	□	□
8. Because I wanted a prescription	□	□	□	□
9. Because I wanted an intravenous drip	□	□	□	□

10. Because I desired treatment by a specialist	□	□	□	□
11. Because of recommended by others	□	□	□	□
	Yes	Somewhat agree	No	Absolutely not agree

Q5: Read each item and please circle the answer which comes closest to how you have been feeling, on the average, in the past week. Don’t take too long over your answers; your immediate reaction to each item will probably be more accurate than a long thought out response.

1. I feel tense or 'wound up':
    - a. Most of the time
    - b. A lot of the time
    - c. From time to time, occasionally
    - d. Not at all

2. I still enjoy the things I used to enjoy:
    - a. Definitely as much
    - b. Not quite so much
    - c. Only a little
    - d. Hardly at all

3. I get a sort of frightened feeling as if something awful is about to happen:
    - a. Very definitely and quite badly
    - b. Yes, but not too badly
    - c. A little, but it doesn't worry me
    - d. Not at all

4. I can laugh and see the funny side of things:
    - a. As much as I always could
    - b. Not quite so much now
    - c. Definitely not so much now
    - d. Not at all

5. Worrying thoughts go through my mind:
    - a. A great deal of the time
    - b. A lot of the time
    - c. From time to time but not too often
    - d. Only occasionally

6. I feel cheerful:
    - a. Not at all
    - b. Not often
    - c. Sometimes
    - d. Most of the time

7. I can sit at ease and feel relaxed:
    - a. Definitely
    - b. Usually
    - c. Not often

d. Not at all

8. I feel as if I am slowed down:
    a. Nearly all the time
    b. Very often
    c. Sometimes
    d. Not at all

9. I get a sort of frightened feeling like 'butterflies' in the stomach:
    a. Not at all
    b. Occasionally
    c. Quite often
    d. Very often

10. I have lost interest in my appearance:
    a. Definitely
    b. I don't take as much care as I should
    c. I may not take quite as much care
    d. I take just as much care as ever

11. I feel restless as if I have to be on the move:
    a. Very much indeed
    b. Quite a lot
    c. Not very much
    d. Not at all

12. I look forward with enjoyment to things:
    a. As much as ever I did
    b. Rather less than I used to
    c. Definitely less than I used to
    d. Hardly at all

13. I get sudden feelings of panic:
    a. Very often indeed
    b. Quite often
    c. Not very often
    d. Not at all

14. I can enjoy a good book or radio or TV program:
    a. Often
    b. Sometimes
    c. Not often
    d. Very seldom

Q6: Are there out-of-hours primary care clinics in your local area?

- ･Yes
- ･No
- ･I don't know

Q7: Please circle the most applicable answer about yourself, or please fill out.

7(a): Marital status

1. Unmarried 2. Married 3. Divorced 4. Widowed 5. Other

7(b): Number of cohabitants (including yourself)

( )

7(c): Occupation (employment status)

1. Regular employee 2. Temporary staff 3. Part-time employee
4. Self-employed 5. Executive 6. Student
7. Unemployed 8. Stay-at-home 9. Other ( )

7(d): Educational status

1. Elementary school or junior high school 2. High school
3. Specialized training college or miscellaneous school 4. Junior college or college of technology 5. University 6. Graduate school 7. Other ( )

Supporting Information 2. Questionnaire for out-of-hours emergency department patients

Q1: How many times did you visit a hospital emergency department (including other hospitals) out-of-hours in the past 3 years? Please place a check mark next to the response that most closely reflects your situation.

□0 times
□1 time
□2 or more times

Q2: Do you have your own primary care physician?

□Yes
(Where is that physician located? □This hospital □Another clinic or hospital)
□No

Q3: Do you regularly visit a clinic or hospital?

□Yes
(Which hospital is it? □This hospital □Another clinic or hospital)
□No

Q4: Please check ☑ the responses that most closely reflect your opinions about reasons why you sought care today.

	Yes	Somewhat agree	No	Absolutely not agree
(Example of description) Because I ~	☑	□	□	□
1. Because I desired to be cured quickly	□	□	□	□
2. Because my condition was not improving	□	□	□	□
3. Because over-the-counter medicine was not working	□	□	□	□
4. Because I wanted a doctor's opinion	□	□	□	□
5. Because I wanted to know whether the condition was serious	□	□	□	□
6. Because I wanted to know if I could attend work, school, or events	□	□	□	□
7. Because I wanted laboratory tests done	□	□	□	□
8. Because I wanted a prescription	□	□	□	□
9. Because I wanted an intravenous drip	□	□	□	□

10. Because I desired treatment by a specialist	□	□	□	□
11. Because of recommended by others	□	□	□	□
12. Because of inability to take time off from school or work during the day	□	□	□	□
	Yes	Somewhat agree	No	Absolutely not agree

Q5: Read each item and please circle the answer which comes closest to how you have been feeling, on the average, in the past week. Don’t take too long over your answers; your immediate reaction to each item will probably be more accurate than a long thought out response.

1. I feel tense or 'wound up':
   - a. Most of the time
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3. I get a sort of frightened feeling as if something awful is about to happen:
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   - c. A little, but it doesn't worry me
   - d. Not at all

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   - a. A great deal of the time
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   - c. From time to time but not too often
   - d. Only occasionally

6. I feel cheerful:
   - a. Not at all
   - b. Not often
   - c. Sometimes
   - d. Most of the time

7. I can sit at ease and feel relaxed:
   - a. Definitely
   - b. Usually
   - c. Not often

d. Not at all

8. I feel as if I am slowed down:

a. Nearly all the time
b. Very often
c. Sometimes
d. Not at all

9. I get a sort of frightened feeling like 'butterflies' in the stomach:

a. Not at all
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c. Quite often
d. Very often

10. I have lost interest in my appearance:

a. Definitely
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11. I feel restless as if I have to be on the move:

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14. I can enjoy a good book or radio or TV program:

a. Often
b. Sometimes
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d. Very seldom

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- Yes
- No
- I don't know

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7(d): Educational status

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3. Specialized training college or miscellaneous school 4. Junior college or college of technology 5. University 6. Graduate school 7. Other ( )

Supporting Information 3.

Questionnaire for regular consultation hours general medicine physicians

Exclusion

□>3 days from symptom onset □Chief complaint is traumatic injury □Triage level 1-3
□Hospitalization or referral to another medical facility □Other

Please check ☑ triage level of this patient.

□Level 4: Less Urgent □Level 5: Non-urgent

Age 【 】 years old
Sex □Male □Female

Chief complaint（Up to 3 symptoms）

□1. fever □2. cough □3. diarrhea □4. sore throat □5. headache
□6. abdominal pain □7. dizziness
Other 【 】【 】【 】

Duration since symptom onset □few hours □half a day □1 day □2–3days

Diagnosis

□a. Acute upper respiratory infection □b. Acute bronchitis □c. Asthma
□d. Pneumonia
□e. Acute gastroenteritis □f. Peptic/duodenal ulcer □g. Cholelithiasis
□h. Urticaria □i. Cellulitis □j. Allergy/allergic reaction
□k. Urinary tract infection □l. Urinary calculus
□m. Musculoskeletal disorder □n. Psychological disorder □o. No disease
□Other 【 】

Procedure			
	Prescription	□0. Absent	□1. Present
	Imaging	□0. Absent	□1. Present
	Laboratory test	□0. Absent	□1. Present
	Treatment	□0. Absent	□1. Present

Supporting Information 4.

Questionnaire for out-of-hours emergency department physicians and triage nurses

Exclusion

□>3 days from symptom onset □Chief complaint is traumatic injury □Triage level 1-3
□Hospitalization or referral to another medical facility □Other

For triage nurse

Please check ☑ triage level of this patient.

□Level 4: Less Urgent □Level 5: Non-urgent

For physician in charge of consultation for this patient

Please check ☑ whether it was necessary to use out-of-hours emergency medical care, for this patient's results of consultation.

□Necessary
(ex. needed intravenous drip, antibiotics, laboratory test, or treatment, etc.)

□Unnecessary
(ex. needed symptomatic treatment only, no need for follow-up, no prescription, etc.)

Age 【 】 years old
Sex □Male □Female

Chief complaint（Up to 3 symptoms）

□1. fever □2. cough □3. diarrhea □4. sore throat □5. headache
□6. abdominal pain □7. dizziness
Other【 】【 】【 】

Duration since symptom onset □few hours □half a day □1 day □2–3days

Diagnosis

□a. Acute upper respiratory infection □b. Acute bronchitis □c. Asthma
□d. Pneumonia
□e. Acute gastroenteritis □f. Peptic/duodenal ulcer □g. Cholelithiasis
□h. Urticaria □i. Cellulitis □j. Allergy/allergic reaction
□k. Urinary tract infection □l. Urinary calculus

□m. Musculoskeletal disorder □n. Psychological disorder □o. No disease
□Other【 】

Procedure	Prescription	□0. Absent	□1. Present
	Imaging	□0. Absent	□1. Present
	Laboratory test	□0. Absent	□1. Present
	Treatment	□0. Absent	□1. Present