

Appendices

Appendix 1: Example of a 2003–04 recording form

BEACH (Bettering the Evaluation And Care of Health) - Morbidity and Treatment Survey - National © BEACH General Practice & Statistics Classification Unit University of Sydney 1996 **DOC ID**

Encounter Number	Date of encounter ____/____/____	Date of Birth ____/____/____	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Patient Postcode _____	Yes / No	PATIENT SEEN <input type="checkbox"/> PATIENT NOT SEEN <input type="checkbox"/> Item No: (if applicable) _____ VA paid <input type="checkbox"/> Workers comp paid <input type="checkbox"/> State Govt/Other paid <input type="checkbox"/> No charge <input type="checkbox"/>
START Time ____:____ AM / PM (please circle)	Patient Reasons for Encounter		1. _____ 2. _____ 3. _____		New Patient <input type="checkbox"/> <input type="checkbox"/> Health Care/Benefits Card <input type="checkbox"/> <input type="checkbox"/> Veterans Affairs Card <input type="checkbox"/> <input type="checkbox"/> NESB <input type="checkbox"/> <input type="checkbox"/> Aboriginal <input type="checkbox"/> <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> <input type="checkbox"/>	

Diagnosis/ Problem ① :		Problem Status New <input type="checkbox"/> Old <input type="checkbox"/>							
Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status New Cont		
1.									
2.									
3.									
4.									
Procedures, other treatments, counselling this consult for this problem									
1. _____ 2. _____									

Diagnosis/ Problem ② :		Problem Status New <input type="checkbox"/> Old <input type="checkbox"/>							
Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status New Cont		
1.									
2.									
3.									
4.									
Procedures, other treatments, counselling this consult for this problem									
1. _____ 2. _____									

Diagnosis/ Problem ③ :		Problem Status New <input type="checkbox"/> Old <input type="checkbox"/>							
Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status New Cont		
1.									
2.									
3.									
4.									
Procedures, other treatments, counselling this consult for this problem									
1. _____ 2. _____									

Diagnosis/ Problem ④ :		Problem Status New <input type="checkbox"/> Old <input type="checkbox"/>							
Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status New Cont		
1.									
2.									
3.									
4.									
Procedures, other treatments, counselling this consult for this problem									
1. _____ 2. _____									

NEW REFERRALS, ADMISSIONS	IMAGING/Other tests
Problem(s)	Body site Problem(s)
1. _____ 1 2 3 4	1. _____ - _____ 1 2 3 4
2. _____ 1 2 3 4	2. _____ - _____ 1 2 3 4

PATHOLOGY	PATHOLOGY (cont)
Problem(s)	Problem(s)
1. _____ 1 2 3 4	4. _____ 1 2 3 4
2. _____ 1 2 3 4	5. _____ 1 2 3 4
3. _____ 1 2 3 4	

Patient reported Height ____ cm	Weight ____ kg	To the patient if 18+: Which best describes your smoking status? Smoke daily <input type="checkbox"/> Smoke occasionally <input type="checkbox"/> Previous smoker <input type="checkbox"/> Never smoked <input type="checkbox"/>	To the patient if 18+: How often do you have a drink containing alcohol? Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> Once a week/fortnight <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> 4+ times a week <input type="checkbox"/>	How many 'standard' drinks do you have on a typical day when you are drinking? _____	How often do you have 6 or more standard drinks on one occasion? Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily <input type="checkbox"/>	FINISH Time _____ : _____ AM / PM (please circle)
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Appendix 2: GP characteristics questionnaire for 2003-04



The University of Sydney
at Westmead Hospital

General Practice Statistics and Classification Unit
Family Medicine Research Centre

Doctor Identification Number

Please write your QA No. here

a collaborating unit of the
**Australian Institute of
Health and Welfare**



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Please fill in boxes or circle answers where appropriate

1. Sex Male / Female

2. Age

3. How many years have you spent in general practice?

4. How many GPs work with you at this practice? ..
(Practice = shared medical records)

5. Postcode of major practice address..

6. Year of graduation

7. Place of graduation (primary medical degree):
Aust 1
NZ 2
Asia 3
UK / Ireland 4
Other:(specify) 5

8. Do you conduct any of your consultations in a language other than English?
No 1
Yes - <25% 2
Yes - 25 to 50% 3
Yes - >50% 4

9. Are you currently a GP registrar? Yes / No

10. Are you DVA registered? Yes / No

11. Do you hold FRACGP ? Yes / No

12. Is this practice accredited ? Yes / No

13. Number of general practice sessions you usually work per week?
(1 session = ~4 hrs eg a morning session)

14. Do you bulk bill?
Yes - all patients 1
Yes - Pension/Healthcare Card only 2
Yes - selected mixture of patients 3
No 4

15. Direct patient care hours worked per week?
(Include hours of direct patient care, instructions, counselling etc and other services such as referrals, prescriptions, phone calls etc.)

16. Over the past four weeks have you provided any patient care(Please circle as many as apply)
As a locum 1
In a deputising service 2
In a residential aged care facility 3
As a salaried/sessional hospital medical officer 4

17. To what extent are computers used at your major practice address? (Circle as many as apply)
Not at all 1
Billing 2
Prescribing 3
Medical Records 4
Other Admin 5
Internet / Email 6

18. What are the normal after-hours arrangements for your practice? (Circle as many as apply)
Practice does its own 1
Co-operative with other practices 2
Deputising service 3
Referral to other service (eg A&E) 4
Other 5
None 6

19. Is your major practice site a teaching practice?
for undergraduates 1
for GP registrars 2
No 3

20. Is there a practice nurse at your major practice?
No 1
Yes - full time 2
Yes - part time - ____ days per week 3

21. Did any of your BEACH consultations take place in an Aboriginal Community Controlled Health Service (ACCHS)?
No 1
Yes - all 2
Yes - some (which dates?) 3

Thank you for participating in the BEACH PROGRAM.