### Appendix 2

Please fill in boxes or circle answers where appropriate

1. Doctor Identification Number: 

2. Sex: Male / Female  

3. Age: 

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

5. Number of general practice sessions you usually work per week? 

6. How many full-time (>5 sessions per week) general practitioners work with you at this practice? (Practice= shared medical records) 

7. How many part-time (<6 sessions per week) general practitioners work with you at this practice? (Practice= shared medical records) 

8. Do you conduct more than 50% of consultations in a language other than English? Yes / No 

9. What is the postcode of your major practice address? 

10. Country of graduation: Aust NZ Asia UK Other: 

11. General Practice training status (CSCT or RACGP training programme)? Presently training Completed training Not applicable 

12. Do you hold FRACGP? Yes / No 

13. Are you a member of any of the following organisations? AMA RACGP RDAA 

14. How do you routinely instruct pharmacists on the substitution of generic drugs? No substitute allowed Substitute allowed 

15. Special interests: (up to three) 

   1. Acupuncture  
   2. Anaesthetics  
   3. Asthma  
   4. Cardiology  
   5. Computers  
   6. Counselling  
   7. Dermatology  
   8. Diabetes  
   9. Geriatrics/aged care  
  10. Nutrition  
  11. Obstetrics/antenatal  
  12. Occup./indust.med.  
  13. Paediatrics  
  14. Preventive medicine  
  15. Psychiatry  
  16. Sports medicine  
  17. Surgery  
  18. Women's Health 

Other: 

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