

# **Appendices**

## **Appendix 1: Example of a 2007–08 recording form**

Encounter Number	Date of encounter	Date of Birth	Sex	Patient Postcode	PATIENT SEEN BY GP
	____/____/____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	<input type="checkbox"/> PATIENT NOT SEEN BY GP
<b>START Time</b>	Patient Reasons for Encounter		Medicare Item Nos: (if applicable)		
____ : ____ AM / PM (please circle)	1. _____		Workers comp paid..... <input type="checkbox"/>		
	2. _____		State Govt/Other paid..... <input type="checkbox"/>		
	3. _____		No charge..... <input type="checkbox"/>		

Diagnosis/ Problem ① :	Problem Status					Work related
	New	Old	OTC	GP Supply	Drug status New / Cont.	
Drug Name AND Form for this problem						
1. _____						
2. _____						
3. _____						
4. _____						

**Procedures, other treatments, counselling this consult for this problem**

1. \_\_\_\_\_ Prac Nurse?  2. \_\_\_\_\_ Prac Nurse?

Diagnosis/ Problem ③ :	Problem Status					Work related
	New	Old	OTC	GP Supply	Drug status New / Cont.	
Drug Name AND Form for this problem						
1. _____						
2. _____						
3. _____						
4. _____						

**Procedures, other treatments, counselling this consult for this problem**

1. \_\_\_\_\_ Prac Nurse?  2. \_\_\_\_\_ Prac Nurse?

Diagnosis/ Problem ④ :	Problem Status					Work related
	New	Old	OTC	GP Supply	Drug status New / Cont.	
Drug Name AND Form for this problem						
1. _____						
2. _____						
3. _____						
4. _____						

**Procedures, other treatments, counselling this consult for this problem**

1. \_\_\_\_\_ Prac Nurse?  2. \_\_\_\_\_ Prac Nurse?

**NEW REFERRALS, ADMISSIONS**

1. \_\_\_\_\_ Problem(s) 1 2 3 4 Body site 1 2 3 4

2. \_\_\_\_\_ Problem(s) 1 2 3 4 Body site 1 2 3 4

**Patient reported**

Height: \_\_\_\_\_ cm

Weight: \_\_\_\_\_ kg

**To the patient if 18+:**

Which best describes your smoking status?

Smoke daily.....

Smoke occasionally.....

Previous smoker.....

Never smoked.....

**To the patient if 18+:**

How often do you have a drink containing alcohol?

Never.....

Monthly or less.....

Once a week/fortnight.....

2-3 times a week.....

4+ times a week.....

**To the patient if 18+:**

How often do you have 6 or more standard drinks on one occasion?

Never.....

Less than monthly.....

Monthly.....

Weekly.....

Daily or almost daily.....

# Appendix 2: GP characteristics questionnaire, 2007–08



The University of Sydney  
at Westmead Hospital

Australian General Practice  
Statistics and  
Classification Centre



a collaborating unit of the

Australian Institute of Health and Welfare

Doctor Identification Number

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Please fill in boxes or circle answers

1. Sex ..... Male / Female (please circle)
2. Age.....
3. How many years have you spent in general practice?.....
4. How many GPs (full time equivalents) work at this practice (including yourself)?  
(Practice = shared medical records)
5. Postcode of major practice address ..
6. In which GP Division is this practice  
.....
7. Year of graduation .....
8. Place of graduation (primary medical degree):
  - Aust ..... 1
  - NZ ..... 2
  - Asia ..... 3
  - UK / Ireland..... 4
  - Other: (specify) ..... 5
9. 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
10. Are you a GP registrar (i.e. in training)?... Yes / No
11. Do you hold FRACGP ?..... Yes / No
12. Is your major practice accredited ?..... Yes / No
13. Is there a practice nurse at your major practice address ?..... Yes / No  
If yes, how many full time equivalents?
14. Number of general practice sessions you usually work per week?  
(1 session = ~4 hrs eg a morning session) ....
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 ....(Circle all that 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
  - None of the above ..... 5
17. What are the normal after-hours arrangements for your practice? (Circle all that 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
18. Do you bulk bill ALL patients?..... Yes / No  
If No, which groups are bulk billed?  
(Tick those that apply)
 

	All	Some
Pensioner/Healthcare Card holders ...	<input type="checkbox"/>	<input type="checkbox"/>
Children <16 years.....	<input type="checkbox"/>	<input type="checkbox"/>
Selected other patients .....	<input type="checkbox"/>	<input type="checkbox"/>
19. To what extent are computers used -
  - (i) at your major practice?      (ii) by you (at work)?
  - Not at all .....1      Not at all ..... 1
  - Billing.....2      Test ordering ..... 2
  - Prescribing.....3      Prescribing .....3
  - Medical Records.....4      Medical Records ..... 4
  - Other Admin.....5      Internet ..... 5
  - Internet / Email.....6      Email .....6
  - (iii) Prescribing / Health record software used is —  
.....
20. Is your major practice site a teaching practice?  
(Circle all that apply)
  - for undergraduates..... 1
  - for GP registrars ..... 2
  - No..... 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

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Thank you for participating in the BEACH PROGRAM.

## **Appendix 3: Dissemination of results from the BEACH program**

**Available from <[www.aihw.gov.au/publications/index.cfm/subject/19](http://www.aihw.gov.au/publications/index.cfm/subject/19)>**

A full list of BEACH publications is also available from the Family Medicine Research Centre website: < [www.fmrc.org.au/publications/](http://www.fmrc.org.au/publications/)>.

## **Appendix 4: Code groups from ICPC-2 and ICPC-2 PLUS**

**Available from <[www.aihw.gov.au/publications/index.cfm/subject/19](http://www.aihw.gov.au/publications/index.cfm/subject/19)>**

## **Appendix 5: Chronic code groups from ICPC-2 and ICPC-2 PLUS**

**Available from <[www.aihw.gov.au/publications/index.cfm/subject/19](http://www.aihw.gov.au/publications/index.cfm/subject/19)>**