

Appendices

Appendix 1: Example of a 2002–03 recording form

Encounter Number: _____ Date of encounter: ____/____/____ Sex: M F Patient Postcode: _____

Date of Birth: ____/____/____ PATIENT SEEN: PATIENT NOT SEEN:

START Time: _____ Patient Reasons for Encounter: _____

1. _____ VA paid: Workers comp paid:
 2. _____ AM / PM (please circle) _____ State/Other paid:
 3. _____ No charge:

Item No: (if applicable) _____

Diagnosis/Problem ①:		Problem Status					
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					
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		Body site		Problem(s)		
Problem(s)	1	2	3	4	1	2	3	4
1. _____	1	2	3	4	1	2	3	4
2. _____	1	2	3	4	1	2	3	4

Patient's Height: _____ cm

Weight: _____ kg

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

How many 'standard' drinks do you have on a typical day when you are drinking?

To the patient if 18+:
 Which best describes your smoking status?
 Never Smoke daily
 Less than monthly Smoke occasionally
 Monthly Previous smoker
 Weekly Never smoked
 Daily or almost daily

FINISH Time: _____ : _____ AM / PM (please circle) BAS

Appendix 2: GP characteristics questionnaire for 2002–03



Doctor Identification Number

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a collaborating unit of the
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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 general practitioners work with you at this practice?
(Practice = shared medical records)

5. What is the postcode of your 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. General Practice training status (CSCT or RACGP training programme)?

- Presently training 1
- Completed training 2
- Not Applicable 3

9. Do you hold FRACGP? **Yes / No**

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

11. Direct patient care hours worked per week?
(Please estimate the hours usually spent on service provision to patients including direct patient care, instructions, counselling etc and other related services such as writing referrals, prescriptions, phone calls etc.)

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12. Hours on call but not worked per week?.....

13. 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

14. How do you routinely instruct pharmacists on the substitution of generic drugs?

- Substitute allowed 1
- No substitute allowed..... 2

15. 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

16. Is this practice accredited ?..... **Yes / No**

17. What are the normal after-hours arrangements for your practice? (Circle as many as apply)

- Practice does its own 1
- Co-operative with oth. practices 2
- Deputising service 3
- Referral to other service (eg A&E).... 4
- Other..... 5
- None 6

18. Is your major practice site a teaching practice?

- for undergraduates 1
- for GP registrars 2
- No 3

*Thank you for participating in the **BEACH PROGRAM.***