

## Additional file 1

2008 GP patient survey questionnaire	
Question	Answers
<b>Section A: Getting to see the doctor</b>	
Q1 When was the last time you saw a doctor at your GP surgery?	<input type="checkbox"/> Less than 3 months ago <input type="checkbox"/> Between 3 and 6 months ago <input type="checkbox"/> More than 6 months ago
Q2 In general, are you satisfied with how easy it is to get through to someone on the phone at your doctor's surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q3 In the last 6 months, have you tried to get an appointment with a doctor fairly quickly about any matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q4* Think about the last time you tried to get an appointment with a doctor fairly quickly**: Were you able to get the appointment on the same day or on the next 2 days the surgery was open?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q5 In the last 6 months, have you wanted to book ahead <sup>†</sup> for an appointment with a doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q6* Last time you wanted to, were you able to get an appointment with a doctor more than 2 full days in advance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q7 In the last 6 months, have you ever wanted to make an appointment with a particular doctor at your GP surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q8* Last time you wanted to, were you able to make an appointment with a particular doctor - even if it meant waiting longer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q9 Over the last 6 months or so, were you satisfied with the hours your GP surgery was open?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q10* I was dissatisfied because...	<input type="checkbox"/> the surgery was not open early enough in the morning <input type="checkbox"/> the surgery was not open around lunchtime <input type="checkbox"/> the surgery was not open late enough in the evening <input type="checkbox"/> the surgery was not open on a Saturday <input type="checkbox"/> the surgery was not open on a Sunday <input type="checkbox"/> of some other reason
<b>Section B: Referrals to hospital</b>	
Q11 In the last 6 months, has your doctor referred you to see a specialist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q12* Think about the last time your doctor referred you to see a specialist. Did your doctor talk with you about a choice of hospital for your appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section C: Some questions about you</b>	
Q13 Are you male or female?	<input type="checkbox"/> Male <input type="checkbox"/> Female

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<b>Question</b>		<b>Answers</b>	
Q14	How old are you?	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-19 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54	<input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75-84 <input type="checkbox"/> 85 or over
Q15	How many appointments have you made with a doctor at your GP surgery in the last 12 months?	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-25 <input type="checkbox"/> 26 or more
Q16	Are you a parent or legal guardian for any children aged under 16 currently living in your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q17	Which of these best describes what you are doing at present? <i>If more than one of these applies to you, please tick the main ONE</i>	<input type="checkbox"/> Full-time paid work (30 hours plus per week) <input type="checkbox"/> Part-time paid work (under 30 hours per week) <input type="checkbox"/> Full-time education at school , college or university <input type="checkbox"/> Unemployed <input type="checkbox"/> Permanently sick/disabled <input type="checkbox"/> Looking after home <input type="checkbox"/> Doing something else	
Q18*	In general how long does your journey take from home to work (door to door)?	<input type="checkbox"/> Less than 10 minutes <input type="checkbox"/> 10-30 minutes <input type="checkbox"/> 31 minutes – 1 hour <input type="checkbox"/> More than 1 hour <input type="checkbox"/> Live on site	
Q19*	Which of the following most reflects your typical working hours? <i>If more than one of these applies to you, please tick the main ONE</i>	<input type="checkbox"/> Weekday office hours (starting around 8 or 9am and finishing around 5 or 6 pm) <input type="checkbox"/> Weekday mornings <input type="checkbox"/> Weekday afternoons/evenings <input type="checkbox"/> Overnights <input type="checkbox"/> Weekends <input type="checkbox"/> Other work pattern <input type="checkbox"/> Working hours vary	
Q20	If you need to see a doctor at your GP surgery during your typical working hours, can you take time away from your work to do this?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q21	Do you have any of the following long-standing conditions? <i>Include problems which are due to old age. Please tick all boxes which apply.</i>	<input type="checkbox"/> Deafness or severe hearing impairment <input type="checkbox"/> Blindness or severe visual impairment <input type="checkbox"/> A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying <input type="checkbox"/> A learning difficulty <input type="checkbox"/> A long-standing psychological or	

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	emotional condition <input type="checkbox"/> Other, including any long-standing illness <input type="checkbox"/> No, I do not have a long-standing condition
Q22 Does your long-standing health problem or disability mean you have substantial difficulties doing day-to-day activities? <i>Include problems which are due to old age.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q23 Do you have carer responsibilities for anyone in your household with a long-standing health problem or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q24 What is your ethnic group?	A. White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White (write in)  B. Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other Mixed (write in)  C. Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian (write in)  D. Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black (write in)  E. Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Other (write in)
* These questions do not apply to all respondents ** 'Fairly quickly' means on the same day or the next two days the surgery was open † 'Book ahead' means booking an appointment more than 2 full days in advance	