

To be completed after consultations with consenting patients.

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**1. How did the consultation go?**

- Very well       OK       Not particularly well       Badly

**2. Do you think the patient raised all the health concerns they wanted to today?**

- Yes       No       I don't know

**3. Did you need to encourage the patient to raise the concerns they had come with?**

- Yes       No

**Health Problem 1**

**4. What was the main health problem raised?**

.....

**5. Did you feel you understood the patient's views about this health problem?**

- Yes       No       I don't know

**6. Did you feel you understood the patient's views about the treatment they would find acceptable?**

- Yes       No       I don't know

**7. Did you think the patient wanted a prescription for this health problem?**

- Definitely       Probably       Probably not       Definitely not  
 I don't know       Don't think patient knew

**8. Did you feel pressured by the patient to write a prescription for this problem?**

- Definitely       A little pressured       Not at all pressured

**9. Did you write a prescription for this problem?**

- Yes       No

*If yes, please complete the table below (one row per drug)*

Drug	Dose	New or repeat?	Strictly indicated?
		New/ Repeat	Yes/ No
		New/ Repeat	Yes/ No
		New/ Repeat	Yes/ No

**10. Did you feel comfortable about this prescribing decision?**

- Definitely comfortable     
  Fairly comfortable     
  Slightly uncomfortable     
  Definitely uncomfortable

*If a second health problem was raised, please also complete this side.*

**Health Problem 2**

**11. What was the second health problem raised?**

.....

**12. Did you feel you understood the patient's views about this health problem?**

- Yes     
  No     
  I don't know

**13. Did you feel you understood the patient's views about the treatment they would find acceptable?**

- Yes     
  No     
  I don't know

**14. Did you think the patient wanted a prescription for this health problem?**

- Definitely     
  Probably     
  Probably not     
  Definitely  
 I don't know     
  Don't think patient knew

**15. Did you feel pressured by the patient to write a prescription?**

- Definitely     
  A little pressured     
  Not at all pressured

**16. Did you write a prescription for this problem?**

- Yes     
  No

*If yes, please complete the table below (one row per drug)*

Drug	Dose	New or repeat?	Strictly indicated?
		New/ Repeat	Yes/ No
		New/ Repeat	Yes/ No
		New/ Repeat	Yes/ No

**17. Did you feel comfortable about this prescribing decision?**

- Definitely comfortable     
  Fairly comfortable     
  Slightly uncomfortable     
  Definitely uncomfortable

**Please use the space below if you would like to make any further comments.**

**THANK YOU FOR COMPLETING THIS. PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO THE RESEARCHER.**