



PRIMARY PHYSICIAN SURVEY
A STUDY OF ACUTE GASTROINTESTINAL ILLNESS IN GENERAL PRACTICE

Date Completed: (Day/Month/Year) _____

Practice Postal Code: _____

*Are you directly involved in patient care for at least 8 hours per week, on average?
(please circle appropriate response)*

YES —> Please proceed with questionnaire.

NO —> Please indicate what best describes your work (Question 1).

Other reason for not completing survey: _____

Please return questionnaire in enclosed envelope or send by fax to: **519 826 2244**.
Thank you for your contribution.

This survey is part of an initiative by Health Canada to study acute gastrointestinal illness in the community. By surveying all family practices in your community, we hope to get an idea of the patient load that physicians face due to this type of illness, and to determine the general practitioner's approach to investigating and diagnosing patients with gastrointestinal complaints. All submissions will be strictly confidential, and any results will only be presented in an aggregate format.

1. Which of the following best describes your primary practice? (please check all that apply)

- Family/General Practice – Community Based
- Family/General Practice – Hospital Based
- Emergency Department Practice
- Walk-in Clinic
- Paediatrician
- Other

please specify: _____

2. How many other physicians do you share your practice with? _____

3. Approximately how many patients do you have in your own patient base?

(number of patients)

4. Approximately what percentage of your patient base lives within your health region?

(please check appropriate response)

- 100%
- ≥75 and <100%
- ≥50 and <75%
- >25 and <50%
- 0 - 25%
- Don't know

Definition of Acute Gastrointestinal Illness:

Three or more loose stools in 24 hours; or diarrhea with two additional gastrointestinal symptoms (vomiting, nausea, fever, abdominal cramps, abdominal pain, blood in stool); or vomiting with two additional gastrointestinal symptoms (diarrhea, nausea, fever, abdominal cramps, abdominal pain, blood in stool) preceded by a period of 7 days symptom-free.

5. **In the last 30 days**, how many patients IN TOTAL have been seen by you, including those seen by your nurse?

Number of patients: _____

6. **Of those patients seen in the last 30 days**, how many have been diagnosed with symptoms of acute gastrointestinal illness? (see case definition above)

Number of patients: _____

7. **Of those patients seen in the last 30 days and diagnosed with acute gastrointestinal illness**, how many were requested to submit a stool sample?

Number of patients: _____

8. For a patient *diagnosed with acute gastrointestinal illness*, how likely is it that you would request a stool sample for laboratory diagnosis based on the following conditions?

(please circle the appropriate answer)

	Always (100%)	Often (≥80% & <100%)	Sometimes (≥20% & <80%)	Rarely (>0 & <20%)	Never (0%)	Irrelevant
a. Duration of illness (2-4 days)	1	2	3	4	5	6
b. Duration of illness (5-7 days)	1	2	3	4	5	6
c. Duration of illness (>7 days)	1	2	3	4	5	6
d. Fever (≥38°C)	1	2	3	4	5	6
e. Bloody Diarrhea	1	2	3	4	5	6
f. Abdominal Pain	1	2	3	4	5	6
g. Clinical Dehydration	1	2	3	4	5	6
h. Patient Request	1	2	3	4	5	6
i. Recent Camping Trip	1	2	3	4	5	6
j. Recent Travel Overseas	1	2	3	4	5	6
k. Outbreak Associated	1	2	3	4	5	6
l. Age of Patient	1	2	3	4	5	6

Explain:

m. Recent Antibiotic Use	1	2	3	4	5	6
n. Immunocompromised Patient	1	2	3	4	5	6

o.	Occupational Situation (ie Day Care Worker, Food Handler,...)	1	2	3	4	5	6
p.	Household outbreak	1	2	3	4	5	6

q. A combination of the following conditions would prompt a stool request more than 80% of the time:

r. Please list any other factors that would influence your decision to ask for a stool sample.

9. In general, of your patients diagnosed with symptoms of acute gastrointestinal illness, approximately what percentage is requested to submit a stool sample?

(please check appropriate response)

- > 80 and ≤ 100%
- > 60 and ≤ 80 %
- > 40 and ≤ 60%
- > 20 and ≤ 40%
- 0 - 20%
- don't know

10. What do you believe best describes the rate of patient compliance in submitting a stool sample when one has been requested?

(please check appropriate response)

- excellent (> 80 and ≤ 100%)
- very good (> 60 and ≤ 80 %)
- good (> 40 and ≤ 60%)
- poor (> 20 and ≤ 40%)
- very poor (0 - 20%)
- don't know

11. In your opinion, what might be the reason(s) for non-compliance?

12. Do any of the following affect your decision to request a stool sample from a patient?

(please check appropriate response)

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory availability (hours open, location,..)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Availability of stool sample kit at practice location.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confidence in laboratory results.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory pressure to restrict number of submissions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Length of time to get stool sample results from lab.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cost of laboratory testing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerns about antibiotic resistance.

Comments:

13. In the situation where a stool sample has been requested, what best describes how frequently your practice would do the following ...

a. *When no laboratory results are received within 2 weeks, your practice will contact the patient to check that a sample was submitted.*

(please check appropriate response)

- always (100%)
- often (≥ 80 and $< 100\%$)
- sometimes (≥ 20 and $< 80\%$)
- rarely (> 0 and $< 20\%$)
- never (0%)

b. *When negative results are received from the laboratory, your practice will contact the patient with this information.*

(please check appropriate response)

- always (100%)
- often (≥ 80 and $< 100\%$)
- sometimes (≥ 20 and $< 80\%$)
- rarely (> 0 and $< 20\%$)
- never (0%)

c. *When positive results for reportable pathogens are received from the laboratory, your practice will contact the patient with this information.*

(please check appropriate response)

- always (100%)
- often (≥ 80 and $< 100\%$)
- sometimes (≥ 20 and $< 80\%$)
- rarely (> 0 and $< 20\%$)
- never (0%)

14. How often, in the following situations, would you report illnesses to the local Public Health Unit? (please check appropriate response)

	Always (100%)	Often (≥80% & <100%)	Sometimes (≥20% & <80%)	Rarely (>0 & <20%)	Never (0%)
a. A reportable gastrointestinal illness. (eg. Salmonella)	1	2	3	4	5
b. A non-reportable gastrointestinal illness. (eg. Staphylococcus aureus)	1	2	3	4	5
c. Suspect food poisoning.	1	2	3	4	5
d. Acute gastrointestinal illness, unknown organism, isolated case.	1	2	3	4	5
e. Acute gastrointestinal illness, unknown organism but part of a household cluster	1	2	3	4	5
f. Acute gastrointestinal illness, unknown organism, but part of a possible foodborne outbreak.	1	2	3	4	5
g. Food handler with acute gastrointestinal illness.	1	2	3	4	5
h. Day care worker/attende.	1	2	3	4	5
i. Health care worker.	1	2	3	4	5

15. When you order a stool sample for bacterial culture, and you do not make any specific requests, is it your understanding that the lab will routinely test for the following pathogens? (please check appropriate response)

- a. Salmonella yes no don't know
-
- b. Campylobacter yes no don't know
-
- c. Shigella yes no don't know
-
- d. Vibrio (e.g. Cholera) yes no don't know
-
- e. E.coli O157 yes no don't know
-
- f. Non O157 E. coli yes no don't know
-
- g. Yersinia yes no don't know
-
- h. Other yes no don't know

If yes to "Other", please list: _____

16. In general, of the stool samples that you request, how often do you specifically ask the laboratory to test for (please circle appropriate response) :

	Always (100%)	Often (≥80% & <100%)	Sometimes (≥20% & <80%)	Rarely (>0 & <20%)	Never (0%)
a. Bacteria (other than routine)	1	2	3	4	5
WHY?	_____				
b. Viruses	1	2	3	4	5
WHY?	_____				
c. Parasites	1	2	3	4	5
WHY?	_____				

COMMENTS:

Thank you very much for your time and contribution to this study!

The next "mini" survey will arrive in late January of 2003.

*Please return your completed survey BY NOVEMBER 10th 2002 using
the enclosed stamped and addressed envelope.*

REMINDER!!!!!!

**IF YOU COMPLETE AND RETURN ALL FOUR SURVEYS
(THIS COMPREHENSIVE SURVEY AND THE THREE SHORT
SURVEYS THAT WILL FOLLOW OVER THE NEXT 9 MONTHS),
YOUR NAME WILL BE INCLUDED IN A DRAW,
ADMINISTERED BY THE BC CDC,
FOR ONE OF THREE PALM PILOTS!**