

**ADDITIONAL FILE 1:**

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***Survey***

**‘Management of care in general practices’**

- 1. Does your practice use any markers/reminders in the electronic health records and/or in the paper-based health records to get reminded on upcoming examinations and/or important contents of care? Please provide detailed information. (*Multiple answers allowed*)**

☐<sub>0</sub> no

☐<sub>1</sub> yes, for:

☐<sub>1</sub> Allergies/adverse events, namely: \_\_\_\_\_  
\_\_\_\_\_

☐<sub>1</sub> Preventive measures/check-ups, namely: \_\_\_\_\_  
\_\_\_\_\_

☐<sub>1</sub> Vaccinations, namely: \_\_\_\_\_  
\_\_\_\_\_

☐<sub>1</sub> DMP participation, namely: \_\_\_\_\_  
\_\_\_\_\_

☐<sub>1</sub> Follow-up examinations, namely: \_\_\_\_\_  
\_\_\_\_\_

☐<sub>1</sub> Chronic diseases, namely: \_\_\_\_\_  
\_\_\_\_\_

☐<sub>1</sub> Chronic medication, namely: \_\_\_\_\_  
\_\_\_\_\_

☐<sub>1</sub> Lifestyle characteristics (e.g., nicotine, alcohol, drugs), namely: \_\_\_\_\_  
\_\_\_\_\_

☐<sub>1</sub> Other patient specifics, namely: \_\_\_\_\_  
\_\_\_\_\_

☐<sub>1</sub> Self-pay services, namely: \_\_\_\_\_  
\_\_\_\_\_

☐<sub>1</sub> Other aspects: \_\_\_\_\_

**2. Does your practice keep checklists/routine lists for any contents of care? Please provide detailed information. (Multiple answers allowed)**

☐<sub>0</sub> no

☐<sub>1</sub> yes:

☐<sub>1</sub> For billing purposes, namely: \_\_\_\_\_

\_\_\_\_\_

☐<sub>1</sub> For risk management, namely: \_\_\_\_\_

\_\_\_\_\_

☐<sub>1</sub> For patient management, namely: \_\_\_\_\_

\_\_\_\_\_

☐<sub>1</sub> For other purposes: \_\_\_\_\_

\_\_\_\_\_

**3. Does your practice use recall for defined contents of care and/or patient groups? Please provide detailed information. (Multiple answers allowed)**

☐<sub>0</sub> no

☐<sub>1</sub> yes, for:

☐<sub>1</sub> Preventive measures/check-ups, namely: \_\_\_\_\_

\_\_\_\_\_

☐<sub>1</sub> Vaccinations, namely: \_\_\_\_\_

\_\_\_\_\_

☐<sub>1</sub> DMP-related contents of care, namely: \_\_\_\_\_

\_\_\_\_\_

☐<sub>1</sub> Follow-up examinations, namely: \_\_\_\_\_

\_\_\_\_\_

☐<sub>1</sub> Patients with chronic conditions which are poorly controlled, namely: \_\_\_\_\_

\_\_\_\_\_

☐<sub>1</sub> Patients on chronic medication, namely: \_\_\_\_\_

\_\_\_\_\_

☐<sub>1</sub> Self-pay services, namely: \_\_\_\_\_

\_\_\_\_\_

☐<sub>1</sub> Other care contents/patient groups: \_\_\_\_\_

\_\_\_\_\_

**Thank you very much for participating!**