Appendix 1. Patient questionnaire.
Please complete the following for you (if you are the patient) or your child (if your child is the patient):

1. Age:  Under 6  6-25  26-55  56-70  Over 70
2. Gender:  Male  Female
3. Medical card:  Yes  No
4. Is it your first consultation with a GP or Shannondoc for this complaint?  Yes  No
5. Do you expect to receive antibiotics for this illness?  Yes  No  Unsure

6. Reasons for seeing the doctor (please tick all that apply):

   - Ear ache or discharge
   - Complaints of nose/sinuses
   - Common cold
   - Throat ache
   - Cough

   Other (please specify):  e.g. flu like symptoms

7. Do you expect to receive from the doctor (please tick all that apply):

   - Further examination
   - Information
   - Reassurance
   - Medication for pain relief
   - Nose drops
   - Medication for cough
   - Referral to hospital or specialist

   Other (please specify):

8. We may wish to contact you to discuss your experience in more detail as part of a follow up study. If you are happy to be contacted for this purpose then please provide your details below (please print):

   Name:  
   Address:  
   Contact Telephone Number/Email:

   Please hand your completed questionnaire to the receptionist