Thank you for agreeing to fill in this questionnaire about the doctor named above.

Please do not write your name on this questionnaire.

Please answer all the questions. If you feel you cannot answer any question, please tick ‘Don’t know’.

### Please rate your colleague in each of the following areas by ticking one box in each line.

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<th></th>
<th>Poor</th>
<th>Less than satisfactory</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very good</th>
<th>Don’t know</th>
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### Please decide how far you agree with the following statements by ticking one box in each line.

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<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Don’t know</th>
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Please turn over
I am confident that this doctor is fit to practise medicine

Please add any other comments you want to make about this doctor. Please note: No one will be identified when this information is given back to the doctor.

The next questions will give us some basic information about who took part in the survey. We will not use your answers to identify you.

Are you:  
- [ ] Female  
- [ ] Male

What is your age?
- [ ] 16 to 19  
- [ ] 20 to 29  
- [ ] 30 to 39  
- [ ] 40 to 49  
- [ ] 50 to 59  
- [ ] 60 or over

Your professional role (please tick only one box):
- [ ] Doctor  
  - If you are a doctor, are you in a training grade?  
  - [ ] Yes  
  - [ ] No
- [ ] Registered Nurse
- [ ] Allied Healthcare Professional
- [ ] Health Visitor/Midwife
- [ ] Health Care Assistant
- [ ] Pharmacist
- [ ] Non-clinical Manager
- [ ] Administrator/Receptionist/Secretary
- [ ] Other (please specify):

How recently were you familiar with this doctor’s clinical practice?
- [ ] Current colleague  
- [ ] Within the last two years  
- [ ] Between two and five years ago  
- [ ] Between five and ten years ago  
- [ ] More than ten years ago

During this period of your familiarity with this doctor’s clinical practice, how often did you have contact with the doctor?
- [ ] Most days  
- [ ] Weekly  
- [ ] Monthly  
- [ ] Less often

What is your ethnic group? Please choose one section from A to E, and then tick the appropriate box to indicate your cultural background. (We will use this information for this study only).

**A White**
- [ ] British
- [ ] Irish
- [ ] Any other White background - please write in

**B Mixed**
- [ ] White and Black Caribbean
- [ ] White and Black African
- [ ] White and Asian
- [ ] Any other Mixed background - please write in

**C Asian or Asian British**
- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Any other Asian background - please write in

**D Black or Black British**
- [ ] Caribbean
- [ ] African
- [ ] Any other Black background - please write in

**E Chinese or other ethnic group**
- [ ] Chinese
- [ ] Any other please write in

Thank you for your time and help