Section A. Practice Structure & Characteristics

1. Practice Type: (please circle one): Private Only GMS & Private

2. Please estimate size of practice (Please refer to the attached guidance sheet for directions on how to compile the following figures on the relevant software system)

   Total List Size: ______
   GMS list size: ______
   Males (Number or % or both): ______
   Females (Number or % or both): ______

   Age breakdown (Number or % or both):
   0-9 ______ 40-49 ______
   10-19 ______ 50-59 ______
   20-29 ______ 60-69 ______
   30-39 ______ 70+ ______

3. Practice Location: (please circle one)
   Rural Urban Mixed rural-urban

4. Type of main practice premises: (please circle one)
   Purpose-built Adapted Attached to residence

5. Appointment systems: (please circle one)
   Appointment only Walk-in only Mixed Appointment/Walk-in

Section B. Computerisation

6. Are computers used in your practice (please circle one)? Yes No

7. If so to what extent are computers used (please circle as appropriate)?
   -Full: For all consultation notes, prescriptions and patient correspondence
   OR
   -Partial (please circle all appropriate options)
     Repeat prescriptions
     Consultation notes
     Outgoing referral letters/correspondence
     Scanning incoming correspondence

CONTINUED OVERLEAF......
8. **Practice Software Package**: (please circle one)

Socrates / GP Dynamic / GP Mac / Helix Practice Manager / Health One / Other (Please specify)________

9. **Do you code chronic diagnoses for each patient** (eg diabetes/asthma)?
   Yes  No

10. **Do you code each consultation diagnoses for each patient** (eg UTI)?
    Yes  No

11. **If so which coding system do you use?** (please circle one or both)
    ICPC  ICD 10

*Section C: Practice Staff*

12. **Number of GPs active within practice** (excluding GP trainees) _______

13. **Does the practice have a nurse?** (Please circle)  Yes  No

14. **If yes how many nurses?** _______

*Section D: Out of Hours Duty*

15. **When you are ‘Off Duty’ (nights, weekends, public hols etc) which of the following deputising arrangements do you employ?** (Please circle one)

   Co-op / Internal Practice Rota System / Rota System involving doctors outside your practice / Deputising service / Locum/ Other_________________

*Section E: Educational activity of practice*

16. **In the past three years has this practice been a training practice for the local GP training scheme?** (Please circle one)  Yes  No

17. **In the past three years has the practice been involved in any general practice oriented research?** (Please circle one)  Yes  No