APPENDIX 1. Questionnaire: Doctors’ response to the 2019-nCoV outbreak in Hong Kong

Date of filling the survey ______/_____/2020 (DD/MM)

Please choose one most appropriate answer unless stated otherwise. Mark your choice by filling in the appropriate circle completely as shown below.

eg, ● Yes ○ No

Part I

1. What changes in service demand have you experienced in response to the 2019-nCoV outbreak since the first diagnosed case (22 January 2020)?
   ○ No change in service demand
   ○ Higher demand for services (seeing more patients)
   ○ Lower demand for services (seeing fewer patients)
   ○ Others: __________________________

2. What changes have you made to your regular medical services as a result of the 2019-nCoV outbreak? (please check all applicable options)
   ○ No change needed to sustain regular essential primary care services
   ○ Increase office hours
   ○ Shorten patient consultation time
   ○ Ask patients to go to other clinics
   ○ Cancel or change regular non-acute patient appointments
   ○ Close the clinic
   ○ Others: __________________________

3. Has the 2019-nCoV outbreak affected your clinical practice?
   ○ Yes ○ No (please go to Q4)
   If yes, in what way? (please check all applicable options)
   ○ Insist every patient to wear a mask during consultations
   ○ Screen / measure their temperature as a routine procedure
   ○ Increase distance between yourself and the patients
   ○ Avoid physical examination
   ○ Order more blood tests and chest X-ray
   ○ Order less blood tests and chest X-ray
   ○ More referrals to Accident & Emergency Department
   ○ Advise them not to travel to those affected areas
   ○ Others: __________________________

4. Have you encountered any suspected patient with the 2019-nCoV?
   ○ No, please go to Q5
   ○ Yes, please state the number of suspected cases and confirmed cases

Suspected cases
Confirmed cases
APPENDIX 1. (cont’d)

5. In the past 3 days, have you been wearing mask during consultations?
   - Always
   - Sometimes. Please state the No. of masks you use per working day
     ______________________________________________________________________
   - When needed, please specify ______________________________________________________________________
   - Never

6. In the past 3 days, have you been washing hands between or before patient encounter?
   - Always
   - Sometimes
   - When needed, please specify ______________________________________________________________________
   - Never

7. What other precautions have you undertaken to prevent the 2019-nCoV in your clinic? (please check all applicable options)
   - Clean the work surface with antiseptics at least once a day
   - Instruct all cleaning staff to wear masks
   - Open all the windows
   - Install air purifiers
   - Instruct all staff to check their temperature before they come to work
   - Others: ____________________________________________________________________________________

8. Where do you get the updated information on the 2019-nCoV?
   Please RATE the following questions a-h using the 4-point scale with ① being the most likely source and ④ as the least likely; enter ⑤ for option(s) do not apply to this question.

<table>
<thead>
<tr>
<th>N/A</th>
<th>Least likely</th>
<th>Fairly likely</th>
<th>Likely</th>
<th>Most likely</th>
</tr>
</thead>
</table>
   a.  Correspondence from government or semi-government institutions including emails | ⑤ | ① | ② | ③ | ④ |
   b.  Press conference from the government and experts | ⑤ | ① | ② | ③ | ④ |
   c.  Intranet or other communication channels from the organisations that you work in (eg, Hospital Authority) | ⑤ | ① | ② | ③ | ④ |
   d.  Seminars organised by professional bodies | ⑤ | ① | ② | ③ | ④ |
   e.  Professional websites such as WHO / CDC | ⑤ | ① | ② | ③ | ④ |
   f.  Newspaper / magazines | ⑤ | ① | ② | ③ | ④ |
   g.  Television news / programmes | ⑤ | ① | ② | ③ | ④ |
   h.  HKCFP’s website | ⑤ | ① | ② | ③ | ④ |
   i.  Others: __________________________________________________________________________________

9. Does your clinic encounter any problem in stocking masks or other protective equipment?
   - Yes
   - No
   If yes, the problem(s) is / are stocking (choose all applicable answers)
     - Surgical facemasks (estimate how many stock required per month:  )
     - N95 mask (estimate how many stock required per month:  )
     - Personal protective equipment (estimate how many stock required per month:  )
     - Other protective equipments, please specify __________________________________________________________________________________
APPENDIX 1. (cont’d)

10. Do you use any guideline (such as clinical decision making tools) to assist you in making clinical decision for the diagnosis of the 2019-nCoV?
   - [ ] No
   - [ ] Yes, please specify

   Which tool do you use?
   Have you received training / information regarding the tool stated?

11. Do you want more training / professional education regarding how to deal with the 2019-nCoV?
   - [ ] Yes (please specify: __________)
   - [ ] No

12. Do you like to be more involved in the management of the 2019-nCoV in the community?
   - [ ] Yes
   - [ ] No

   If yes, what role do you like to play? (choose all applicable answers)
   - [ ] As an educator
   - [ ] As a gatekeeper
   - [ ] To make rapid diagnostic tests available to you
   - [ ] To participate in research
   - [ ] To administer vaccines when available
   - [ ] Other role, please specify: _______________________________

13. Please provide further comments / suggestions / advice on the space provided which you think may help frontline family doctors during the 2019-nCoV outbreak. You can also write about your concerns not covered in the questions above.

__________________________
__________________________
__________________________

PART II (basic demographic information):
Finally, please answer the following questions about your practice and yourself.

1. Age ____________ years old

2. Gender
   - [ ] Male
   - [ ] Female

3. Place of primary medical education
   - [ ] Hong Kong
   - [ ] United Kingdom
   - [ ] Mainland China
   - [ ] Canada
   - [ ] Australia
   - [ ] Others, please specify: _______________________________
### APPENDIX 1. (cont’d)

4. **Year of graduation:**
   - Specialty:  
     - Family Medicine Specialist
     - General Practitioner (non-Specialist) with higher qualifications in Family Medicine, eg, DFM, FRACGP, FHKCFP, MFM etc.
     - General Practitioners (non-Specialist) without higher qualifications in Family Medicine
     - Other, please specify:

5. **Do you have any postgraduate qualification?**
   - Yes
   - No
   - Diploma degree(s):
   - Master degree(s):
   - College Fellowship(s):
   - Academy of Medicine Fellowship(s):

6. **Do you work full time or part time?**
   - Full time
   - Part time

7. **What type of clinic are you working for?**
   - Private
     - Solo private clinic
     - Group private clinic
     - Out-patient department of private hospital
     - Institutional clinic, including charitable organisation clinic & exempted clinic
     - Clinic in University / tertiary institution
     - Clinic & mobile clinic of the Family Planning Association of Hong Kong
   - Public
     - General Out-Patient Clinic
     - Specialist Out-Patient Clinic
     - A&E department
     - Hospital Authority Staff Clinic
     - Family Medicine Integrated Clinic / Training Centre
     - DH Family Clinic
     - Other DH centres / clinics (eg, Elderly Health Centre, Maternal and Child Health Centre)

**Thank you very much for your invaluable time in completing this survey. We are very grateful for your help and support. Take care!**

Abbreviations: 2019-nCoV = 2019 novel coronavirus; A&E = Accident and Emergency; CDC = Centers for Disease Control and Prevention; DH = Department of Health; HKCFP = Hong Kong College of Family Physicians; WHO = World Health Organization