SURVEY QUESTIONNAIRE
Version 4.0

Part A – Registration

Welcome!

I. Why is this survey important?

According to our estimates, there are over 1,000 professional osteopathic practitioners working in Switzerland holding an intercantonal diploma in osteopathy. In June 2016, the Swiss Parliament adopted the Healthcare Occupations Act (GesBG/LPSan) which recognises osteopathy as a primary care health profession. However, little is known about the services that osteopaths offer and the contribution they make to public health. The osteopath community expressed a willingness to support a study that would help raise awareness of their work and the profession in general. The Foundation for the Promotion of Education and Research in Osteopathy therefore commissioned the School of Health Sciences Fribourg (HEdS-FR) to carry out an evaluation of osteopathic services in Switzerland.

The aim of the survey is to gain a better understanding of the role of osteopaths in the Swiss health care system. To this end, it will endeavour to pinpoint the types and scope of osteopathic practice in Switzerland, and to profile patients seeking osteopathic treatment. The data you provide will make it possible to describe the profession more clearly and will help to formulate teaching goals, plan professional development courses, identify research priorities, and provide statistics and information that can be used in stakeholder negotiations. Your data will also make it possible to perform international comparisons and will help define national priorities for inclusion in a global strategy for the profession worldwide. Nationally, the survey should equip osteopaths to better explain their work to other health professions and the public, which in turn should lead to greater recognition of the valuable contribution they make to the Swiss primary health care system.

II. Who can take part?

Participants must be either a trained osteopath with a GDK-CDS diploma or an osteopathic assistant who is currently working for an osteopath who holds a GDK-CDS diploma.

III. How is the survey organised?

The survey is divided into three parts: A, B and C. You are currently reading Part A, which explains the purpose of the survey and how the data you provide will be used.
Part B applies to both practising and non-practising osteopaths. It contains a series of 29 short questions about you and your clinical practice. This section should take no longer than 10-15 minutes to complete and requires no additional material.

Part C applies only to osteopaths who were in clinical practice in 2016. The questions deal with the type of patients who received treatment in 2016 and the nature of the services delivered. Ideally, participants should provide anonymised information on a total of four randomly selected patients.

Entering data for each patient should take 5-20 minutes depending on the complexity of the given case. Part C is designed in such a way that respondents can complete a portion of it and return later to finish the rest. To ensure that the research team cannot link the respondent to the information provided, all anonymised data provided in Part C will be saved separately from the data provided in Part B.

IV. Why should I take part?

Your participation will make a valuable contribution to the profession. Reporting information about your work will not only raise awareness of what you do, but it will also allow to devise professional development plans that are better tailored to your needs.

Participation in the survey is voluntary. However, should you prefer not to take part, we would be very grateful if you could let us know the reasons why.

The survey will only be useful if it reflects what we osteopaths actually do. This is why it is important that answers are as accurate as possible. If you are unable to answer certain question, simply tick the box ‘don’t know/can’t tell from the records’.

V. Do I need to obtain my patients’ consent to use their records for the purposes of this survey?

No, since this study is an audit of anonymised non-personal data. The Data Protection and Information Commissioners have confirmed that under this condition you are not obliged to seek the consent of your patients to use their records for the purposes of completing this questionnaire. Nonetheless, in the interests of raising patient awareness of our research aimed at improving the quality of osteopathic care, we encourage you to download and print the following flyer to inform your patients. Once again, we would like to remind you that you are under no obligation to do so.
VI. Where will my data go, who will use it, and how?

The data you enter will be encrypted and sent over the internet using RedCap, a dedicated service developed by the University of Vanderbilt for non-profit institutions to run highly secure surveys and studies containing potentially sensitive data. This system will transfer your data to a certified data centre sited on the server of the University of Applied Sciences of Western Switzerland (HES-SO); all information will be processed and hosted in accordance with data protection regulations. Answers will be anonymised and IP addresses will not be disclosed to the research team. The system automatically manages your survey status, which means that research staff will not be able to identify you from the responses you have provided. Only HEdS-FR research personnel will have access to the complete, anonymised dataset. The data will remain the property of the HEdS-FR, which will use it to advance existing knowledge, identify areas for future research, and formulate policy and service-related recommendations. However, the final research report will be made public, and the Foundation for the Promotion of Education and Research in Osteopathy will have the right to use and disseminate the findings as they see fit.

VII. What do I gain from taking part?

By taking part, you are helping to guarantee the quality of the survey. Your involvement will be important not only for you personally but also for the profession as a whole and your future patients. Survey participation also counts as 6 hours of ongoing training. Upon request, we will issue you with a HEdS-FR certificate of ongoing training, recognised by the SVO-FSO under category C.

VIII. What if I have queries about the survey?

The above information is also available on our website.

If you have any questions, please contact Roy Macdonald during normal office hours on Wednesday, on Thursday afternoons or on Friday mornings at +41 (0)26 429 6113 or at roy.macdonald@hefr.ch.
IX.  My Consent

By accepting to participate, you agree that you have read and understood the above information. Your participation is voluntary and you are free to withdraw your participation at any time.

The Survey has been optimised for smartphones. We recommend you answer the questions with a touch screen phone.

A1  Do you agree to participate?

- Yes  (go to A5)
- No
X. Would you mind telling us why?

A2 Why have you decided not to take part in the survey? 
(tick all applicable boxes)

☐ I don’t meet the criteria for participating (i.e Swiss GDK-CDS osteopath or osteopath assistant)
☐ I don’t have enough time
☐ I’m not interested in research
☐ I was given insufficient information
☐ I don’t think this survey is useful to the profession
☐ I don’t want information about my work to be used to describe the osteopath profession
☐ Other (please specify): ___________________________

A3 Do you have an assistant working for you? 
(By assistant, we mean any dependant osteopath working under your supervision completing their assistantship.)

☐ Yes
☐ No  (go to A4)

A3b How many assistants work under your supervision?

*Enter number:* _ _
A3c  Assistant(s) contact details

Please enter the email address(es) of your assistant(s). Since your response won’t be linked to any of your other answers, there is no way for us to identify you.

__________________________________       __________________________________
__________________________________       __________________________________
__________________________________       __________________________________

A4  Do you agree to be contacted...
(tick all applicable boxes)

☐ to receive the newsletter during the survey period?
☐ to receive a copy of the final survey report?
☐ to be informed by the University of Applied Sciences about future surveys of my profession that I could potentially contribute to?
☐ I do not wish to be contacted   (go to XI)

If you agree to be contacted:

Please provide us with your email address so that we can contact you. Your email address won’t be linked to the other questions you have answered in any way (excluding A4). You can unsubscribe from the list at any time by writing to paul.vaucher@hes-so.ch.

A4b  Please enter a valid email address: ______________________

XI.  Thank you!

Thank you for taking your time to read and complete Part A of the survey.

If you have any questions or problems, please contact Roy Macdonald during normal office hours on Wednesday, on Thursday afternoons or on Friday mornings at +41 (0)26 429 6113 or at roy.macdonald@hefr.ch.

END OF THE SURVEY
XII. Welcome!

Thank you for agreeing to take part in this survey. Your contribution will help to improve the understanding of how osteopaths contribute towards public health in Switzerland.

The following section is for you to help us recruit osteopathic assistants.

A5  **Do you have an assistant working for you?**
(By assistant, we mean any dependant osteopath working under your supervision completing their assistantship.)

- Yes
- No  (go to A6)

A5b  **How many of your assistants fulfil the entry conditions for the second GDK-CDS exam once their assistantship has ended?**
(By this we mean any osteopaths completing their two year assistantship in the intention of obtaining their full GDK-CDS degree, that will be eligible to sit the second GDK-CDS exam as soon as they have completed. If you do not know whether your assistant will be able to apply to the second exam, enter the number of assistants working with you.)

*Enter number: __ __*

A5c  **Assistant(s) contact detail**

Please enter the email address(es) of your assistant(s). Since your response won’t be linked to any of your other answers, there is no way for us to identify you.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
XIII. Registration

A6  Authorisation for us to contact you.
(tick all applicable boxes)

☐ I would like to receive the newsletter during the survey period.
☐ I would like to receive a copy of the final survey report.
☐ I agree that the University of Applied Sciences can contact me with information on future surveys of my profession that I could potentially contribute to.
☐ I do not wish to be contacted. (go to Part B – About you and your practice)

A6b  Please provide us with your email address so that we can contact you.

Your email address won’t be linked to the other questions you have answered in any way (excluding A6). You can unsubscribe from the list at any time by writing to paul.vaucher@hes-so.ch.

____________________

Thank you for taking your time to read and complete Part A of the survey. Please continue with Part B.

If you have any questions or problems, please contact Roy Macdonald during normal office hours on Wednesday, on Thursday afternoons or on Friday mornings at +41 (0)26 429 6113 or at roy.macdonald@hefr.ch.
Part B – About you and your practice

Please answer all questions as best you can. You must answer each question before you can move on to the next.

Section 1 – Who are you?

B1 What sex are you?

- Male
- Female

B2 Your age in years:

- 20 – 29
- 30 – 39
- 40 – 49
- 50 – 59
- 60 – 64
- 65 – 69
- 70 – 79
- 80 or older

B3 Language fluency:

<table>
<thead>
<tr>
<th>Language</th>
<th>Fluent</th>
<th>Good</th>
<th>Some/limited</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>German</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>French</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Italian</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Romansh</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>English</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
Section 2 – Your osteopathic training

B4 In what year have you completed your osteopathic training?

Year: __ __ __

B5 In which country did you receive your qualifications as an osteopath?

Country: __________________

B6 Academic qualifications
(tick all applicable boxes)

<table>
<thead>
<tr>
<th>Diploma</th>
<th>Bachelor</th>
<th>Master</th>
<th>PhD</th>
<th>CAS</th>
<th>DAS</th>
<th>MAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteopathy</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other health care profession</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Humanities</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Sciences</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Business school</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Arts</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other (please specify): __________</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

B7 What type of GDK-CDS exam have you passed?
(tick all applicable boxes)

- □ Exam organised for osteopaths who were in practice prior to the GDK-CDS regulations (up to 2012)
- □ 1st GDK-CDS exam (basic knowledge)
- □ 2nd GDK-CDS exam (clinical)
- □ Applying for recognition of international statutory registration - equivalence to 1st exam
B8  What year did you pass your most recent GDK-CDS exam or register for statutory recognition of your qualifications?

Year: _ _ _ _

B9  Have you worked as an osteopathic practitioner in 2016?

- Yes  (go to Section 4 – Your professional activities as a practicing osteopathic practitioner)
- No   (go to Section 3 – Your professional activities as a non-practicing osteopath)
Section 3 – Your professional activities as a non-practicing osteopath

B10  What year did you stop practising osteopathy?

Year: _____

B11  Why?
(tick all applicable boxes)

☐ For a parental leave
☐ To study
☐ Retirement
☐ Health problems
☐ Other clinical work
☐ Teaching/research
☐ Work in an unrelated field
☐ Other (please specify): _________________

(go to B29)
Section 4 – Your professional activities as a practicing osteopathic practitioner

B12  How many weeks did you work as an osteopathic practitioner in 2016?
(Tipp: to know how many weeks you worked, deduct the weeks of holidays you had from 52.)

Weeks: __

B13  In a typical working week in 2016, how many hours per week did you spend with the following activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteopathic clinical practice</td>
<td>__</td>
</tr>
<tr>
<td>Supervision of other osteopaths</td>
<td>__</td>
</tr>
<tr>
<td>Practice management/administrative duties</td>
<td>__</td>
</tr>
</tbody>
</table>

B14  What was your employment status in 2016?
(tick all applicable boxes)

☐ Self-employed osteopath
☐ Employee–assistant in an osteopathic practice
☐ Employee–associate in an osteopathic practice
☐ Voluntary osteopathic work
☐ Other (please specify): ____________
B15  What proportion of a standard working week (42h), did you spend practising in these places?
(Please round up to the closest 10%)

<table>
<thead>
<tr>
<th>Location</th>
<th>Never</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedicated individual private practice</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Group private practice</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Teaching clinic</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hospital</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Private clinic</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Dedicated room in your home</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Shared domestic/clinical room at home</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Patients’ homes</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Social care centre</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other (please specify): ________</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

B16  In which linguistic region did you regularly practice osteopathy in 2016?
(tick all applicable boxes)

- French-speaking Switzerland
- German-speaking Switzerland
- Italian-speaking Switzerland
- Romansh-speaking Switzerland

B17  In which type of area did you regularly practice osteopathy in 2016?
(tick all applicable boxes)

- Urban (agglomerations with 20’000 or more inhabitants.)
- Rural
### B18  Do you have any co-workers with whom you can discuss anonymised patient cases?
(in or outside your place(s) of work)

- ○ Yes
- ○ No  (go to B19)

### B18b  Who do you discuss these with?
(tick all applicable boxes)

<table>
<thead>
<tr>
<th></th>
<th>At your working places(s)</th>
<th>Outside of your working place(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteopath assistant(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Osteopath supervisor(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Osteopath colleague(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>General practitioner(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Gynaecologist/obstetrician(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Paediatrician(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rheumatologist(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sports medicine specialist(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dentist(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other medical specialist(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Physiotherapist(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Chiropractor(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pharmacist(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Occupational therapist(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Nutritionist(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Psychologist(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Speech therapist(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Psychomotor therapist(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Midwife(ves)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other allied health professionals</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
B19  On which registry were you listed for patient reimbursements from private insurance providers in 2016?
(tick all applicable boxes)

- EMR/RME
- ASCA
- EGK/SNE
- NVS
- Visana Group
- Helsana Group
- SVO-FSO ongoing training list
- None of the above

B20  In 2016, how many patients did you see as an osteopathic practitioner?

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a typical week (Mon-Fri)</td>
<td>_ _ _</td>
</tr>
<tr>
<td>On a typical weekend (Sat+Sun)</td>
<td>_ _</td>
</tr>
</tbody>
</table>

B21  How many new patients would you estimate have you had in a typical week of 2016?

*Amount: _ _ _ _*
B22  In your daily schedule, how much time do you allocate to the following appointment types and how much do you usually charge? (Enter 0 if you do not provide the type of appointment)

New patient  __ min  CHF __ __
Returning patient with a new episode or complaint  __ min  CHF __ __
Returning patient during the same episode (follow-up)  __ min  CHF __ __
Short emergency consultation  __ min  CHF __ __
Home visit  __ min  CHF __ __

B23  In 2016, did you offer any patients a reduced treatment fee if you knew that they were in financial difficulty?

Always  ○  
Often  ○  
Sometimes  ○  
Never  ○  
N/A  ○  

B24  For your osteopathic clinical practice during 2016, please estimate the percentage of your patients with whom you used each of the following techniques and treatments:

<table>
<thead>
<tr>
<th>Technique</th>
<th>0%</th>
<th>1–10%</th>
<th>11–50%</th>
<th>51–90%</th>
<th>91–100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft tissue techniques</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Articulatory techniques</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>HVLA thrust</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Cranial techniques</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Muscle energy</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Strain/counterstrain</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Functional technique</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>General osteopathic treatment (GOT)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Visceral</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Myofascial release (MFR)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Inhibition techniques (e.g. trigger points)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Biodynamic approach</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>No hands-on treatment</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>--------------------------</td>
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</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**B25**  In your estimation, what proportion of your patients has complementary insurance cover that includes osteopathic care?  
(Please round to the closest 10%)

<table>
<thead>
<tr>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B26 What percentage of your time in osteopathic practice in an average week in 2016 did you spend treating the following groups?
(Please round up to the closest 10%. Given we are rounding up, it might be normal that your total is more than 100%).

<table>
<thead>
<tr>
<th>Group</th>
<th>None</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants (&lt;1 year)</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Children (1–12 years)</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Adolescents (13-17 years)</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Sportsmen/women</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Performing artists (e.g. dancers, musicians)</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Older people (65 + years)</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Other adults (18-64 years)</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Animals</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
</tbody>
</table>

B27 In 2016, did you carry out any of the following intimate examinations?

<table>
<thead>
<tr>
<th>Examination</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital examinations</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Rectal examinations</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Breast examinations</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Oral cavity examinations</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Ear canal examinations</td>
<td>⬜</td>
<td>⬜</td>
</tr>
</tbody>
</table>

(If you answered ‘no’ to all five questions, go to B28)
**B27b** How do you usually obtain specific consent before performing any of the following intimate examinations?

<table>
<thead>
<tr>
<th>Exam</th>
<th>Implied Consent</th>
<th>Verbal</th>
<th>Written</th>
<th>Written and verbal</th>
<th>No consent taken</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital examination</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Rectal examination</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Breast examination</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Oral cavity examination</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Ear canal examination</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

**B27c** How often did you ask the patient if they would prefer to be accompanied by a chaperone?

<table>
<thead>
<tr>
<th>Exam</th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Never</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital examination</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Rectal examination</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Breast examination</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Oral cavity examination</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Ear canal examination</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
B28  Did you usually discuss or communicate any of the following with patients?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancellation policy</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Data handling policy</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Confidentiality policy</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The presenting complaint (Agreement on which complaint is to be addressed in priority.)</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Treatment options for the complaint</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Possible risks and side effects of treatment</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Anticipated response to treatment</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Anticipated number of treatments</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Ways to avoid recurrences in the future</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

B29  Which of the following professional osteopathic organisations were you a member of in 2016?
(tick all applicable boxes)

- [ ] Swiss Federation of Osteopaths SVO-FSO (incl. cantonal sections)
- [ ] SwissOsteo
- [ ] SAGOM/SAMM
- [ ] Other (please specify): _______

B30  In 2016, did you perform any other professional activity alongside your osteopathic practice?
(tick all applicable boxes)

- [ ] None
- [ ] Provision of other non-osteopathic health services (please specify): ______________
- [ ] Teaching student osteopaths
- [ ] Teaching other health care students
- [ ] Research
- [ ] Studying as a registered student
- [ ] Working in an unrelated field
- [ ] Other (please specify): ______________
B31 How many hours of professional development in the following topics have you approximately completed in 2016?  
(Please enter “0” if you have not attended any CPD in the field)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured osteopathic training courses</td>
<td></td>
</tr>
<tr>
<td>Structured non-osteopathic courses</td>
<td></td>
</tr>
<tr>
<td>Lectures</td>
<td></td>
</tr>
<tr>
<td>Group or practice meetings</td>
<td></td>
</tr>
<tr>
<td>Higher education</td>
<td></td>
</tr>
<tr>
<td>Teaching/mentoring/tutorials</td>
<td></td>
</tr>
<tr>
<td>Publishing</td>
<td></td>
</tr>
<tr>
<td>Distance learning</td>
<td></td>
</tr>
<tr>
<td>Reviewing and reading scientific articles</td>
<td></td>
</tr>
<tr>
<td>Congress / conference</td>
<td></td>
</tr>
<tr>
<td>Internet research</td>
<td></td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Thank you for taking your time to read and complete Part B of the survey. Please continue with Part C.

If you have any questions or problems, please contact Roy Macdonald during normal office hours on Wednesday, on Thursday afternoons or on Friday mornings at +41 (0)26 429 6113 or at roy.macdonald@hefr.ch.
Part C: Anonymous patient information

Section 1 – Selecting your ___ patient (1\textsuperscript{st} – 4\textsuperscript{th})

The data you are entering in this section is not linked to your identity and is registered separately from the data you entered in Part B.

Using the date which will be provided to you below, look in your work calendar and identify the first patient you saw in the following 24-hours. The patient must be a new patient, or an existing patient with a new episode (i.e. returning with a new complaint or with a recurrent complaint, but symptom-free for at least six weeks since their previous appointment).

Please get a random date and time by scanning the QR-code with your smartphone. If you do not have a QR-reader installed, just go to your AppStore and download a free QR-code reader. Alternatively, you can enter the address in to your browser.

C1_1 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?

- Yes (go to C2)
- No

Please refresh the page to be provided with a new date.

C1_2 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?

- Yes (go to C2)
- No
C1_3  Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?

- Yes  (go to C2)
- No

Please refresh the page to be provided with a new date.

C1_4  Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?

- Yes  (go to C2)
- No

Please refresh the page to be provided with a new date.

C1_5  Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?

- Yes  (go to C2)
- No

Please refresh the page to be provided with a new date.

C1_6  Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?

- Yes  (go to C2)
- No
C1_7 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?

○ Yes (go to C2)
○ No

Please refresh the page to be provided with a new date.

C1_8 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?

○ Yes (go to C2)
○ No

Please refresh the page to be provided with a new date.

C1_9 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?

○ Yes (go to C2)
○ No

Please refresh the page to be provided with a new date.

C1_10 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?

○ Yes (go to C2)
○ No

Please refresh the page to be provided with a new date.
Please refresh the page to be provided with a new date.

**C1_11** Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?

- Yes  (go to C2)
- No

Please refresh the page to be provided with a new date.

**C1_12** Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?

- Yes  (go to C2)
- No

_It seems like you are having difficulties finding a timeframe where you saw a patient._

_Please contact Paul Vaucher by writing an email to paul.vaucher@hes-so.ch to be provided with a customised timeframe that suits you better._

---

**C2** In which month did this patient appointment take place?

________________

**C3** On which day of the week did this patient appointment take place?

________________

**C4** At what time did the patient appointment start?

- Before 8 AM
- Between 8 AM and 9:59 AM
- Between 10 AM and 3:59 PM
- Between 4 PM and 5:59 PM
- 6 PM or later

(continue with Section 2 – General patient information)
Section 2 – General patient information

We recommend you to make a note in the patient’s record, that you have used this patient’s record for the SwissOsteoSurvey. This will allow you to inform the patient, should they ask you in the future.

Please answer the following questions based on the information in your patient’s records.

C5  Patient sex
    (if sex is ambiguous, refer to the sex the patient identifies to)
    ○ Male ○ Female

C6  Is your patient above 2 years of age?
    ○ Yes  (go to C6b)
    ○ No   (go to C6c)

C6b Patient age in years:  _ _
    (go to C7)

C6c Patient age in months:  _ _

C7  Residential region:
    ○ Lake Geneva Region (GE, VD, VS)
    ○ Espace midlands (BE, FR, JU, NE, SO)
    ○ Northwestern Switzerland and Zurich (AG, BS, BL, ZH)
    ○ Eastern Switzerland (AI, AR, GL, SG, SH, TG)
    ○ Central Switzerland (LU, NW, OW, SZ, UR, ZG)
    ○ Graubünden and Ticino (GR, TI)
C8  How would you describe the patient’s current work status?  
(tick all applicable boxes)

☐ Pupil/student  
   ☐ Pre-school  
   ☐ Primary school  
   ☐ Secondary school  
   ☐ Tertiary education/higher education/university  

☐ Self-employed  
   ☐ At what percentage? (42h/w = 100%): __________  
   ☐ Don’t know/can’t tell from the records

☐ Employed  
   ☐ At what percentage? (42h/w = 100%): __________  
   ☐ Don’t know/can’t tell from the records

☐ Housewife/househusband

☐ Not currently working/studying  
   ☐ Unemployed for health reasons  
   ☐ Retired  
   ☐ Infant/child  
   ☐ Other (please specify): _________________  
   ☐ Don’t know/can’t tell from the records

C9  Has the patient ever had any osteopathic treatment before?  
(tick all applicable boxes)

☐ Yes, with me for a previous episode of the same complaint  
☐ Yes, with me for a different complaint  
☐ Yes, with another osteopath  
☐ No  
☐ Don’t know/can’t tell from the records

C10  Was the patient referred to you by someone?

☐ Yes  
☐ No   (go to C11)  
☐ Don’t know/can’t tell from the records   (go to C11)
Who referred the patient to you?

- General practitioner
- Dentist
- Pharmacist
- Chiropractor
- Another medical specialist, please specify___________
- Another osteopath
  (including an assistant)
- Midwife
- Physiotherapist
- Occupational therapist
- Nutritionist
- Nurse practitioner
- Another allied health professional, please specify___________
- Complementary therapist

How long did the patient have to wait to see you?

- 1 Day or less
- 2–3 days
- 4–7 days
- 8 days or more
- Don’t know/can’t tell from the records
Section 3 – Information about the patient’s complaint at the first appointment

C12  How would you describe the main presenting complaint?
(tick all applicable boxes)

- Musculoskeletal pain or dysfunction
- Infancy-related complaints
- Dentistry/orthodontics
- Ear-nose-throat
- Neurological
- Rheumatological
- Gastrointestinal
- Obstetrical
- Gynaecological
- Psychological
- Endocrinological
- Respiratory
- Cardiovascular
- Urogenital
- Dermatological
- Ophthalmological
- General/non-specific
- Prevention
- Other (please specify): __________
C13  For how long has the patient had this problem for, including prior episodes?

- 24h or less
- 1–2 days
- 2–7 days
- 1–4 weeks
- 1–6 months
- 6–12 months
- 1–2 years
- 2–5 years
- 5–10 years
- More than 10 years
- Don’t know/can’t tell from the records

C14  Before this first appointment, how long had the patient been off work/school with this problem?

- Hasn’t been off work/school
- 24h or less
- 1–2 days
- 2–7 days
- 1–4 weeks
- 1–6 months
- 6–12 months
- More than 24 months
- Don’t know/can’t tell from the records

C15  Has the patient had previous treatment or undergone investigations for this episode?

- Yes
- No  (go to C16)
- Don’t know/can’t tell from the records  (go to C16)
C15b Who had the patient previously seen for this episode? (tick all applicable boxes)

- General practitioner
- Pharmacist
- Physiotherapist
- Other osteopath
- Other assistant osteopath
- Complementary therapist
- Medical specialist (please specify): ___________
- Other (please specify): ____________

C15c What type of investigations had already been performed for this condition and have you seen the report or the actual exam results? (tick all applicable boxes)

<table>
<thead>
<tr>
<th>Investigation Type</th>
<th>Done</th>
<th>Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Report</td>
<td>Exam Results</td>
</tr>
<tr>
<td>X-ray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CT scan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other types of imaging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C15d What type of treatments had the patient already received for this episode? (tick all applicable boxes)

- Self-medication
- Prescribed medication
- Manual therapy
- Surgery
- Complementary medicine
- Other (please specify): _______
C16  Please describe the onset of symptoms:

- Traumatic onset
- Acute/sudden onset (non traumatic)
- Slow/insidious onset
- Don’t know/can’t tell from the records

C17  Which episode of symptoms was it?

- First episode
- Second episode
- Third episode
- Fourth or more episodes
- Don’t know/can’t tell from the records

C18  Did you record the severity of the main symptoms at the first appointment?

- Yes
- No  (go to C18c)

C18b  Please indicate the recorded severity:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Moderate</td>
<td>Worst possible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(go to C19)

C18c  Please estimate the severity of main symptoms:

- None
- Mild
- Moderate
- Severe
- Worst imaginable
- Don’t know/can’t tell from the records
Please enter up to four predominate symptom areas in order of priority for the given patient:

<table>
<thead>
<tr>
<th>Area</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head/facial area</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Temporo-mandibular</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Neck</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Shoulder</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Upper-arm</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Elbow</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Forearm</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wrist</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hand</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Thoracic spine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Thoracic cage</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lumbar</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sacroiliac/pelvis/groin</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Gluteal region</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hip</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Thigh/upper leg</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knee</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lower leg</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ankle</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Foot</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Abdomen</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
C20 What current co-existing conditions, diagnosed by a medical practitioner, does the patient have?
(tick all applicable boxes)

- Don’t know/can’t tell from the records
- None

**Cardiovascular diseases (CVD)**
- Hypertension
- Angina
- CHF (congestive heart failure)
- MI (myocardial infarct)
- Stroke/TIA (transient ischaemic attack)
- Peripheral vascular disease
- Other CVD disease

**Mental disorders**
- Anxiety
- Depression
- Dementia
- Other mental disorder

**Rheumatological disorders**
- Arthritis
- Osteoporosis
- Other rheumatological disorder

**Sensorial and neurological disorders**
- Migraine
- Hearing impairment
- Visual impairment
- Neurological disease
- Other neurological disorder

**Respiratory disorders**
- Asthma
- COPD (chronic obstructive pulmonary disease)
- Other respiratory disorder
Kidney/liver disorders
- Kidney disease
- Liver disease
- Other kidney/liver diseases

Digestive disorders
- Upper gastrointestinal disease
- Chronic inflammatory disease (Crohn’s disease / ulcerative colitis)
- Irritable bowel syndrome (IBS)
- Other diagnosed digestive disorders

General disorders/conditions
- Pregnancy
- Anaemia
- Diabetes
- Cancer
- Other general disorder condition

Other (please specify): __________________
Section 4 – Treatment and Management

C21 Which of the following examination procedures did you use during the first visit? (tick all applicable boxes)

- Don’t know/can’t tell from the records (go to C22)
- None (go to C22)
- Observation
- Palpation of position/structures
- Palpation of tenderness
- Joint range of motion
- Palpation of joint movement quality
- Visceral mobility
- Cranial mobility
- Fascial testing
- Neurolymphatic reflex tests (eg. Chapman and Jarricot Reflex)
- Nerve stretch tests
- Muscle function
- Orthopaedic tests
- Percussion and auscultation
- Neurological examination
- Patient questionnaires (e.g. Oswestry Disability Index)
- Otoscopy (ear/nose/throat)
- Ophthalmoscopy (eyes)
- Diagnostic imaging (e.g. X-ray, MRI)
- Blood analysis
- Urine analysis
- Other (please specify): __________
C21b  How was consent gained for examination?
(please note that you cannot be identified from the responses you give)

- Implied consent
- Verbal
- Written
- Written and verbal
- Other (please specify): ___________
- Don’t know/can’t tell from the records
- No consent taken

C22  What treatment plan was agreed with the patient?
(tick all applicable boxes)

- Osteopathic management
- Single consultation only
- Patient was referred on
- No treatment plan agreement
- Don’t know/can’t tell from the records

C23  What types of treatment approaches were used with the patient?
(tick all applicable boxes)

- Don’t know/can’t tell from the records  (go to C24)
- None  (go to C24)
- Soft tissue techniques
- Articulatory techniques
- HVLA thrust
- Cranial techniques
- Muscle energy
- Strain/counterstrain
- Functional technique
- General osteopathic treatment (GOT)
- Visceral
- Myofascial release (MFR)
- Inhibition techniques (e.g. trigger points)
- Biodynamic approach
- No hands-on treatment
- Exercise – strengthening
- Exercise – stretching
- Exercise – proprioception
- Exercise – mindfulness
- Relaxation
- Self-management
- Lifestyle advice
- Pain neuroscience education (PNE)
- Dietary advice
- Self-medication advice
- Nutrition therapy
- Orthotics
- Psychological treatment
- Hypnosis
- Acupuncture
- Dry needling
- Homeopathy
- Herbal medicine
- Applied or clinical kinesiology
- Bio-resonance therapy
- Electro-therapy
- Prescription of medication
- Injections
- Other (please specify): _____________

C23b  **How was consent gained for treatment?**
(please note that you cannot be identified from the responses you give)

- Implied consent
- Verbal
- Written
- Written and verbal
- Other (please specify): ____
- Don’t know/can’t tell from the records
- No consent
C24  Were any of the following procedures conducted and were you able to obtain specific consent?  
(specific consent is only valid if patients were explicitly given the option to refuse the proposed procedure)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Conducted</th>
<th>Specific consent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Rectal</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Vaginal</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Oral</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>In-ear</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cervical HVT</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Thoracic HVT</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Lumbar HVT</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

C25  Did you discuss any of the following with the patient?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Can’t tell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment options for the presenting complaint</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Possible risks and side effects of treatment</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Anticipated response to treatment</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Anticipated number of treatments</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ways to avoid recurrences in the future</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>An explanation of the presenting complaint</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

C26  What self-management strategies, if any, did you recommend to the patient?  
(tick all applicable boxes)

- [ ] Don’t know/can’t tell from the records
- [ ] None
- [ ] Application of heat
- [ ] Application of cold
- [ ] Contrast bathing
- [ ] RICE protocol (rest ice compression elevation)
- [ ] Rest
☐ Strengthening exercise
☐ Stretching exercise
☐ Proprioceptive exercise
☐ Mindfulness exercise
☐ General physical activity
☐ Relaxation advice
☐ Advice concerning physical activity
☐ Vitamins or other nutritional supplements
☐ Natural remedies
☐ Naturopathic neuromuscular techniques (kinesiology)
☐ Other (please specify): ____________

C27  Who paid for most of the treatment?

☐ The patient
☐ Patient’s private insurance company
☐ Employer’s accident insurance company
☐ Private accident insurance company
☐ Invalidity insurance
☐ Patient’s employer
☐ Other (please specify): ____________
☐ Don’t know/can’t tell from the records

C28  Is an insurance case or litigation claim pending in relation to the presenting complaint?

☐ Yes
☐ No
☐ Don’t know/can’t tell from the records

C29  How much time did you spend on this first appointment?

☐ Don’t know/can’t tell from the records (go to C30)

__________ minutes
C29b  What proportion of this time did you (approximately) spend on the following?
(Enter “999” if you don’t know/can’t tell from the records)

<table>
<thead>
<tr>
<th>Activity</th>
<th>_ _ min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case history</td>
<td>_ _</td>
</tr>
<tr>
<td>Examination</td>
<td>_ _</td>
</tr>
<tr>
<td>Discussion of treatment</td>
<td>_ _</td>
</tr>
<tr>
<td>Discussion of consent</td>
<td>_ _</td>
</tr>
<tr>
<td>Treatment</td>
<td>_ _</td>
</tr>
<tr>
<td>Advice and guidance</td>
<td>_ _</td>
</tr>
<tr>
<td>(including psychological support)</td>
<td>_ _</td>
</tr>
<tr>
<td>Administration</td>
<td>_ _</td>
</tr>
<tr>
<td>Other</td>
<td>_ _</td>
</tr>
<tr>
<td>(please specify:_____)</td>
<td>_ _</td>
</tr>
</tbody>
</table>

C30   Did the patient return for a second appointment?

○ Yes (go to C31)
○ No

C30b  Why not?
(tick all applicable boxes)

□ The patient was referred to another health care practitioner
□ The patient was discharged
□ The patient declined to book another appointment
□ The patient didn’t attend the scheduled appointment
□ The patient cancelled the appointment
□ Don’t know/can’t tell from the records

(go to C43)
Section 5 – The second appointment

C31  Did the patient report any complications as a result of the first treatment?  
(tick all applicable boxes)

- No
- Don’t know/can’t tell from the records
- Increased pain
- Increased stiffness
- Dizziness
- Nausea
- Headache
- Fatigue
- Serious adverse event
  (If known, please give details): ___________
- Other (please specify): __________

C32  What was the patient’s overall outcome after the first appointment?

- Worst ever
- Much worse
- Worse
- No change
- Improved
- Much improved
- Best ever
- Don’t know/can’t tell from the records

C33  What types of treatment approaches were used with the patient at the second appointment?  
(tick all applicable boxes)

- Don’t know/can’t tell from the records (go to C34)
- None (go to C34)
- Soft tissue techniques
- Articulatory techniques
- HVLA thrust
- Cranial techniques
- Muscle energy
- Strain/counterstrain
- Functional technique
- General osteopathic treatment (GOT)
- Visceral
- Myofascial release (MFR)
- Inhibition techniques (e.g. trigger points)
- Biodynamic approach
- No hands-on treatment
- Exercise – strengthening
- Exercise – stretching
- Exercise – proprioception
- Exercise – mindfulness
- Relaxation
- Self-management
- Lifestyle advice
- Pain neuroscience education (PNE)
- Dietary advice
- Self-medication advice
- Nutrition therapy
- Orthotics
- Psychological treatment
- Hypnosis
- Acupuncture
- Dry needling
- Homeopathy
- Herbal medicine
- Applied or clinical kinesiology
- Bio-resonance therapy
- Electro-therapy
- Prescription of medication
- Injections
- Other (please name): ____________
C34  What self-management strategies, if any, did you recommend to the patient? (tick all applicable boxes)

- Don’t know/can’t tell from the records
- None
- Application of heat
- Application of cold
- Contrast bathing
- RICE protocol (rest ice compression elevation)
- Rest
- Strengthening exercise
- Stretching exercise
- Proprioceptive exercise
- Mindfulness exercise
- General physical activity
- Relaxation advice
- Advice concerning physical activity
- Vitamins or other nutritional supplements
- Natural remedies
- Naturopathic neuromuscular techniques (kinesiology)
- Other (please state) _____________

C35  Please enter the time spent for the second appointment:

- Don’t know/can’t tell from the records  (go to C36)

__________ minutes

C36  Did the patient return for a third appointment?

- Yes  (go to C37)
- No   (go to C40)
Section 6 – Last appointment of initial course of treatment for this episode

C37  Please enter the total number of treatments for this episode
(up to and including the most recent appointment)

- Don’t know/can’t tell from the records (go to C40)

Amount: ___

C38  Is the patient continuing to report any complications as a result of the treatment?
(tick all applicable boxes)

- No
- Don’t know/can’t tell from the records
- Increased pain
- Increased stiffness
- Dizziness
- Nausea
- Headache
- Fatigue
- Serious adverse event (If known, please give details): ______________
- Other (please specify): __________

C39  What was the patient’s overall outcome at their most recent appointment?

- Worst ever
- Much worse
- Worse
- No change
- Improved
- Much improved
- Best ever
- Don’t know/can’t tell from the records
C40  Duration of treatment period for this episode:
(first to most recent appointment)
Use most relevant scale

Weeks _ _  Months _ _

C41  Has the patient completed the initial course of treatment for this episode?

- Yes
- No, treatment is ongoing
- Patient did not return (reason unknown)
- Treatment terminated due to illness
- Treatment terminated for financial reasons
- Treatment terminated for other reasons (please specify): _______

C42  Did you record the severity of the main symptoms at the last appointment?

- Yes
- No  (go to C42c)

C42b  Please indicate the recorded severity:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Moderate</td>
<td>Worst possible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(go to C43)

C42c  Please estimate the severity of the main symptoms at the last appointment

- None
- Mild
- Moderate
- Severe
- Worst imaginable
- Don’t know/can’t tell from the records
C43  Were the set treatment goals achieved?

- Don’t know/can’t tell from the records

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Totally</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

C44  Did the patient take time off work/school since the first appointment, due to the episode under treatment?

- Yes
- No  (go to C45)
- Don’t know/can’t tell from the records  (go to C45)

C44b  Was the patient able to return to work/school?

- Yes
- No  (go to C45)
- Don’t know/can’t tell from the records  (go to C45)

C44c  How long after the appointment was the patient able to return to work/school?

- Same day
- Following day
- 2–7 days
- 1–4 weeks
- 1–6 months
- 6–12 months
- More than 12 months
- Don’t know/can’t tell from the records

C45  Did you contact the patient’s general practitioner during this course of treatment?

- Yes
- No  (go to C46)
- Don’t know/can’t tell from the records  (go to C46)
C45b  Why did you contact the patient’s general practitioner?
(tick all applicable boxes)

☐ Patient was referred by the general practitioner
☐ To request further information or investigations
☐ General practitioner had requested information
☐ To discuss referral for other treatment
☐ Other (please specify): ________
☐ Don’t know/can’t tell from the records

C46  What future course of care was agreed upon at the last appointment?

☐ Don’t know/can’t tell from the records
☐ None planned
☐ Patient was discharged
☐ Patient opted to return for episodic care
☐ Patient awaiting results of investigations
☐ Patient was referred on for investigations/treatment
☐ Still continuing initial course of treatment
☐ Patient planning to return for further treatment if necessary
☐ Other (please specify): _________________

C47  Since the first appointment, was the patient seen by anyone else for the main condition they have seen you for?

☐ Yes
☐ No  (go to the end of this section)
☐ Don’t know/can’t tell from the records  (go to the end of this section)
C47b  Who were they seen by?
(tick all applicable boxes)

☐ Accident and emergency ward
☐ Their general practitioner
☐ Other osteopath
☐ Dentist/orthodontist
☐ Other medical consultant (please specify): __________
☐ Complementary therapist (please specify): __________
☐ Psychologist
☐ Other healthcare provider (please specify): ________________
☐ Don’t know/can’t tell from the records

C47c  Please specify to whom you referred the patient to:
(tick all applicable boxes)

☐ I didn’t refer the patient
☐ Accident and emergency ward
☐ Their general practitioner
☐ Other osteopath
☐ Dentist/orthodontist
☐ Other medical consultant (please specify): __________
☐ Complementary therapist (please specify): __________
☐ Psychologist
☐ Other healthcare provider (please specify): ________________
☐ Don’t know/can’t tell from the records

Completion of data entry

Thank you for entering your patient’s data. If you have any questions, or problems, copying the data into the system, please contact Roy Macdonald during normal office hours on Wednesday, on Thursday afternoons or on Friday mornings at +41 (0)26 429 6113 or at roy.macdonald@hefr.ch.

END OF SURVEY QUESTIONNAIRE