

**Thank you for agreeing to take part in our survey regarding what role the neurological examination plays in your primary care practice and your referrals to neurologists. This survey should take 5-10 minutes to complete. Be assured that all the information you share will remain strictly anonymous and confidential.**

\* 1. In the past 90 days, approximately how many patients have you referred to a neurologist?

- None
- 1 - 2
- 3 - 5
- 6 - 10
- 11 or more

\* 2. How useful is it in general for you to perform a neurological examination on a patient?

5 is extremely useful: the exam would guide your management of the patient  
(diagnosis, whether to refer, or treatment)

1 is minimally useful: the exam would rarely, if ever, guide your management of a patient

1 Minimally useful                      2                      3                      4                      5 Extremely useful



\* 3. How confident are you in your ability to detect abnormalities using your neurological exam?

5 is very confident: I can often detect abnormalities when present

1 is not at all confident: I rarely if ever detect abnormalities

1 Not at all confident                      2                      3                      4                      5 Very confident



\* 4. On average, how confident are in you in deciding whether findings on your neurological examination are clinically significant?

5 is very confident (can usually distinguish between normal, minor variations from normal, and true abnormalities).

1 is not at all confident (almost never feel comfortable deciding whether an exam finding is abnormal or not)

1 Not at all confident

5 Very confident



**For questions 5 to 13, try to provide answers for 3 recent patients whom you have referred to a neurologist for consultation (Patient 1 being your most recent referral). If possible, include 3 patients that you examined (that is, patients that weren't exclusively examined by a student or resident). Please do not include patients referred for specific testing such as EMG or EEG.**

\* 5. For each of these 3 patients, did you perform (check the most appropriate answer for each patient):

	Patient 1	Patient 2	Patient 3
Your usual complete neurological examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A more limited, partial neurological examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No neurological physical examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A neurological examination was done by a student or resident <u>only</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please select the sections that were performed on the 3 patients:

	Patient 1	Patient 2	Patient 3
Fundoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupillary light reflex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflexes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tone (upper and/or lower limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength (upper and/or lower limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinprick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger-to-nose testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romberg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental status/ cognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected "Other" for one or several patients, please specify for each patient:

7. Did you judge any of the findings on the examination to be abnormal?

	Patient 1	Patient 2	Patient 3
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If so, which findings?

Patient 1

Patient 2

Patient 3

\* 9. Did the findings on the neurological examination influence your decision to refer the patient?

	Patient 1	Patient 2	Patient 3
Yes, I suspected the need for a referral to a neurologist prior to the exam and positive findings confirmed this.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I did not believe a referral to a neurologist was necessary prior to the exam, however positive findings changed my opinion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I determined the need for a referral to a neurologist prior to the exam and negative findings did not convince me otherwise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I did not believe a referral to a neurologist was necessary prior to the exam and negative findings reinforced this, however the patient was still referred for other reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did not perform a complete or partial neurological examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected "Other" for one or several patients, please specify for each patient:

\* 10. Did you refer the patient to the neurologist specifying (pick all that apply):

	Patient 1	Patient 2	Patient 3
A specific diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A few differential diagnoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presenting symptom(s) for which the diagnosis was unclear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Findings from the physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected "Other" for one or several patients, please specify for each patient:

\* 11. What was the single main reason for the referral?

	Patient 1	Patient 2	Patient 3
The presenting symptom(s) suggested a neurological problem despite a normal neurological examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The findings on the neurological exam were abnormal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient requested a referral to a neurologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient's personal or family history supported the need for a neurology consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected "Other" for one or several patients, please specify for each patient:

12. For the patients on whom a neurological examination was not performed, what was the reason?

	Patient 1	Patient 2	Patient 3
No sections of the neurological examination seemed relevant with respect to the patient's symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient was unfit to undergo the examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The findings would not have influenced the decision to refer the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low level of comfort with performing a neurological examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The neurological examination was performed only by the student or resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected "Other" for one or several patients, please specify for each patient:

13. In what setting did you evaluate the patient?

	Patient 1	Patient 2	Patient 3
Outpatient/follow-up clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk-in clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the emergency (ER)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* 14. What type of formal neurology teaching have you received over the course of your training? (Pick all that apply)

- I completed a neurology rotation during clerkship
- I completed a neurology rotation during residency
- I have a had formal teaching opportunities with neurologists during clerkship or residency
- I have not had exposure to teaching with neurologists during the course of my clerkship or residency training
- Other (please specify)

\* 15. In what setting(s) do you primarily practice?

- University hospital center
- General or specialized care hospital
- Private office
- CLSC
- Health and social service center (CSSS)
- Long-term care center
- Home care
- Other (please specify)

\* 16. In what city is your practice primarily situated?

\* 17. Is your practice a solo or a group practice?

- Solo practice
- Group practice
- Other (please specify)

\* 18. How many years have you been practicing family medicine?

\* 19. Which university are you affiliated with?

- McGill University
- Université de Montréal
- Other (please specify)

\* 20. Where did you attend medical school?

\* 21. Where did you complete your family medicine residency program?

\* 22. How old are you?

- 20 - 29 years old
- 30 - 39 years old
- 40 - 49 years old
- 50 - 59 years old
- 60 - 69 years old
- 70 and over

\* 23. What is your gender identity?

- Male
- Female
- Other (please specify)

24. Do you have any other comments regarding the neurological examination and its role in your practice? Please elaborate:

**Thank you for taking the time to participate in our study. If you have any further comments or questions do not hesitate to contact us.**