



## UNIVERSITY OF BERGEN

*Department of Global Public Health and Primary Care*  
General Practice Research Group

Bergen, August 2017

**Dear Patient,**

Medical students at the University of Bergen, Norway, are investigating the prevalence of various disorders among people who contact their GP for different reasons. The survey is headed by doctors who are also professors and researchers at the university. Overleaf you will find some questions which we would like you to answer. The survey is anonymous.

### **Use of the answers**

The aim is to get responses from about 1500 patients from all over Western Norway. We hope that in so doing we will acquire new knowledge that can be made available to scientists in Norway and abroad, and help to improve the teaching of future doctors.

### **Why do we want to know more about the prevalence of various disorders?**

Patients often contact their GPs without a definite diagnosis, but report various problems and symptoms that may be signs of disease. Some problems are very common in the population at large, while others are rare. A knowledge of the frequency of different problems helps GPs when they have to assess a condition and decide on further tests or treatment.

### **Completing the form**

We hope you will help us to add to our knowledge by filling in the form overleaf. The completed form should be handed in a sealed envelope to the medical student or to Reception in your medical office.

Taking part in the survey is voluntary. If you do not wish to participate, you can hand in the form without completing it, or not hand it in at all.

Yours sincerely

*Knut-Arne Wensaas and Bjørn Bjorvatn*  
General Practice Research Group, University of Bergen

**PLEASE TURN OVER**



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Age: \_\_\_\_\_ years

Gender: Female Male

Country of birth: Norway ☐ Other ☐ Which country: \_\_\_\_\_ Which year did you move to Norway: \_\_\_\_\_

Education:

Primary and lower secondary school ☐ Upper secondary school ☐ Vocational school ☐ Tertiary education ☐

Have you problems such as those listed below, and if so, how long have you had them? Put one cross on each line.

No Less than 1 month 1–3 months 3–6 months Over 6 months

1. Feel more tired than usual
2. Lack energy more than usual
3. Back pain at least one day a week
4. Muscle pain at least one day a week
5. Changed bowel movements
6. Abdominal pain at least one day a week
7. If you have abdominal pain, do you have at least one of three episodes of this pain in connection with:
  - a. ...having bowel movements, or just before or just after a bowel movement? No Yes Don't know
  - b. ...bowel movements being looser or harder than usual? No Yes Don't know
  - c. ...having bowel movements more frequently or less frequently than usual No Yes Don't know
8. Have you seen blood in your stools in the last 3 months? No ☐ Once ☐ 2-5 times ☐ More than 5 times ☐
9. **Restless legs:** Do you have an *urge* to move your legs, usually associated with discomfort or an indeterminate prickling or crawling sensation in the legs? No Yes Don't know

**If you have answered No to question 9, you are finished with the survey.**

10. If **Yes**, does this *urge* start or increase when you are at rest, for example when you are lying or sitting? No Yes Don't know
11. Is the urge to move or are the uncomfortable prickling sensations partly or completely absent when you are moving, for example when you walk or stretch? No Yes Don't know
12. Is the urge to move or are the uncomfortable prickling sensations worse late in the day or at night than during the rest of the day? No Yes Don't know
13. How distressing is this *urge to move*?  
Not distressing ☐ Slightly distressing ☐ Moderately distressing ☐ Very distressing ☐
14. How often do you have this *urge to move*?  
Never Occasionally 1 day a week 2- 6 days a week Daily
15. Do you use medication as treatment for this *urge to move*?  
No ☐ Yes, now and then ☐ Yes, daily ☐ Don't know ☐

Many thanks for taking part!