

Evaluate e-Therapeutics Highlight

Re: Beta-blockers are no longer indicated as first line treatment for vasovagal syncope. This is based on 1 adequately powered, randomized placebo-controlled trial and 4 smaller studies.

Q1. What is the impact of this e-Therapeutics Highlight on you or your practice? Check Yes or No for each item.

- | | Yes | No |
|---|----------------------------------|----------------------------------|
| My practice is (will be) changed and improved | <input type="radio"/> | <input checked="" type="radio"/> |
| I learned something new | <input checked="" type="radio"/> | <input type="radio"/> |
| I am motivated to learn more | <input type="radio"/> | <input checked="" type="radio"/> |
| This information confirmed I did (am doing) the right thing | <input type="radio"/> | <input checked="" type="radio"/> |
| I am reassured | <input type="radio"/> | <input checked="" type="radio"/> |
| I am reminded of something I already knew | <input type="radio"/> | <input checked="" type="radio"/> |
| I am dissatisfied | <input type="radio"/> | <input checked="" type="radio"/> |
| There is a problem with this information | <input type="radio"/> | <input checked="" type="radio"/> |
| I disagree with the content of this information | <input type="radio"/> | <input checked="" type="radio"/> |
| This information is potentially harmful | <input type="radio"/> | <input checked="" type="radio"/> |

If this e-Therapeutics Highlight has no impact at all on you or your practice, check here

Your feedback is important to us. Please help us investigate any concerns by filling in the Comment Box at the end of this questionnaire. Include an e-mail address so that we may contact you for clarification if necessary. Thank you for helping us improve e-Therapeutics.

Q2. Is this 'e-Therapeutics Highlight' relevant for at least one of your patients?

- Totally relevant
- Partially relevant
- Not relevant

Q3. Will you apply this e-Therapeutics Highlight to at least one patient? Yes No

If YES, how you will apply it? Check Yes or No for each item.

- | | Yes | No |
|--|----------------------------------|----------------------------------|
| To better understand a particular issue related to this patient | <input type="radio"/> | <input checked="" type="radio"/> |
| To justify or maintain the management of this patient | <input type="radio"/> | <input checked="" type="radio"/> |
| To modify the management of this patient | <input checked="" type="radio"/> | <input type="radio"/> |
| To persuade other health professionals or patients to make changes | <input type="radio"/> | <input checked="" type="radio"/> |

Q4. Do you expect any health benefits from applying this e-Therapeutics Highlight to a particular patient? Yes No

If YES, what are these benefits? Check Yes or No for each item.

- | | Yes | No |
|---|----------------------------------|----------------------------------|
| Increasing patient knowledge about health or healthcare | <input type="radio"/> | <input checked="" type="radio"/> |
| Avoiding unnecessary or inappropriate treatment, diagnostic procedure or preventive intervention | <input type="radio"/> | <input checked="" type="radio"/> |
| Increasing patient acceptability of treatment, diagnostic procedure or preventive intervention | <input checked="" type="radio"/> | <input type="radio"/> |
| Preventing disease or health deterioration (including acute episode of chronic disease) | <input type="radio"/> | <input checked="" type="radio"/> |
| Improving patient health or functioning or resilience (i.e., how well the patient faces difficulties) | <input type="radio"/> | <input checked="" type="radio"/> |