

Additional file 1

Study information & Questionnaire

European study about patients' self-care for common colds

"What do you do when having a common cold?"

Common colds are frequent. Various self-medications and home remedies are used to relieve symptoms. Our practice is participating in a study of the European Network of General Practitioners: physicians from more than 15 European universities are studying what patients use for common colds.

We like to ask for your participation: please complete this questionnaire. The data collection is anonymous, so that you as a person cannot be identified. The results will be published scientifically.

Please mark: When you had a common cold during the last year: what did you do?

1. I took over-the-counter medication: No _0 Yes _1, please specify:

- | | | |
|---|---|---|
| <input type="checkbox"/> _1 ASA/aspirin | <input type="checkbox"/> _1 Paracetamol | <input type="checkbox"/> _1 Ibuprofen |
| <input type="checkbox"/> _1 Vitamin C | <input type="checkbox"/> _1 Calcium | <input type="checkbox"/> _1 Zinc |
| <input type="checkbox"/> _1 Cough syrup | <input type="checkbox"/> _1 Cough drops | <input type="checkbox"/> _1 "Painkillers" |
| <input type="checkbox"/> _1 Homeopathic drugs | <input type="checkbox"/> _1 "Pills for colds" | <input type="checkbox"/> _1 Other: _____ |

2. I ate or drank the following food: No _0 Yes _1, please specify:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> _1 Orange (juice) | <input type="checkbox"/> _1 Lemon (juice) | <input type="checkbox"/> _1 Grapefruit (juice) | <input type="checkbox"/> _1 Chicken soup |
| <input type="checkbox"/> _1 Plenty of water | <input type="checkbox"/> _1 Honey | <input type="checkbox"/> _1 Garlic | <input type="checkbox"/> _1 Food with marjoram |
| <input type="checkbox"/> _1 Mandarins | <input type="checkbox"/> _1 More fruits | <input type="checkbox"/> _1 More vegetables | <input type="checkbox"/> _1 Other: _____ |

3. I prepared a herbal tea: No _0 Yes _1, please specify:

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> _1 Thyme | <input type="checkbox"/> _1 Camphor | <input type="checkbox"/> _1 Eucalyptus | <input type="checkbox"/> _1 Elderberry |
| <input type="checkbox"/> _1 Ginger | <input type="checkbox"/> _1 Pine syrup | <input type="checkbox"/> _1 Chamomile | <input type="checkbox"/> _1 Echinacea propolis |
| <input type="checkbox"/> _1 Cinnamon | <input type="checkbox"/> _1 Peppermint | <input type="checkbox"/> _1 Cranberry | <input type="checkbox"/> _1 Mixed herbal tea |
| <input type="checkbox"/> _1 Sage | <input type="checkbox"/> _1 St. Johns Wort | <input type="checkbox"/> _1 Black tea | <input type="checkbox"/> _1 Other: _____ |
| <input type="checkbox"/> _1 Raspberry | <input type="checkbox"/> _1 Marshmallow root | <input type="checkbox"/> _1 Lime blossom | |

4. I used an alcoholic drink: No _0 Yes _1, please specify:

- | | |
|--|--|
| <input type="checkbox"/> _1 Mulled wine | <input type="checkbox"/> _1 Tea with rum |
| <input type="checkbox"/> _1 Amber with alcohol | <input type="checkbox"/> _1 Other: _____ |

5. I prepared a special recipe: No _0 Yes _1, please specify:

- | | | |
|--|--|--|
| <input type="checkbox"/> _1 Tea from apple peel | <input type="checkbox"/> _1 Onion (juice) with honey | <input type="checkbox"/> _1 Hot water with lemon & honey |
| <input type="checkbox"/> _1 Hot milk with butter | <input type="checkbox"/> _1 Hot milk with honey | <input type="checkbox"/> _1 Other: _____ |
| <input type="checkbox"/> _1 Onion cough syrup | <input type="checkbox"/> _1 Black radish with sugar | |

6. I used pastilles or drops: No _0 Yes _1, please specify:

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> _1 Lemon | <input type="checkbox"/> _1 Cinnamon | <input type="checkbox"/> _1 Peppermint | <input type="checkbox"/> _1 Plantago cough syrup |
| <input type="checkbox"/> _1 Sage | <input type="checkbox"/> _1 Curcuma | <input type="checkbox"/> _1 Eucalyptus | <input type="checkbox"/> _1 Other: _____ |
| <input type="checkbox"/> _1 Herbal pastilles | <input type="checkbox"/> _1 Umkaloabo | <input type="checkbox"/> _1 Cough pastilles | |

7. I used something for my nose: No _0 Yes _1, please specify:

- | | | |
|--|---|--|
| <input type="checkbox"/> _1 Nasal decongestant | <input type="checkbox"/> _1 Saline nasal spray | <input type="checkbox"/> _1 Other: _____ |
| <input type="checkbox"/> _1 Nasal „washings“ | <input type="checkbox"/> _1 Other nose drops/ spray | |

8. I used an inhalation: No Yes , please specify:

- | | | |
|---|--|--|
| <input type="checkbox"/> Humidifier | <input type="checkbox"/> Pot with steaming water | <input type="checkbox"/> Chamomile |
| <input type="checkbox"/> Eucalyptus (oil) | <input type="checkbox"/> Saline | <input type="checkbox"/> Essential oil |
| <input type="checkbox"/> Peppermint | <input type="checkbox"/> Camphor (oil) | <input type="checkbox"/> Other: _____ |

9. I used a gargle or spray for my throat: No Yes , please specify:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Gargle with saline | <input type="checkbox"/> Gargle with sage | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gargle with chamomile | <input type="checkbox"/> Throat spray | |

10. I used something externally on my body: No Yes , please specify:

- | | | |
|---|---|--|
| <input type="checkbox"/> Vacuum cupping | <input type="checkbox"/> Chest rub with alcohol | <input type="checkbox"/> Essential oil rub |
| <input type="checkbox"/> Fire cupping | <input type="checkbox"/> Mentholated cream | <input type="checkbox"/> Other: _____ |

11. At home I did some things extra: No Yes , please specify:

- | | | |
|---|---|---|
| <input type="checkbox"/> Stayed in bed | <input type="checkbox"/> Hot bath or shower | <input type="checkbox"/> Cold shower |
| <input type="checkbox"/> Took a day/ days off | <input type="checkbox"/> Prayed for recovery | <input type="checkbox"/> Calf compresses |
| <input type="checkbox"/> Hot water bottle | <input type="checkbox"/> Electric warming blanket | <input type="checkbox"/> Hot bath with lime blossom |
| <input type="checkbox"/> Opened windows | <input type="checkbox"/> Warm covers | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Warm clothes | <input type="checkbox"/> Rest at home | |

12. Who taught you about these measures?

- | | | | |
|---|---|-----------------------------------|--|
| <input type="checkbox"/> Parents | <input type="checkbox"/> Other family members | | |
| <input type="checkbox"/> Friends, neighbors | <input type="checkbox"/> Physician | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Newspaper, internet |

13. Did you recommend these measures to others? No Yes Don't know

14. Your opinion: A common cold goes away by itself: No Yes Don't know

15. Do you feel very uncomfortable when having a cold: No Yes Don't know

16. Your age: _____ (in years)

17. Your gender: Male Female

18. Your health insurance is: Public Private

19. Number of pills you take daily: _____

20. Which chronic conditions do you have? Please mark all that apply. Depression

- | | | |
|---|---|--|
| <input type="checkbox"/> Chronic kidney disease | <input type="checkbox"/> Chronic pain / Arthritis | <input type="checkbox"/> Asthma/Chronic bronchitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart disease | <input type="checkbox"/> High blood-pressure |

21. Do you take any of the following medications? Birth control pill

- | | |
|---|--|
| <input type="checkbox"/> Anticoagulants (e.g. warfarin, coumadin) | <input type="checkbox"/> ASA/aspirin daily for heart attack/stroke |
|---|--|

22. Do you use self-grown plants for common colds? No Yes

23. For the last cold, you spent about: _____ Euros

24. How many years did you go to school? (including higher education) _____ Years

25. Do you smoke daily? No Yes

26. Country where you were born: _____ **27. Country your family stems from:** _____

THANK YOU VERY MUCH!

Additional file 2

EGPRN study about self-care for common colds “What do you do when having a common cold?”

Dear colleague,

Please answer the following questions about yourself and your data collection site:

1. Please specify the name and address of the practice collecting your data:

2. How long do you work in this practice?

- ₀ 0-5 years ₁ 6-15 years ₂ 16-25 years ₃ More than 25 years
₄ I do not work in this practice

3. Number of physicians in your practice:

- ___ Full-time physicians
___ Part-time physicians

4. How many patients do you see in this practice per day on average?

- ₀ <10 ₁ 11-15 ₂ 16-25 ₃ 26-40 ₄ 41-60 ₅ 61-80 ₆ ≥81

5. What is the total number of patients served in this practice in 2012? _____

6. To compare your practice with other participating sites: How many patients did this practice see in 2012 (in total numbers)?

- < 18 years: _____ patients 18-40 years: _____ patients 41-65 years: _____ patients
66-80 years: _____ patients ≥ 81 years: _____ patients

7. Please estimate the percentage of patients with migration history in your practice? ___ %

8. Is your practice located in an urban or rural area? ₀ Urban ₁ Rural ₂ Mixed

9. What do you typically take or do yourself when having a common cold?

Please list up to three things.

1. _____
2. _____
3. _____

10. What do you typically recommend or prescribe to patients with a common cold?

Please list up to three things.

1. _____
2. _____
3. _____

Thank you very much!