

## WHAT IS YOUR OPINION OF YOUR DOCTOR AND HIS/HER PRACTICE?

In this questionnaire we ask you to rate the quality of care that you have received from the physician and the practice that you usually visit. For the questions you are asked to tick the box that is closest to your opinion (5=excellent; 1= poor). If the question does not apply to you, please tick the last column "not applicable/not relevant".

**The anonymity is guaranteed.**

WHAT IS YOUR ASSESSMENT OF YOUR DOCTOR OVER THE LAST 12 MONTHS WITH RESPECT TO:		poor					excellent	not applicable/not relevant
		1	2	3	4	5		
1	...Making you feel that you have time during the consultation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	...Showing interest in your personal situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	...Making it easy for you to tell him or her about your problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	...Involving you in decisions about your medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	...Listening to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	...Keeping your records and data confidential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	...Providing quick relief of your symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	...Helping you to feel well so that you can perform your normal daily activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	...Thoroughness of the approach to your problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	...Physical examination of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	...Offering you services for preventing diseases? (e.g. screening, health checks, immunisations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	...Explaining the purpose of examinations, tests and treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	...Telling you enough about your symptoms and/or illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	...Helping you deal with the emotions related to your health status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	...Helping understand why it is important to follow his/her advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	...Knowing what has been done or told during previous contacts in the practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	...Preparing you for what to expect from specialists, hospital care or other care providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WHAT IS YOUR ASSESSMENT OF THE PRACTICE OVER THE LAST 12 MONTHS WITH RESPECT TO:		poor					excellent	not applicable/not relevant
		1	2	3	4	5		
18	...The helpfulness of the practice staff (other than the doctor) to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	...Getting an appointment to suit you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	...Getting through to the practice on telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	...Being able to talk to the doctor on the telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



		poor					excellent					not applicable/not relevant
		1	2	3	4	5	1	2	3	4	5	
22	...Waiting time in the waiting room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	...Providing quick services for urgent health problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		I disagree completely					I agree completely					not applicable / not relevant
		1	2	3	4	5	1	2	3	4	5	
24	I can strongly recommend my doctor to my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	I have no reason to consider changing to a different doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## About You

- 1) gender  male  female
- 2) age  years
- 3) What is your native language?
- German
  - French
  - English
  - Italian
  - Roman
  - Portuguese
  - Turkish
  - Slavic languages
  - Spanish
  - Other
- 4) What is your highest grade or level of school?
- primary school
  - secondary school
  - high school
  - university or university of applied science
  - other
- 5) What is your marital status?
- single
  - married
  - widowed
  - divorced
- 6) In general, how would you rate your overall health now?
- excellent
  - very good
  - good
  - fair
  - poor

How many days in the last 12 months were you on sick leave

- 7) sick leave?  days
- 8) in hospital?  days
- 9) How many times have you seen your doctor in the last 12 months (in his/her practice or at home visits)?  times
- 10) Do you have a chronic illness lasting for longer than 3 months?  yes  no

**We thank you very much for completing this questionnaire!**

