

Please give us a few minutes of your time

Dear Patients,

Your satisfaction with our services is important to us. We would like to know your opinion about our practice. Your assessment, wishes, and ideas help us to improve our services and practice procedures.

Participation in the survey is voluntary and anonymous. It does not permit conclusions about individual patients.

Please let us know if you have any questions.

Thank you!

Your Practice Staff

Please note the following if you participate:

- ▶ Please answer all questions and do not omit any.
- ▶ Please only check the one answer for each question that best applies to you.
- ▶ If you complete the questionnaire during your office visit, please put the completed form in the available box.
- ▶ If you complete the questionnaire at home, please send the form back to the practice by mail.

1. How satisfied are you with...		Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied
		3	2	1	0
A	1. How satisfied are you with...				
A 01	...the waiting time for the doctor's appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A 02	...the waiting time at the practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A 03	...the friendliness of the practice staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A 04	...the atmosphere in the practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	2. How satisfied are you <u>generally</u> with this doctor regarding...				
B 01	...the information on the causes of your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B 02	...the information about the course of your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B 03	...the information about the planned treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B 04	...the information about the effect of prescribed medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B 05	...the information about what you can do yourself to facilitate healing (e. g. information about self-help groups, nutrition tips)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B 06	...the clarity of the information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B 07	...the consideration of adverse effects when prescribing medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B 08	...the consideration of all treatment options (e. g. drugs, physical therapy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C	3. How satisfied are you <u>generally</u> with this doctor regarding...	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied
		3	2	1	0
C 01	...his / her understanding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C 02	...his / her ability to empathize?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C 03	...his / her compassion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C 04	...the time he / she devotes to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C 05	...being taken seriously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C 06	...encouragement and support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C 07	...his / her patience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C 08	...that you are treated like a person and not as a number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	4. How satisfied are you <u>generally</u> with this doctor regarding...				
D 01	...collaboration with other medical institutions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D 02	...thoroughness and diligence during examinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D 03	...willingness to refer you in a timely manner (if necessary)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	5. How does this doctor include you in decisions about tests and treatments?	Always	Usually	Rarely	Never
		3	2	1	0
E 01	The doctor offers me various options (e.g. examination or treatment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E 02	The doctor discusses the advantages and disadvantages of the various options with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E 03	He / She asks me which options I prefer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E 04	I am included in decisions to the extent I would like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	6. How satisfied are you <u>generally</u> with this doctor regarding...	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied
		3	2	1	0
	...the quality and extent of the information you have received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G	7. How satisfied are you generally with this doctor regarding...	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied
		3	2	1	0
	...your involvement in medical decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H	8. Do you trust...	Yes, I have great trust in him / her	Yes, I have fairly good trust in him / her	I have fairly little trust in him / her	No, I have no trust in him / her	I have not known this doctor long enough
		4	3	2	1	0
	...this doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I	9. How would you rate the quality...	Very high	Rather high	Rather low	Very low
		3	2	1	0
	...of care by this doctor <u>in general</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J	10. How satisfied are you with...	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied
		3	2	1	0
	...this doctor <u>in general</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional questions

K	How old are you?	under 18 years	<input type="checkbox"/>	0
		18 to 30 years	<input type="checkbox"/>	1
		31 to 45 years	<input type="checkbox"/>	2
		46 to 60 years	<input type="checkbox"/>	3
		61 years and above	<input type="checkbox"/>	4

Patientenzufriedenheit

L	What type of insurance coverage do you have?	statutory	<input type="checkbox"/> g
		private	<input type="checkbox"/> p
M	How long have you been treated in this practice?	This was my first visit to this practice.	<input type="checkbox"/> 0
		less than 1 year	<input type="checkbox"/> 1
		1 to 2 years	<input type="checkbox"/> 2
		3 to 5 years	<input type="checkbox"/> 3
		more than 5 years	<input type="checkbox"/> 4

Thank you!