Patients' Experiences with the care provided by Physicians and other healthcare professionals at Hospital Outpatient Departments

1. What is your gender?

- ☐ Male
- ☐ Female

2. What is your birth year? ☐☐☐☐

3. What is your nationality?

- ☐ Greek
- ☐ Other (Please define: ……)

4. What is the highest level of education that you have achieved?

- ☐ I never finished Primary school
- ☐ Primary school
- ☐ Secondary school
- ☐ High School
- ☐ After High School education
- ☐ Higher education

5. Regarding your insurance status: (You can choose more than one)

- ☐ I am insured at EOPYY or other social/public security fund
- ☐ I am insured at a private insurance company
- ☐ I am not insured

6. Are you disabled more than 67%?

- ☐ Yes
- ☐ No

7. How would you describe your health in general?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Moderate
- ☐ Bad

8. Have you suffered from a chronic disease (i.e. a disease that you are suffering from for more than a year)?

- ☐ No, none
- ☐ Yes, one
- ☐ Yes, two
- ☐ Yes, three or more
- ☐ I don't know

9. In case you suffer from a chronic disease, please indicate it. (You can choose more than one)

- ☐ Cardiovascular disease (i.e. stroke, heart failure etc.)
- ☐ Respiratory disease (i.e. asthma, chronic obstructive pulmonary disease etc.)

- ☐ Autoimmune disease (i.e. ulcerous colitis, multiple sclerosis, rheumatoid arthritis etc.)
- ☐ Thyroid disease (i.e. hypothyroidism, hyperthyroidism, Hashimoto disease etc.)
- ☐ Cancer
- ☐ Diabetes mellitus
- ☐ Kidney disease
- ☐ Other (Please define: ……)

10. Over the past six months, how often did you visit or consulted this facility?

- ☐ Never
- ☐ Once
- ☐ 2-4 times
- ☐ ≥ 5 times
- ☐ I don't know/I don't remember

11. How did you visit this facility today?

- ☐ With a physician's referral
- ☐ Without a physician's referral

12. Which of the following professionals did you visit today?

GP	☐	Dietician	☐
Internist	☐	Dentist	☐
Pediatrician	☐	Nurse	☐
Radiologist	☐	Health visitor	☐
Microbiologist	☐	Midwife	☐
Cardiologist	☐	Physiotherapist	☐
Dermatologist	☐	Occupational therapist	☐
Otolaryngologist	☐	Speech therapist	☐
Ophthalmologist	☐	Social worker	☐
Pulmonologist	☐	Psychologist	☐
Psychiatrist	☐	Other	☐
Endocrinologist	☐	Please define:……	

13. What is the reason for your visit to this hospital outpatient department? (You can choose more than one)

- ☐ Sick/Unwell
- ☐ Scheduled follow-up visit/ Scheduled medical check-up
- ☐ Prescription of medications
- ☐ Prescription of lab exams (diagnostic imaging, blood or urine tests, etc)
- ☐ Referral from another physician/primary health care facility
- ☐ Medical check-up when hospital is on-duty
- ☐ Medical certificate
- ☐ Other (Please define: ……)

14. Did you make an appointment for your visit to this facility?

- ☐ Yes
- ☐ No *(in case you checked «No», please move to question 17)*

15. How was the appointment scheduled?

- ☐ By visiting the reception
- ☐ By phone at the reception
- ☐ By phone at the 1535
- ☐ I arranged it directly with the doctor
- ☐ I don't know, since somebody else scheduled the appointment on my behalf

16. How many days did you wait between the appointment and this visit?

- ☐ I made the appointment earlier today (I was served the same day)
- ☐ I made the appointment yesterday
- ☐ I waited less than a week
- ☐ I waited from 1 week to 1 month
- ☐ I waited more than 1 month
- ☐ I don't know/I don't remember

17. How long did you wait today for the completion of the administrative procedures, before the consultation (i.e. waiting queue in reception)?

- ☐ Less than 15 minutes
- ☐ 15-30 minutes
- ☐ 31-60 minutes
- ☐ More than 60 minutes
- ☐ I don't know/I don't remember

18. How long did you wait today between completing the administrative procedures and having appointment with the doctor?

- ☐ Less than 15 minutes
- ☐ 15-30 minutes
- ☐ 31-60 minutes
- ☐ More than 60 minutes
- ☐ I don't know/I don't remember

19. The doctor:

- ☐ did not refer me to someone else (*in case you checked this box, please move directly to question 21*)
- ☐ referred me to another doctor in this facility
- ☐ referred me for lab exams in this facility
- ☐ referred me to another hospital
- ☐ scheduled for me an appointment for hospital admission
- ☐ referred me for lab exams outside this facility

20. In case the doctor referred you to another health professional, he/she provided you with adequate information/guidance (i.e. working hours, accessibility, and contact details).

*Please rate from 1 to 5 (where **1** stands for **I totally disagree** and **5** stands for **I totally agree**)*

1	2	3	4	5
☐	☐	☐	☐	☐

Think about your visit today. Do you agree with the following?

Please rate from 1 to 5 (where 1 stands for I totally disagree and 5 stands for I totally agree)

	I totally disagree 1	I disagree 2	Neither agree nor disagree 3	I agree 4	I totally agree 5
21. The opening hours are convenient for me	☐	☐	☐	☐	☐
22. The facility is close to where I am living or working	☐	☐	☐	☐	☐
23. It is easy to make an appointment	☐	☐	☐	☐	☐
24. The doctor asks me about my medical history	☐	☐	☐	☐	☐
25. The doctor prescribes to me medication taking into consideration all medications that other doctors have already prescribed	☐	☐	☐	☐	☐
26. The doctor asks me about the results of my diagnostic exams incurred in the recent past	☐	☐	☐	☐	☐
27. The doctor provides me with advice on how to live healthy (i.e. about physical exercise, smoking, food, drinking, medication, sleeping habits etc)	☐	☐	☐	☐	☐
28. The doctor clearly explains to me all aspects of my health situation	☐	☐	☐	☐	☐
29. The specialist clearly explains to me all aspects of the proposed treatment pathways	☐	☐	☐	☐	☐
30. The doctor is polite to me	☐	☐	☐	☐	☐
31. The doctor listens to me carefully	☐	☐	☐	☐	☐
32. The doctor takes sufficient time to examine me	☐	☐	☐	☐	☐
33. The doctor involves me in making decisions about my care and treatment	☐	☐	☐	☐	☐
34. The reception staff is helpful	☐	☐	☐	☐	☐
35. The navigation within the clinics of this hospital outpatient department is easy	☐	☐	☐	☐	☐
36. The waiting room is comfortable	☐	☐	☐	☐	☐
37. The hospital outpatient department's rooms are clean (i.e. clinics, toilets, waiting rooms etc.)	☐	☐	☐	☐	☐
38. The clinics of this hospital outpatient department are well-equipped (i.e. materials, consumables, medical devices etc.)	☐	☐	☐	☐	☐

In case you DID not see today nurses or other health professionals please move to question 43					
	I totally disagree 1	**I disagree 2**	**Neither agree nor disagree 3**	**I agree 4**	**I totally agree 5**
39. The nurses listen to me carefully	☐	☐	☐	☐	☐
40. The nurses provides me with advice on how to live healthy	☐	☐	☐	☐	☐
41. The nurses are polite to me	☐	☐	☐	☐	☐
42. The other health professionals (except doctors and nurses) listen to me carefully	☐	☐	☐	☐	☐

43. On a scale of 0-10, would you recommend the doctor to your friends and/or relatives?
*Please rate from 0 to 10 (where **0** stands for **Definitely not** and **10** stands for **Certainly yes**)*

0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

44. On a scale of 0-10, would you recommend this hospital outpatient department to your friends and/or relatives?
*Please rate from 0 to 10 (where **0** stands for **Definitely not** and **10** stands for **Certainly yes**)*

0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please note that this section of the questionnaire refers to the **IMPORTANCE of the previously asked items** used in this questionnaire. Rate them according to their importance for you.

	Not at all important	**Slightly important**	**Moderately important**	**Fairly important**	**Very important**
45. Waiting time between the appointment and this visit	☐	☐	☐	☐	☐
46. Waiting time for the completion of the administrative procedures (i.e. waiting queue in the reception etc.)	☐	☐	☐	☐	☐
47. Waiting time between completing the administrative procedures and the consultation	☐	☐	☐	☐	☐
48. In case the doctor referred you to another health professional, he/she provided you with adequate information/guidance (i.e. working hours, accessibility, and contact details)	☐	☐	☐	☐	☐
49. The opening hours are convenient for me	☐	☐	☐	☐	☐
50. The facility is close to where I am living or working	☐	☐	☐	☐	☐
51. It is easy to make an appointment	☐	☐	☐	☐	☐
52. The doctor asks me about my medical history	☐	☐	☐	☐	☐
53. The doctor prescribes to me medication taking into consideration all medications that other doctors have already prescribed	☐	☐	☐	☐	☐
54. The doctor asks me about the results of my diagnostic exams incurred in the recent past	☐	☐	☐	☐	☐
55. The doctor provides me with advice on how to live healthy (i.e. about physical exercise, smoking, food, drinking, medication, sleeping habits etc)	☐	☐	☐	☐	☐

	Not at all important	Slightly importance	Moderately important	Fairly important	Very important
56. The doctor clearly explains to me all aspects of my health situation	☐	☐	☐	☐	☐
57. The doctor clearly explains to me all aspects of the proposed treatment pathways	☐	☐	☐	☐	☐
58. The doctor is polite to me	☐	☐	☐	☐	☐
59. The doctor listens to me carefully	☐	☐	☐	☐	☐
60. The doctor takes sufficient time to examine me	☐	☐	☐	☐	☐
61. The doctor involves me in making decisions about my care and treatment	☐	☐	☐	☐	☐
62. Reception staff are polite to me	☐	☐	☐	☐	☐
63. It is easy to orient myself within the premises and areas/rooms of this facility	☐	☐	☐	☐	☐
64. The waiting area is convenient	☐	☐	☐	☐	☐
65. The areas (i.e. the physicians' offices, toilets, waiting areas, etc) of this facility are clean	☐	☐	☐	☐	☐
66. The facility is well equipped (i.e. medical supplies, medical equipment etc)	☐	☐	☐	☐	☐
67. The nurses listen to me carefully	☐	☐	☐	☐	☐
68. The nurses provide me with advice on how to live healthy	☐	☐	☐	☐	☐
69. The nurses are polite to me	☐	☐	☐	☐	☐
70. The other health professionals (except doctors and nurses) listen to me carefully	☐	☐	☐	☐	☐

71. What gave you positive impressions during your visit today?

72. According to you what could the doctor or/and the other health professionals improve?

73. According to you what could be improved in this facility?

Thanks a lot for your participation and your time!