

## Patients' Experiences with the care provided by Specialists at a Health Centre

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               | <input type="checkbox"/> | Dietician              | <input type="checkbox"/> |
| Internist        | <input type="checkbox"/> | Dentist                | <input type="checkbox"/> |
| Pediatrician     | <input type="checkbox"/> | Nurse                  | <input type="checkbox"/> |
| Radiologist      | <input type="checkbox"/> | Health visitor         | <input type="checkbox"/> |
| Microbiologist   | <input type="checkbox"/> | Midwife                | <input type="checkbox"/> |
| Cardiologist     | <input type="checkbox"/> | Physiotherapist        | <input type="checkbox"/> |
| Dermatologist    | <input type="checkbox"/> | Occupational therapist | <input type="checkbox"/> |
| Otolaryngologist | <input type="checkbox"/> | Speech therapist       | <input type="checkbox"/> |
| Ophthalmologist  | <input type="checkbox"/> | Social worker          | <input type="checkbox"/> |
| Pulmonologist    | <input type="checkbox"/> | Psychologist           | <input type="checkbox"/> |
| Psychiatrist     | <input type="checkbox"/> | Other                  | <input type="checkbox"/> |
| Endocrinologist  | <input type="checkbox"/> | Please define:.....    |                          |

**13.**What is the reason for your visit to this facility today? (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 certificate
- ☐ Advisory support (i.e. childbirth education)
- ☐ 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 in 5-digit calling number
- ☐ I arranged it directly with the doctor
- ☐ Via Internet
- ☐ 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 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 the consultation?

- ☐ 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 to a hospital
- ☐ referred me for lab exams in this facility
- ☐ 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)*

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**21.**Today, did you visit a nurse or another health professional in this facility without visiting a doctor?

☐ Yes

☐ No

**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)*

|                                                                                                                                                               | <b>I totally disagree<br/>1</b> | <b>I disagree<br/>2</b>  | <b>Neither agree nor disagree<br/>3</b> | <b>I agree<br/>4</b>     | <b>I totally agree<br/>5</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------|-----------------------------------------|--------------------------|------------------------------|
| <b>22.</b> The opening hours are convenient for me                                                                                                            | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>23.</b> The facility is close to where I am living or working                                                                                              | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>24.</b> It is easy to make an appointment                                                                                                                  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>25.</b> The doctor asks me about my medical history                                                                                                        | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>26.</b> The doctor prescribes to me medication taking into consideration all medications that other doctors have already prescribed                        | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>27.</b> The doctor asks me about the results of my diagnostic exams incurred in the recent past                                                            | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>28.</b> The doctor provides me with advice on how to live healthy (i.e. about physical exercise, smoking, food, drinking, medication, sleeping habits etc) | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>29.</b> The doctor clearly explains to me all aspects of my health situation                                                                               | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>30.</b> The specialist clearly explains to me all aspects of the proposed treatment pathways                                                               | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>31.</b> The doctor is polite to me                                                                                                                         | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>32.</b> The doctor listens to me carefully                                                                                                                 | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>33.</b> The doctor takes sufficient time to examine me                                                                                                     | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>34.</b> The doctor involves me in making decisions about my care and treatment                                                                             | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>35.</b> It is easy to orient myself within the premises and areas/rooms of this facility                                                                   | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>36.</b> The waiting area is convenient                                                                                                                     | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>37.</b> The areas (i.e. the physicians' offices, toilets, waiting areas, etc) of this facility are clean                                                   | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>In case you DID not see today nurses or other health professionals please move to question 43</b>                                                          |                                 |                          |                                         |                          |                              |
| <b>38.</b> The nurses listen to me carefully                                                                                                                  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>39.</b> The nurses provides me with advice on how to live healthy                                                                                          | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>40.</b> The nurses are polite to me                                                                                                                        | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |
| <b>41.</b> The other health professionals (except doctors and nurses) listen to me carefully                                                                  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>     |

**42.** 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**)

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>0</b>                 | <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 | <b>6</b>                 | <b>7</b>                 | <b>8</b>                 | <b>9</b>                 | <b>10</b>                |
| <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"/> |

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

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>0</b>                 | <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 | <b>6</b>                 | <b>7</b>                 | <b>8</b>                 | <b>9</b>                 | <b>10</b>                |
| <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"/> |

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.

|                                                                                                                                                                                            | <b>Not at all Important</b> | <b>Slightly Important</b> | <b>Moderately Important</b> | <b>Fairly important</b>  | <b>Very important</b>    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|-----------------------------|--------------------------|--------------------------|
| <b>44.</b> Waiting time between the appointment and this visit                                                                                                                             | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>45.</b> Waiting time for the completion of the administrative procedures (i.e. waiting queue in the reception etc.)                                                                     | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>46.</b> Waiting time between completing the administrative procedures and the consultation                                                                                              | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>47.</b> 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) | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>48.</b> The opening hours are convenient for me                                                                                                                                         | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>49.</b> The facility is close to where I am living or working                                                                                                                           | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>50.</b> It is easy to make an appointment                                                                                                                                               | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>51.</b> The doctor asks me about my medical history                                                                                                                                     | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>52.</b> The doctor prescribes to me medication taking into consideration all medications that other doctors have already prescribed                                                     | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>53.</b> The doctor asks me about the results of my diagnostic exams incurred in the recent past                                                                                         | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>54.</b> The doctor provides me with advice on how to live healthy (i.e. about physical exercise, smoking, food, drinking, medication, sleeping habits etc)                              | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>55.</b> The doctor clearly explains to me all aspects of my health situation                                                                                                            | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>56.</b> The doctor clearly explains to me all aspects of the proposed treatment pathways                                                                                                | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>57.</b> The doctor is polite to me                                                                                                                                                      | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>58.</b> The doctor listens to me carefully                                                                                                                                              | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>59.</b> The doctor takes sufficient time to examine me                                                                                                                                  | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>60.</b> The doctor involves me in making decisions about my care and treatment                                                                                                          | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>61.</b> The staff at the reception is polite to me                                                                                                                                      | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>62.</b> It is easy to orient myself within the premises and areas/rooms of this facility                                                                                                | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>63.</b> The waiting area is convenient                                                                                                                                                  | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>64.</b> The areas (i.e. the physicians' offices, toilets, waiting areas, etc) of this facility are clean                                                                                | <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                       | Not at all<br>Important  | Slightly<br>Important    | Moderately<br>Important  | Fairly<br>important      | Very<br>important        |
|---------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 65. The nurses listen to me carefully                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. The nurses provide me with advice on how to live healthy                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. The nurses are polite to me                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. The other health professionals (except doctors and nurses) listen to me carefully | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

***Thanks a lot for your participation and your time!***