EVALUATION FORM APPROACH visit

		YES	NO	Not applicable
1	Were you given enough notice for your APPROACH visit?			
2	Was it clear to you at what time and where you were expected to register for the APPROACH visit?			
3	Did you know what to expect (per item) during the APPROACH visit (physical examination, radiographs etc.)?			
4	Could you easily find the route to the different departments (radiology, rheumatology)?			
5	Were all departments easily accessible?			
6	Did you feel it was difficult / aggravating to complete the pain diary?			
7	Did you find the questionnaires useful?			
8	Is the catering (food and drinks) good and sufficient ?			
9	Is the research visit at the end of the day aggravating ?			
10	Was there any more information that you would have liked included in the information letter beforehand?			
	If yes, please specify			
11	Was there any more information you would have liked to have during the APPROACH visit?			
	If yes, please specify			
		GOOD	**BAD**	**Not applicable**
12	How did you experience the treatment by the employees of the Radiology department ?			
13	How did you experience the treatment by the research physicians at the Rheumatology department?			

How could we make the APPROACH visit more comfortable for you ?

.....

.....

Is there any other information you would like to add to this form? Yes/No. If yes, please specify.

.....

.....

You could also send an e-mail to the patient council of APPROACH: patientcouncil@lygature.org