

PiC

Mark: Please use a ballpoint pen or a felt-tip marker. The questionnaire will be captured mechanically.

Correct: Please pay attention to the indications given on the left in order to ensure optimal data collection.

1. Your satisfaction with the medical consultation

Dear patients,
your general practitioner (GP) is participating in a study conducted by the research network of the Institute of General Practice of the University Hospital Erlangen. Within the scope of the study we would like to register **your satisfaction with the medical consultation based on your appointment today**.

It is our goal to evaluate and improve the relationship between GPs and their patients. Your contribution is a major part of that. We would kindly ask you to fill in the questionnaire honestly. There will be no possibility of tracing the answers back to you!

If you have any questions or a special interest in the study, we will of course be at your disposal.

The results of the patient survey will be sent to the participating practice after the completion of the survey.

Yours sincerely, the Institute of General Practice
in the name of all participating partners of the research network PRO PRICARE

Information: While filling out the questionnaire, please try to answer every question and try to not skip one. Please check only one answer per question. When unsure, please do not hesitate to turn to the practice team for help.

Thank you very much!

2. Please indicate which answer is most applicable after today's consultation with your GP.

Module A

	<i>Fully agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Fully disagree</i>	<i>Do not know</i>
2.1 Did you feel as though you were able to talk to your GP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Did you feel as though you were taken seriously by your GP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Did your GP explain various treatment options?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Did you want to know more about various treatment options?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Did your GP explain the steps of the treatment in a comprehensive manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Were you able to understand the treatment approach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 Were you able to discuss different treatment options with your GP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Are you satisfied with the decision concerning your further treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9 Were your ideas concerning your symptoms considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10 Were your personal fears concerning your symptoms considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11 Were your expectations concerning the handling of your symptoms considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please indicate what you generally expect from the consultation with your GP.

Module B

	Fully agree	Agree	Disagree	Fully disagree	Do not know
3.1 I should have the opportunity to talk to the GP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 My own point of view should be worth at least as much as that of the GP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 The GP should explain all treatment options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4 The GP should explain all treatments comprehensively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 I want to be able to understand the treatment procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 I want to be able to discuss various treatment options with the GP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7 I trust the decision making and the opinion of my GP fully .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8 My GP should form their own opinion , regardless of my personal ideas concerning my symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9 The GP should consider my personal fears regarding my symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10 I want to be able to present my expectations to my GP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate which options is the most applicable to you.

Module C

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Do not know	
4.1 How satisfied were you with today's practice visit in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2 How satisfied were you with today's medical consultation in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3 How long do you estimate the duration of the consultation ?	<input type="checkbox"/> Under 5 minutes		<input type="checkbox"/> 5 to 10 minutes		<input type="checkbox"/> > 10 to 15 minutes	
	<input type="checkbox"/> Over 15 minutes		<input type="checkbox"/> Do not know			
4.4 How long do you think the duration of the consultation should be for general consultation issues (e.g. back pain, cough etc.)?	<input type="checkbox"/> Under 5 minutes		<input type="checkbox"/> 5 to 10 minutes		<input type="checkbox"/> > 10 to 15 minutes	
	<input type="checkbox"/> Over 15 minutes		<input type="checkbox"/> Do not know			
	Too short	Slightly too short	Adequate	Slightly too long	Too long	Do not know
4.5 How did you find the duration of today's consultation ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Additional questions - Module D

<p>5.1 Please indicate your year of birth:</p> <div style="border: 1px dashed gray; width: 100px; height: 30px; margin: 5px 0;"></div> <p>5.2 Please indicate your sex:</p> <p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Divers <input type="checkbox"/> No indication </p> <p>5.3 Please indicate whether you have private or statutory health insurance:</p> <p> <input type="checkbox"/> Private <input type="checkbox"/> Statutory <input type="checkbox"/> Keine Angabe </p>	<p>5.4 Further remarks:</p> <div style="border: 1px solid gray; width: 90%; height: 150px; margin: 5px 0;"></div> <p style="text-align: center; margin-top: 10px;">Thank you very much for your participation!</p>
--	--