QUESTIONNAIRE: **Patient Satisfaction of provided services in outpatient clinics**

A. DEMOGRAPHIC CHARACTERISTICS

1. Gender: Male ☐ Female ☐ **2. Age** _____ **3. Nationality:** Greek ☐ Other ☐					
4. Family situation: Married ☐ Unmarried ☐ Living with partner ☐ Divorce ☐ Widowed ☐ **Number of family members:** _____					
5. Education: Primary school ☐ High school ☐ University ☐ Post graduation ☐					
6. Monthly household income _____					
7. Visit in : Outpatient clinics in morning ☐ Outpatient clinics in afternoon ☐					
8. **Do you visit the outpatient clinics frequently :** Yes ☐ No ☐ **How often** _____the last year					
9. Which outpatient clinics you visited?					
10. Evaluate your general health	**Very poor** 1	**Poor** 2	**Fair** 3	**Good** 4	**Very good** 5
B. Evaluate the services of Medical Care:	**Very poor**	**Poor**	**Fair**	**Good**	**Very good**
11. The time available for physician to examine	1	2	3	4	5
12. The accuracy of the information which the doctor gives you about your illness	1	2	3	4	5
13. Instructions medication you should take	1	2	3	4	5
14. Instructions the kind of lifestyle you should follow	1	2	3	4	5
15. Behavior of physician	1	2	3	4	5
16. Communication you have had with the doctors	1	2	3	4	5
17. The confidence your doctor gives you (about your life)	1	2	3	4	5
18. The interest of physician in addressing your health problem	1	2	3	4	5
C. Evaluate the services of Nursing Care:	**Very poor**	**Poor**	**Fair**	**Good**	**Very good**
19. Willingness of nurses to address your health problem	1	2	3	4	5
20. Nurses' to support your family and your environment	1	2	3	4	5
21. Behavior of nurses	1	2	3	4	5
22. Communication you had with the nurses	1	2	3	4	5
23. The confidence nurses gives you (about your life)	1	2	3	4	5
24. Support provided nurses to help you deal with your problems	1	2	3	4	5
25. The speed with which they performed their duties	1	2	3	4	5
26. The interest of nurses in addressing your health problem	1	2	3	4	5
D. Evaluate Administrative Services:	**Very poor**	**Poor**	**Fair**	**Good**	**Very good**
27. Admittance procedures	1	2	3	4	5
28. Discharge procedures	1	2	3	4	5
29. The speed with which they administrative staff performed their duties	1	2	3	4	5
30. Behavior of administrative staff	1	2	3	4	5
31. Ability to keep your waiting time to a minimum	1	2	3	4	5

32. Consistency in keeping appointment for our examination	1	2	3	4	5
33. The interest of administrative staff for good adherence of procedures	1	2	3	4	5
34. Behaviour of the administrative staff	1	2	3	4	5
E. Evaluate the facilities of Outpatients	**Very poor**	**Poor**	**Fair**	**Good**	**Very good**
35. The cleanliness of the premises	1	2	3	4	5
34. The cleanliness of the toilets	1	2	3	4	5
35. Comfort in waiting rooms	1	2	3	4	5
36. Adequacy of premises	1	2	3	4	5
37. Room temperature	1	2	3	4	5
38. Facilitate access for people with disabilities	1	2	3	4	5
39. Easy your orientation (signs, lines direction)	1	2	3	4	5
40. Responding opening hours to your needs	1	2	3	4	5
F. Time and Attendance Service					
41. Note the time between telephone contact and the date of appointment given to you **……..**					
42. Note the time you did from where you live to get to the hospital _____					
43. Note the waiting time of the scheduled appointment time to accept you the doctor **……..**					

G. Cost of Service	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
44. The ticket outpatient examination is high	1	2	3	4	5
45. Participation in the cost of examination is high	1	2	3	4	5

46. Do you think that if you give 10 Euros extra Outpatient Clinics will have better services? **1. Yes** ☐ **2.No** ☐ **3. Maybe** ☐

H. Overview outpatient services	**Very poor**	**Poor**	**Fair**	**Good**	**Very good**
47. The financial costs that you paid	1	2	3	4	5
48. Improve your health	1	2	3	4	5
49. Your satisfaction with the services after your examination	1	2	3	4	5
50. Your satisfaction with the services before your examination	1	2	3	4	5

I. Future use of services	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
51. Would you like to visit again the same outpatient	1	2	3	4	5
52. Would you recommend to others the same outpatient clinics to visit	1	2	3	4	5
53. Would you prefer to visit private outpatient clinics	1	2	3	4	5

Thank you for your time

(If you wish you can give us a name and phone communication _____)