

ONLINE SUPPLEMENT

Patient Satisfaction Survey

The aim of the survey is to gain an idea of how satisfied patients are with the practitioner and to identify areas for potential improvement. The survey is completely anonymous.

Gender: Male Female

Age: under 30 years
 31 to 50 years
 over 50 yrs

1 = strongly disagree; 2 = disagree; 3 = satisfactory; 4 = agree; 5 = strongly agree

1 Trust

- | | |
|--|--|
| | 1 2 3 4 5 |
| a. Do you trust the practitioner? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| b. Do you feel comfortable expressing your feelings with the practitioner? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| c. Do you feel the practitioner was genuine in his/her approach? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

2 Communication

- | | |
|---|--|
| | 1 2 3 4 5 |
| a. Can you communicate well with the practitioner? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| b. Do you understand what has been discussed? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| c. Do you feel the practitioner understands your concerns and shows empathy towards your situation? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

3 Exploration of ideas/options

- | | |
|--|--|
| | 1 2 3 4 5 |
| a. Do you feel as though your condition has been discussed adequately? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| b. Are you happy with the management plan? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

4 Body language

- | | |
|---|--|
| | 1 2 3 4 5 |
| a. Did the medical practitioner appear interested in your concerns? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| b. Did you feel a good rapport was established? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

5 Active listening

- | | |
|--|--|
| | 1 2 3 4 5 |
| a. Did you get an opportunity to air your concerns? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| b. Did you feel your problems were listened to? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| c. Did you feel that your contribution was valued? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| d. Did you feel you had any involvement in the management of your condition? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

6 Miscellaneous

- | | |
|---|--|
| | 1 2 3 4 5 |
| a. Do you feel your practitioner was warm and approachable? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| b. Do you feel you were given adequate time for the consultation? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| c. Were you satisfied with the consultation? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| d. Would you recommend this practitioner to others? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| e. Did you like the practitioner? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

f. How do you feel he/she may improve?

We very much appreciate your help in the development of this survey. Thank you.