

The Patient's Needs Scale – Pre visit (PNSPre)

Below, you will find a list of statements referring to various elements of a visit at a doctor's office. Under each statement there is a 7-point response scale. **Please mark with an X the number that describes best, how important to you is a particular element of the visit.** Number 1 indicates that it is completely irrelevant for you, and number 7 – that it is very relevant. We ask for honest answers for all questions.

During this visit it's important to me, that the doctor ...

1. ... finds the cause of my symptoms.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

2. ... tells me about the probable course of my treatment.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

3. ... explains possible consequences of illness.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

During this visit it's important to me, that the doctor ...

1. ... presents the results of my tests.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

2. ... gives me some advice about medications I'm taking.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

3. ... presents recommendations for the treatment.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

During this visit it's important to me, that the doctor ...

1. ... talks with me about how I feel and how I cope.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

2. ... gives me reassurance.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

3. ... shows me his care.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

During this visit it's important to me, that the doctor ...

1. ... talks with me about what harms my health.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
Completely irrelevant *Very relevant*

2. ... suggests what I can do to improve my functioning in everyday life.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
Completely irrelevant *Very relevant*

3. ... encourages me to make health-promoting changes (i.e. proper diet, physical activity).

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
Completely irrelevant *Very relevant*

During this visit it's important to me, that the doctor ...

4. ... suggests how to maintain social relationships.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
Completely irrelevant *Very relevant*

5. ... talks with me about how to spend time actively.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
Completely irrelevant *Very relevant*

6. ... suggests ways of maintaining life satisfaction.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
Completely irrelevant *Very relevant*

During this visit it's important to me, that the doctor ...

1. ... is benevolent towards me.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
Completely irrelevant *Very relevant*

2. ... treats me seriously.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
Completely irrelevant *Very relevant*

3. ... shows me respect.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
Completely irrelevant *Very relevant*

Communication Scale – Pre visit (CSPre)

Below you'll find a list of various behaviors of a doctor during a visit. Like previously, **we ask to mark with an X the square with a number that is the closest to your opinion how relevant for you are particular actions/behaviors of a doctor during the visit.**

It's important for me that the doctor ...	<i>Completely irrelevant</i>	<i>Very relevant</i>
1. ... greets me in a kind manner.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
2. ... discusses with me the reason of a visit.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
3. ... listens to me carefully.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
4. ... shows understanding for my problems.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
5. ... makes sure he understood me correctly.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
6. ... encourages me to ask questions.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
7. ... answers all my questions.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
8. ... makes sure if I understood him correctly.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
9. ... uses language I can understand.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
10. ... summarizes topics we've discussed.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
It's important for me that the doctor ...	<i>Completely irrelevant</i>	<i>Very relevant</i>
11. ... informs me about the examination.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
12. ... cares about my comfort during the examination (i.e. measuring blood pressure).	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
13. ... provides as much time as I need for each part of the visit (the interview, preparation for the examination, thinking, etc.).	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	

It's important for me that the doctor ...	<i>Completely irrelevant</i>	<i>Very relevant</i>
14 ... explains treatment options available in my situation	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
15 ... explains why I should comply to the presented recommendations.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
16 ... makes sure I'll be able to comply to the recommendations.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
17 ... writes down main recommendations for me (medications, dosage, etc).	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
18 ... discusses the plan of further treatment.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
19 ... summarizes briefly the entire visit.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	

It's important for me that the doctor ...	<i>Completely irrelevant</i>	<i>Very relevant</i>
1 ... encourages me to participate in making decisions.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
2 ... gives me opportunity to express my opinion.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
3 ... takes my opinion into account in making decisions.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
4 ... creates the atmosphere that allows to discuss intimate issues freely.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
5 ... notices my feelings and accepts them.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
6 ... takes care of a good atmosphere during the entire visit.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
7 ... wins my trust.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	

	<i>Completely irrelevant</i>	<i>Very relevant</i>
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General information

1. Age: _____
2. Gender: F M
3. Marital status:
- single separated/divorced
- partnership/marriage widowed
4. Education:
- primary secondary (with matura exam)
- vocational higher
- secondary (without matura exam)
5. Place of residence:
- rural area large town (101-500 thousands citizens)
- small town (up to 20 thousands. citizens) Warsaw
- medium town (21-100 thousands. citizens) other city (above 500 thousands citizens)
6. Who do you live with? [*one or more „X”*]
- alone with other members of my family
- with a spouse/partner with other persons, not members of the family
- with children in the old people's home
- with grandchildren
7. What is your professional status? [*one or more „X”*]
- professionally active – working full time retired
- professionally active – part time annuitant
- unemployed
8. What is your financial situation?
- poor rather poor average rather good good

Health status

1. How do you evaluate your health? (*in comparison with people of similar age*)

- very good
 good
 average
 poor
 very poor

2. Have you attended within past 6 months: [*one or more „X”*]:

In the hospital

On an outpatient bases

- | | |
|--|--|
| <input type="checkbox"/> Emergency room, without need to stay in the hospital
<input type="checkbox"/> hospital for a surgery or other procedure
<input type="checkbox"/> hospital for treatment or observation (other than a surgery) | <input type="checkbox"/> other General Practitioner
<input type="checkbox"/> a specialist
<input type="checkbox"/> general medical tests (blood count, ECG, etc.)
<input type="checkbox"/> sanatorium
<input type="checkbox"/> none of the above |
|--|--|

3. How many diseases have you had/have you been currently treated for?

- none
 1 disease
 2-3 diseases
 4-5 diseases
 6 or more diseases

4. Please specify to what extent your health limits your ability to maintain the following: [*one „X” for each statement*]:

	Doesn't limit at all	Limits a little	Limits moderately	Limits very much
Full body hygiene	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Dressing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Preparing and eating meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Medication taking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Moving around the house	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Reading and watching TV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Shopping	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Commuting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Driving	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Dealing with official matters	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Today's visit to the doctor

When answering questions below, please refer to the today's visit to the doctor.

1. How long have you been attending this doctor?

it was my first visit

I attend longer, please specify number of years

2. How often have you attended this doctor within last year?

not at all

1 – 2 times

3 – 7 times

8 or more times

3. How long have you been waiting for this visit since you've made an appointment?

visit on the same day

1 to 2 weeks

up to 3 days

more than 2 weeks

4 – 7 days

I don't remember

4. How easy was it to schedule a visit to this doctor?

very easy

easy

moderately
easy

difficult

very difficult

5. What is the aim of your today's visit? [*one or more „X”*]

asking for advice

check-up

treatment (i.e. prescribing medicines, referring to tests, etc.)

signing documents

referral to a specialist

other

referral to medical tests

TIME FOR A VISIT TO THE DOCTOR

The Patient's Satisfaction with a Visit Scale- Post visit (SVSPost)

1. Would you recommend this doctor to your family/friends?

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

2. Would you like to come to this doctor again?

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

3. If it was easy to change a clinic – would you still come to this one?

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

1. How satisfied are you with this visit at the doctor?

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely dissatisfied *definitely satisfied*

2. Have your hopes for this visit been fulfilled?

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

3. How satisfied are you with the time the doctor has spent on the consultation?

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely dissatisfied *definitely satisfied*

4. Considering registration, travel, waiting time, help you received, etc., was the visit worth coming for?

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

How long have you been waiting in the waiting room for this visit?

less than 15 minutes approximately half an hour 1 hour or longer don't remember

Scale

The Patient's Needs Scale – Post visit (PNSPost)

During this visit the doctor ...

1. ... found the cause of my symptoms.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

2. ... presented me the probable course of my treatment.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

3. ... explained possible consequences of illness.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

During this visit the doctor ...

1. ... presented the results of my tests.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

2. ... gave me some advice about medications I take.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

3. ... presented recommendations for my treatment.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

During this visit the doctor ...

1. ... talked to me about how I felt and how I coped.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

2. ... gave me reassurance.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

3. ... showed me his care.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Completely irrelevant

Very relevant

During this visit the doctor ...

1. ... talked with me about what harm my health.

1□ ----- 2□ ----- 3□ ----- 4□ ----- 5□ ----- 6□ ----- 7□
Completely irrelevant *Very relevant*

2. ... suggested what I can do to improve my functioning in everyday life.

1□ ----- 2□ ----- 3□ ----- 4□ ----- 5□ ----- 6□ ----- 7□
Completely irrelevant *Very relevant*

3. ... encouraged me to make health-promoting changes (i.e. proper diet, physical activity).

1□ ----- 2□ ----- 3□ ----- 4□ ----- 5□ ----- 6□ ----- 7□
Completely irrelevant *Very relevant*

During this visit the doctor ...

1. ... suggested how to maintain social relationships.

1□ ----- 2□ ----- 3□ ----- 4□ ----- 5□ ----- 6□ ----- 7□
Completely irrelevant *Very relevant*

2. ... talked with me about how to spend time actively.

1□ ----- 2□ ----- 3□ ----- 4□ ----- 5□ ----- 6□ ----- 7□
Completely irrelevant *Very relevant*

3. ... suggested ways of maintaining life satisfaction.

1□ ----- 2□ ----- 3□ ----- 4□ ----- 5□ ----- 6□ ----- 7□
Completely irrelevant *Very relevant*

During this visit the doctor ...

1. ... was benevolent towards me.

1□ ----- 2□ ----- 3□ ----- 4□ ----- 5□ ----- 6□ ----- 7□
Completely irrelevant *Very relevant*

2. ... treated me seriously.

1□ ----- 2□ ----- 3□ ----- 4□ ----- 5□ ----- 6□ ----- 7□
Completely irrelevant *Very relevant*

3. ... showed me respect.

1□ ----- 2□ ----- 3□ ----- 4□ ----- 5□ ----- 6□ ----- 7□
Completely irrelevant *Very relevant*

Communication Scale – Post Visit (CSPost)

During this visit the doctor ...	<i>Definitely yes</i>	<i>Definitely no</i>
1. ... greeted me in a kind manner.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
2. ... discussed with me the reason of a visit.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
3. ... listened to me carefully.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
4. ... showed understanding for my problems.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
5. ... made sure he understood me correctly.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
6. ... encouraged me to ask questions.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
7. ... answered all my questions.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
8. ... made sure if I understood him correctly.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
9. ... used language I could understand.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
10. ... summarized topics we had discussed.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	

During this visit the doctor ...	<i>Definitely yes</i>	<i>Definitely no</i>
11. ... informed me about the examination.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
12. ... cared about my comfort during the examination (i.e. measuring blood pressure).	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
13. ... provided as much time as I needed for each part of the visit(the interview, preparation for the examination, thinking, etc.).	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	

During this visit the doctor ...	<i>Definitely yes</i>	<i>Definitely no</i>
14 ... explained treatment options available in my situation	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
15 ... explained why I should comply to the presented recommendations.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
16 ... made sure I would be able to comply to the recommendations.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
17 ... wrote down main recommendations for me (medications, dosage, etc).	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
18 ... discussed the plan of further treatment.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
19 ... summarized briefly the entire visit.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	

During this visit the doctor ...	<i>Definitely yes</i>	<i>Definitely no</i>
1 ... encouraged me to participate in making decisions.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
2 ... gave me opportunity to express my opinion.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
3 ... took my opinion into account in making decisions.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
4 ... created the atmosphere that allowed to discuss intimate issues freely.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
5 ... noticed my feelings and accepted them.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
6 ... took care of a good atmosphere during the entire visit.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
7 ... won my trust.	1 <input type="checkbox"/> ---- 2 <input type="checkbox"/> ---- 3 <input type="checkbox"/> ---- 4 <input type="checkbox"/> ---- 5 <input type="checkbox"/> ---- 6 <input type="checkbox"/> ---- 7 <input type="checkbox"/>	
	<i>Definitely yes</i>	<i>Definitely no</i>

The Attitude Toward Illness and Treatment Scale – Post (ATITSPost)

Statements below refer to your today's visit to the doctor. Please, mark with an X the number on the scale from 1 to 7, which describes your response best.

Due to this visit at the doctor ...

5. ... I understand the nature and causes of my ailments.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

6. ... I know available treatment options for my ailments.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

7. ... I understand the results of all my medical tests.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

8. ... I know how each of my medications works.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

9. ... I know how to prevent further problems with my health.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

10. ... I know how to sustain or improve health according to my age.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

Due to this visit at the doctor ...

11. ... I'll be able to cope with the treatment and compliance.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

12. ... I think I can influence how I'll feel in the future.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

13. ... I understand that my active participation in treatment and disease prevention is important for my functioning and performance.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

Due to this visit at the doctor ...

1. ... I feel calmer.
1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*
2. ... I believe the treatment will be effective.
1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*
3. ... I hope my health will improve.
1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

Due to this visit at the doctor ...

1. ... I feel depressed.
1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*
2. ... I have fears about my symptoms.
1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*
3. ... I doubt that improvement in my functioning is possible.
1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

Due to this visit at the doctor ...

1. ... I'm going to comply to the recommendations conscientiously.
1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*
2. ... I'm going to find out more about my health state.
1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*
3. ... I'm making a plan how to comply to the recommendations.
1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*
4. ... I'm going to participate in the treatment actively.
1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
definitely no *definitely yes*

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