

# Questionnaire on your experiences of treatment at a specialist outpatient clinic

The questions relate to visits to specialist outpatient clinics within the public healthcare system.

The medical activity and the institution in which the specialist outpatient clinic operates are stated at the beginning.

To answer, please mark the box **next to the answer you wish to give**. You may feel that a particular question is not relevant to you – for example, you might not have undergone a particular type of treatment. In that case, mark the answer ‘*Question does not apply to me*’ or ‘*I don’t know*’, or some other suitable option offered by the question. If you have problems with your sight or find the questionnaire difficult to understand, you may get someone to help you complete it. However, the answers should be your own. Please **return the completed questionnaire by post** in the envelope provided.

## SPECIALIST OUTPATIENT CLINIC

Field:

Institution:

## APPOINTMENTS AND ADMISSIONS

**1. What was the reason for your most recent visit to the clinic? (Several answers possible)**

- First consultation
- Diagnostic procedure (e.g. RTG, CT, MRI, gastroscopy)
- Follow-up consultation
- Other (please give details): \_\_\_\_\_

**2. How did you make the appointment at the clinic? (Several answers possible)**

- In person at the clinic
- Via the online eNaročanje (eAppointments) service
- By telephone
- By calling the 080 24 45 freephone number
- By email
- By ordinary post
- A doctor/nurse made the appointment for me
- Other: \_\_\_\_\_

**3. Did you have any problems making an appointment at the clinic after you received the referral from your own doctor?**

- Yes
- No → go to question 5.
- Question does not apply to me

**4. Please describe any problems you had making an appointment.**

**5. Did the time you had to wait between the day you made the appointment and the day you were seen at the clinic present any problems for you?**

- No problems
- Minor problem
- Major problem
- Question does not apply to me

**6. Were the reception staff friendly?**

- Not at all
- Not particularly
- Yes, to some extent
- Yes, certainly
- Clinic did not have reception staff

**7. How long did you wait between your appointment time and the time you were actually seen?**

- Less than 15 minutes
- Between 15 and 30 minutes
- Between 30 and 60 minutes
- More than 60 minutes (*state how many minutes* \_\_\_\_)

**8. If you waited more than 30 minutes, did the medical staff give you any information regarding your wait (e.g. how long you would have to wait or the reason for the wait)?**

- Yes
- No
- I did not wait more than 30 minutes

**9. Were the clinic's premises clean, tidy and sufficiently bright and well-ventilated (e.g. the waiting room, the consulting room and the toilets)?**

- Yes
- Partly (*please state the reasons for your answer*):
- No (*please state the reasons for your answer*):

\_\_\_\_\_

## PRIVACY

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**10. Were you given enough privacy at the clinic (e.g. upon admission, when undressing, during conversations with medical staff, when confidential information was being handled)?**

- Not at all
- Not particularly
- Yes, to some extent
- Yes, certainly → [go to question 12.](#)

**11. Where in the clinic do you feel that you were not given enough privacy? (Several answers possible)**

- Upon admission/at reception
- In contact with the nurse
- In discussion with the doctor
- When undressing
- During the medical procedure or investigation
- When confidential information was being handled
- Other: \_\_\_\_\_

## DOCTOR'S WORK

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**12. Did the doctor treat you politely and respectfully?**

- Not at all
- Not particularly
- Yes, to some extent
- Yes, certainly

**13. Did the doctor explain things to you in a way that you could easily understand?**

- Not at all
- Not particularly
- Yes, to some extent
- Yes, certainly
- There was no need for clarification

**14. Were you able to ask the doctor questions or express reservations about the proposed treatment?**

- Not at all
- Not particularly
- Yes, to some extent
- Yes, certainly
- There was no need to ask questions or express reservations about the proposed treatment

**15. On your most recent visit, did the doctor include you in the decision about your treatment to the extent that you wished?**

- Not at all
- Not particularly
- Yes, to some extent
- Yes, certainly
- I did not wish to be included in decisions
- No decisions about treatment were required

**16. Regarding your treatment or a medical investigation or procedure, did the doctor give any explanation ...**

	Not at all	Not really	Yes, to some extent	Yes, certainly	Question does not apply to me
of why the procedure was necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how it would proceed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
what the expected results were?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
any risks, consequences or possible complications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. Did the doctor devote enough time to you during your most recent visit?**

- Not at all
- Not particularly
- Yes, to some extent
- Yes, certainly

**18. Were you prescribed any medicines by the doctor?**

- Yes
- No → go to question 21.

**19. Did the doctor give you any information on how to take the prescribed medicine in combination with the other medicines you were already taking?**

- Yes
- No
- Question does not apply to me

**20. Did the doctor give you any information about the possible side-effects of the medicines prescribed?**

- Yes
- No
- Question does not apply to me

**NURSE'S WORK**

**21. Did the nurse treat you politely and respectfully?**

- Not at all
- Not particularly
- Yes, to some extent
- Yes, certainly
- I did not have any contact with a nurse

**22. Did you have the opportunity to ask the nurse what you wanted to ask about your treatment?**

- Not at all
- Not particularly
- Yes, to some extent
- Yes, certainly
- I did not have any contact with a nurse

**23. Did the nurse explain the medical procedure before it was performed?**

- Not at all
- Not particularly
- Yes, to some extent
- Yes, certainly
- The nurse did not perform a medical procedure
- I did not need an explanation

**INFORMATION ON PATIENTS' RIGHTS AND INFORMATION ON THE CONTINUATION OF TREATMENT**

**24. Was information on patients' rights available from the clinic (e.g. regarding the possibility of filing a complaint and the right to be given the details contained in your medical documentation)?**

- Yes
- No
- I don't know

**25. Did you receive a specialist medical opinion or results in writing immediately after your consultation at the clinic?**

- Yes
- No

**26. Was it made clear to you how your treatment would proceed after the visit (e.g. a follow-up consultation, visit to your own doctor, visit to another specialist)?**

- Not at all
- Not particularly
- Yes, to some extent
- Yes, certainly

## OVERALL ASSESSMENT

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**27. How would you assess your treatment at this clinic in general terms? Please give an answer using a scale of 0 to 10, where 0 = 'very poor treatment' and 10 = 'excellent treatment'.**

- 0 very poor treatment
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 excellent treatment

**28. What would you particularly praise about this clinic?**

**29. What would you like to see improved at this clinic?**

## ABOUT YOU

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**30. How would you assess your health in general terms?**

- Very good
- Good
- Average
- Poor
- Very poor

**31. Do you suffer from one or more chronic diseases (e.g. asthma/COPD, rheumatoid arthritis, diabetes, cardiovascular disease, cancer)?**

- Yes
- No

**32. Please indicate your gender.**

- Male
- Female

**33. How old are you?**

- Under 18 years
- 18–24 years
- 25–34 years
- 35–44 years
- 45–54 years
- 55–64 years
- 65–74 years
- 75–79 years
- 80 years or over

**34. What is the highest level of formal education that you have achieved?**

- Primary school education or lower
- Vocational school (2–3 years of study)
- Secondary school (four-year, gimnazija/grammar school)
- Post-secondary, higher or university education, or beyond

**THANK YOU VERY MUCH FOR COMPLETING THE QUESTIONNAIRE.**

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