|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient’s questionnaire | | | |  |  |  |  |  |  |  |  |  |
| 1. Gender of Patient | | | 1. FEMININE | 2. MASCULINE |  |  |  |  |  |  |  |  |
| 2. Regular medication intake | | | 1.YES | 2.NO |  |  |  |  |  |  |  |  |
| 3. Know how to read and write | | | 1.YES | 2.NO |  |  |  |  |  |  |  |  |
| 4. Level of Schooling | | | 1. Lower than 4th grade | 2. 4th grade | 3. 6th grade | 4. 9th grade | 5. 12th grade | 6. Higher Education |  |  |  |  |
| 1.SATISFACTION  “How satisfied were you with the course of this consultation?” | | Lickert Scale:  (0 - Not satisfied to 4 -Very satisfied) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 1.CONFIDENCE  “I doubt that my doctor really cares about me as a person.” | | Lickert Scale:  (0 - Strongly Disagree to  4 - Strongly Agree) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 2. CONFIDENCE  “My doctor is usually considerate of my needs and puts them first.” | | Lickert Scale:  (0 - Strongly Disagree to  4 - Strongly Agree) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 3.CONFIDENCE  “I trust my doctor so much I always try to follow his/her advice.” | | Lickert Scale:  (0 - Strongly Disagree to  4 - Strongly Agree) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 4.CONFIDENCE  “If my doctor tells me something is so, then it must be true.” | | Lickert Scale:  (0 - Strongly Disagree to  4 - Strongly Agree) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 5.CONFIDENCE  “I sometimes distrust my doctor's opinion and would like a second.” | | Lickert Scale:  (0 - Strongly Disagree to  4 - Strongly Agree) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 6.CONFIDENCE  “I trust my doctor's judgements about my medical care.” | | Lickert Scale:  (0 - Strongly Disagree to  4 - Strongly Agree) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 7.CONFIDENCE  “I feel my doctor does not do everything he/she should for my medical care.” | | Lickert Scale:  (0 - Strongly Disagree to  4 - Strongly Agree) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 8.CONFIDENCE  “I trust my doctor to put my medical needs above all other considerations when treating my medical problems.” | | Lickert Scale:  (0 - Strongly Disagree to  4 - Strongly Agree) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 9.CONFIDENCE  “My doctor is a real expert in taking care of medical problems like mine.” | | Lickert Scale:  (0 - Strongly Disagree to  4 - Strongly Agree) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 10.CONFIDENCE  “I trust my doctor to tell me if a mistake was made about my treatment.” | | Lickert Scale:  (0 - Strongly Disagree to  4 - Strongly Agree) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 11.CONFIDENCE  “Sometimes worry that my doctor may not keep the infomation we discuss totally private.” | | Lickert Scale:  (0 - Strongly Disagree to  4 - Strongly Agree) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 1.EMPATHY  “Can view things from my perspective (see things as I see them).” | | Lickert Scale:  (1 - Strongly Disagree to  7 - Strongly Agree) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |
| 2.EMPATHY  “Asks about what is happening in my daily life.” | | Lickert Scale:  (1 - Strongly Disagree to  7 - Strongly Agree) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |
| 3.EMPATHY  “Seems concerned about me and my family.” | | Lickert Scale:  (1 - Strongly Disagree to  7 - Strongly Agree) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |
| 4.EMPATHY  “Understands my emotions, feelings and concerns.” | | Lickert Scale:  (1 - Strongly Disagree to  7 - Strongly Agree) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |
| 5.EMPATHY  “Is an understanding doctor.” | | Lickert Scale:  (1 - Strongly Disagree to  7 - Strongly Agree) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |
| 1.MEDICAL KNOWLEDGE  “During this consultation, what degree of knowledge do you give the doctor about the topics discussed here.” | | Lickert Scale:  (0 – Very Bad to  4- Very Good) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 1.MEDICAL CLOTHING  “The regular clothes worn by the physician make the environment more relaxed compared to the white coat.” | | Lickert Scale:  (0 – Very Bad to  4- Very Good) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 2.MEDICAL CLOTHING  “It would be easier to communicate with a physician dressed in regular clothing.” | | Lickert Scale:  (0 - Strongly Disagree to  4 - Strongly Agree) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 3.MEDICAL CLOTHING  “The white coat is the only clothing acceptable to a physician.” | | Lickert Scale:  (0 - Strongly Disagree to  4 - Strongly Agree) | 0 | 1 | 2 | 3 | 4 |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |
| Doctor’s questionnaire | |  |  |  |  |  |  |  |  |  |  |  |
| A) USE OF WHITE COAT IN THE LAST MONTHS | | | | 1. YES | 2. NO |  |  |  |  |  |  |  |
| B)USE OF WHITE COAT IN THIS CONSULTATION | | | | 1. YES | 2. NO |  |  |  |  |  |  |  |
| C)DOCTOR'S SATISFACTION IN THIS CONSULTATION | Lickert Scale:  (0 - Not satisfied to 4 -Very satisfied) | | | 0 | 1 | 2 | 3 | 4 |  |  |  |  |
| D)DOCTOR'S COMFORT IN THIS CONSULTATION | Lickert Scale:   1. – Uncomfortable to 4 – Very Comfortable) | | | 0 | 1 | 2 | 3 | 4 |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |
| DOCTOR’S GENDER | | | 1. FEMININE | 2. MASCULINE |  |  |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  |
| For the entire questionnaire: | | 666 Did not answer | | | | |  |  |  |  |  |  |
| For the entire questionnaire: | | 999 Gave more than one answer | | | | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |

**Jefferson Scale of Patient Perceptions of Physician Empathy**

**Jefferson Scale of Patient Perceptions of Physician Empathy**

***Instructions:***

We would like to know the Extent of your agreement or disagreement with *each* of the following statements *about* *your* *physician* *named* *below*.

Please use the following 7--‐point scale and write your rating number from 1 to 7 on the underlined space before each statement

(1 means that you Strongly Disagree, and 7 means you Strongly Agree with the statement, a higher number indicates more agreement).

1. \_\_ Can view things from my perspective (see things as I see them).

2. \_\_ Asks about what is happening in my daily life.

3. \_\_ Seems concerned about me and my family.

4. \_\_ Understands my emotions, feelings and concerns.

5. \_\_ Is an understanding doctor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Trust in Physician Scale**

***Instructions:***

Below are some statements referring to your primary care provider. Please rate how much you agree or disagree with each statement. Response choices range from "strongly disagree" to "strongly agree".

1. I doubt that my doctor really cares about me as a person.
2. My doctor is usually considerate of my needs and puts them first.
3. I trust my doctor so much I always try to follow his/her advice.
4. If my doctor tells me something is so, then it must be true.
5. I sometimes distrust my doctor's opinion and would like a second.
6. I trust my doctor's judgements about my medical care.
7. I feel my doctor does not do everything he/she should for my medical care.
8. I trust my doctor to put my medical needs above all other considerations when treating my medical problems.
9. My doctor is a real expert in taking care of medical problems like mine.
10. I trust my doctor to tell me if a mistake was made about my treatment.
11. Sometimes worry that my doctor may not keep the infomation we discuss totally private.

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Anderson & Dedrick, 1990

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