eZAP
Patientenzufriedenheit

We want to hear your opinion

Dear Parents,

Your satisfaction with our services is important to us.

We would like to know your opinion about our practice. Your assessment, wishes, and ideas help us to improve our services and practice procedures.

Participation in the survey is voluntary and anonymous. It does not permit conclusions about individual participants.

Please let us know if you have any questions.

Thank you!

Your Practice Staff

Please note the following if you participate:

▸ Please answer all questions and do not omit any.

▸ Please only check the one answer for each question that best applies to you.

▸ If you complete the questionnaire during your office visit, please put the completed form in the available box.

▸ If you complete the questionnaire at home, please send the form back to the practice by mail.

Your satisfaction with the organisation and design of our practice

		Very satisfied	Rather satisfied	Rather unsatisfied	Very unsatisfied
A	**1. How satisfied are you <u>in general</u> with...**	3	2	1	0
A 01	**...the waiting period for a doctor's appointment?**	☐	☐	☐	☐
A 02	**...the waiting time at the practice?**	☐	☐	☐	☐
A 03	**...consideration of your wishes when booking an appointment?**	☐	☐	☐	☐
A 04	**...the friendliness of our practice staff?**	☐	☐	☐	☐
B	**2. How satisfied are you <u>in general</u> with...**				
B 01	**...the design and furnishings of our waiting room?**	☐	☐	☐	☐
B 02	**...the toys, activities and entertainment options provided for your child?**	☐	☐	☐	☐

Contact with your child

		Very satisfied	Rather satisfied	Rather unsatisfied	Very unsatisfied
C	**3. How satisfied are you <u>in general</u> with this paediatrician with regard to...**	3	2	1	0
C 01	**...his / her sympathy for your child?**	☐	☐	☐	☐
C 02	**...his / her empathy for your child?**	☐	☐	☐	☐
C 03	**...the time that he / she dedicates to your child?**	☐	☐	☐	☐
C 04	**...whether he / she takes your child seriously?**	☐	☐	☐	☐
C 05	**...his / her motivation and support for your child?**	☐	☐	☐	☐

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C **3. How satisfied are you in general with...**

	Very satisfied	Rather satisfied	Rather unsatisfied	Very unsatisfied
	3	2	1	0
C 06 ...his / her patience with your child?	☐	☐	☐	☐
C 07 ...whether he / she treats your child like a person and not a number?	☐	☐	☐	☐

D **4. What is your opinion of the information that your child is given by this paediatrician?**

The information that my child receives...

	Yes, always	Yes, mostly	Yes, but rarely	No, never	Not relevant
	4	3	2	1	0
D 01 ...corresponds to the age of my child.	☐	☐	☐	☐	☐
D 02 ...corresponds to my child's stage of development.	☐	☐	☐	☐	☐
D 03 ...takes my child's level of receptivity into consideration.	☐	☐	☐	☐	☐

E **5. How is your child involved in the decisions made by your paediatrician, for example with regard to examinations or treatments?**

E 01 The different options are explained to my child.	☐	☐	☐	☐	☐
E 02 The advantages and disadvantages of the different options are discussed with my child.	☐	☐	☐	☐	☐
E 03 My child is asked which option he / she prefers.	☐	☐	☐	☐	☐
E 04 My child is as involved in decisions as much as he / she wants to be.	☐	☐	☐	☐	☐

Contact with you

F **6. How satisfied are you in general with this paediatrician with regard to...**

	Very satisfied	Rather satisfied	Rather unsatisfied	Very unsatisfied	Not relevant
	4	3	2	1	0
F 01 ...information on your child's illness?	☐	☐	☐	☐	☐
F 02 ...information on the treatments planned for your child?	☐	☐	☐	☐	☐
F 03 ...information on the effects of the medicine prescribed to your child?	☐	☐	☐	☐	☐
F 04 ...information as to how you and/or your child can support the healing process?	☐	☐	☐	☐	☐
F 05 ...the comprehensibility of the information provided?	☐	☐	☐	☐	☐
F 06 ...consideration of the side effects of the medicine prescribed to your child?	☐	☐	☐	☐	☐

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G

7. How are you involved in the decisions made by your paediatrician with regard your child's medical examinations or treatments?

	Yes, always	Yes, mostly	Yes, but rarely	No, never
	3	2	1	0
G 01 — I am offered different options (e. g. the examination or treatment of my child).	☐	☐	☐	☐
G 02 — The advantages and disadvantages of the different options are discussed with me.	☐	☐	☐	☐
G 03 — I am asked which option I prefer for my child.	☐	☐	☐	☐
G 04 — I am as involved in decisions as much as I want to be.	☐	☐	☐	☐

H

8. How satisfied are you in general with this paediatrician with regard to...

	Very satisfied	Rather satisfied	Rather unsatisfied	Very unsatisfied	Not relevant
	4	3	2	1	0
H 01 — ...his / her cooperation with other medical facilities?	☐	☐	☐	☐	☐
H 02 — ...his / her thoroughness and care when conducting examinations?	☐	☐	☐	☐	☐
H 03 — ...his / her willingness to refer your child in a timely manner (if necessary)?	☐	☐	☐	☐	☐

I

9. Do you trust...

	Yes, I have great trust in him / her	Yes, I have fairly good trust in him / her	I have fairly little trust in him / her	No, I have no trust in him / her	I have not known this doctor long enough
	4	3	2	1	0
...this paediatrician?	☐	☐	☐	☐	☐

J

10. What is your opinion of the quality of treatments...

	Very high	Rather high	Rather low	Very low
	3	2	1	0
...carried out by this paediatrician in general?	☐	☐	☐	☐

K

11. How satisfied are you with...

	Very satisfied	Rather satisfied	Rather unsatisfied	Very unsatisfied
	3	2	1	0
...this paediatrician in general?	☐	☐	☐	☐

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Additional Questions

L	**How old is your child?**	**0 to 2 years old**	☐ 0
		3 to 6 years old	☐ 1
		7 to 13 years old	☐ 2
		> 13 years old	☐ 3

M	**What health insurance does your child have?**	**statutory**	☐ g
		private	☐ p

N	**How long has your child been treated at our practice?**	**This was my first visit to the practice with my child.**	☐ 0
		Less than 1 year	☐ 1
		1 to 2 years	☐ 2
		3 to 5 years	☐ 3
		More than 5 years	☐ 4

Thank you!