

Below you will find the **Experienced Patient-Centeredness Questionnaire (EPAT-16)** for **outpatient settings**.

Information on the development can be found at:

Christalle, E., Zeh, S., Hahlweg, P., Kriston, L., Härter, M., Zill, J., & Scholl, I. (2022). Development and content validity of the Experienced Patient-Centeredness Questionnaire (EPAT)—A best practice example for generating patient-reported measures from qualitative data. *Health Expectations*, 25(4), 1529-1538.

Information on the psychometric review can be found at:

Christalle, E., Zeh, S., Führes, H., Schellhorn, A., Hahlweg, P., Zill, J., Härter, M., Bokemeyer, C., Gallinat, J., Gebhardt, C., Magnussen, C., Müller, V., Schmalstieg-Bahr, K., Strahl, A., Kriston, L., Scholl, I. (2024) Through the patients' eyes: psychometric evaluation of the 64-item version of the Experienced Patient-Centeredness Questionnaire (EPAT-64). *BMJ Quality & Safety*, Published Online First: 16 October 2024.

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You may use the EPAT as long as you name the authors and do not modify it.

The following modifications are explicitly permitted:

- The instruction on the following page is a sample instruction. You are free to adapt it.
- You are free to change the formatting as you wish.

Should you wish to adapt the EPAT beyond this, please contact Prof. Dr Isabelle Scholl at [i.scholl@uke.de](mailto:i.scholl@uke.de)



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Dear patient,

In this questionnaire, we kindly ask you to share **your experiences at this outpatient clinic**. This survey offers us the opportunity to further enhance the treatment of our patients. Please support us by filling out the questionnaire carefully and completely.

When completing the questionnaire, reflect on your experiences at this outpatient clinic within the **last four weeks**. This encompasses your entire visit, including the registration process, conversations with healthcare professionals, examinations, and treatments.

Answer the questions by marking the appropriate checkboxes. **There are no right or wrong answers.**

You also have the option to mark 'does not apply to me' if the situation did not occur.

	Completely agree	Strongly Agree	Somewhat agree	Somewhat disagree	Strongly disagree	Completely disagree	Does not apply to me
When I had pain, I was helped quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you did not experience any pain, please respond with 'does not apply to me'.

Kindly fill out the questionnaire **after your inpatient visit**, keeping in mind **your entire visit to the outpatient clinic** where you received this questionnaire.



	Completely agree	Strongly Agree	Somewhat agree	Somewhat disagree	Strongly disagree	Completely disagree	Does not apply to me
The healthcare professionals were sensitive (for example they addressed my feelings, showed understanding, or empathized with my situation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trusted my healthcare professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My wishes, needs and expectations were asked and taken into account in the treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My entire personal life was taken into account during the treatment (for example, job, family and friends, partnership and sexuality, culture and religion, age, or financial circumstances).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough time to describe my concerns and my situation (for example, medical history or current symptoms).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was asked if I use or would like to use additional services (for example, support groups, counseling, health courses, complementary and alternative medicine, or spiritual support/pastoral care).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The processes within the team were well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I wanted to speak to a physician, they were easily accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was discussed with me whether follow-up appointments would be useful (for example, for aftercare or further treatment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was encouraged to speak up if I noticed inconsistencies in my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received information about my condition from my healthcare professionals (for example, causes, symptoms, effects or course).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was an equal partner with my healthcare professionals (for example, in making decisions or sharing information).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was informed about the options for involving my family members in the treatment (for example, accompanying to appointments, participating in conversations, or assisting with medication intake).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was encouraged to improve my health by changing my behavior (for example, through diet, exercise, reducing tobacco or alcohol).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I had pain, I was helped quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The healthcare professionals addressed my fears and concerns (for example, by showing understanding and providing encouragement).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

