

Below you will find the **Experienced Patient-Centeredness Questionnaire (EPAT-64)** 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:

- You are free to decide which items you use. There are 16 modules, each of which covers one dimension of patient-centeredness with four items. You do not have to use all items. However, if you choose a module, we recommend that you use all the items in that module.
- The instruction on the following page is a sample instruction. You are free to adapt it.
- The term “outpatient clinic” may be freely adapted (e.g. replaced by the term “practice”).
- 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



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.

	Comple- tely agree	Strongly agree	Some- what agree	Some- what disagree	Strongly disagree	Comple- tely 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.



Please respond to the statements below on how you were treated by the healthcare professionals.

	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"/>
The healthcare professionals behaved respectfully and appreciatively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The healthcare professionals were committed to finding a solution for my health concerns.	<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, difficult topics were discussed directly and openly by the healthcare professionals (for example, long-term effects of the illness, life expectancy, or sexuality).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the statements below regarding your trusting collaboration with the healthcare professionals.

	Completely agree	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Completely disagree	Does not apply to me
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"/>
I felt I could confide in my healthcare professionals (for example, on intimate or difficult topics).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The healthcare professionals knew about my medical history and my current health status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing complaints were addressed again in follow-up meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the statements below regarding how much personal attention was given to you.

	Completely agree	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Completely disagree	Does not apply to me
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 healthcare professionals addressed me personally and did not treat me as just one of many patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My personal health goals were asked and taken into account.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was asked and taken into account what opportunities and skills I can provide to support my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please respond to the statements below regarding how your entire life situation has been taken into account.

	Completely agree	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Completely disagree	Does not apply to me
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 asked how my condition affects my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My entire medical history was asked and taken into account.	<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 interaction of physical, psychological, and social factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the statements below regarding communication with your healthcare professionals.

	Completely agree	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Completely disagree	Does not apply to me
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"/>
The healthcare professionals used terms that were easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The healthcare professionals looked at me and listened carefully during our conversation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The healthcare professionals ensured that I understood correctly what was explained to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the statements below regarding additional services in addition to your treatment.

	Completely agree	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Completely disagree	Does not apply to me
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"/>
If I used or wanted to use additional services, it was accepted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The healthcare professionals informed me about the advantages and disadvantages of additional services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If necessary, I was given specific contacts where I could get information about additional offers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please respond to the statements below regarding how the healthcare providers worked together.

	Completely agree	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Completely disagree	Does not apply to me
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"/>
The entire outpatient clinic team was responsible and approachable for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The outpatient clinic team exchanged information about my current health status (for example, everyone was informed about test results).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Various healthcare professionals within the outpatient clinic team have given me contradictory information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the statements below regarding your access to treatment.

	Completely agree	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Completely disagree	Does not apply to me
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"/>
I received an appointment in time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to easily schedule an appointment at the outpatient clinic (for example, via telephone, e-mail, or website).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The scheduled appointments at the outpatient clinic were conveniently timed for me (for example, compatible with work or school).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the statements below regarding the planning of your treatment.

	Completely agree	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Completely disagree	Does not apply to me
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 explained how long I will approximately have to wait and why.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The healthcare professionals took enough time for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment steps were recorded in my treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please respond to the statements below regarding your safety as a patient.

	Completely agree	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Completely disagree	Does not apply to me
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 was examined thoroughly and carefully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I was prescribed new medication, I was asked what other medication I am taking and whether I have any intolerances.	<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 whom to contact if there was an inconsistency in my treatment or if I wanted to file a complaint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the statements below regarding the information you have received.

	Completely agree	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Completely disagree	Does not apply to me
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 asked what I already know about my condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The significance of my test results was explained to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was asked what I would like to know about my condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the statements below regarding the collaboration with your healthcare professionals when making decisions.

	Completely agree	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Completely disagree	Does not apply to me
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 various treatment options and their advantages and disadvantages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to participate in the decision-making process as much as I wanted to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When deciding about treatment, it was taken into account what is particularly important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please respond to the statements below regarding the involvement of family and friends.

	Comple- tely agree	Strongly agree	Some- what agree	Some- what disagree	Strongly disagree	Comple- tely disagree	Does not apply to me
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"/>
If I wanted to, my relatives were asked how much they wanted to be involved in my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My relatives were given as much information about my condition and my treatment as I wanted to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My relatives were involved in my treatment as much as I wanted them to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the statements below on how you were supported to actively participate in your treatment.

	Comple- tely agree	Strongly agree	Some- what agree	Some- what disagree	Strongly disagree	Comple- tely disagree	Does not apply to me
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"/>
I was encouraged to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was explained where to find understandable and scientifically based information about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If needed, realistic goals for my health were agreed upon (for example, going for a walk every day, eating fruits every day).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the statements below regarding the support for your physical well-being.

	Comple- tely agree	Strongly agree	Some- what agree	Some- what disagree	Strongly disagree	Comple- tely 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 I had physical complaints, I was helped quickly (for example with nausea or restlessness).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was examined and treated cautiously (for example when giving injections, changing dressings, or washing).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If needed, I was asked whether I needed help with everyday tasks (for example, from a care service, home help, or walking frames).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please respond to the statements below regarding your psychological well-being.

	Comple- tely agree	Strongly agree	Some- what agree	Some- what disagree	Strongly disagree	Comple- tely disagree	Does not apply to me
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"/>
I had the opportunity to talk to my healthcare professionals about my feelings.	<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 talk about my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was asked whether I would like psychological support (for example, psychological counselling, psychotherapy, or pastoral care).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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Authors: Eva Christalle, Stefan Zeh & Isabelle Scholl (University Medical Center Hamburg-Eppendorf, Germany)