This questionnaire is about how YOU experience or have experienced your course of treatment and care.

By your course of treatment and care, we mean the help you have received regardless of whether it is for diagnosis, treatment, care, rehabilitation or other help in making your everyday life work. We are interested in YOUR impression of the process.

In the questions below, we use the word health professionals. By this, we mean all the people you have had contact with who have helped you with your health. These can include people such as health and social care assistants, nurses, doctors, and physiotherapists.

Who has been involved in your course of treatment over the past 3 months?

Mark an X under all that apply.

General practitioner or medical centre	Hospital	Municipal rehabilitation	Community health nurse	Emergency medical service	Other/others

If other or others – who?_____

Questions about access and coordination

Do you have a regular healthcare professional who knows what is going on with you?

Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant

Have you had access to help when you have needed it?

Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant

Has the information you have received from the health professionals been consistent?

Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant

Have the efforts regarding your health been well coordinated?

Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant

Questions about the care you have received

Have you been involved in the decisions about your health to the extent that you wanted?

	Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant
General practitioner or medical centre						
Hospital						
Municipal rehabilitation						
Community health nurse						
Emergency medical service						
Other/others						

Have you been involved in the scheduling of your treatment?

	Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant
General practitioner or medical centre						
Hospital						
Municipal rehabilitation						
Community health nurse						
Emergency medical service						
Other/others						

Have you been asked about how your health has affected your life?

	Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant
General practitioner or medical centre						
Hospital						
Municipal rehabilitation						
Community health nurse						
Emergency medical service						
Other/others						

Have you been treated in a compassionate way by the health professionals?

	Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant
General practitioner or medical centre						
Hospital						
Municipal rehabilitation						
Community health nurse						
Emergency medical service						
Other/others						

When you have had appointments with health professionals, did you feel that you were given enough time?

	Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant
General practitioner or medical centre						
Hospital						
Municipal rehabilitation						
Community health nurse						
Emergency medical service						
Other/others						

Have you received all the information you have needed?

	Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant
General practitioner or medical centre						
Hospital						
Municipal rehabilitation						
Community health nurse						
Emergency medical service						
Other/others						

Additional questions in the PATH questionnaire

Did the health professionals know your story?

	Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant
General practitioner or medical centre						
Hospital						
Municipal rehabilitation						
Community health nurse						
Emergency medical service						
Other/others						

Have your relatives been involved to the extent you have wanted?

	Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant
General practitioner or medical centre						
Hospital						
Municipal rehabilitation						
Community health nurse						
Emergency medical service						
Other/others						

Have you felt comfortable telling the healthcare professionals personal things about yourself?

	Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant
General practitioner or medical centre						
Hospital						
Municipal rehabilitation						
Community health nurse						
Emergency medical service						
Other/others						

Have you had confidence in the professional competence of the health professionals?

	Not at all	To a lesser extent	To some extent	To a great extent	To a very great extent	Not relevant
General practitioner or medical centre						
Hospital						
Municipal rehabilitation						
Community health nurse						
Emergency medical service						
Other/others						

Questions about the flow of information

Do you have anything else you would like to tell us about your course of treatment and care or any comments on this questionnaire?