

Patient-Doctor Depth of Relationship scale

1.1 Did you see your usual or regular doctor today?

- No ₀
 Yes ₁
 Not sure ₂

Thinking about the doctor you have just seen, please answer the following questions as honestly as possible by ticking the box that best fits with your opinion.

	Disagree	Neither agree nor disagree	Slightly agree	Mostly agree	Totally agree
2.1 I know this doctor very well	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
<hr/>					
2.2 This doctor knows me as a person	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
<hr/>					
2.3 This doctor really knows how I feel about things	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
<hr/>					
2.4 I know what to expect with this doctor	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
<hr/>					
2.5 This doctor really cares for me	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
<hr/>					
2.6 This doctor takes me seriously	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
<hr/>					
2.7 This doctor accepts me the way I am	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
<hr/>					
2.8 I feel totally relaxed with this doctor	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
<hr/>					