Additional file 1: Questionnaire on a labelled response scale, entire version Entire version of the local part of the questionnaire displayed in the original sequence of questions. Questions number 1, 2, 7, 16 and 17 correspond to the questions 3, 4, 5, 2 and 1 respectively of the national part of the questionnaire. Your opinion is important for us! 1. When you had important questions for a doctor, did you get answers you could understand? ☐ Yes, always ☐ Yes, sometimes □ No ☐ I didn't have any questions 2. When you had important questions for a nurse, did you get answers you could understand? ☐ Yes. alwavs ☐ Yes. sometimes ☐ No ☐ I didn't have any questions 3. Sometimes in the hospital, one doctor or nurse will say one thing and another will say something quite different. Did this happen to you? ☐ Yes, often ☐ Yes, sometimes □ No 4. If you had any anxieties or fears regarding your condition or treatment, did a doctor discuss them with you? \square Yes, completely \square Yes, somewhat \square No \square I didn't have any anxiety nor fears 5. Did the doctors talk in front of you as if you weren't there? ☐ Yes, often ☐ Yes, sometimes ☐ No 6. Did you have enough say in your treatment?

☐ Yes, definitively ☐ Yes, sometimes ☐ No

7. Did you feel like you were treated with respect and dignity while you were in the hospital?
\square Yes, always \square Yes, sometimes \square No
8. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?
\square Yes, completely \square Yes, somewhat \square No \square I didn't have any anxiety nor fears
9. Was it easy for you to find someone on the hospital staff to talk to about your concerns?
\square Yes, definitively \square Yes, somewhat \square No \square I didn't have any concerns
10a. Were you ever in any pain?
□ Yes □ No
10b. If yes: Do you think that the hospital staff did everything they could to help control the pain?
\square Yes, sure \square Yes, somewhat \square No
11. Did your family or someone else close to you have enough opportunity to talk to your doctor?
\square Yes, definitively \square Yes, somewhat \square No \square There were no family or friends involved
☐ The family didn't want or need to talk
12. Did the doctors and nurses give your family (or someone close to you) all the information they needed to help you to recover?
\square Yes, definitively \square Yes, somewhat \square No \square There were no family or friends involved
☐ The family didn't want or need information

13. Did one of the hospital staff explain the purpose of the medication you were to take at home, in a way you could understand?
\square Yes, definitively \square Yes, somewhat \square No \square I needed no explanation
☐ I had no medication to take at home
14. Did someone tell you about the medication side effects to watch out for after you went home?
\square Yes, completely \square Yes, somewhat \square No \square I needed no explanation
☐ I had no medication to take at home
15. Did they tell you about the dangerous symptoms associated with your illness or operation to watch for after you went home?
\square Yes, completely \square Yes, somewhat \square No
16. How do you rate the quality of treatment you were given?
☐ Excellent ☐ Good ☐ Fair ☐ Poor
17. Would you come again to give birth or to be treated for a disease in our hospital?
\square Yes, of course \square Yes, I think so \square No, I don't think so \square Of course not