Appendix B

Key characteristics of articles included in the systematic review

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
1.	Adams, R.[1]	2012	Australia	cross-sectional	To examine the population distribution of different types of relationships between people with chronic conditions and their doctors, that influence decisions being made from a shared decision-making perspective	Unnamed 1	patients and healthcare providers	chronic disease patients; To qualify for the study, people were only recruited if they currently had a diagnosed chronic condition and had an established relationship in managing this with their primary care physician.	public, primary care	2230	499	18-65 years and older	36.8	(with disease) chronic diseases: chronic conditions reported were for blood pressure (11.1%), diabetes (8.2%), arthritis (4.2%), heart problems (3.7%) and asthma (8.3%)	
2.	Agnew-Davies[2]	1998	UK	cross-sectional	Used the Agnew Relationship Measure (ARM) to examine the alliance's dimensionality and to construct scales for use in future studies	Agnew Relationship Measure	patients and healthcare providers	clients and therapists	specialist care, other Second Sheffield Psychotherapy Project	5 therapists; 95 clients	N=1120 sessions (session dyads)	clients = average age 40 (range 23-60); therapists = not reported	clients = 49%	(with disease) depression	
3.	Ahgren, B.[3]	2005	Sweden	cross-sectional	To conceptualize and validate a model of measurement that can be used to evaluate the degree of integration in Local Health Care and similar arrangements of integrated care	Scale of Functional Integration	healthcare providers	integration ranks were reported per healthcare unit based on consensus	primary care, secondary care, specialist care, community	25 (health care units)	18	999	999	(with disease) healthcare providers consider patient groups (with disease)s of frequent occurrence	
4.	Ahgren, B.[4]	2009	Sweden	cross-sectional	To develop and to validate a model that can be used to assess the integration of welfare services from the perspective of the service users	DELTA service user assessment	patients	service users of DELTA project (in Swedish 'delta" means to participate)	specialist care, other local association for financial co-ordination between four different welfare institutions in the field of vocational rehabilitation	552	386 (computed from the total response rate)	41 years for women; 39 years for men	0.4	(with disease) undergoing vocational rehabilitation	
5.	Alexander, J. A.[5]	2013	USA	cross-sectional	To describe an approach to patient-centered medical home (PCMH) measurement based on delineating the desired properties of the measurement relative to assumptions about the PCMH and the uses of the measure by Blue Cross Blue Shield of Michigan (BCBSM) and health services researchers	Patient-Centered Medical Home tool (PCMH)	healthcare providers	self-assessment of primary care practices (as an institution)	primary care, other patient-centered medical home model of primary care	2,494 primary care practices	2489 practices	not reported (respondents are observers)	not reported (respondents are observers)	not applicable respondents are observers	
6.	Aller, M. B.[6]	2013	Spain	cross-sectional	To provide additional evidence on the psychometric properties of the scales of the CCAENA questionnaire	Cuestionario Continuidad Asistencial Entre Niveles de Atención (CCAENA)	patients	received primary and secondary care in the study areas for the same condition in the three months prior to the survey; must understand or communicate effectively in Spanish or Catalan	primary care, secondary care	1500	1500	Majority from the >65 years age group (35%)	43.5	(with disease) with at least one health condition	
7.	Amoroso, C.[7]	2007	Australia	cross-sectional	To report the development, validation and application of the General Practice Clinical Linkages Interview (GP-CLI), which is designed to assess the quality of chronic disease-related clinical linkages and relationships that exist between the practice as a whole and external providers and services	General practice clinical linkages interviews (GPC-LI)	healthcare providers	GPC-LI were completed by GP staff (practice principal and manager); the other tools which were not developed in the study were administered to patients; practice and principal manager	primary care	all practice principals in the district	97 practices	not applicable	not applicable	not applicable	only tested for the main instrument measuring inter-organizational linkages in general practice (GCP-LI) but used other tools to validate the instrument
8.	Anderson[8]	1990	USA	prospective cohort	To describe the development of an instrument to assess each patient's interpersonal trust in his primary care physician within the context of the management of chronic disease	Trust in Physicians Scale	patients	outpatients	primary care, other part of a larger study examining patients' desires for control in their medical care	Item Analysis: N=177; Validity phase, N=163	160	55.2 years; 60.9 years	1	(with disease) non-insulin dependent DM	
9.	Aragones[9]	2008	USA	cross-sectional	To test and validate the psychometric properties of the Spanish translation of the PACIC and to better understand the effect of the CCM in this population	Patient Assessment of Chronic Illness Care (PACIC)	patients		primary care, secondary care, other ambulatory care clinic of a municipal health hospital that participated in a Breakthrough Series Collaborative	120	100	63.7 years	0.21	(with disease) diabetes with comorbidities	
10.	Arah[10]	2006	Netherlands	cross-sectional	To assess the reliability and validity of a translated version of the American Hospital-level Consumer Assessment of Health Plans Surveys (H-CAHPS) instrument for use in Dutch health care	Consumer Assessment of Health Plans Survey (CAHPS)	patients		specialist care	1990	1194	53.2 years	0.354	(with disease) discharged from admission	
11.	Babakus, E.[11]	1992	USA	prospective cohort	To examine the usefulness of the SERVQUAL scale for assessment of patient's perception of service quality in the hospital environment	SERVQUAL	patients		secondary care	2036	330 (deleted missing observations)	not reported	not reported	healthy discharged from the hospital within the previous 13 months	
12.	Bachinger [12]	2009	Netherlands	cross-sectional	To investigate the psychometric properties of a Dutch version of the ''Wake Forest Physician Trust Scale'', which intends to measure patients' trust in their physician	Wake Forest Physician Trust Scale	patients	outpatients	specialist care, other outpatients of the department of Internal Medicine of the Academic Medical Center	391	203	49.95 years	0.403	(with disease) patient-reported diagnosis	
13.	Baggs[13]	1994	USA	cross-sectional	To develop instrument to measure collaboration and satisfaction about care decisions	Collaboration And Satisfaction About Care Decisions	healthcare providers	nurses and resident physicians	secondary care, specialist care, other NICU of a teaching hospital	58 (32 nurses and 26 pediatric residents)	58	nurses = 30 years, residents = 29 years	nurses = 9%, physicians = 31%	(with disease) referring to patients (NICU)	
14.	Baker [14]	1999	UK	cross-sectional	To develop a measure of patients' attitudes towards care across the interface between primary and secondary care.	Patient Career Diary	patients		secondary care, specialist care, other patient attending various hospital services	1653 (after excluding 161 ineligible patients)	601	55.4 years	0.51	(with disease) different conditions treated in various specialties	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
15.	Bakker, F. C.[15]	2014	Netherlands	cross-sectional (with a sub population followed for test-retest reliability)	To develop and validate a questionnaire designed to assess how frail hospitalized elderly patients experience several important aspects of individualized and integrated care	CareWell in Hospital Questionnaire	patients	frail and non-frail medical and surgical inpatients who were included in the CWH before after study	secondary care	CWH study n=293; Geriatric n=177	222 (47.2%)	76.9 years	0.567	(with disease) poor to excellent (frail and non-frail elderly)	
16.	Bakshi, A. B.[16]	2012	Singapore	prospective cohort	To test the psychometric properties of the CTM-15 and CTM-3 in Singapore	Care Transition Measure (CTM)	patients or patients (proxy)	patients were recruited but if unavailable or too weak, informal caregivers were interviewed as proxy patients discharged from two tertiary hospital; aged 50 years and above, hospital care by disciplines of general medicine, general surgery, orthopedics, or geriatric medicine, and home residence upon discharge	secondary care, specialist care, community, home-based care, other hospitals had in place a care transition program	600	579 (excluded those interviewed in Malay); NOTE: only 7.1% of the 579 respondents were patients, spouse (36.6%), child (in-law), 49.4, other relative (6.9%); n=414 (English-speaking)	77.16 years (total); 77.23 years in English-speaking group (n=414)	41.3% total; 40.6% (among English-speaking)	(with disease) discharged from the hospital at the time of study	tested same tool with different number of items and language
17.	Bale [17]	2006	UK	cross-sectional	To test the correlation between the two scales for patients with severe psychotic illness treated in an Assertive Community Treatment (ACT) team	Helping Alliance Questionnaire (HAQ); Working Alliance Inventory (WAI)	patients	patients who had been cared for by the team for more than three months	specialist care, community, other local adult mental health services	91	91	42 years	0.54	(with disease) mental illness	
18.	Balstad, A.[18]	2006	USA	cross-sectional	To describe the development and pilot testing of the Patient Acuity Case management Evaluation (PACE) measurement tool	Patient Acuity Case management Evaluation (PACE tool)	healthcare providers	case managers - the CRM sample population used throughout this study included the 15 inpatient case managers at Saint Alphonsus Regional Medical Center who perform case management functions	secondary care	15 inpatient case managers (conceptualization phase); 20 of 50 case managers (Delphi Technique); 105 case management documentation examples for Inter/Intra-rater Reliability Testing of 15 raters	15 inpatient case managers (conceptualization phase); 20 of 50 case managers (Delphi Technique); 105 case management documentation examples for Inter/Intra-rater Reliability Testing of 15 raters	not applicable	not applicable	not applicable	
19.	Barkham [19]	1993	UK	direct observation	To determine whether agreements using the elements of the four dimensions match the reliability of global ratings, and second, to examine the relationship between CALPAS-R scales and indices of session process and impact	California Psychotherapy Alliance Scales (CALPAS)	healthcare providers	raters rated twelve separate client-therapist dyads	secondary care, specialist care, other selected from pilot cases of a large outcome study	12	12	client age = 42 years	0.4167	(with disease) diagnosed with depression	
20.	Barr, P. J.[20]	2014	USA	cross-sectional	To assess the psychometric properties of CollaboRATE	CollaboRATE	patients	any person visiting a health provider	public, primary care	2026; 388 subsample was "recruited/approached" for the resurvey	1341 (included in the main survey); 251 (resurvey)	18-65 years and older	0.461	(with disease) includes those with and without illness	tested one tool with different response scales
21.	Batterham, R.[21]	2002	Australia	cross-sectional	To better conceptualize GP integration and to develop a model and index based on this model	Index of GP integration (GP questionnaire)	healthcare providers	general practitioners	primary care, secondary care, specialist care, community	first (calibration) sample= 900 GPs; second (validation) sample=151 GPs	validation = 59.9%	not applicable	oversampled males due to usually lower response rates = 49.5%	not applicable	
22.	Beaulieu, M. D.[22]	2011	Canada	cross-sectional	To compare validated instruments that purport to measure interpersonal communication	Components of Primary Care Index (CPCI); EUROPEP; Interpersonal Processes of Care version (IPC-II); Primary Care Assessment Survey (PCAS)	patients	healthcare users balanced by English/ French language, rural/urban location, low/high level of education and poor/average/excellent overall PHC experience	primary care	645	645 (including those with missing values)	not reported	not reported	mixed	
23.	Beck[23]	2010	USA	cross-sectional	To establish content validity and to evaluate patient understanding of Pain Care Quality (PainCQ) survey items using cognitive interviewing	Pain Care Quality (PainCQ)	Patients		secondary care, specialist care	N=49 (for evaluation of response process)	39	58.9 years	0.385	(with disease) cancer	
24.	Beck[24]	2010	USA	cross-sectional	Part of a larger project to develop a parsimonious and clinically useful tool to measure the quality of care related to pain management; yo establish content validity and to evaluate patient understanding of Pain Care Quality (PainCQ) survey items using cognitive interviewing	Pain Care Quality (PainCQ)	patients		secondary care, specialist care	N=109	109	53.09 years	0.413	(with disease) cancer	
25.	Beehler, G. P.[25]	2013	USA	cross-sectional	To report the findings of the current study aimed at assessing the reliability and validity of the PPAQ	Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ)	healthcare providers	VA BHPs who provided clinical services in primary care for at least 25 % of their duties, had an active VA email account, and with sufficient time to complete a brief online survey	primary care, community	580	173	not reported	not reported	not applicable	
26.	Bentler, S. E.[26]	2014	USA	cross-sectional	To evaluate a continuity of care using data collected for another purpose (National health and health services use questionnaire); to empirically evaluate a multidimensional model of CoC that incorporates two of the theoretically key patient-reported aspects of continuity—longitudinal; (with site and provider) and interpersonal (of both the affective and instrumental relationship)	National health and health services use questionnaire	patients	community-residing Medicare beneficiaries 65 years old or older	public, community	2,997 respondents	2620	74.3 (SD = 6.5)	0.51	mixed good to excellent health; fair to poor health	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
27.	Berendsen, A. J.[27]	2009	Netherlands	cross-sectional	To develop and validate a questionnaire that measures patients' experiences of collaboration between general practitioners (GPs) and specialists	Consumer Quality Index (CQI)	patients	patients who had been admitted to hospital answered questions on their experiences at discharge from the hospital	primary care, secondary care, specialist care	2159	1404	58% are from the 35-64 age group	0.4	(with disease) Chronic illness 18%; Treatable condition 36%; unexplained physical symptoms 2%; Cancer 3%; Other 41%	
28.	Bergland, A.[28]	2012	Norway	cross-sectional	To evaluate the psychometric properties of the Norwegian version of the Person-centered Climate Questionnaire–Staff version (PCQ-S)	Person-centered Climate Questionnaire (PCCQ)	healthcare providers	healthcare and support	nursing home	401	209 including data with missing values	68.4% aged at least 41 years old	0.043	not applicable	
29.	Birnberg, J. M.[29]	2011	USA	cross-sectional	To develop a scale to measure Person-Centered Medical Home (PCMH) adoption in safety-net clinics	Safety Net Medical Home Scale (SNMHS)	healthcare providers	single respondent per organization	primary care, community	554 clinics	61 (94%) clinics with total scores calculated - excluding those with missing values	not applicable	not applicable	not applicable	
30.	Bjerre, I. M.[30]	2004	Sweden	cross-sectional	To evaluate the instrument Measure of Processes of Care (MPOC) in a Swedish context	Measure of Processes of Care (MPOC)	patients and informal caregivers	parents (to distinguish from other informal caregivers) parents in families with disabled children receiving habilitation in one of four habilitation centers	other rehabilitation center	850 families	637 (including those with missing values)	only age of the children were reported = 9.9 years (mean)	not applicable	not applicable	
31.	Blais[31]	2004	USA	cross-sectional (subsample of patients followed up for test-retest reliability)	To develop a brief self-report measure of treatment alliance specifically tailored to inpatient care	Inpatient-Treatment Alliance Scale (ITAS)	patients	inpatients in a mental psychiatric patients	secondary care, specialist care, other medical psychiatric unit of a general hospital	140	140	47 years	0.53	(with disease) psychiatric patients	
32.	Block, M.[32]	2013	USA	prospective cohort	To describe the development, validation (Objective 1), and use (Objective 2) of the survey tool--the Coordination of Handoff Effectiveness Questionnaire (CHEQ)-for measuring handoff quality and evaluating the tangible-handoff intervention in the context of local, unit-level norms	Coordination of Handoff Effectiveness Questionnaire (CHEQ)	healthcare providers	nurses	secondary care, specialist care	56 nurses (pre-intervention handoff phase); 56 (post intervention)	55 and 47 nurses pre and post, corresponding to a response rate of 98% and 84%, respectively	not reported	0	not applicable	
33.	Bonomi, A. E.[33]	2002	USA	prospective cohort	To describe initial testing of the Assessment of Chronic Illness Care (ACIC), a practical quality-improvement tool to help organizations evaluate the strengths and weaknesses of their delivery of care for chronic illness in six areas: community linkages, self-management support, decision support, delivery system design, information systems, and organization of care.	Assessment of Chronic Illness Care (ACIC)	healthcare providers	team of three members (generally an administrative decision maker; physician and opinion leader; and nurse manager/coordinator)	secondary care, specialist care, community, other academic organization center; managed care organization; safety net provider/school	108	31 teams	not applicable	not applicable	(with disease) patients served have chronic illness	
34.	Booij, J. C.[34]	2013	Netherlands	cross-sectional	To develop a Consumer Quality Index (CQI) Cancer Care questionnaire for measuring experiences with hospital care of patients with different types of cancer	Consumer Quality Index (CQI)	patients	patients, ever diagnosed with cancer, who received cancer care in any hospital in the Netherlands, or in a specialized cancer center in the last two years	secondary care, specialist care	N=1489 (experience questionnaire)	n = 722	31-35% of respondents to the experience and importance questionnaire were 65-74 years old	0.54	(with disease) cancer diagnosis	tested tool in 2 different samples
										N=600 (importance questionnaire)	n = 321	31-35% of respondents to the experience and importance questionnaire were 65-74 years old	0.48	(with disease) cancer diagnosis	
35.	Bova[35]	2006	USA	cross-sectional	2 out of 4 objectives were relevant to validating instrument: (3) Develop a measure of patient trust in MDs, NPs and PAs. (4) Conduct preliminary psychometric testing of the Health Care Relationship [HCR] Trust Scale	Health Care relationship (HCR) Trust Scale	patients	PWA	primary care, specialist care, other HIV primary care sites and from the ATHENA cohort	99	99	42.9 years	0.505	(with disease) HIV	
36.	Bower [36]	2002	UK	cross-sectional	To determine underlying factor structure of GPAS responses	General Practice Assessment Survey (GPAS)	patients	different patient surveys that used GPAS	primary care, secondary care, other combination of data from 4 different sources (secondary data)	21,905 responses	8025	47.5 years	0.308	(with disease) 43.4% had long standing illness	
37.	Briner, M.[37]	2010	Switzerland	cross-sectional	To develop an instrument for assessing CRM in hospitals	Clinical Risk Monitoring Instrument	healthcare providers	CRM practitioners	secondary care, specialist care, community, other rehabilitation center	324 hospitals contacted (for the first nationwide survey)	25 CRM interviewees (for validation)	not applicable	not applicable	(with disease) patients served have chronic illness	
38.	Browne, G.[38]	2004	Canada	cross-sectional	To propose a model and a measure of human service integration through strategic alliances with autonomous services as one way to achieve comprehensive health and social services for target populations	Human Service integration Measure	healthcare providers	agencies that participated included groups from health, social, education, and community resources	other Children's programs: Healthy Babies, Healthy Children (HBHC), Early Years Program	27	not applicable	not applicable	not applicable	not applicable	
39.	Bull, M. J.[39]	2000	USA	cross-sectional	To describe the development of an instrument to measure continuity of care that incorporates the perspectives of elders hospitalized for a chronic illness and their family caregivers.	Care Continuity Instrument	patients	samples of elders hospitalized for a chronic condition; (a) at least 55 years of age; (b) able to speak and understand English, (c) hospitalized for an acute episode of congestive heart failure, chronic obstructive lung disease, or diabetes mellitus, (d) cognitively competent as determined by an acceptable score on a mental status questionnaire and (e) impaired in at least one ADL or IADL	primary care, community	Pilot: n=32; post discharge: n=130; follow up, n=135	n=121; detecting change N=155	post discharge: 55 to 89 years (mean 79); follow up: 55 to 94 years (mean 74.1)	not reported	(with disease) hospitalization due to congestive heart failure, chronic obstructive lung disease, or diabetes mellitus	tested tool in 2 different samples

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
40.	Burge[40]	2011	Canada	cross-sectional	To examine how well relational continuity is measured in validated instruments that evaluate primary healthcare from the patient's perspective.	Components of Primary Care Index (CPCI); Primary Care Assessment Survey (PCAS); Primary Care Assessment Tool (PCAT)	patients		specialist care	645	645 (495 excluding missing values)	details are reported in other related work	details are reported in other related work	(with disease)	tested 3 different tools in the same population
41.	Burns, T.[41]	2009	UK	cross-sectional	To operationalize a multi-axial model of continuity of care and to use factor analysis to determine its validity for severe mental illness	Hybrid tool from 3 questionnaires	patients	service users	primary care, secondary care, specialist care	609	180 service users	43.1	0.556	(with disease) diagnosed psychotic illness	
42.	Byrne, J. M.[42]	2013	USA	cross-sectional	To assess the discriminate validity of the Learners' Perceptions Survey—Primary Care (LPS-PC)	Learners' Perceptions Survey—Primary Care (LPS-PC)	healthcare providers	internal medicine residents assigned to continuity clinics	primary care, secondary care	90	77	not reported	0.53	(with disease) respondents are healthcare providers (internal medicine residents)	
43.	Campbell [43]	2007	Canada	cross-sectional	To develop, test and psychometrically assess an easy-to-use set of instruments that were reliable and valid for use across Canada focusing on the process and content of communication in a single office visit from the patient's and doctor's perspective	Matched-pair instrument	informal caregivers		specialist care, other internal medicine and general surgery	D=180; P=1881	D-P dyad = 1845	not reported	not reported	(with disease)	
44.	Campbell, H. S.[44]	2010	Canada	cross-sectional	To develop a psychometrically rigorous instrument to measure the unmet needs of adult cancer survivors who are 12 to 60 months post-cancer diagnosis	Survivor Unmet Needs Survey (SUNS)	patients	cancer survivors	secondary care, specialist care, other Manitoba Cancer Registry	1600 (400 per stratum)	n=550	32.7% are from the 60-69 year age group	0.436	(with disease) self-reported cancer-free, 9.8%	
45.	Campbell, H. S.[45]	2014	Canada	cross-sectional	To reduce the length of the current version of the SUNS and assess its psychometric properties	Survivor Unmet Needs Survey (SUNS)	patients	sample of cancer survivors from 3 cancer registries; 19 years of age and over at diagnosis, alive, with a histologically confirmed cancer diagnosis in the preceding 12 to 60 months	primary care, other cancer registry patients	3750	1,498 (factor analysis sample excluded participants with missing observations for more than 21 of the 89 items)	one third were aged between 60 and 69 years at diagnosis	0.49	(with disease) cancer	
46.	Carmen, S.[46]	2008	Multiple Countries	cross-sectional	To develop and psychometrically test the PFCC survey that measures the degree to which families, leadership, and staff members perceive PFCC concepts are practiced within a pediatric healthcare center	Pediatric Patient-Family–Centered Care Benchmarking Survey	Others: families, institutional leaders and staff	institutional leadership and staff, and families	secondary care, specialist care, other university affiliated pediatric institution	3275	national sample N=1703 respondents: 267 family, 770 leadership, and 666 staff	not reported	not reported	not reported	
47.	Casarett[47]	2008	USA	cross-sectional	To evaluate the FATE (Family Assessment of Treatment at End of Life) Survey for use as a nationwide quality measure in the VA health care system	Family Assessment of Treatment at End of Life	informal caregivers	family of deceased patient	secondary care, specialist care, other VA medical centers	569	309	63 years	0.17	(with disease) deceased patient (family member)	
48.	Cassady[48]	2000	USA	cross-sectional	To assess the adequacy of the Primary Care Assessment Tool-Child Edition (PCAT-CE) for evaluating the attainment of the key characteristics of primary care services for children and youth	Primary Care Assessment Tool (PCAT)	informal caregivers	parents/guardians of offspring 18 years old or less	primary care, community	450	145;35 out of 126 (subsample for test-retest)	not reported	not reported	(with disease) guardians of pediatric patients	
49.	Cegala[49]	1998	USA	cross-sectional	To develop and partially assess a self-report scale for measuring doctors' and patients' perceptions of self-communication and other communication competence during a medical interview	Medical Communication Competence Scale	patients and healthcare providers		primary care, secondary care, specialist care	not reported	117 (52 patients and 65 doctors), 100 dyads	doctors = 45 years; patients = 49 years	75.% (doctors), 34.6% (patients)	(with disease)	
50.	Chao, J.[50]	1988	USA	cross-sectional	To examine a new instrument using patient perceptions to measure longitudinal care; to report psychometric properties of the new instrument and their relationship to 2 outcome variables (patient satisfaction and cost of ambulatory care)	Patient's Perception of Continuity (PC)	patients	patients in the practice database (at least 18 years old, with initial visit in the past 2 years; had a more recent visit in the past 2 years	primary care	228 (from 2400 patients in the database)	147	41 years (mean)	0.37	mixed 15% (with disease)	
51.	Chappell[51]	2007	Canada	cross-sectional (subsample of respondents tested twice for test-retest analysis)	To introduce brief, easy to use (non-observational), multi-item, reliable measures of three domains of individualized care: knowing the person/resident; resident autonomy and choice; and communication (staff-to-staff and staff-to-resident)	Measuring instrument for individualized care	healthcare providers	care aides	nursing home, other long-term care facilities	not reported	58	between 41 and 45 years	0.11	not applicable	
52.	Charalambous, A.[52]	2012	Finland	cross-sectional	To explore and test the convergent validity and the reliability of 2 individualized nursing care measures to compare the 2 measures to learn more about the concept and the adequacy of measurement	Individualized Care Instrument (ICI); Individualized Care Scale (ICS)	healthcare providers	nurses of older persons in the defined area in Finland	primary care, community, home-based care, nursing home, other several settings	375	263	44 years	0.01	mixed elderly	tested 2 different tools on the same population
53.	Chavez, L. M.[53]	2007	Multiple Countries	cross-sectional	To report the results of the psychometric evaluation the Spanish version of CONNECT	CONNECT	patients	adults suffering from severe depression, schizophrenia, bipolar disorders and other disorders with emotionally impairing symptoms	specialist care, other mental health outpatient clinics	not reported	150	40.95 and 48.85 in Texas and Puerto Rico respectively	0.37	(with disease) mental illness	
54.	Chesser, A.[54]	2013	USA	cross-sectional	To assess the inter-rater reliability of the PCOF for measuring patient-centered competence	Patient-Centered Observation Form (PCOF)	others: observers	direct observers: Four independent observers (two faculty clinicians and two social scientists)	specialist care	39 recordings of physician-patient encounters	13 (randomly selected from each resident)	not reported (respondents are observers)	not reported (respondents are observers)	not applicable	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
55.	Clark, B. E.[55]	2006	USA	cross-sectional	To (1) present development and assessment of the Pharmacy Service Orientation (PSO) measure, a tool for assessing pharmacists' impressions of pharmacy practice sites; (2) use data gathered from a sample of new pharmacists to explore potential predictors of PSO	Pharmacy Service Orientation Measure	healthcare providers	pharmacy graduates	public, community, other schools and colleges of pharmacy	1850	1192 cases	27 years	0.32	not applicable	
56.	Clark, C.[56]	2008	USA	prospective cohort	To evaluate the psychometric properties of this instrument and analyzes consumers_ perceptions of the services they received	Consumer Perceptions of Care (CPC)	patients	adult women who had experienced violence or abuse, had co-occurring mental health and substance use disorders, and were high utilizers of behavioral health services	specialist care, other behavioral health service	not reported	2729	35.84	0	(with disease) behavioral health conditions	
57.	Clayton, M. F.[57]	2011	USA	cross-sectional	To: (1) further understanding about how patients subjectively perceive provider communication, (2) determine if the ability to successfully negotiate decision-making roles, the number of pre-visit patient concerns and level of post-visit uncertainty contribute to a patient's perception of patient-centered communication, and (3) compare results from two theoretically based coding schemes that include dimensions of patient-centered care and patient-centered communication, and purport to evaluate patient-centeredness: the Measure of Patient-Centered Communication (MPCC) and the 4 Habits Coding Scheme (4HCS)	Four Habits Coding Scheme (4HCS); Measure of Patient-Centered Communication (MPCC)	others: student coders	student coders conducting the verbal coding; sample of patient-provider videotapes	primary care, secondary care, other university owned family practice	n=188	n=174 videotapes	Patients = 43.2; Providers = 37.7	Patients male =36.7%; Providers male = 47.6%	not reported	tested 2 different tools on the same population
58.	Coleman[58]	2002	USA	cross-sectional	To develop a rigorously designed and tested measure, the Care Transition Measure (CTM)	Care Transition Measure (CTM)	patients	elderly recently discharged from hospital	secondary care, specialist care, home-based care, nursing home partially integrated health care system (i.e., owns and manages its outpatient facilities, but contracts with non-Kaiser providers for hospital, skilled nursing and home health care)	FGD (N=49); Psychometric testing (a different population but selected using the same entry criteria, n=60)	not specified	30.6% was in the 75-79 years age group (FGD)	43.8% male (FGD)	(with disease) discharged from the hospital	
59.	Coleman[59]	2005	USA	cross-sectional	To develop and test a self-report measure of the quality of care transitions that captures the patient's perspective and has demonstrated utility for quality improvement	Care Transition Measure (CTM)	patients		secondary care, specialist care, home-based care, nursing home vertically integrated health system	201	200	67.18 years	0.4	(with disease) COPD, CHF, stroke, hip fracture	
60.	Constand, M. K.[60]	2014	Canada	prospective cohort	To understand if the subscales of the Patient Perception of Patient-Centeredness Questionnaire demonstrated structural validity in an orthopedic setting by conducting a factor analysis; proceeding with the primary research questions to describe patients' perceptions of patient-centered care following an acute orthopedic injury; specifically, evaluating the following over the acute (three month) post fracture care episode: 1) What areas of patient-centered care are strongest (more positively perceived) and weakest (more negatively perceived) from the patients' perspectives? 2) Do patient perceptions of patient-centered care change during the acute care episode? 3) Do aspects of patient-centered care correlate with patient reported pain and disability?	Patient Perception of Patient-Centeredness Questionnaire (PPPCQ)	patients	patients with a distal radius fracture and being able to participate in the study within 10 days of fracture	specialist care	129	129 (assessment of measurement); 126 (correlation study)	mean=54.3 years; 18-81 years	31.8	(with disease) distal radius fracture	
61.	Cooley, W. C.[61]	2003	USA	cross-sectional	To describe the development and validation of a tool to measure the Medical Home	Medical Home Index (MHI)	healthcare providers	pediatric primary care offices	primary care, specialist care, home-based care, other Medical Home concept for pediatric care	Phase 2: 27 practices	43	respondents serve pediatric patients	not applicable	not applicable	
62.	Cooper[62]	2010	Australia	direct observation	To develop a valid, reliable and feasible teamwork assessment measure for emergency resuscitation team performance	Team Emergency Assessment Measure (TEAM)	healthcare providers	expert assessors (resuscitation trainers/clinicians)	secondary care, other emergency setting	NA	3	NA	NA	not applicable	
63.	Cott, C. A.[63]	2006	Canada	cross-sectional	To report on item generation and reduction, scale internal consistency, test-retest reliability, and discriminative construct validity testing of the client-centered rehabilitation questionnaire	Client-Centered Rehabilitation Questionnaire	patients	clients who had been discharged from the two rehabilitation hospitals in Toronto during the six-month period prior to the survey mailing	specialist care, other rehabilitation hospital	1568	1002	69	0.38	(with disease) requiring rehabilitation	
64.	Cramm[64]	2011	Netherlands	cross-sectional	To (1) validate the Assessment of Chronic Illness Care (ACIC) in the Netherlands in various Disease Management Programmes (DMPs) and (2) shorten the 34- item ACIC while maintaining adequate validity, reliability, and sensitivity to change	Assessment of Chronic Illness Care (ACIC) (original and shortened version)	healthcare providers	professionals in a disease management program	primary care, other Disease management program teams comprise of GPs, physiotherapists and dieticians	393	218	47.2 years	0.34	not applicable	tested original and short version of the same instrument (item reduction)
65.	Cramm[65]	2011	Netherlands	cross-sectional	To adjust a validated instrument to measure stroke caregivers' satisfaction with hospital care	Caregivers' Satisfaction with Stroke Care Questionnaire: C-SASC	informal caregivers	caregivers of stroke patients	secondary care, specialist care, other stroke service facilities	824 caregivers of patients	332	not reported	0.35	not applicable	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
66.	Cramm, J. M.[66]	2012	Netherlands	cross-sectional	To validate the 20-item Patient Assessment of Chronic Illness Care (PACIC) and the 11-item (PACIC-S) in the Netherlands among CVD patients and investigate the validity, reliability, and sensitivity to change of both instruments	Patient Assessment of Chronic Illness Care (PACIC) (20-item and 11-item versions)	patients	all CVD patients participating within the DMPs	primary care, other disease management programs in primary care practice	2760	1321 after excluding missing values (n=1484)	63.77	0.53	(with disease) CVD (with comorbidity, 61%)	tested original and short version of the same instrument (item reduction)
67.	Curtis, J. R.[67]	2002	USA	cross-sectional	To describe the validity of an instrument assessing the quality of dying and death using the perspective of family members after death and to identify clinical correlates of a high quality death, a retrospective cohort study evaluated the 31-item Quality of Dying and Death (QODD) questionnaire	Quality of Dying and Death (QODD)	informal caregivers	decedent's next of kin	secondary care, home-based care, nursing home	935	205	56.5	0.26	not applicable	
68.	Damman, O. C.[68]	2009	Netherlands	cross-sectional	To develop a Consumer Quality Index (CQ-index) Breast Care instrument that measures quality of care from the perspective of patients with (suspicion of) breast cancer.	Consumer Quality Index (CQI)	patients	Inclusion criteria were (1) being older than 18 years; (2) having received breast care in the last 24 months; and (3) not being approached in the past for CQI surveys.	specialist care, other claims data of health insurance companies	n=1197	731	30% were aged between 55 and 6	0.003	(with disease) receiving care for breast disorder, maybe benign or malignant	
69.	Dancet, E. A.[69]	2011	Multiple Countries	cross-sectional	To develop a valid and reliable patient-centeredness questionnaire, based on a defined concept of patient-centered endometriosis care (PCEC)	ENDOCARE questionnaire (ECQ)	patients	Patients were invited by tertiary endometriosis clinics disseminating information sheets and by patients' association sending emails to their members and posting a link to the ECQ on their website.	specialist care, other Patients from four European countries (Italy, the UK, the Netherlands and Belgium) self-reported as surgically diagnosed with endometriosis were eligible to complete the questionnaire online anonymously)	not reported	N=541	34	not reported	(with disease) endometriosis	
70.	de Kok [70]	2007	Netherlands	cross-sectional	The aim of the current study was to develop a questionnaire that is readily available, reliable and valid for assessment of quality of care by patients who have been operated on for breast cancer	Unnamed 25	patients	breast cancer patients	secondary care, specialist care	FGD = 387; CM = 296	FGD = 72; CM = 67	FGD = 56.7; CM = 54.2 years	0	(with disease) breast cancer	
71.	de Kok, M.[71]	2010	Netherlands	cross-sectional	The aim of this study was to test a pilot instrument aimed towards assessment of professionals' performance and patients' needs in the care process from the perspective of breast cancer patients, and to reduce the number of items to a feasible set.	Patient-centered instrument for assessment of quality of breast cancer care	patients	breast cancer patients operated on in the previous 3e15 months in five participating hospitals	secondary care, specialist care	n=637	276	25% from the 61-70 years age group	0.004	mixed excellent to poor health	
72.	de Monchy [72]	1988	UK	cross-sectional	To devise an attitude scale to discriminate between the extremes of doctor-centered, disease-oriented as opposed to patient-centered, problem-oriented (the DP scale)	Doctor-Patient Scale	others	medical students, trainees and registrars	secondary care, specialist care, other training hospitals	not reported	214	not reported	not reported	not applicable	
73.	De Weert-Van Oene [73]	1999	Netherlands	cross-sectional	To analyze the psychometric properties of the translated version of the HAQ in a population of Dutch patients with substance dependence admitted to an addiction clinic	Helping Alliance Questionnaire (HAQ)	patients	substance-dependent patients of an addiction clinic	specialist care, other addiction/ substance user treatment clinic	not reported	340 (3 samples n1=165, n2=92, n3=83)	38.2 years	0.75	(with disease) substance abuse patients	
74.	de Witte, L.[74]	2006	Netherlands	cross-sectional	To develop and test the Client-Centered Care Questionnaire (CCCQ) to evaluate the client-centeredness of professional home nursing care from a client perspective	Client-Centered Questionnaire	patients	clients from three different home care organizations	nursing home	259	107	73.5	0.26	(with disease) chronic diseases expected to receive care for another 6 months	
75.	Del Piccolo, L.[75]	2005	Multiple Countries	direct observation	To assess the inter-rater and intra-rater reliability of the English translation of the original Italian version of the VR-MICS and to evaluate its sensitivity by comparing the coding of English and Italian general practice consultations with emotionally distressed and non-distressed patients	Verona medical interview classification system (VR-MICS) (original, patient, and doctor versions)	others: observers		primary care	n=30 consultations for Italy and UK patient sample	2830 consultations analyzed	UK = 45.7; Italy = 44.1 years	0.4	mixed emotionally distressed and non-distressed patients	tested different versions of the same tool
76.	Dobrow, M. J.[76]	2009	Canada	cross-sectional	To develop a measure of cancer services integration (CSI) that can inform clinical and administrative decision-makers in their efforts to monitor and improve cancer system performance.	Cancer services integration	healthcare providers	sample of cancer care providers and administrators	primary care, secondary care, specialist care, community, other hospitals and community care access centers, cancer program host hospitals, teaching and children's hospital	5366	1769 (respondents who completed question 10, which required identification of the Regional Cancer Program most relevant to the respondent's clinical or professional work)	36.7% are from the 50-59 age group	0.31	(with disease) cancer	
77.	Dolovich, L. R.[77]	2004	Canada	cross-sectional	To develop and pilot test the reliability and validity of a scale that assessed patients' perception of continuity of care in those with diabetes.	Diabetes Continuity of Care Scale (DCCS)	patients and healthcare providers	The number of healthcare provider participants was much smaller than the patient sample, but was included to broaden insight into patient-focused continuity of care issues from the provider perspective.	primary care, specialist care, other multidisciplinary healthcare organization	Phase 2: Scale domains, reliability and validity testing, n=60	60	60.8	0.57	(with disease) diabetes	
78.	Doorenbos [78]	2005	USA	crossover design	To examine the test-retest reliability of the cultural competence assessment instrument (CCA) among hospice providers, and to examine the reliability and validity of the CCA among	Cultural competence assessment instrument	healthcare providers	hospice and healthcare provider	secondary care, specialist care, community, other hospice provider	not reported	hospice = 51; healthcare providers = 405	hospice = 46 years; healthcare providers = 41 years	not reported	not applicable	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
					healthcare providers in non-hospice settings										
79.	Dow, B. [79]	2013	Australia	cross-sectional	To conduct a psychometric evaluation of the properties of the initial "benchmarking person-centered care" survey; to investigate the "benchmarking person-centered care" survey as a psychometrically valid and reliable measure of current practice and attitudes or beliefs in relation to person-centered care from the point of view of healthcare staff; to increase the ease of use of the "benchmarking person-centered care" survey by reducing the number of items	Person-Centered Health Care for Older Adults Survey	healthcare providers		secondary care	4108	428 to 471 participants for the factor analyses and 471 to 1,389 for reliability analyses (note: number of cases available for data analysis increased as items were removed throughout the procedure)	not reported	11.4% of 428 (N for analysis)	not applicable	
80.	Duffy [80]	2007	USA	cross-sectional	To (1) identify how many theoretical constructs or factors are needed to accurately explain the concept, caring, and (2) develop a short instrument that reliably measures caring from the patient's point of view	Caring Assessment Tool (CAT)	patients	adults from all diagnostic, socio-economic gender, and ethnic groups	secondary care, specialist care, other acute care institutions	557	365	not reported	not reported	(with disease) hospitalized for at least 2 days	
81.	Duffy, J. R.[81]	2014	USA	prospective cohort	To (a) confirm the factor structure of the construct, caring relationships, and (b) perform item reduction for ease of administration in the hospital setting	Caring Assessment Tool (CAT)	patients	(a) alert and oriented, (b) admitted to the hospital for at least 24 hours, and (c) could understand English	secondary care	1572	1,111 (excluding questionnaires with missing data; noted even distribution among the sample)	54.7 years old (SD = 18.4)	0.41	(with disease) alert and oriented but admitted to the hospital for at least 24 hours	
82.	Durbin, J.[82]	2004	Canada	cross-sectional	To evaluate the psychometric performance of tile subjective component of tile Alberta Continuity of Service Scale - Mental Health (ACSS-MH) for assessing perceived continuity of care among users of mental health services in Ontario; to examine the structure, reliability, and validity of the measure among users of community mental health programs	Alberta Continuity of Services Scale-Mental Health	patients	respondents are primarily consumers; note that there was also a staff assessment component but the tool used was different and does not measure continuity of care; Completed consumer interviews were linked with staff assessments tor this study	specialist care, community	432 consumers	215, completed consumer interviews were linked with staff assessments tor this study	4.4% were more than 65 years old	0.378	(with disease) psychiatric diagnoses	
83.	Edvardsson [83]	2010	Australia	cross-sectional	To construct and evaluate the psychometric properties of the newly developed Person-centered Care Assessment Tool (P-CAT)	Person-centered Care Assessment Tool (P-CAT)	healthcare providers	staff employed in long-term care facilities	other aged long-term care facilities	1045	220 (main) 26 (test-retest)	43 years	0.03	not applicable	
84.	Edvardsson, D. [84]	2008	Sweden	cross-sectional	To construct and evaluate psychometric properties of the Swedish language patient version Person-centered Climate Questionnaire	Person-centered Climate Questionnaire (PCCQ)	patients	hospital patients (medical, surgical and psychiatric inpatient)	secondary care	all patients in 25 hospitals	533	the majority were from the 56 - 75 years age group (39.7%)	0.522	(with disease) hospital patients	
85.	Edvardsson, D.[85]	2009	Australia	cross-sectional	To evaluate the psychometric properties of a questionnaire measuring to what extent the climate of health care settings are perceived as being person-centered	Person-centered Climate Questionnaire (PCCQ)	patients	hospital patients	secondary care	377	108	53 years	0.46	(with disease) hospital patients	
86.	Edvardsson, D.[86]	2009	Sweden	cross-sectional	To report the psychometric properties of the Swedish language Person-centered Climate Questionnaire – staff version (PCQ-S)	Person-centered Climate Questionnaire (PCCQ)	healthcare providers	all healthcare staff in a sample of 25 hospital wards	secondary care	n=1053 healthcare staff	600	48% aged 36 to 55 years	0.14	not applicable	
87.	Edvardsson, D.[87]	2010	Australia	cross-sectional	To evaluate psychometric properties of the English language Person-centered Climate Questionnaire – staff version (PCQ-S)	Person-centered Climate Questionnaire (PCCQ)	healthcare providers	health care and support staff working at an Australian hospital facility providing short-stay elective surgery, diagnostic procedures and other planned services for public hospitals	secondary care	80	53	38 years	0.13	not applicable	
88.	Edvardsson, D.[88]	2013	Australia	cross-sectional	To construct and evaluate psychometric properties of the person-centered care of older people with cognitive impairment in acute care settings (POPAC) scale; to identify and consider cognitive impairment and to employ nursing interventions to meet the needs associated with old age and cognitive impairment	Person-centered Climate Questionnaire (PCCQ)	healthcare providers	acute care nursing staff	secondary care	360	212 (n=25 for test-retest reliability)	35 years	0.07	not applicable respondents are healthcare providers for acute care patients	
89.	Egede, L. E.[89]	2008	USA	cross-sectional	To describe the development and psychometric testing of the Multidimensional Trust in Health Care Systems Scale (MTHCSS)	Multidimensional Trust in Health Care Systems Scale (MTHCSS)	patients	patients (final sample) attending a primary care clinic at an academic medical center	primary care, other academic medical center	Pilot, n=257; Final, n=301	301	Final: 40% in the 50-64 years group	0.355	(with disease) require visit to clinics	
90.	Eisen [90]	2001	USA	cross-sectional	To provide data that could be used to develop recommendations for an improved instrument	Consumer Assessment of Behavioral Health Survey (CABHS); Mental Health Statistics Improvement Program (MHSIP)	patients	adults enrolled in a behavioral health plan	other behavioral health plans	3443 (1147 completed surveys)	1147	82% between 25 and 54 years old	0.25	not reported	tested 2 different tools on the same population
91.	Elwyn [91]	2013	USA	cross-sectional	To report the development of CollaboRATE, brief patient-reported measure of shared decision making	CollaboRATE	patients	not necessarily patients (general public)	public	not reported	57	46% aged 45-64 years	0.44	(with disease) not reported	
92.	Elwyn, G.[92]	2003	UK	direct observation	To describe the development of a new instrument designed to assess the extent to which practitioners involve patients in decision making processes	Observing patient involvement scale (OPTION)	others: independent raters	independent raters (assess a sample of audiotaped consultations collected from the routine clinics of 21 GPs)	primary care	186 audiotaped consultations collected from the routine clinics of 21	186 consultations were available for analysis	66% of the patients seen (in the recorded consultations) were aged between 30 and 70 years	60% of the patients seen (in the recorded	(with disease) patients seen (in the recorded consultations) presented with clinical	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
										general practitioners in the UK			consultations)	problems	
93.	Engelberg [93]	2006	USA	cross-sectional	To explore the measurement structure of the QOC items to ascertain if the items represent unitary or multidimensional constructs and to describe the construct validity of the QOC score(s)	Quality of end-of-life communication (QOC)	patients and informal caregivers	hospice and COPD patients, and family members	secondary care, specialist care, other hospice patients and hospital patients with COPD	hospice = 309; COPD = 295	patients=196 (Hospice = 83, COPD = 113); family members = 148 (Hospice = 81, COPD = 67)	patients: (hospice = 70.8 years, COPD = 67.3 years); family members: (Hospice = 57.6 years, COPD = 55.9 years)	patients: (hospice = 41%, COPD = 72.6%); family members: (Hospice = 34.6%, COPD = 26.9%)	(with disease) hospice care and COPD	
94.	Epstein, E. G.[94]	2013	USA	prospective cohort	To develop and test a scale of parental perceptions of nursing continuity of care in the newborn intensive care setting and to characterize the association between parents' perceptions and chronological nursing continuity	Parents' Perceptions of Continuity Scale (PPCS)	others: parents of NICU infants	parents (to distinguish from other informal caregivers); parents of infants who had been in the NICU for 7 days or longer were invited to participate in the study if they spoke English and were older than 15 years	other 45-bed NICU at a tertiary, regional referral center and teaching institution	67 parents	54 parents	mean 29 years	17% (fathers)	(with disease) NICU cases: premature, single anomaly, multiple anomalies	
95.	Fiscella [95]	2007	USA	cross-sectional	To compare ratings by real patients with ratings by standardized patients of physician communication	Health Care Climate Questionnaire (HCCQ)	patients	real-life and standardized patients	primary care, secondary care, specialist care	recruited 100 physicians [from 594 primary care physicians; 506 physicians who had more than 100 MCO patients were eligible]	100	44.9 years	0.369	(with disease) chronic disease conditions	
96.	Flocke, S. A.[96]	1997	USA	cross-sectional	To develop an instrument to measure several components of primary care from the perspective of the patient, and to evaluate its measurements properties	Components of Primary Care Index (CPCI)	patients	patients from clinics where physicians volunteered to participate	primary care	N=4454	n=2899	45 years	0.38	(with disease) acute, chronic and well-care visits	
97.	Fowles, J. B.[97]	2009	USA	cross-sectional	To evaluate the Patient Activation Measure (PAM) in relation to personal characteristics in employed populations. Further validate the PAM for use in improving clinical or employer-based health intervention programs	Patient Activation Measure (PAM)	Others: patients and employees	patients and employees	other health promotion program participants in two companies (an integrated healthcare system and a national airline)	n=1628	625	45 years	0.13	mixed 57% self-reported good health	
98.	Freburger [98]	2003	USA	cross-sectional	To assess the psychometric properties of the Trust in Physician Scale and to identify variables associated with patients' trust in their rheumatologist	Trust in Physicians Scale	patients	rheumatology clinic patients	specialist care	1759	713	59.58 years	0.23	(with disease) OA, RA, FM	
99.	Fung, C. S.[99]	2009	Hong Kong	cross-sectional	To provide preliminary evidence of the reliability and validity of a Chinese version of the CARE Measure in a primary care setting in Hong Kong.	Consultation and Relational Empathy (CARE) measure	patients	primary care patients	primary care	not reported	n=253	51.89	0.33	(with disease) chronic disease; (34.6% in good health)	
100.	Galassi [100]	1992	USA	cross-sectional	To develop a brief, visit-specific measure of the perceived quality of the patient-provider relationship	Patient Reactions Assessment	patients	cancer patients	specialist care, other Duke Comprehensive Cancer Center	item reduction phase (IRP) = 326; CFA = 252	IRP = 220; CFA = 197	IRP = 51.36; CFA = 49.94 years	= 51%; CFA = 40.1%	(with disease) cancer	
101.	Gallagher [101]	2001	USA	cross-sectional	To examine construct validity of the tool	Relational Communication Scale	others: observers	medical students and standardized patients were rated	other medical students and standardized patients	20 interactions	NA	NA	NA	not applicable	
102.	Gallagher [102]	2009	USA	cross-sectional	To develop and test an Ambulatory Pediatric CAHPS survey that focuses on clinicians and groups and includes measures of developmental and preventive care	Consumer Assessment of Health Plans Survey (CAHPS)	informal caregivers	parents of pediatric patients	secondary care, other ambulatory care	1000	680	Parents: 70% aged between 35 and 54 years	12.7% (parents)	mixed 54% of respondents with child having excellent overall heath	
103.	Gallagher, T. J. [103]	2005	USA	direct observation	To examines the reliability and validity of the relational communication scale for observational measurement (RCS-O) using a random sample of 80 videotaped interactions of medical students interviewing standardized patients (SPs)	Relational communication scale for observational measurement (RCS-O)	others: observers		primary care, other medical school assessment	110 students; 300 patients	80 videotaped interactions were observed and measured	not applicable	not applicable	(with disease) SPs have been trained to accurately and reliably portray an individual with either a psychosocial problem as in year 1, or a physical or mental condition as in year 3	
104.	Gan, C.[104]	2008	Canada	cross-sectional	To develop a measure of youths' perceptions of the client-centeredness of health care services in rehabilitation.	Giving Youth a Voice questionnaire (GYV)	patients	names provided by the rehabilitation center's Health Records Department	specialist care, other rehabilitation center	initially n=500; modified recruitment, n=111	106	16.61	0.613	(with disease) diagnosed with neuromuscular and neuroskeletal disorders	
105.	Garratt [105]	2005	Norway	cross-sectional	To describe the development and evaluation of the OutPatient Experiences Questionnaire (OPEQ) for somatic outpatients	OutPatient Experiences Questionnaire (OPEQ)	patients		primary care, secondary care, specialist care	35719; 270 in test re-test	n = 18829 (for item-total correlation); n = 139 (for test-retest)	55.5 years	0.467	mixed majority are NOT in poor health	
106.	Gaston [106]	1991	Canada	cross-sectional	To examine some aspects of the reliability and criterion-related validity of the patient version of the revised CALPAS, or CALPAS-R [California Psychotherapy Alliance Scales]	California Psychotherapy Alliance Scales (CALPAS)	patients		specialist care private practitioners (psychotherapists)	205	143	35.3 years	0.31	(with disease) psychotherapy patients	
107.	Gaugler, J. E.[107]	2013	USA	cross-sectional	To develop a valid and reliable tool to measure whether person centered care is delivered by direct care workers to persons with dementia; develop and test an observational measure of direct care worker-person with dementia interactions to determine if elements of	CARES observation tool (COT)	others: observers	observer focused on different direct care workers and persons with dementia in recording data for the COT	nursing home	12 interactions	not applicable	characteristics of direct care workers and persons with dementia were reported, not the observer characteristics (sample videos only)	characteristics of direct care workers and persons with dementia were	(with disease) dementia	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
					person-centered care are present								reported, not the observer characteristics (sample videos only)		
108.	Glasgow, R. E.[108]	2005	USA	prospective cohort	To develop and validate a new instrument, the Patient Assessment of Chronic Illness Care (PACIC), which is designed to complement the ACIC by providing a patient perspective on receipt of CCM related chronic illness care	Patient Assessment of Chronic Illness Care (PACIC)	patients	enrollees age 50 or older receiving care from 7 primary care clinics within Group Health Cooperative	primary care, other managed care organization	n=500	266 with complete forms	64.2	0.44	(with disease) majority had chronic conditions	
109.	Goold [109]	2006	USA	cross-sectional	To (1) develop a conceptual framework for trust in health care organizations and a comprehensive, reliable measure of trust in health insurers; (2) examine predictors and correlates of trust in insurers	Measure of Trust in Insurers	patients	respondents older than 18 with any type of health insurance, including Medicare and/or Medicaid	public	984	400	47.2 years	0.317	(with disease) 33% with chronic disease	
110.	Gremigni, P.[110]	2008	Italy	cross-sectional	Developing and providing preliminary validation of a questionnaire to measure outpatients' experience of communication with hospital personnel other than doctors; to develop a very brief, simple and easily used questionnaire for large-scale, hospital-based surveys	Health Care Communication Questionnaire (HCCQ)	patients	outpatients attending different services at the same hospital in the North of Italy, after having an encounter with a member of the hospital staff	secondary care, specialist care	n=446	401	55.68 years	0.54	(with disease) recently encountered a hospital staff	
111.	Grimmer [111]	2001	Australia	cross-sectional	To describe the development, validity and application of PREPARED, a new instrument for obtaining feedback from community consumers of discharge planning activities	Prescriptions, Ready to reenter the community, Placement, Assurance of Safety, Realistic Expectations, Empowerment, Directed to appropriate services (PREPARED)	patients and informal caregivers	patients, carers (hospital staff interviews for instrument development only)	secondary care, specialist care, community community catchment area of a metropolitan tertiary public hospital	834 patients and their carers	500 (patients), 431 (carers)	not reported	not reported	not reported	
112.	Grol [112]	1990	Multiple Countries	direct observation	To determine if attitudes of general practitioners in Belgium, Netherlands and Britain are patient-centered or disease-centered (that is, doctor-centered)	Unnamed 27	healthcare providers	Validation study done in Dutch general practitioners [NOTE: DETAILS OF COMPARATIVE STUDY NOT INCLUDED]	primary care	not reported for validation phase; 189 in comparative phase	57 (validation phase); 75 (comparative phase_	not reported	not reported	not applicable	
113.	Gugiu [113]	2010	USA	cross-sectional	To investigate the psychometric properties of a modified version of the Patient Assessment of Chronic Illness Care (PACIC)	Patient Assessment of Chronic Illness Care (PACIC)	patients		primary care, secondary care, specialist care, other a large physicians and clinics network	943	529	63.4 years	0.527	(with disease) T2DM	
114.	Gugiu, P. C. [114]	2009	USA	cross-sectional	To develop a short version of the PACIC with better psychometric properties than the original instrument	Patient Assessment of Chronic Illness Care (PACIC)	patients	type 2 diabetic patients	primary care, secondary care, other a large physicians' and clinics' network	n=943 patients with T2DM	time 1: 529; time 2: 361 = total, 890; test-retest, n=250 (time 1, time 2)	not reported	not reported	(with disease) diabetic patients (type 2)	
115.	Gulliford, M.[115]	2011	UK	cross-sectional	To quantify problems of relational and management continuity of care in patients with multiple long-term conditions	Relational and management continuity of care Questionnaire	patients	people aged 60 years and older from 15 general practices (with no-more than 4 long-term conditions)	primary care	n=3000	1131	at least 60 years old (mean not reported)	approximately 47%	(with disease) long-term conditions	
116.	Gulliford, M. C.[116]	2006	UK	cross-sectional	To develop and test an experience-based questionnaire measure of continuity of care in type 2 diabetes mellitus	Experienced continuity of care for diabetes mellitus (ECC-DM)	patients	patients with type 2 diabetes who were registered with 19 family practices in London	primary care	n=553	n=209	65 years	0.492	(with disease) type-2 diabetes	
117.	Haddad [117]	2000	Canada	cross-sectional	(i) To present a scale for measuring patient perception of quality of care following a visit to a doctor; and (ii) to analyze the responses given by patients recruited in primary care units in the Montreal region.	Unnamed 40	patients		primary care, secondary care, specialist care, community, other local community health centers (CLSCs), Family Medicine Units (FMUs) and Private Clinics (PCs)	788	473	46 years	not reported	not reported	
118.	Hadjistavropoulos, H.[118]	2008	Canada	cross-sectional	To develop and examine the psychometric properties of a measure that would meet the need to develop a questionnaire that measures patient perceptions of factors impacting continuity of care following discharge from hospital	Patient Continuity of Care Questionnaire (PCCQ)	patients	patients discharged from either an Orthopedics unit at one hospital or a Family Medicine unit at a second hospital (Orthopedic inpatients, who had multiple disciplines involved in their care, and Family Medicine inpatients, who were older, suffered from multiple comorbidities and experienced longer lengths of stay due in part to difficulties in discharging patients to the care of community providers)	secondary care, specialist care	not reported	n=204	64.9 years	0.412	(with disease) Primary diagnoses were: respiratory or pulmonary (n =13; 26%), infection (n = 9; 18%), orthopedic (n = 7; 14%), cardiovascular (n = 6; 12%), gastroenterological (n = 6; 12%), hematological (n = 3; 6%), urological (n = 2; 4%), chronic disease (n = 2; 4%) or dehydration (n = 2; 4%)	
119.	Hadjistavropoulos, H. D.[119]	2003	Canada	cross-sectional	To document the development of a new tool to measure the quality of community case management for elderly clients	Case Management Quality Questionnaire (CMQQ)	patients and healthcare providers	HC patients OR family members of LTC patients	home-based care, other long-term care	646 surveys were delivered to clients	174 home care clients and 78 long term care residents (family members)	77.9 (HC); 83.2 (LTC)	40.8% (HC); 23.1% (LTC)	(with disease) long-term care patients	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
120.	Hadjistavropoulos, H. D.[120]	2004	Canada	prospective cohort	To examine the psychometric properties of an in-person interview questionnaire for measuring continuity of care in patients recently hospitalized with CHF and AF	Heart Continuity of Care Questionnaire (HCCQ)	patients	cardiac patients	secondary care	n=1225	n=350	73.9 years	0.54	(with disease) cardiac patients	
121.	Haggerty [121]	2011	Canada	cross-sectional	To compare values and the psychometric performances of validated instruments thought to be most pertinent to the Canadian context for evaluating core attributes of primary healthcare	Interpersonal Processes of Care version (IPC-II); Primary Care Assessment Survey (PCAS); Primary Care Assessment Tool (PCAT); Veterans Affairs Outpatient Community Services; Components of Primary Care Index (CPCI); EUROPEP	patients		primary care	647 (Quebec) and 1247 (Nova Scotia)	645	48 years	35.4	(with disease) disability and chronic heart problem	tested and compared 6 different tools in the same population
122.	Haggerty [122]	2011	Canada	cross-sectional	To provide insight into how well management continuity is measured in validated coordination or integration subscales of primary healthcare instruments.	Components of Primary Care Index (CPCI); Primary Care Assessment Survey (PCAS); Primary Care Assessment Tool (PCAT); Veterans Affairs Outpatient Community Services	patients	healthcare users	primary care	645	179	details are reported in other related work	details are reported in other related work	not reported	
123.	Haggerty[123]	2011	Canada	cross-sectional	To compare how well accessibility is measured in validated subscales that evaluate primary healthcare from the patient's perspective.	Primary Care Assessment Tool (PCAT); Primary Care Assessment Survey (PCAS); EUROPEP	patients	healthcare users	primary care	645	645	details are reported in other related work	details are reported in other related work	not reported	tested and compared 3 different tools in the same population
124.	Haggerty, J. L. [124]	2011	Canada	cross-sectional	To compare subscales from different validated instruments that purport to measure comprehensiveness	Components of Primary Care Index (CPCI) Comprehensive Care; Primary Care Assessment Tool – Short Form (PCAT-S) Comprehensiveness – Services Available; Primary Care Assessment Tool – Short Form (PCAT-S) First-Contact Utilization; Components of Primary Care Index (CPCI) Community Context; Primary Care Assessment Tool – Short Form (PCAT-S) Community Orientation	patients	healthcare users	primary care	645	322 (imputed 490)	not reported	not reported	not reported	tested and compared 5 different tools in the same population
125.	Haggerty, J. L.[125]	2012	Canada	cross-sectional	To develop and validate a generic measure of management continuity from the patient perspective, applicable in primary health care but capturing continuity across the entire system; the development and metric properties of the quantitative measures and association with continuity indicators are presented	Continuity of Care Measure (CCM)	patients	adult patients aged 25 to 75 years, recruited in waiting rooms of 6 primary care clinics; had received care for the same health condition at more than one place in the last year and expected to continue to do so during the next 6 months	primary care	615	256 who responded at baseline and at 6 months	52.6 years	0.28	(with disease) at least 1 chronic disease	
126.	Hall[126]	2002	USA	cross-sectional	To develop and test a multi-item measure for general trust in physicians, in contrast with trust in a specific physician	Trust in the Medical Profession	patients	with regular physician and source of payment	public, other telephone survey of individuals with a regular physician and source of payment	1028	502	51.1 years	0.325	mixed 85.6% at least good physical health	
127.	Hall[127]	2002	USA	cross-sectional	To advance the state of the art in measuring trust in physicians and other care providers, this article reports on a new version of a trust scale, one that attempts to address the shortcomings of existing measures	Wake Forest Physician Trust Scale	patients	health insurance pays for medical costs seem by doctor or health professional	public, primary care, secondary care, specialist care	2172	959	48.8 years	0.322	(with disease) 86.6% with at least good physical health	tested the same tool on different samples
										1211	1199	46.5 years	0.445	(with disease) 90.5% with at least good physical health	
128.	Hannum Rose, J.[128]	2007	USA	RCT	To examine the extent to which objective burden was associated with caregiver perceptions of PCFFC and the extent to which it mediated the influence of other variables on perceptions of PCFFC	Patient-centered family-focused care (PCFFC)	patients and informal caregivers	patient and caregiver dyad	primary care	316	210 dyads - consisted of all dyads for which we could estimate the PCFFC scale and for which there was complete information on all covariates for the models	patients = 74.8; caregiver = 62.6	patients = not reported; caregiver = 9%	(with disease) frail elderly	
129.	Hargraves[129]	2003	USA	cross-sectional	To estimate the reliability and validity of survey measures used to evaluate health plans and providers from the consumer's perspective.	Consumer Assessment of Health Plans Survey (CAHPS)	patients	health insurance	public, other members of privately insured health plans serving private and public employers	166074	166074	not reported	not reported	(with disease) not specified	
130.	Harley, C.[130]	2009	UK	cross-sectional	To adapt the Components of Primary Care Index (CPCI) to be applicable to oncology outpatients and to assess the reliability and validity of the adapted	Medical Care Questionnaire (MCQ)	patients	cancer patients	primary care, specialist care	Phase 3: 285 patients; Phase 4 (Study A): 313 patients; Phase 4	Phase 3 = 200; Phase 4 = 477	Phase 3: 42%; Phase 4: 40.9% (45-59 years old)	Phase 3: 19%; Phase 4: 2538%	(with disease) cancer patients	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
					instrument (renamed the Medical Care Questionnaire [MCQ])					(Study B, RCT): 286 patients; total for Phase 4 = 599 patients					
131.	Hatcher [131]	2006	USA	cross-sectional	To examine the factorial validities of the WAI-36 and the WAI-S in two good-sized independent samples identify and cross-validate a revised short-form WAI (WAI-SR), using one sample as a criterion and the second for confirmation	3 versions of the Working Alliance Inventory (WAI): Working Alliance Inventory-36; Working Alliance Inventory-S; Working Alliance Inventory-SR (alternative 12-item version)	patients	outpatient facilities and psychotherapy clinic	primary care, secondary care, specialist care, other outpatient clinic; psychotherapy	not reported	Sample 1: n=231 clients and therapists; Sample 2: n=235 adult clients	Sample 1 = 28.5 years' Sample 2 =28.4 years	Sample 1 = 36% Sample 2 =24% years	(with disease) psychotherapy patients	tested different versions of the tool in 2 different samples
132.	Hays [132]	1999	USA	cross-sectional	To report psychometric results for the CAHPS 1.0 survey items in samples of individuals with Medicaid or private health insurance coverage	Consumer Assessment of Health Plans Survey (CAHPS)	patients	demonstration sample 1	public, primary care, other health plan patients	5,878 surveys (3,541 telephone interviews, 2,337 mail surveys)	1116	not specified	0.3	mixed	tested the tool in different samples throughout various stages of instrument development
								demonstration sample 2	public, primary care, other health plan patients	11393	8,310 mail surveys	not specified	0.36	mixed	
								field test sample 1	public, primary care, other health plan patients	630	313	not specified	0.27	mixed	
								field test sample 2	public, primary care, other health plan patients	539	329	not specified	0.44	mixed	
133.	Henbest [133]	1989	Canada	direct observation	To present a method for assessing the doctor-patient interaction in terms of its patient-centeredness	Patient-centered score sheet	healthcare providers	reviewer of doctor-patient interactions	primary care, other doctor-patient interaction and video tapes	NA	12 tapes by 2 reviewers	NA	NA	not applicable	
134.	Hibbard [134]	2004	USA	cross-sectional	To describe a process for conceptualizing and operationalizing what it means to be ‘‘activated’’ and delineate the process used to develop a measure for assessing ‘‘activation,’’ and the psychometric properties of that measure	Patient Activation Measure (PAM)	patients		public	1515	100 (pilot); 1515 (national sample)	45 to 97 years (range)	0.37	(with disease) multiple chronic disease conditions	
135.	Hibbard [135]	2005	USA	cross-sectional	To reduce the number of items in the 22-item PAM while maintaining adequate precision	Patient Activation Measure (PAM)	patients		public	1515	682	45 to 97 years (range)	0.37	(with disease) multiple chronic disease conditions	
136.	Hibbard, J. H. [136]	2010	Multiple Countries	cross-sectional	To explore clinician’s beliefs about patient self-management and specifically assess which patient competencies clinicians believe are most important for their patients.	Clinician Support for Patient Activation Measure (CS-PAM)	healthcare providers	UK and US sample of primary care clinicians: primary care physicians, nurse practitioners and physician assistants	primary care	US sample, n=95; UK sample, n=280	N=175 (98+77)	42% aged 51 years and older	56% of US sample (no data for UK)	not reported	
137.	Hiidenhovi, H.[137]	2001	Finland	cross-sectional	To create an instrument to improve service quality in outpatient departments of hospitals	Unnamed 4	patients and healthcare providers	staff survey was included in the second stage to assess the second draft version of the questionnaire	secondary care, specialist care	Survey 1 = ˆ1416; Survey 2= ˆ369; Survey 3 =ˆ124	1	Survey 1-3: majority belong to 36-65 year age group (patients)	33-36% in Surveys 1 to 3	mixed mix of patients with or without long-term illness, emergency visits and outpatient visits	
138.	Hillen [138]	2012	Netherlands	cross-sectional	To develop and validate the Trust in Oncologist Scale (TiOS)	Trust in Oncologist Scale (TiOS)	patients		specialist care, other three departments of an academic hospital	675	506	63 years	0.57	(with disease) self-reported cancer patients	
139.	Himuro, N.[139]	2013	Japan	cross-sectional	To assess the validity and reliability of the Japanese version of the Measure of Processes of Care (MPOC)	Measure of Processes of Care (MPOC)	informal caregivers	caregivers of children with various diagnoses was recruited through seven children’s rehabilitation centers in Hokkaido	other rehabilitation center	605 families	250	not reported	3.1% (father caregiver)	not applicable	tested the same tool with different number of items (item reduction)
140.	Hodgkinson, K.[140]	2007	Australia	cross-sectional	To construct a new measure to assess unmet needs experienced by partners of cancer survivors who are at least one year post-diagnosis and disease free (Phase 1); To evaluate the psychometric properties of the measure (Phase 2).	Survivor Unmet Needs Survey (SUNS)	others: partners of cancer survivors	partners who were recruited through survivors participating in one of three separate studies	specialist care, other (i) breast cancer survivors (recruited from the Department of Radiation Oncology at a major teaching hospital), (ii) a cross-sectional study of the needs of prostate and gynecologic cancer survivors (recruited from the Departments of Radiation and Gynecological Oncology at a second major teaching hospital), and (iii) a prospective study of mixed cancer survivors (recruited from the Department of Cancer Services at the second hospital).	201	82	59.1	70.8	(with disease) breast, gynecologic, prostate, testicular, colorectal cancer	
141.	Hodgkinson, K.[141]	2007	Australia	cross-sectional	To develop and empirically evaluate a self-report measure of cancer survivors’ supportive care needs	Survivor Unmet Needs Survey (SUNS)	patients	Eligibility criteria included receiving a cancer diagnosis one or more years earlier, disease-free, over 18 years of age at the time of diagnosis, able to communicate in English, and the absence of major psychiatric or intellectual impairment	secondary care, specialist care	641	353	59.6	0.19	healthy cancer survivors	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
142.	Hojat[142]	2001	USA	cross-sectional	To develop a psychometrically sound instrument to measure empathy in health care professionals in specific patient care situations.	Jefferson Scale of Physician Empathy	healthcare providers	physicians, residents and 3rd year medical students	secondary care, other teaching hospital	223 students	residents = 41; students = 193	not reported	not reported	not applicable	
143.	Holburn, S.[143]	2000	USA	cross-sectional	To develop three instruments to measure the processes and outcomes of person-centered planning	Outcomes index; Processes Index (Indicators of Principles scale; Personal futures planning indicators; Person-centered quality of life indicators)	healthcare providers	planning teams (person-centered and traditional interdisciplinary)	specialist care, other intermediate care facilities for the mentally retarded	not reported	N=37; n=18 for test-retest reliability (interdisciplinary team	38.9 years (people served by the teams, not characteristics of the respondents)	75.7% (people served by the teams, not characteristics of the respondents)	(with disease) patients served were classified with severe or profound mental retardation	tested 2 different tools and used 3 other tools to validate the measure
144.	Horwitz, L. I.[144]	2013	USA	prospective cohort	To test the feasibility and validity of a handoff evaluation tool for nurses	Handoff clinical evaluation exercise (CEX)	healthcare providers	Nurse educators (handoff recipient and handoff provider)	secondary care	25 shift-to-shift nurse reports; 98 evaluations	25 shift-to-shift nurse reports; 98 evaluations (convenience sampling)	not reported	not reported	not applicable	tested tool on 2 different types of respondents
145.	Horwitz, L. I.[145]	2013	USA	cross-sectional	To develop a handoff evaluation tool	Handoff clinical evaluation exercise (CEX)	healthcare providers	Nurse practitioners, medicine house staff and hospitalist attending; and third-party evaluator	primary care, other academic medical center	149 handoff sessions with 336 evaluations (UC) and 337 evaluations (Yale)	Handoff providers: 343 evaluations; Handoff receivers: 330 evaluations	not reported	not reported	not applicable	tested tool on 2 different types of respondents
146.	Howie [146]	2000	UK	cross-sectional	To construct a consultation quality index (CQI)	Consumer Quality Index (CQI)	patients		primary care, other patients consulting doctors who agreed to participate	23799	not specified	NA	NA	not applicable	
147.	Hwang, J. I.[147]	2013	South Korea	cross-sectional	To provide an overview of the development of a PCC scale and its psychometric properties	Patient-centered care competency (PCC)	healthcare providers	nurses in 2 teaching hospitals	primary care, other teaching hospital	594	577	32.7	0.012	not applicable	
148.	Jaturapatporn, D.[148]	2006	Thailand	cross-sectional	To translate and validate a Thai language version of the General Practice Assessment Questionnaire (GPAQ), originally developed in the UK to evaluate the quality of general practice	General Practice Assessment Questionnaire (GPAQ)	patients	patients who visited the Department of Family Medicine in October 2005 were included	primary care, specialist care	2600	1970	48.39	0.2273	mixed 23.4% with chronic illness	
149.	Jayasinghe, U. W.[149]	2008	Australia	cross-sectional	To examine variations in 'Access of care' and 'Patient-centeredness' according to practice (size and geographical location) and patient characteristics (gender, age, self-reported health, home ownership, education, employment, marital status, country of birth and chronic illness) in Australian general practice	General Practice Assessment Survey (GPAS)	patients	patients from GP clinics	primary care	12 544	7505 total, but excluding missing values, N for analyses are as follows: 7004 (93%) cases for Access and 7052 (94%) cases for Patient-centeredness from 96 practices were available for the multilevel analyses	60	0.471	mixed 45.6% with poor health status	
150.	Jeon, K. Y.[150]	2011	South Korea	cross-sectional	To culturally modify and validate the US consumer form of the short Primary Care Assessment Tool (PCAT) in primary care in the Republic of Korea	Primary Care Assessment Tool (PCAT)	patients	Patients (consumers or clients) were eligible if they were above 17 years of age and were visitors to various kinds of specialty or general clinics which participated in first-contact care.	primary care, community	1294	606	46.5	0.376	not reported	tested tool with different number of items (item reduction)
151.	Jones, J.[151]	2011	Ireland	cross-sectional	To describe how synergy is conceptualized in health promotion partnerships and to develop a synergy measurement tool.	Jones Synergy Scale	healthcare providers	Participants included partners from the following sectors: hospitals, community health services, health service managers, education, youth sector, sports, arts and voluntary groups.	other health promotion partnerships	469	337	not applicable	not applicable	not applicable	
152.	Joyce, A. S.[152]	2010	Canada	prospective cohort	To examine psychometric characteristics of an instrument to assess perceived continuity of care among mental health patients	Alberta Continuity of Services Scale-Mental Health	patients	adults with severe and persistent mental illness	primary care, secondary care, specialist care, community, home-based care	441	subsample, n=171 (for EFA)	42.5 years	0.41	(with disease) mental illness	
153.	Juhnke, C.[153]	2013	Germany	cross-sectional	To structure a patient-relevant hierarchy of needs and expectations for the design of organized healthcare delivery systems	Patient-relevant hierarchy of needs	patients and healthcare providers	based on inclusion and exclusion criteria (age, language skills, cognitive ability, and health status)	primary care, other healthcare experts surveyed at international health conventions; patients in medical practices in Germany	Patients, n= 670; Providers, n=254	Patients, n= 670; Providers, n=254	Patients: 48.7 years; Providers: 41.48 years	Patients: 41.3%; Providers: 51.2%	healthy no serious acute illness or pain	
154.	Katapodi [154]	2010	USA	cross-sectional	To examine whether and how distrust of the health system and predisposition to use healthcare services influence frequency of mammograms and Clinical Breast Exams	Distrust of the healthcare system (DHS)	patients		primary care, community	184	184	47 years	0	(with disease) breast cancer	
155.	Kelly [155]	2005	USA	cross-sectional (with test-retest in a subsample)	To develop a valid and reliable questionnaire for measuring patient trust in an emergency department (ED) that can be administered by phone, direct interview, or mail	Unnamed 29	patients	emergency department patients	specialist care	not reported	383 = 238 (pilot 1) and 145 (pilot 2)	not reported	0.393	(with disease) emergency cases	
156.	Kemppainen, J. K. [156]	1999	USA	cross-sectional	To design and test a measure to be used by patients with HIVS/AIDS to report engagement with nursing care providers	Patient Responses to Nursing Behaviors (PRNB)	patients	inpatients with AIDS/HIV	secondary care	162	162	MEAN AGE:43.3 YEARS	0.63	(with disease)	
157.	Kim [157]	2001	USA	cross-sectional	To describe the development and preliminary testing of the Kim Alliance Scale (KAS)	Kim Alliance Scale	patients	registered nurses were recruited but considered as patients	public, primary care, secondary care, specialist care	79	68	71% between 36 to 55 years of age	0.12	(with disease) not specified; encounters as a patient with a healthcare provider	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
158.	Kim, H.[158]	2007	USA	cross-sectional	To reexamine the psychometric characteristics of geriatric care environment scale (GCES)	Geriatric Care Environment Scale (GCES)	healthcare providers		secondary care, specialist care, community, home-based care	9400	9400	39.8	0.109	not applicable	
159.	King[159]	1996	Canada	cross-sectional	To develop an instrument to assess parent's experiences and perceptions of specific behaviors of health care professionals	Measure of Processes of Care (MPOC)	informal caregivers		specialist care, home-based care, other children rehabilitation centers	749	653	participants age not reported	0.178	healthy	
160.	King[160]	2004	Canada	cross-sectional	Development of a shorter and improved version of the 56-item Measure of Processes of Care (MPOC) to create MPOC–20 (with new scaling)	Measure of Processes of Care (MPOC)	informal caregivers	parents of children with chronic health conditions	public, specialist care, other children's rehabilitation centers	Phase 1: Pilot and development of MPOC-20 = 653 parents; Phase 2: Improving MPOC-20 = 641 parents	Phase 2: Improving MPOC-20 = 494	30-49 years (87.1%)	0.136	(with disease) parents of children with chronic health conditions	
161.	King, M.[161]	2008	UK	prospective cohort	To (1) use qualitative research to understand how patients and people close to them experience continuity of care (2) apply key concepts arising from the qualitative data to develop a measure of continuity and (3) evaluate if patient experience link to health outcome	Measure of Experienced Continuity of Care (MECC)	patients		specialist care	199	199	61.8 years old	0.317	(with disease)	
162.	Klassen, A. F.[162]	2009	Canada	cross-sectional	To assess the psychometric properties of MPOC-20 in pediatric setting	Measure of Processes of Care (MPOC)	informal caregivers		secondary care, specialist care	412	411	38.2 for female and 41.9 for males	0.123	(with disease) children with cancers; parents are assumed to be healthy but children are with cancers	
163.	Korner, M.[163]	2013	Germany	cross-sectional	To develop and psychometrically test a brief instrument (short scale) for measuring internal participation in inter-professional health care setting from a patient and staff perspective	Internal Participation Scale (IPS)	patients		community, other rehabilitation centers	662	536	52.7 years old	0.623	(with disease) Mental health (34%), orthopedics (23.7%), oncology (13.1%), neurology (9%), cardiology (3.7%), other somatic illnesses (15.1%)	tested tool on 2 different samples (staff and patient)
							healthcare providers		community, other rehabilitation centers	275	272	median =36-45 years old	0.603	healthy	
164.	Kowalyk, K. M.[164]	2004	Canada	prospective cohort	To assess continuity of care from patient's perspectives	Heart Continuity of Care Questionnaire (HCCQ)	patients		secondary care	200	83	74	57	(with disease)	
165.	Krupat [165]	2006	USA	cross-sectional	To present preliminary evidence for the reliability and validity of the Four Habits Coding Scheme (4HCS), an instrument based on a teaching model used widely throughout Kaiser Permanente to improve clinicians' communication skills.	Four Habits Coding Scheme (4HCS)	others: health professions students	health profession students	secondary care	100 videotapes of physician- patient visit	100	not reported	not reported	not applicable	
166.	Lee [166]	2009	South Korea	case-control	To develop a tool for assessing the performance of primary care services in South Korea from the patient's perspective and to test the validity of the tool under the conceptual framework of the recently developed definition of primary care in Korea	Primary Care Assessment Tool (PCAT)	patients and informal caregivers		primary care	734	722	average =50.2 years	0.386	(with disease) not specified	
167.	Leisen [167]	2001	USA	case-control	To develop a comprehensive, bi-dimensional trust scale specific to patient physician relationships	Unnamed 31	patients		public	241	214	mean age =45.6 years old	0.341	not reported	
168.	Lerman [168]	1990	USA	case-control	To elucidate patients' perceptions of physician-patient interactions and to evaluate the relationship of these perceptions to pertinent illness beliefs and attitudes	Perceptions of Involvement in Care Scale	patients		primary care	81	81	mean age= 38.6 years old	0.28	(with disease) presented with new symptoms or an exacerbation of previous symptoms	
169.	Little [169]	2001	UK	cross-sectional	To measure patients' perceptions of patient centeredness and the relation of these perceptions to outcomes	Unnamed 33	patients		primary care	661	661	73% aged 18-64 years old	0.34	not reported	
170.	Lukas, C. V.[170]	2002	USA	cross-sectional	To measure system integration in 2 ways by presenting empirically confirmed dimensions of system integration by providing a tool designed for ongoing use for managers	Unnamed 7	healthcare providers		primary care, secondary care, specialist care, community, home-based care, nursing home	1042	1042	not reported	not reported	healthy	
171.	Lyratzopoulos, G.[171]	2011	USA	cross-sectional	To inform the design, administration and public reporting of patient experience surveys and more generally of any survey of quality indicators measured at patient but reported at organizational level, whether carried out in primary, secondary or specialist care settings	General Practice Patient Survey	patients		primary care	2163456	2163456	not reported	not reported	(with disease)	
172.	Macinko[172]	2007	Brazil	case-control	To present data on the validation of this methodology and to provide an illustration of how managers and health care providers might use these methods to improve decision-making in the context of a continuously evolving health system.	Primary Care Assessment Tool (PCAT)	patients		primary care	468	466	mean age=39.68	0.18	(with disease) seeing primary care	
173.	Mack [173]	2009	USA	cross-sectional	To develop and validate a measure of therapeutic alliance between patients with advanced cancer and their physicians and to evaluate the effects of therapeutic alliance on EOL experiences	The Human Connection Scale	patients		specialist care, other palliative care service	217	217	mean age: 62.1 years old	0.47	(with disease)	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
					and care										
174.	Martin [174]	2001	USA	cross-sectional	To develop and validate the Facilitation of Patient involvement Scale	Facilitation of Patient Involvement Scale (FPI)	patients		public	338	338	mean age= 44 years old	0.44	not reported	tested the same tool on different samples
							others: school faculty, staff	members of the faculty and staff in southern California school district	public	333	333	mean=42 years	0.249	not reported	
							patients		public	44	44	mean age= 23 years	0.364	not reported	
							patients		public	84	84	mean age=48 years	0.32	not reported	
175.	Masters, S.[175]	2010	Australia	prospective cohort	To develop a measure of patient experience that could be used as part of the quality assurance processes for transition care	Unnamed 8	patients or patients (proxy)	patients and proxy	community, home-based care, nursing home	635	582	81.6 (7.9)	not reported	(with disease)	
176.	McConachie [176]	2003	UK	cross-sectional	To examine the usefulness of the MPOC for the evaluation of services for children with disabilities and their families	Measure of Processes of Care (MPOC)	informal caregivers		public	41	41	not reported	not reported	not applicable parents of pediatric patients	tested the same tool on different samples
									public	72	72	not reported	not reported	not applicable parents of pediatric patients	
									public	127	127	not reported	not reported	not applicable parents of pediatric patients	
									public	24	24	not reported	not reported	not applicable parents of pediatric patients	
									public	231	231	not reported	not reported	not applicable parents of pediatric patients	
177.	McGovern, M. P.[177]	2012	USA	cross-sectional	To assess the development and feasibility of DDCHCS to assess the level in which a care organization offers integrated behavioral health care services within the traditional medical settings	Dual Diagnosis Capability in Healthcare Settings (DDCHCS)	others: organization level assessment	DDCHC assessment teams, assessment was conducted at the organizational level	primary care, community	13	13	NA	NA	not applicable	
178.	McGuiness, C.[178]	2003	Australia	cross-sectional	To describe the development and initial validation of the self-administered client perceptions of coordination questionnaire	Client Perception of Coordination Questionnaire (CPCQ)	patients		primary care	1271 (coordinated care trial), n= 126 (GP validation study)	1271 (coordinated care trial), n= 126 (GP validation study)	60.5 years (CCT) and 54.6 years (GPA)	43 % (CCT), 34% (GPA)	(with disease) average of 5.6 conditions	
179.	McGuire-Snieckus [179]	2007	Sweden	cross-sectional	To Assess the Therapeutic Relationship in community mental health care (STAR)	Scale To Assess Therapeutic Relationships in Community Mental Health Care (STAR)	patients		specialist care	266	266	mean age=42.4 years old	0.61	(with disease) mental illnesses	tested the same tool on different samples
							healthcare providers	community psychiatric nurses (68%), social workers (17%), occupational therapists (8%), psychologists (3%) and psychiatrists (1%)	specialist care	120	120	45.8 years	0.37	not applicable	
180.	McLaughlin, S. E.[180]	2008	USA	cross-sectional	1. To characterize recent transition practices at us cystic fibrosis programs to identify areas for improvement and to serve as a model for other diseases 2. to develop and validate a survey for formal assessment of transition practices	Unnamed 12	healthcare providers	center directors, nurse coordinators, care directors, nurses, nutritionists, respiratory therapists, clinicians and social workers	specialist care, other cystic fibrosis care clinic	448	445	not reported	not reported	healthy	
181.	Mead [181]	2008	UK	cross-sectional	To describe the development of the GPAQ (with post-consultation and postal versions) and presents a preliminary examination of the psychometric properties of the questionnaire	General Practice Assessment Questionnaire (GPAQ)	patients		primary care	Sample 1: 190,038	119467	mean age=50.3	0.353	(with disease) 51% with long term illness, disability or infirmity	tested the same tool on different samples
										Sample 2: 20,309	9807	mean 54.2 years	0.386	(with disease) 48.2% with long term illness, disability or infirmity	
182.	Mercer [182]	2004	UK	cross-sectional	To develop a consultation process measure based on a broad definition of empathy, which is meaningful to patients irrespective of their socio-economic background	Consultation and Relational Empathy (CARE) measure	patients		primary care	10	10	mean age= 44.8	0.5	not reported	
183.	Mercer [183]	2008	Scotland	cross-sectional	To evaluate the potential usefulness of the CARE Measure in secondary care in a single Hospital Trust in Scotland.	Consultation and Relational Empathy (CARE) measure	patients and informal caregivers	caregivers of children were included	secondary care	1015	1015	average age = 47 years old	0.284	(with disease) patients from general surgery, orthopedics, obstetrics & gynecologist, ENT, oral and maxilla-facial, urology, general medicine, pediatric medicine, psychiatry	
184.	Mercer [184]	2008	Scotland	prospective cohort	To investigate the relationships between general practitioners (GPs) empathy, patient enablement, and patient-assessed outcomes in primary care consultations in an area of high socio-economic deprivation in Scotland	Consultation and Relational Empathy (CARE) measure	patients		primary care	136	136	mean age 45.58 years old	0.36	(with disease)	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
185.	Mercer SW [185]	2008	UK	cross-sectional	To determine the relevance and reliability of the ten-item Consultation and Relational Empathy (CARE) Measure as a tool for measuring patients' views of anesthetists during preoperative assessment consultations.	Consultation and Relational Empathy (CARE) measure	patients		secondary care	1582	1582	average age=50 years old	0.4	(with disease) going through surgery	
186.	Mingote Adan, J.[186]	2009	Spain	cross-sectional	To adapt the questionnaire developed by van der Feltz-Cornelis et al to Spanish and to validate its use for the Spanish population	Patient-Doctor Relationship Questionnaire	patients		specialist care	188	188	mean age = 61 years old	0.503	(with disease)	
187.	Mirsu-Paun, A.[187]	2010	USA	cross-sectional	To examine the factor structure, reliability and construct validity of pilot T-CSHCI-provider form	Tucker Culturally Sensitive Healthcare Inventory (T-CSHCI)	healthcare providers	medical students	other medical school	217	216	mean age= 26 years old	0.47	healthy	
188.	Misdrahi[188]	2009	France	cross-sectional	To build a self-rating TR scale easy to use in clinical psychiatric practice, including the drug-taking aspects and the relationship with the clinician on a day-today basis.	4-point Ordinal Alliance Scale (4PAS)	patients		specialist care	92	84	mean age 37.4 years old	0.51	(with disease) patients with psychiatric illnesses	
189.	Moseley [189]	2006	USA	cross-sectional	To assess the performance of the Pediatric Trust in Physician Scale (Pedi-TiPS) that refers to a child's physician and is a modified version of the Trust in Physician Scale (TiPS), and to explore the association of trust to demographic variables	Pediatric Trust in Physician Scale (Pedi-TiPS)	informal caregivers		primary care	526	485	median age 31-40 years old	0.15	not applicable parents of children seeking treatment at a primary care setting	
190.	Mueller, C.[190]	2010	USA	cross-sectional	To (i) identify & validate distinct component of nursing practice models (NPMS) and (ii) develop instrument to describe NPM in LTC facilities	Nursing Practice Models Questionnaire	healthcare providers		community, nursing home, other long term care facilities	508	508	mean age= 39.5 (12.1)	0.176	healthy	
191.	Nagpal, K.[191]	2011	Multiple Countries	cross-sectional	To develop and assess the feasibility and validity of a postoperative handover assessment tool (PoHAT) for major general surgical procedures and gain a better understanding of Handover practices at 2 large European hospitals	Postoperative Handover Assessment Tool (PoHAT)	others	trained researchers	secondary care	100 (N=50 FROM EACH SITE)	N=100	The median age (IQR) of the patients at London and Basel sites was 64 years (48.8–71) and 63.5 years (58.8–75.5)	sex ratio of the patients at London and Basel sites was 5:3 AND 4:3 RESPECTIVELY	(with disease) patients undergoing major vascular and gastrointestinal surgical procedures	
192.	Ngorsuraches [192]	2008	Thailand	cross-sectional	To develop and validate a scale to measure patient trust in community pharmacists.	Patient trust in community pharmacists (TRUST-Ph)	patients		pharmacies	400	400	mean age 30.02	0.392	mixed possibly a mix of those with chronic and acute conditions	tested the same tool with different number of items on different samples (item reduction)
										400	400	mean age= 27.24	0.252	mixed possibly a mix of those with chronic and acute conditions	
193.	Nie, Y.[193]	2013	China	cross-sectional	To measure patient safety culture in china's hospitals and discuss some of the phenomena unique to china	Hospital Survey of Patient Safety Culture (HSOPSC)	healthcare providers	physicians and nurses	secondary care	1160	1160	not reported	not reported	not reported	
194.	Nijkamp [194]	2002	Netherlands	cross-sectional	To assess reliability and validity of the QUOTE-cataract, a questionnaire that measures the quality of care from the perspective of cataract patients.	Quality of Care Through the Patients' Eyes (QUOTE)	patients		secondary care	UHM, N=166, UHG N=130 and REH N=244	UHM, N=166, UHG N=130 and REH N=244	mean age, UHM 71.8 YEARS UHM, UHG 73.9, REH 71.9	0.6	(with disease) patients with cataract	
195.	Nilsson, A. [195]	2013	Sweden	cross-sectional	To translate POPAC to Swedish and evaluate its psychometric properties in a sample of acute hospital staff members in Sweden	Person-centered care of Older People with Cognitive Impairment in Acute Care (POPAC)	healthcare providers	staff in acute hospitals involved in patient -related work (assistant nurses, registered nurses and physicians)	secondary care	293	288	mean age = 38.7 years	0.27	not applicable worked about 9 years at the current ward	
196.	Nuno-Solinis, R.[196]	2013	Spain	cross-sectional	To describe the process of development and validation of a questionnaire that was produced in response to this need to evaluate inter-professional collaboration between different care levels.	Unnamed 14	healthcare providers	primary care nurses, 31% primary care doctors (GP or pediatrician), 18.5% hospital specialists and 6% hospital nurses	other three integrated healthcare organizations in the Basque health service ('Goierri-Alto Urola', 'Alto Deba' and 'Bajo Deba'); primary care specialists nurses and specialists	187	187	45 years old	0.23	not applicable	
197.	Omondi Aduda [197]	2014	Kenya	cross-sectional	To explore factors underlying SYMMACS service quality assessment tool (adopted from the WHO-VMMC quality toolkit) and determine service quality performance using composite quality index derived from the latent factors	Systematic Monitoring of Male Circumcision Scale-Up	patients and informal caregivers	direct observation	public, specialist care, other voluntary male medical circumcision sites	not reported	246 responses: 167 clinical providers were interviewed; 369 circumcisions observed	NA	NA	not applicable	
198.	O'Rourke[198]	2009	Canada	cross-sectional	To examine the structure of responses to the individualized care inventory (ICI)	Individualized Care Inventory	healthcare providers		other long term care facility	242	242	not reported	not reported	healthy	tested tool on different type of respondents
							informal caregivers		other long term care facility	326	326	not reported	not reported	healthy	
199.	Ouwens, M.[199]	2010	Netherlands	cross-sectional	To reported the first step in improving patient-centered cancer care in which a set of indicators to measure the patient centeredness of cancer care was systematically developed; indicators were tested for feasibility and psychometric properties	Unnamed 15	patients		secondary care, other hospitals	n=276 was included into the study but only 132 were sent to the patients, n=100 responded	100	66 years	0.66	(with disease) non-small cell lung cancer (NSCLC)	
200.	Parry, C.[200]	2008	USA	cross-sectional	To (1) explore the stability of the CTM-15 psychometric properties across diverse populations; (2) determine the predictive validity of the CTM-3 with respect to the CTM-15; and (3) determine whether the CTM-3 has discriminatory ability	Care Transition Measure (CTM)	patients		public, other Study participants were selected using a census-generated list of individuals identified as African American or Hispanic or living in a rural area who were hospitalized within the last 12 months and	225	223	67 years old	0.3	healthy	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
									are not residing in a long term care facility						
201.	Paulo de Almeida Tavares, J.[201]	2013	Portugal	cross-sectional	To translate and validate the geriatric care environment scale (GCES) in a population of Portuguese registered nurses (RNS) working in diverse hospitals	Geriatric Care Environment Scale (GCES)	healthcare providers	Registered nurses	secondary care, specialist care	1173	1068	34.1 years old	0.203	healthy	
202.	Pedro, J.[202]	2013	Portugal	cross-sectional	To (1) investigate the relationship between PCC and patients' intention about treatment compliance; (2) validate the Portuguese version of the PCQ-infertility in a group of patients undergoing diagnostic investigator / fertility treatments in Portugal	Patient-centered questionnaire (PCQ)	patients		specialist care	446	348	women age 33.12(3.62) and men's 34.78 (4.15)	0.239	(with disease) seeking fertility treatment	
203.	Petroz, U.[203]	2011	Canada	cross-sectional	To investigate the reliability and validity of the bipartite Individualized Care Scale (ICS- A, ICS-B) in a Canadian hip and knee arthroplasty population	Individualized Care Scale (ICS)	patients		secondary care	412	412	64.8 (11.06) years old	0.35	(with disease) patients undergoing total hip replacement and total knee replacement	
204.	Pett, M. A.[204]	2013	USA	cross-sectional	To examine the reliability and validity and to decrease the battery of items in the Pain Care Quality (PainCQ) Surveys	Pain Care Quality (PainCQ)	patients	cancer patients	secondary care	337	337	54	0.436	(with disease) Participants were oncology patients. the most common reasons for hospitalization were supportive care and management of complications (46.3 percent) and surgery (33.8 percent	tested the same tool with different number of items (item reduction)
205.	Pettersen [205]	2004	Norway	prospective cohort	To describe the development of the Patient Experiences Questionnaire (PEQ), and to evaluate reliability and validity of the summed rating scales constructed from items in the questionnaire	Patient Experiences Questionnaire (PEQ)	patients		secondary care	20890	19578	not reported	not reported	(with disease) patients discharged from internal medicine	
206.	Pezzolesi, C.[206]	2013	UK	cross-sectional	To develop and test a handover performance tool (HPT)	Handover Performance Tool (HPT)	healthcare providers	doctors from multidisciplinary groups; these doctors were tasked to rate the handover activities	secondary care, specialist care, other pediatric, OBGYNE wards of a UK district hospital	62	62 doctors assessed 20 clinical observations, good video, poor video	not reported	not reported	not applicable	
207.	Pinsof, W. M.[207]	2008	USA	prospective cohort	(1) to create shorter versions of the revised IPA scales; (2) to use confirmatory factor analysis (CFA) to test the factorial validity of the seven factor structure (Tasks, Goals, and Bonds, Self-therapist, Other-therapist, Group- therapist, and Within-system); (3) to link the items in the shortened scales to empirically supported factors from the factor analysis; and (4) to test whether those factors predict progress in individual, couple, and family therapy	Therapy Alliance Scale (40 items and 36 items)	patients	clients seeking help for couple	other university clinic	120	120	mean age = 34	not reported	(with disease) communication, intimacy, conflict, problem-solving and parenting	tested tool on different samples and with different number of items
								clients seeking help for family	other university clinic	67	170	mean age = 33	not reported	(with disease) parent-child communication, child behavior management and co-parenting	
								clients seeking help for individual	other university clinic	170	170	mean age = 33	0.34	(with disease) depression, anxiety, family relationship, work/school performance and social problems	
208.	Radwin [208]	2005	USA	cross-sectional	To develop and pilot test scales to measure desired health outcomes hypothesized to result from high-quality cancer nursing care: Fortitude Scale, Trust in Nurses Scale, Cancer Patient Optimism Scale, and Authentic Self-Representation Scale	Trust in Nurses Scale	patients		community	66	66	mean age 53.3 years old	0.23	(with disease) patients with cancer	
209.	Radwin [209]	2010	USA	cross-sectional	To report the continued psychometric evaluation of the Trust in Nurses Scale	Trust in Nurses Scale (5 items and 4 items)	patients		specialist care	187	187	mean age =58.4 years old	0.522	(with disease) patients with cancers	tested the tool with different number of items
210.	Radwin, L.[210]	2003	USA	cross-sectional	To develop and test the Oncology Patients' Perceptions Of The Quality Of Nursing Care Scale (OOPQNCS)	Oncology Patients' Perception of the Quality of Nursing Care	patients	patients with cancer	specialist care, other oncology hospitals	552	436	54.8 years old	0.333	(with disease) breast cancer 40%, melanoma 9%, lung 6% renal cell 4%, squamous cell 4%, prostate 3%, less than 3% other cancers such as ovarian and colon	
211.	Ramsay, J.[211]	2000	UK	prospective cohort	To describe the 5 domains of primary care	General Practice Assessment Survey (GPAS)	patients		primary care	7247	7247	not reported	0.372	(with disease) patients attending routine surgeries	
212.	Reid [212]	2007	Canada	cross-sectional	To present a multi-item reliable measurement instrument assessing family perceived involvement.	Family perceived involvement (F-INVOLVE)	informal caregivers		other long term care facility	68 family members	68	not reported	not reported	not applicable family members	
213.	Ridd [213]	2011	UK	prospective cohort	To describe the development of a new scale designed to specifically measure depth of the patient-doctor relationship in primary care from the patient's perspective	Patient-Doctor Depth of Relationship Scale	patients		primary care	541	490	mean age 52.6 years old	0.418	not reported	
214.	Rokstad, A. M.[214]	2012	Norway	cross-sectional	To investigate the psychometric properties of the translated version of the p-cat in a Norwegian sample	Person-centered Care Assessment Tool (P-CAT)	healthcare providers	care staff working with elderly people in municipalities from every part of Norway	community, other residential settings	1000	753	46 years old	0.02	healthy presumably	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
215.	Rolfe[215]	1993	UK	cross-sectional	To test the instrument for validity and reliability, and pilot on a large group of new Project 2000 students from several colleges and institutes of nursing; to produce a database for use m further studies	Patient-Centeredness Multi-Choice Questionnaire x (PMQX)	healthcare providers		public	97	97	not reported	not reported	healthy	
216.	Rose [216]	2004	USA	cross-sectional	To develop a scale to measure health care system distrust and to examine the scale's psychometric properties, including whether health care system distrust functioned as a unidimensional or multidimensional construct.	Health Care System Distrust Scale	others: general public	members of the public who are waiting outside of court	public	400	400	mean age = 41 years	0.38	not reported	
217.	Rose, D.[217]	2009	UK	cross-sectional	To develop user-generated measurement of continuity of care and to validate the instrument	Continuity of Care - User Measure (CONTINUUM)	patients		specialist care, other (not reported by presumably in tertiary psychiatric hospitals)	167	167	43 years old	0.56	(with disease) all had diagnosis of psychosis	
218.	Rosemann, T.[218]	2007	Germany	cross-sectional (75 people were invited to complete retest after 2 weeks)	To translate and culturally adapt the PACIC and to evaluate the appropriateness of the questionnaire in a large sample of osteoarthritis (OA) patients in primary care in Germany	Patient Assessment of Chronic Illness Care (PACIC)	patients	patients with oesteoarthritis	primary care	236	236	male 64.22, female 66.14	0.449	(with disease) patients with OA	
219.	Ryan, M. E.[219]	1995	USA	case-control	To assess patients satisfaction in inpatients units for the recently implemented care delivery	Picker Commonwealth Patient Centered Care Questionnaire	patients		specialist care	not reported	not reported	not reported	not reported	(with disease) orthopedic and pediatric ICU patients	
220.	Safran [220]	1998	USA	cross-sectional	To examine the data quality and measurement performance of the Primary Care Assessment Survey (PCAS), a patient-completed questionnaire that operationalizes formal definitions of primary care	Primary Care Assessment Survey (PCAS)	patients		primary care	7204	6094	mean age 48.6 years old	0.442	(with disease) 2/3 have at least 2 chronic condition	
221.	Safran [221]	2006	USA	cross-sectional	To test the feasibility and value of measuring patients' experiences with individual primary care physicians and their practices.	Ambulatory Care Experiences Survey	patients		primary care	12916	9625	mean age =47.2	0.33	(with disease) hypertension, angina, CHF, diabetes, asthma, arthritis, depression	
222.	Saloojee, G. M.[222]	2009	South Africa	cross-sectional (subsample of respondents were invited to take part in the retest)	To establish whether the measure of processes of care (MPOC) can be applied in a disadvantaged south African countries	Measure of Processes of Care (MPOC)	informal caregivers	caregivers of children aged 1-18 with cerebral palsy living in poorly resourced peri-urban, urban and/or rural areas who received rehabilitation therapy services at public hospital	secondary care, other public hospitals	263	263	37 years old (SD 9.7)	not reported	(with disease) care for children with cerebral palsy	
223.	Samele, C.[223]	2002	UK	cross-sectional	To examine patients' perceptions of their case management care and the factors that influenced those perceptions	Unnamed 16	patients	patients with severe psychosis	specialist care, other psychiatric hospitals	225	225	40 years	0.59	(with disease) major depression 3%, mania/bipolar disorder 5%, schizoaffective disorder 35%, schizophrenia 52%, unspecified/functional disorder 5%	
224.	Saturno [224]	2015	Spain	cross-sectional	To define a state-of-the-art evidence-based set of indicators for the management of cancer pain	Unnamed 39	patients and informal caregivers	observed cases Lot Quality Acceptance Sampling (LQAS) method and estimates of compliance	primary care, secondary care, specialist care hospital and primary care settings	NA	NA	NA	NA	not applicable	
225.	Schaefer, J. A.[225]	2004	USA	cross-sectional	To describe the development and psychometric properties of parallel program and individual level version of continuity of care practices survey (CCPS-P and CCPS-I)	Continuity of Care Practices Survey (CCPS-P and CCPS-I)	healthcare providers	SUD program staff of counselor/case managers reported of individual patients	specialist care, other substance use disorder treatment clinic	835 (patients)	835	patients -mean age = 47 (8) years	patients ;97%	(with disease) patients with substance use disorder	tested two versions on different samples
								director of the program	specialist care, other substance use disorder treatment clinic	129	129	NR	NR	healthy	
226.	Scholle, S. H.[226]	2012	USA	cross-sectional	To develop and evaluate survey questions that assess processes of care relevant to patient-centered medical homes (PCMHs)	Consumer Assessment of Health Plans Survey (CAHPS)	patients (proxy)		primary care	3129	3129	median = 44-55 years old years old	0.1	not applicable	tested the tool on different type of respondent
							patients		primary care	1790	1790	median = 55-64 years old	0.45	(with disease)	
227.	Schonwetter[227]	2012	Canada	cross-sectional	To examine the critical communication components that had been identified by the focus groups and had become the questions on the PCAI and SCAI.	Communication Assessment Instrument	patients		other dental hygiene clinic	410	410	NR	NR	(with disease) patients with dental problems	tested the tool on different type of respondent
							healthcare providers		other dental hygiene clinic	410	410	NR	NR	healthy	
228.	Schroder, A.[228]	2010	Sweden	cross-sectional	To test the psychometric properties and dimensionality of a new instrument (QPC) and to describe and compare quality of care among inpatients as measured by this instrument	Quality of Psychiatric Care	patients	inpatient admitted to general psychiatric ward	secondary care, other general psychiatric ward	320	265	43 years old	0.34	(with disease) anorexia nervosa (3%), bipolar (17%), depression 36% personality disorders 6%, abuse 5%, others 8 % missing data 22%	0
229.	Seid [229]	2001	USA	cross-sectional	To develop a brief parent report of their children's primary care, the Parent's Perceptions of Primary Care measure (P3C), and to test its reliability and validity as a measure of pediatric primary care quality	Parent's Perceptions of Primary Care measure (P3C)	informal caregivers		primary care	3371	3371	not reported	0.492	(with disease) 10.8% had chronic health condition	
230.	Seys, D.[230]	2013	Multiple Countries	cross-sectional	To evaluate the psychometric properties of CPSET and calculate cutoff scores for the subscales and overall score	Care Process Self Evaluation Tool (CPSET)	healthcare providers		secondary care, specialist care	3378	3139	40 years old and older	0.2647	healthy	
231.	Shadmi [231]	2009	Israel	cross-sectional	To assess the validity and reliability of the Hebrew and Arabic translations of the complete and shortened versions of the Care Transition Measure (CTM)—a	Care Transition Measure (CTM) – Hebrew and Arabic (complete and	patients		specialist care	Hebrew; n=217	213	mean age = 61.1	0.478	(with disease) patients with cancer	tested long and short versions of the tool in 2 different

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
					measure of patients' experience of the transition between hospital and community care.	shortened)									languages
										Arabic; n=101	101	mean age = 52	0.419	(with disease) patients with cancer	
232.	Shea [232]	2008	USA	cross-sectional	To revise our prior scale to develop a multidimensional instrument to assess Health Care System Distrust	Revised Health Care System Distrust Scale	patients		primary care	264	255	mean age = 47.8	0.267	(with disease) admitted to the emergency units	
233.	Shelef [233]	2008	Israel	cross-sectional	To develop, examine the reliability of, and validate a five-item version of the VTAS-R	Vanderbilt Therapeutic Alliance Scale (VTAS-R)	patients		specialist care	86	86	mean age 16 years	0.85	(with disease) DSM-IV diagnosis of either substance abuse or dependency based on self-report only	tested tool on different type or respondents
							informal caregivers		specialist care	86	86	not reported	not reported	healthy	
234.	Shelton [234]	2010	USA	RCT	To investigate the psychometric properties of the Group-Based Medical Mistrust Scale (GBMMS) in a Black male sample	Race-based Medical Mistrust	others: general public	members of the public	public	300	210	mean age 49.8%	1	not reported	
235.	Shi [235]	2001	USA	cross-sectional	To validate consumer/client Primary Care Assessment Tool Adult Edition (PCAT-AE)	Primary Care Assessment Tool (PCAT)	patients		primary care	823	823	not reported	not reported	(with disease)	
236.	Shields [236]	2005	USA	cross-sectional	To develop a reliable and valid objective measure of patient physician collaborative decision making, the Rochester Participatory Decision-Making Scale (RPAD)	Rochester Participatory Decision-Making Scale (RPAD)	others: independent raters		primary care	100 physicians -193 useable recordings	100 physicians - 193 useable recordings	not reported	not reported	not reported	
237.	Shields, L.[237]	2004	Australia	cross-sectional	To develop and trial a tool to compare parents' and staff's perceptions of family centered care in various health care setting	Unnamed 17	others: informal caregivers and staff	informal caregivers and staff	primary care, secondary care, community, other long term care	100 (n=50 parents and n=50 staff)	100	parents : 31-40 years old (52%), 25-30 (24%), staff 25-40 (40%), 4% older than 55, 10% younger	staff: 8%, parent: 14%	not applicable	
238.	Sidani, S.[238]	2008	Canada	cross-sectional	To determine the extent to which acute care nurse practitioners (ACNPs) provide patient centered care (PCC) and to explore the effects of PCC on patients' functional status, self-care ability and satisfaction with care	Unnamed 18; Unnamed 19	patients	patients admitted into the acute care hospitals and assigned to the care of ACNPs	secondary care	320	320	mean age = 61 (11.8)	0.665	(with disease) admitted to surgical units 77%, went through cardiovascular surgery 47%, vascular surgery 14%, orthopedic surgery 11%, neurosurgery 4% , 23% admitted to medical units for cancer, cardiac, and neurological conditions	tested 2 different tools that measure different constructs on the same sample
239.	Siebes [239]	2007	Netherlands	cross-sectional	To assess the reliability and validity of the 20- item version of the Dutch Measure of Processes of Care (MPOC)	Measure of Processes of Care (MPOC)	informal caregivers		other pediatric rehabilitation center	427	427	not reported	0.052	healthy	
240.	Singer, S. J.[240]	2013	USA	cross-sectional	To develop and pilot a new instrument to measure integration of patient care from patients' perspectives	Patient Perceptions of Integrated Care Survey	patients	patients with multiple chronic conditions	primary care	527	527	more than 1/3 were 55 years or older	0.34	(with disease) with multiple chronic conditions	
241.	Sixma [241]	2000	Netherlands	cross-sectional	To describe the development process and psychometric characteristics of QUOTE elderly	Quality of Care Through the Patients' Eyes (QUOTE)	patients		primary care	338	320	mean age =78 years	0.332	(with disease) heart failure 21%, hypertension 27%, arthroses 45%, rheumatoid arthritis 17%, cancer 12%	
242.	Sjogren, K.[242]	2012	Sweden	cross-sectional	To evaluate the psychometric qualities of the p-cat in the Swedish context	Person-centered Care Assessment Tool (P-CAT)	healthcare providers	staff at residential unit for older people	home-based care, other (residential care units for older people)	1527	1465	average age 45.5 years old	0.059	not applicable	0
243.	Skolasky, R. L.[243]	2011	USA	cross-sectional	To determine the pscyhometric properties and construct validity of the PAM in an older multi-morbid population	Patient Activation Measure (PAM)	patients		primary care	904	855	average age 77.3 years old	0.46	(with disease) with an average of 4 conditions each	
244.	Smith [244]	2006	USA	RCT	To evaluate the psychometric properties of a modified version of the Perceived Involvement in Care Scale (M-PICS)	Perceived Involvement in Care Scale	patients		specialist care	89	87	mean age =50.9 years old	0	(with disease) women with breast cancer	
245.	Solomon [245]	2005	USA	cross-sectional	To develop a version of the Consumer Assessment of Health Plans Study (CAHPS) survey for use with medical groups (G-CAHPS) and assess its reliability and validity	Consumer Assessment of Health Plans Survey (CAHPS)	patients		primary care	n=896 (50%) 3 cities	n=896 (3 cities) and	patients > 18 years	NR	not reported	tested the tool with different number of items (item reduction) on different samples
										n=880	n=880	patients seen at the medical groups	NR	not reported	
246.	Steine [246]	2001	Norway	cross-sectional	To develop a new consultation specific questionnaire on patient experiences	Patient Experiences Questionnaire (PEQ)	patients		primary care	1092	1092	mean age =47 years old	0.33	(with disease)	
247.	Steinhauser, K. E.[247]	2014	USA	cross-sectional	To validate a measure of Quality Of Family Experience in QUAL-E(FAM) in palliative care	Quality of Family Experience (QUAL-E FAM)	informal caregivers	family members of terminally ill patients admitted to general medicine service	secondary care	250	244	not reported	0.168	not applicable presumably healthy	
248.	Stewart, A. L.[248]	2007	USA	cross-sectional	To create a patient-reported, multidimensional physician/patient interpersonal processes of care (IPC) instrument appropriate for patients from diverse racial/ ethnic groups that allows reliable, valid, and unbiased comparisons across these groups	Patient-reported Interpersonal Processes of Care	patients	adult patients with at least one visit in the prior 12 months sampled from a patient database of adult general medicine practices at an academic health center	secondary care, other teaching hospital	1664 - African American 435, Latino English 428 Latino Spanish 383 non-Latino white 418	1664	mean =51 (18) years old (tot sample). African American 50(16), Latino English 43 (16), Latino Spanish 62 (17), non-Latino white 49 (17)	29% , African American 24%, Latino English 29 %, Latino Spanish 26%, non-Latino white 37%	(with disease) 63% had health condition needing ongoing care	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
249.	Stiles [249]	2002	UK	cross-sectional	To assess convergent validity for multiple dimensions of the alliance as measured by the ARM and the WAI within and between the perspectives of client, therapist, and observer at dyad and session levels; particularly interested in assessing convergence for the ARM scales; to assess the convergence of the ARM, which is a newer measure, with the more widely used WAI	Agnew Relationship Measure and the Working Alliance Inventory	patients and healthcare providers	clients and therapists	primary care, other data drawn from two previously reported comparative clinical trials of brief therapy for depression, a collaborative psychotherapy project (CPP) carried out in three outpatient facilities of the National Health Service (NHS) of the United Kingdom and the Second Sheffield Psychotherapy Project (SPP2), conducted in a university-based research clinic in the United Kingdom	Clients = 18; Therapists=4	unit of analysis was number of sessions, n=198; CPP clients n= 18 and CPP therapists = 18 (for dyad level analysis)	39 years (client)	38% of 18	(with disease) mental disorder	tested two measures of alliance on two different samples
							patients and healthcare providers; with observers	clients and therapists and observers		Clients = 39; Therapists=5	unit of analysis was dyad, SPP2 observers n = 39; SPP2 sessions = 78	41 years (client)	36% of 18	(with disease) mental disorder	
250.	Straten, G. F.[250]	2002	Netherlands	cross-sectional	To develop a valid and reliable instrument to measure different dimensions of public trust in healthcare in Netherlands	Unnamed 20	others: members of the consumer panel	members of the consumer panel	public	1094	1094	young people were slightly under-represented	like the general Dutch population	not reported	
251.	Stubbe [251]	2007	Netherlands	cross-sectional	To evaluate the construct validity and internal consistency reliability of this new instrument and to assess its ability to measure differences in quality of care between hospitals.	Dutch Consumer Quality Index Hip Knee Questionnaire (CQI) Hip Knee	patients		secondary care	Sample 1: N=5,436	4635	18-74 years old 49.3%, 75+ 50.7%	0.378	(with disease) patients going through cataract surgery	
252.	Stubbe [252]	2007	Netherlands	cross-sectional	To evaluate the psychometric properties of the CQI Cataract assessing patients' experiences with quality of care after a cataract surgery and stratify across hospitals	Consumer Quality Index (CQI) - Cataract	patients		secondary care	Sample 2: N=1,929	1675	18-64 years old 29.4%, 65+: 70.6%	0.279	(with disease) patients who have undergone hip/knee surgery	
253.	Suhonen [253]	2010	Finland	cross-sectional	To describe the translation and adaptation process of the Individualized Care Scale (ICS) and examine its reliability and validity in a cross-cultural study	Individualized Care Scale (ICS)	patients		secondary care	425	425	mean age=57	0.38	(with disease) patients from orthopedic and trauma unit	tested different language versions of the tool on different samples
			Greece							315	315	mean age=46.3	0.54	(with disease) patients from orthopedic and trauma unit	
			Sweden							218	218	mean age =65.5	0.44	(with disease) patients from orthopedic and trauma unit	
			UK							135	135	mean age 56.4 years old	0.36	(with disease) patients from orthopedic and trauma unit	
			USA							33	38	mean age 51.2 years old	0.7	(with disease) patients from orthopedic and trauma unit	
254.	Suhonen, R.[254]	2000	Finland	cross-sectional	To describe the development of individualized care scale (ICS) and evaluate its validity psychometric properties and feasibility	Individualized Care Scale (ICS)	patients	adult patients discharged from one Finnish general hospital between June 26 and September 30 1996	secondary care, other acute hospital	209	203	51 (18.5)years old	0.42	(with disease)	
255.	Suhonen, R.[255]	2010	Finland	cross-sectional	To report the development process of the individualized care scale – nurse (ICS-Nurse) and to ensure its validity and reliability.	Individualized Care Scale (ICS)	healthcare providers	nurses from university, regional , psychiatric hospitals and health centers) working in inpatient wards	primary care, secondary care, specialist care, other health centers, university hospital, regional psychiatric hospitals	544	546?	mean age= 40.7 (11.1)	0.09	not applicable	
256.	Sullivan, J. L.[256]	2013	USA	cross-sectional	To test and revise a staff assessment of person-centered care (PCC) within the Veterans Health Administration (VA) Community Living Center (CLC) setting.	Better Jobs Better Care PCC instrument	healthcare providers	nurses, nursing assistants, recreation therapist, dietitians, chaplains, social workers, medical providers	community, nursing home (community living centers)	344	265	NR	NR	not applicable	
257.	Sulmasy [257]	2002	USA	cross-sectional	To adapt and evaluate the psychometric characteristics of Quality of End of life care and satisfaction with treatment Scale (QUEST)	Quality of End-of-life care and Satisfaction with Treatment (QUEST)	patients and informal caregivers		secondary care	206	206	mean age =71.4	0.381	(with disease) malignancy 29.5%, HIV 12%, cardiopulmonary 30%, other 28.5%	
258.	Sweeney, A.[258]	2012	UK	cross-sectional	To explore a new construct of service user defined continuity of care and its relationship to a range of health and social outcomes	Continuity of Care - User Measure (CONTINUUM)	patients	patients with psychosis	community	180	167	mean 43.6 (10.8) median: 44 years old	0.557	(with disease) with psychosis	
259.	Tang, H. N.[259]	2012	Singapore	cross-sectional	The primary purpose of this study was to report on an evaluation of the perceptions and beliefs of service providers towards family-centered practices in 11 early intervention programs for infants and young children in Singapore.	Measure of Processes of Care (MPOC)	healthcare providers	teachers, therapists, psychologist and social workers	community, other EIPIC is a government funded projects through the community based centers in partnership with NGOs	213	213	20-30: 44%, 31-40: 33%, 41-50:20%, 51 and above:3%	0.1	not applicable	0
260.	Tarrant [260]	2009	UK	cross-sectional	To develop a robust and acceptable measure suitable for use in routine practice and research	Prostate Care Questionnaire for Patients (PCQ-P)	patients		secondary care	865	865	<54 years old 2.1%, 55-64 years old 24.9%, 65-74 years 40.5%, 75+ years old 30.3%	1	(with disease) patients with prostate cancer	
261.	Taylor, C.[261]	2012	UK	cross-sectional	To develop and test the acceptability, feasibility and psychometric properties of a team assessment questionnaire, underpinned by the ‘‘Characteristics of an effective MDT’’ and intended as a stimulus to team self-assessment and improvement	Team Evaluation and Assessment Measure (TEAM)	healthcare providers	team members of cancer multidisciplinary care teams	specialist care, other cancer care under the NHS trust	637	637	not reported	not reported	not applicable	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
262.	Temkin-Greener [262]	2004	USA	cross-sectional	To assess the reliability and validity of a survey instrument for assessing interdisciplinary team performance in long term care settings and to measure team performance in the Program Of All Inclusive Care For Elderly (PACE)	Unnamed 32	healthcare providers		community	1220	1220	mean age = 41.58	0.12	healthy	
263.	Thom [263]	1999	USA	prospective cohort	To further validate and assess the reliability and validity of the Trust in Physician Scale	Trust in Physicians Scale	patients		primary care	414	414	mean age =47.3	0.38	(with disease)	
264.	Thom [264]	2011	USA	cross-sectional	To develop and validate a measure of physician trust in the patient	Unnamed 34	patients		primary care	168	168	not reported	0.66	(with disease) adult HIV carriers	
265.	Thompson [265]	2004	USA	cross-sectional	To address the dearth of empirical work on medical mistrust by validating a new measure, the Group-Based Medical Mistrust Scale (GBMMS), and investigating its association with attitudes toward cancer screening and breast cancer screening practices	Group-Based Medical Mistrust Scale (GBMMS)	patients		public, community, social services	168	168	>=41 years old :	0.72	not reported	
266.	Tobon, J. I.[266]	2013	Canada	cross-sectional	To develop a measure of continuity of care for child mental health	Continuity of Care in Children's Mental Health (C3MH)	informal caregivers	parents of children with mental illness whom had at least 3 face to face visits in the previous year	community, other mental health agencies in Ontario	364	364	mean age = 43 years old (SD 8)	0.082	not applicable	tested the tool on different type of respondents
							patients	youth receiving care from the mental health agencies	community, other (mental health agencies in Ontario)	57	57	mean age = 15.71 (1.09)	0.246	(with disease) Internalizing 67.90 (13.16), externalizing 62.44 (9.85), total problem 67.51 (10.89). functional impairment 67.93 (13.45)	
267.	Tomes [267]	1995	UK	cross-sectional	To develop a service quality measurement scale for use in the NHS hospital context	Service Quality Questionnaire	patients		secondary care	132	132	not reported	not reported	(with disease) in-patients	
268.	Triemstra [268]	2010	Netherlands	cross-sectional; prospective cohort (subsample tested twice)	To describe the development, testing and optimization of a new standard instrument, the Consumer Quality Index (CQ-index) Long-term Care, for measuring client experiences with long-term care in the Netherlands	Consumer Quality Index (CQI)	patients		nursing home	2386	2386	mean age =82.8 years old	0.266	(with disease) patients admitted into long term care	tested the same tool on different samples
									home-based care	2575	2575	mean age =90.2 years old	0.224	(with disease) patients admitted into long term care	
									home-based care	2599	2599	mean age =76.7 years old	0.207	(with disease) patients admitted into long term care	
269.	Tucker, C. M.[269]	2007	USA	cross-sectional	To develop and test the reliability of 3 race specific forms of pilot Tucker-Culturally Sensitive Health Care Inventory (T-CUSHCI) for use by patients at community based primary care centers	Tucker Culturally Sensitive Healthcare Inventory (T-CSHCI): T-CUSHCI African American; T-CUSHCI-non-Hispanic White American	patients	primary care patients	primary care	Sample 1; N=88	88	range 28-85 years old	20-34	(with disease)	tested different versions in the same study
										Sample 1; N=91	91	range= 25-89	not reported	(with disease) primary care patient	
270.	Uijen, A. A.[270]	2011	Netherlands	cross-sectional	To develop and pilot test a generic questionnaire to measure continuity of care from the patient's perspective across primary and secondary care settings	Nijmegen Continuity Questionnaire (NCQ)	patients	patients with one or more chronic conditions	primary care	288	288	mean age= 64.6 years	0.462	(with disease) DM 36.8%, asthma/COPD 20.1%, MCI 5.9%, hypertension 42.7%, mental disorder 3.1%, malignancy 4.5%, muscle disorders 11.5%, others 28.8%	
271.	Uijen, A. A.[271]	2012	Netherlands	cross-sectional (subsample invited for retest)	To further examine the validity, discriminative ability, and reliability of the NCQ	Nijmegen Continuity Questionnaire (NCQ)	patients	patients with chronic conditions	primary care, specialist care	268 (145 from GP and 123 from specialists)	268	mean age : GP 66, specialist 57.7 years old	GP 46%, specialist 51%	(with disease) GP; DM 36%, asthma/COPD 19%, MCI 10%, CVA/TIA 5%, hypertension 63%, mental disorder 3%, malignancy 8%, disorder of muscle, bones and joints 21%, other 16.	
272.	Uyei, J.[272]	2014	South Africa	cross-sectional	To describe the development and results of a survey instrument that was designed to measure the degree to which TB and HIV services were jointly organized and delivered at clinics in Cape Town	Unnamed 21	healthcare providers	clinicians (doctors and nurses)	public, other public clinics	77 (68.8% nurses and 31.2% doctors)	77	not reported	not reported	not applicable	
273.	Valentine, N. B.[273]	2007	Multiple Countries	cross-sectional	To evaluate psychometric properties of questions on health system responsiveness developed by WHO to describe non-clinical and nonfinancial aspects of quality of health care	Multi-country Survey Study Responsiveness Questionnaire	patients	inpatients and outpatients from hospitals in 41 countries	secondary care, other outpatient and inpatient	n=50,876 ambulatory and 7,964 inpatients	n=50,876 ambulatory and 7,964 inpatients	mean age = 45 (developed countries) and 40 years old in less developed countries	48% (more developed), 41% (less developed countries)	(with disease)	
274.	van Campen [274]	1998	Netherlands	cross-sectional	To develop an instrument that would (1) produce more specific data on health care services; (2) produce data that are related to the needs and expectations of individual clients; (3) contain items that had been formulated in collaboration with patients; (4) measure quality of health care services from the perspective of customers; (5) produce data on generic items and on disease-specific items of health care services (compared with existing patient satisfaction tools)	Quality of Care Through the Patients' Eyes (QUOTE)	patients	rheumatic patients	primary care, secondary care, specialist care, other GPs and Dutch association of Rheumatic diseases	not reported	425	62 years	0.22	(with disease) rheumatic diseases: rheumatoid arthritis, ankylosing spondylitis, indicators, which were included in the first version of osteoporosis, peripheral osteoarthritis or low back the instrument	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
275.	Van den Broeck, U.[275]	2012	Belgium	cross-sectional	To describe the development process, psychometric characteristics and evaluation of a questionnaire to evaluate infertility management	Unnamed 22	patients	patients who completed infertility diagnosis and at least one embryo transfer as a result of an assisted reproduction treatment or one intrauterine insemination (IUI) were eligible	specialist care, other infertility clinic	109 (men 42, women 67)	109	mean 35.6 (6), women 32.37 (4.3)	0.385	(with disease) infertile	
276.	van der Eijk [276]	2001	Multiple Countries	cross-sectional (with test-retest assessment)	To develop a questionnaire to measure quality of care through the eyes of patients with inflammatory bowel disease	Quality of Care Through the Patients' Eyes (QUOTE)	patients	validation of the questionnaire were conducted in The Netherlands and involved only Dutch patients	secondary care, specialist care, other validation of the questionnaire was conducted in The Netherlands and involved only Dutch patients	231	162	45-48 years median	approximatel y 39%	(with disease) IBD	
277.	van der Eijk, M.[277]	2012	Netherlands	cross-sectional	To build a valid questionnaire to assess the experience in PD care	Patient-centered questionnaire (PCQ)	patients	direct observers: Four independent observers (two faculty clinicians and two social scientists)	specialist care, other Dutch neurology clinic	895	875	mean age: 69(10) years	0.609	(with disease) has Parkinson's' disease	
278.	Van der Feltz-Cornelis [278]	2004	Netherlands	cross-sectional	To develop and validate a questionnaire that assesses the Patient-Doctor Relationship, the Patient-Doctor Relationship Questionnaire (PDRQ-9)	Patient-Doctor Relationship Questionnaire	patients		primary care, specialist care	255	165	41 years	0.36	(with disease) 55 patients recruited from Epilepsy clinic	
279.	van Empel, I. W.[279]	2010	Netherlands	cross-sectional	To develop and validate an instrument that can reliably measure patient-centeredness in fertility care: patient-centeredness questionnaire-infertility (PCQ-infertility).	Patient-centered questionnaire (PCQ)	patients	direct observers: Four independent observers (two faculty clinicians and two social scientists)	specialist care, other fertility clinics	888 (29/30 clinics participated)	888	median age- women 33 (20-45), partner 35 (21-61)	not reported	(with disease) infertile	
280.	van Weert, J. C.[280]	2009	Netherlands	cross-sectional	To develop the development and psychometric properties of QUOTE-CHEMO questionnaire	Quality of Care Through the Patients' Eyes (QUOTE)	patients	patients diagnosed with cancers	secondary care	345	345	average age =55.7 (11) years old	0.33	(with disease) breast cancer 47.2%	tested too using different response scales
281.	Vandamme [281]	1993	Belgium	cross-sectional	To report findings of applying SERVQUAL (a multiple item scale for measuring consumer perception of service quality) in the health care sector	SERVQUAL	patients	volunteer patients	primary care, secondary care	90	70	not reported	not reported	(with disease) in patients	0
282.	Vanhaecht, K.[282]	2007	Multiple Countries	cross-sectional	To develop and validate a Care Process Self Evaluation Tool (CPSET) that focuses on the actual organization of the care process, rather than on the documentation	Care Process Self Evaluation Tool (CPSET)	healthcare providers	medical doctor in charge, the head nurse, most involved allied health professional and clinical pathway facilitator	primary care, secondary care, other multidisciplinary team	528	511	NR	NR	not applicable	
283.	Ware, N. C.[283]	2003	USA	prospective cohort	To introduce a measure of continuity of care (CONNECT) developed for mental health services research. CONNECT addresses qualities of interpersonal interaction in service-user/practitioner relationships through 13 scales and one single-item indicator.	CONNECT	patients	patients with serious mental illnesses	specialist care, other (public mental health services)	400	400	range 18-71	63	(with disease) 62% reported schizophrenia	
284.	Wei, X.[284]	2008	China	cross-sectional	To develop and validate a questionnaire based on agency theory to measure continuity of care in a community based diabetes control program in Shanghai, China	Unnamed 23	patients	diabetic patients	primary care	156 (intervention) 182 (control) - 338	156 (intervention) 182 (control) - 338	mean (SD)= 67.84(9.65) intervention grp, 69.35(9.75) - control group	32.7 % (intervention), 31.9%	(with disease) patients with diabetes	
285.	Wener [285]	2011	Canada	cross-sectional	To develop communication skills instruments: one for patients to assess their dental and dental hygiene student clinicians' communication, referred to as the Patient Communication Assessment Instrument (PCAI); and one for student clinicians to self-assess their communication with patients, referred to as the Student Communication Assessment Instrument (SCAI)	Communication Assessment Instrument	healthcare providers and patients	dental student clinicians	other university	25 dental and dental hygiene students and their patients	not reported	not reported	not reported	not applicable	tested tool on different type of respondents
286.	Wenghofer, E. F.[286]	2006	Canada	cross-sectional	To develop and apply a ultidimensional concept of physician performance that recognizes that practice encompasses multiple areas/dimension of care and that individual physician are apt to perform better in some categories of care than others	CPSO Peer Assessment	healthcare providers	physician peer	primary care, other family physicians	n=532 data from GP-FP peer assessments	532	NR	NR	not applicable	
287.	Wensing [287]	2008	Netherlands	cross-sectional	To develop and test a Dutch version of the PACIC questionnaire, a measure for patient reported structured chronic care	Patient Assessment of Chronic Illness Care (PACIC)	patients	patients with diabetes or COPD	specialist care	230	165	68 years	0.53	(with disease) diabetes and COPD	
288.	White, D. L.[288]	2008	USA	cross-sectional	To empirically test items of a new measure designed to assess person-directed care (PDC) practices in long-term care	Person-directed Care (PDC)	healthcare providers	Direct Care Workers (DCWs), nurses, administrators, housekeeping, therapists, social services	community, home-based care, nursing home	467	423	not reported	not reported	not applicable	
289.	Wholey, D. R.[289]	2012	USA	cross-sectional	To develop and validate the teamwork in assertive community treatment (TACT) scale to examine the role of team processes in act performance	Assertive Community Treatment (TACT) Scale	healthcare providers	ACT team members	Other assertive community treatment supporting individuals with mental illness in situ and provide rehabilitation service to help consumer live in their communities and make progress towards recovery	n= 830 (wave 1=287, wave 2= 268and wave 3 =275)	n= 830 (wave 1=287, wave 2= 268and wave 3 =275)	NR	0.29	not applicable	
290.	Wilde [290]	1994	Sweden	cross-sectional	Assessment of perceived reality and evaluation of subjective importance (Likert scales)	Quality from Patient's Perspective	patients	patients with infectious diseases	specialist care	266	147	48% younger than 60 years	0.56	(with disease) infectious disease	tested tool on different type of respondent
								nursing students (as patients)	specialist care	103	not reported	27.6 years	0.07	not applicable	

	Author (300 articles)	Year	Country	Study design	Study objectives	Instrument*	Type of respondent	Sample population	Context and setting**	N, recruited	N, analyzed	Age	%Male	Health status	Remarks
291.	Wilkerson, L.[291]	2010	USA	cross-sectional	To compare the reliability, validity and feasibility of an embedded patient centered care scale with the use of a single culturally challenging case in measuring students' use of PCC behaviors as part of comprehensive OSCE examination	Embedded Patient-Centered Care Scale	others: medical students	medical students	other medical school	322	322	NR	NR	not applicable	
292.	Winning, T. A.[292]	2013	Multiple Countries	cross-sectional	To validate the scores related to the internal structure of the revised version of communication instruments in 2 dental clinical/education context	Communication Assessment Instrument	patients and healthcare providers	patients and dental school clinicians	other oral health educational facility	NR	1915	NR	NR	(with disease) with dental problems	
293.	Woodside [293]	2001	Canada	cross-sectional (with test-retest reliability testing in a subsample)	To present and discuss the development, measurement properties, performance, limitations, and potential utility of the MPOC–SP	Measure of Processes of Care (MPOC)	healthcare providers	health professionals working with children with chronic health problems	specialist care, other 10 publicly funded ambulatory rehabilitation centers that are members of the Ontario Association of Children's Rehabilitation Services, and from 6 Community Care Access Centers	not reported	324	not reported	not reported	not applicable	
294.	Wressle [294]	2008	Sweden	cross-sectional	To develop and test a questionnaire for telephone interviews aimed at assessing closely related persons' perception of the quality of geriatric rehabilitation and care, including information sharing, interaction and respect during the care period	Unnamed 35	informal caregivers	relatives of patients discharged from geriatric wards	specialist care, other geriatric care and rehabilitation	251	238	not reported	0.37	not applicable	
295.	Young [295]	2011	Australia	cross-sectional (with test-retest reliability sample)	To develop a questionnaire to measures patients' experience of cancer care coordination and to assess the psychometric properties of this instrument	Unnamed 36	patients	sample 1 - patients with a range of cancer types, treatment modalities and geographical location; sample 2 - patients with a newly diagnosed colorectal cancer who were participating in an ongoing randomized trial	public, specialist care, other patients who had been recently treated for a newly diagnosed cancer, including patients from metropolitan, regional and rural areas	not reported	686 patients completed the questionnaire (combined sample)	66.1 years	0.532	(with disease) cancer patients	
296.	Yun [296]	2006	South Korea	cross-sectional	To validate an instrument with which terminally ill patients could evaluate the quality of care they receive at the end of life	Quality Care Questionnaire–End of Life (QCQ–EOL)	patients		nursing home, other conventional care facilities and five hospices in Korea	290	235	56.6 years	0.523	(with disease) cancer patients	
297.	Zhang [297]	2009	Singapore	cross-sectional	To develop and validate a scale to measure patients' trust in pharmacists for use as an outcomes predictor in pharmaco-economic and pharmaceutical care studies	Unnamed 37	patients	English-speaking Singaporeans	public, community, other local neighborhoods and community centers	2965	1196	38.6 years	0.484	(with disease) 44% with chronic medical problems	
298.	Zineldin, M.[298]	2011	Kazakhstan	cross-sectional	To examine the major factors affecting the satisfaction in the quality of healthcare in Kazakhstan	Unnamed 24	patients	inpatients in the hospitals	secondary care	195	195	not reported	not reported	(with disease) not reported	
299.	Zwart, D. L.[299]	2011	Netherlands	cross-sectional	To adapt the Dutch translation of the Hospital Survey on Patient Safety Culture (HSOPS) of the Agency for Healthcare Research and Quality (AHRQ) for use in Dutch general practice, and to investigate the internal consistency and construct validity.	Systematic Culture Inquiry On Patient safety in primary care (SCOPE)	healthcare providers	GP, medical administrative assistant, practice nurse	primary care	331	294	GP: 47.2 % (<39 years), 32.6% (40-49), 20.4% (50 and older)	GP; 1.2%	not applicable	
300.	Zwier, G.[300]	2013	New Zealand	cross-sectional	To determine whether the NZ adaptation of the GPAQ is a valid and reliable indicator of the quality of care in GP in NZ	New Zealand General Practice Assessment Questionnaire	patients	patients at the GP	primary care	49.233	49, 233	not reported	not reported	(with disease)	

*Index instruments are the main instruments validated in the included studies; other instruments used as gold standard for criterion validity or comparators to test convergent/divergent validity are not presented in the summary

**Specific details are provided of available

References

1. Adams R, Price K, Tucker G, Nguyen AM, Wilson D. The doctor and the patient--how is a clinical encounter perceived? *Patient education and counseling.* Jan 2012;86(1):127-133.
2. Agnew-Davies R, Stiles WB, Hardy GE, Barkham M, Shapiro DA. Alliance structure assessed by the Agnew Relationship Measure (ARM). *The British journal of clinical psychology / the British Psychological Society.* May 1998;37 (Pt 2):155-172.
3. Ahgren B, Axelsson R. Evaluating integrated health care: a model for measurement. *International journal of integrated care.* 2005;5:e01; discussion e03, e09.
4. Ahgren B, Axelsson SB, Axelsson R. Evaluating intersectoral collaboration: a model for assessment by service users. *International journal of integrated care.* 2009;9:e03.
5. Alexander JA, Paustian M, Wise CG, et al. Assessment and measurement of patient-centered medical home implementation: the BCBSM experience. *Annals of family medicine.* May-Jun 2013;11 Suppl 1:S74-81.
6. Aller MB, Vargas I, Garcia-Subirats I, et al. A tool for assessing continuity of care across care levels: an extended psychometric validation of the CCAENA questionnaire. *International journal of integrated care.* 2013;13:e050.
7. Amoroso C, Proudfoot J, Bubner T, et al. Validation of an instrument to measure inter-organisational linkages in general practice. *International journal of integrated care.* 2007;7:e46.
8. Anderson LA, Dedrick RF. Development of the Trust in Physician scale: a measure to assess interpersonal trust in patient-physician relationships. *Psychological reports.* Dec 1990;67(3 Pt 2):1091-1100.
9. Aragones A, Schaefer EW, Stevens D, Gourevitch MN, Glasgow RE, Shah NR. Validation of the Spanish translation of the Patient Assessment of Chronic Illness Care (PACIC) survey. *Preventing chronic disease.* Oct 2008;5(4):A113.
10. Arah OA, ten Asbroek AH, Delnoij DM, et al. Psychometric properties of the Dutch version of the Hospital-level Consumer Assessment of Health Plans Survey instrument. *Health services research.* Feb 2006;41(1):284-301.
11. Babakus E, Mangold WG. Adapting the SERVQUAL scale to hospital services: an empirical investigation. *Health services research.* Feb 1992;26(6):767-786.
12. Bachinger SM, Kolk AM, Smets EM. Patients' trust in their physician--psychometric properties of the Dutch version of the "Wake Forest Physician Trust Scale". *Patient education and counseling.* Jul 2009;76(1):126-131.
13. Baggs JG. Development of an instrument to measure collaboration and satisfaction about care decisions. *Journal of advanced nursing.* Jul 1994;20(1):176-182.
14. Baker R, Preston C, Cheater F, Hearnshaw H. Measuring patients' attitudes to care across the primary/secondary interface: the development of the patient career diary. *Quality in health care : QHC.* Sep 1999;8(3):154-160.
15. Bakker FC, Persoon A, Schoon Y, Marcel G, Rikkert O. The carewell in hospital questionnaire: A measure of frail elderly inpatient experiences with individualized and integrated hospital care. *Journal of hospital medicine : an official publication of the Society of Hospital Medicine.* May 2014;9(5):324-329.
16. Bakshi AB, Wee SL, Tay C, et al. Validation of the care transition measure in multi-ethnic South-East Asia in Singapore. *BMC health services research.* 2012;12:256.
17. Bale R, Catty J, Watt H, Greenwood N, Burns T. Measures of the therapeutic relationship in severe psychotic illness: a comparison of two scales. *The International journal of social psychiatry.* May 2006;52(3):256-266.
18. Balstad A, Springer P. Quantifying case management workloads: Development of the PACE tool. *Lippincott's case management : managing the process of patient care.* Nov-Dec 2006;11(6):291-302; quiz 303-294.
19. Barkham M, Agnew RM, Culverwell A. The California Psychotherapy Alliance Scales: a pilot study of dimensions and elements. *The British journal of medical psychology.* Jun 1993;66 (Pt 2):157-165.
20. Barr PJ, Thompson R, Walsh T, Grande SW, Ozanne EM, Elwyn G. The psychometric properties of CollaboRATE: a fast and frugal patient-reported measure of the shared decision-making process. *Journal of medical Internet research.* 2014;16(1):e2.
21. Batterham R, Southern D, Appleby N, et al. Construction of a GP integration model. *Social science & medicine (1982).* Apr 2002;54(8):1225-1241.

22. Beaulieu MD, Haggerty JL, Beaulieu C, et al. Interpersonal communication from the patient perspective: comparison of primary healthcare evaluation instruments. *Healthcare policy = Politiques de sante.* Dec 2011;7(Spec Issue):108-123.
23. Beck SL, Towsley GL, Berry PH, Brant JM, Smith EM. Measuring the quality of care related to pain management: a multiple-method approach to instrument development. *Nursing research.* Mar-Apr 2010;59(2):85-92.
24. Beck SL, Towsley GL, Pett MA, et al. Initial Psychometric Properties of the Pain Care Quality Survey (PainCQ). *The journal of pain : official journal of the American Pain Society.* Dec 2010;11(12):1311-1319.
25. Beehler GP, Funderburk JS, Possemato K, Dollar KM. Psychometric assessment of the Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ). *Translational behavioral medicine.* Dec 2013;3(4):379-391.
26. Bentler SE, Morgan RO, Virnig BA, Wolinsky FD. Evaluation of a patient-reported continuity of care model for older adults. *Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation.* Feb 2014;23(1):185-193.
27. Berendsen AJ, Groenier KH, de Jong GM, et al. Assessment of patient's experiences across the interface between primary and secondary care: Consumer Quality Index Continuum of care. *Patient education and counseling.* Oct 2009;77(1):123-127.
28. Bergland A, Kirkevold M, Edvardsson D. Psychometric properties of the Norwegian Person-centred Climate Questionnaire from a nursing home context. *Scandinavian journal of caring sciences.* Dec 2012;26(4):820-828.
29. Birnberg JM, Drum ML, Huang ES, et al. Development of a safety net medical home scale for clinics. *Journal of general internal medicine.* Dec 2011;26(12):1418-1425.
30. Bjerre IM, Larsson M, Franzon AM, Nilsson MS, Stromberg G, Westbom LM. Measure of Processes of Care (MPOC) applied to measure parent's perception of the habilitation process in Sweden. *Child: care, health and development.* Mar 2004;30(2):123-130.
31. Blais MA. Development of an inpatient treatment alliance scale. *The Journal of nervous and mental disease.* Jul 2004;192(7):487-493.
32. Block M, Ehrenworth JF, Cuce VM, et al. Measuring handoff quality in labor and delivery: development, validation, and application of the Coordination of Handoff Effectiveness Questionnaire (CHEQ). *Joint Commission journal on quality and patient safety / Joint Commission Resources.* May 2013;39(5):213-220.
33. Bonomi AE, Wagner EH, Glasgow RE, VonKorff M. Assessment of chronic illness care (ACIC): a practical tool to measure quality improvement. *Health services research.* Jun 2002;37(3):791-820.
34. Booij JC, Zegers M, Evers PM, Hendriks M, Delnoij DM, Rademakers JJ. Improving cancer patient care: development of a generic cancer consumer quality index questionnaire for cancer patients. *BMC cancer.* 2013;13:203.
35. Bova C, Fennie KP, Watrous E, Dieckhaus K, Williams AB. The health care relationship (HCR) trust scale: development and psychometric evaluation. *Research in nursing & health.* Oct 2006;29(5):477-488.
36. Bower P, Mead N, Roland M. What dimensions underlie patient responses to the General Practice Assessment Survey? A factor analytic study. *Family practice.* Oct 2002;19(5):489-495.
37. Briner M, Kessler O, Pfeiffer Y, Wehner T, Manser T. Assessing hospitals' clinical risk management: Development of a monitoring instrument. *BMC health services research.* 2010;10:337.
38. Browne G, Roberts J, Gafni A, Byrne C, Kertyzia J, Loney P. Conceptualizing and validating the human services integration measure. *International journal of integrated care.* 2004;4:e03.
39. Bull MJ, Luo D, Maruyama GM. Measuring continuity of elders' posthospital care. *Journal of nursing measurement.* Summer 2000;8(1):41-60.
40. Burge F, Haggerty JL, Pineault R, et al. Relational continuity from the patient perspective: comparison of primary healthcare evaluation instruments. *Healthcare policy = Politiques de sante.* Dec 2011;7(Spec Issue):124-138.
41. Burns T, Catty J, White S, et al. Continuity of care in mental health: understanding and measuring a complex phenomenon. *Psychological medicine.* Feb 2009;39(2):313-323.
42. Byrne JM, Chang BK, Gilman SC, et al. The learners' perceptions survey-primary care: assessing resident perceptions of internal medicine continuity clinics and patient-centered care. *Journal of graduate medical education.* Dec 2013;5(4):587-593.
43. Campbell C, Lockyer J, Laidlaw T, Macleod H. Assessment of a matched-pair instrument to examine doctor-patient communication skills in practising doctors. *Medical education.* Feb 2007;41(2):123-129.
44. Campbell HS, Sanson-Fisher R, Turner D, Hayward L, Wang XS, Taylor-Brown J. Psychometric properties of cancer survivors' unmet needs survey. *Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer.* Feb 2010;19(2):221-230.
45. Campbell HS, Hall AE, Sanson-Fisher RW, Barker D, Turner D, Taylor-Brown J. Development and validation of the Short-Form Survivor Unmet Needs Survey (SF-SUNS). *Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer.* Apr 2014;22(4):1071-1079.
46. Carmen S, Teal S, Guzzetta CE. Development, testing, and national evaluation of a pediatric Patient-Family-Centered Care benchmarking survey. *Holistic nursing practice.* Mar-Apr 2008;22(2):61-74; quiz 75-66.
47. Casarett D, Pickard A, Bailey FA, et al. A nationwide VA palliative care quality measure: the family assessment of treatment at the end of life. *Journal of palliative medicine.* Jan-Feb 2008;11(1):68-75.
48. Cassady CE, Starfield B, Hurtado MP, Berk RA, Nanda JP, Friedenberg LA. Measuring consumer experiences with primary care. *Pediatrics.* Apr 2000;105(4 Pt 2):998-1003.
49. Cegala DJ, Coleman MT, Turner JW. The development and partial assessment of the medical communication competence scale. *Health communication.* 1998;10(3):261-288.
50. Chao J. Continuity of care: incorporating patient perceptions. *Family medicine.* Sep-Oct 1988;20(5):333-337.
51. Chappell NL, Reid RC, Gish JA. Staff-based measures of individualized care for persons with dementia in long-term care facilities. *Dementia.* November 1, 2007 2007;6(4):527-547.
52. Charalambous A, Chappell NL, Katajisto J, Suhonen R. The conceptualization and measurement of individualized care. *Geriatric nursing (New York, N.Y.).* Jan-Feb 2012;33(1):17-27.
53. Chavez LM, Canino G, Shrout PE, Barrio C, Ware NC. Psychometric evaluation of the Spanish version of CONNECT: a measure of continuity of care in mental health services. *International journal of methods in psychiatric research.* 2007;16(1):23-33.
54. Chesser A, Reyes J, Woods NK, Williams K, Kraft R. Reliability in patient-centered observations of family physicians. *Family medicine.* Jun 2013;45(6):428-432.
55. Clark BE, Mount JK. Pharmacy Service Orientation: a measure of organizational culture in pharmacy practice sites. *Research in social & administrative pharmacy : RSAP.* Mar 2006;2(1):110-128.
56. Clark C, Young MS, Jackson E, et al. Consumer perceptions of integrated trauma-informed services among women with co-occurring disorders. *The journal of behavioral health services & research.* Jan 2008;35(1):71-90.
57. Clayton MF, Latimer S, Dunn TW, Haas L. Assessing patient-centered communication in a family practice setting: how do we measure it, and whose opinion matters? *Patient education and counseling.* Sep 2011;84(3):294-302.
58. Coleman EA, Smith JD, Frank JC, Eilertsen TB, Thiare JN, Kramer AM. Development and testing of a measure designed to assess the quality of care transitions. *International journal of integrated care.* 2002;2:e02.
59. Coleman EA, Mahoney E, Parry C. Assessing the quality of preparation for posthospital care from the patient's perspective: the care transitions measure. *Medical care.* Mar 2005;43(3):246-255.
60. Constand MK, MacDermid JC, Law M, Dal Bello-Haas V. Patient-centered care and distal radius fracture outcomes: A prospective cohort study analysis. *Journal of hand therapy : official journal of the American Society of Hand Therapists.* Apr 23 2014.
61. Cooley WC, McAllister JW, Sherrieb K, Clark RE. The Medical Home Index: development and validation of a new practice-level measure of implementation of the Medical Home model. *Ambulatory pediatrics : the official journal of the Ambulatory Pediatric Association.* Jul-Aug 2003;3(4):173-180.
62. Cooper S, Cant R, Porter J, et al. Rating medical emergency teamwork performance: development of the Team Emergency Assessment Measure (TEAM). *Resuscitation.* Apr 2010;81(4):446-452.
63. Cott CA, Teare G, McGilton KS, Lineker S. Reliability and construct validity of the client-centred rehabilitation questionnaire. *Disability and rehabilitation.* Nov 30 2006;28(22):1387-1397.
64. Cramm JM, Strating MM, Tsiachristas A, Nieboer AP. Development and validation of a short version of the Assessment of Chronic Illness Care (ACIC) in Dutch disease management programs. *Health and quality of life outcomes.* 2011;9:49.
65. Cramm JM, Strating MM, Nieboer AP. Validation of the caregivers' satisfaction with Stroke Care Questionnaire: C-SASC hospital scale. *Journal of neurology.* Jun 2011;258(6):1008-1012.
66. Cramm JM, Nieboer AP. Factorial validation of the Patient Assessment of Chronic Illness Care (PACIC) and PACIC short version (PACIC-S) among cardiovascular disease patients in the Netherlands. *Health and quality of life outcomes.* 2012;10:104.
67. Curtis JR, Patrick DL, Engelberg RA, Norris K, Asp C, Byock I. A measure of the quality of dying and death. Initial validation using after-death interviews with family members. *Journal of pain and symptom management.* Jul 2002;24(1):17-31.
68. Damman OC, Hendriks M, Sixma HJ. Towards more patient centred healthcare: A new Consumer Quality Index instrument to assess patients' experiences with breast care. *European journal of cancer (Oxford, England : 1990).* Jun 2009;45(9):1569-1577.
69. Dancet EA, Ameye L, Sermeus W, et al. The ENDOCARE questionnaire (ECQ): a valid and reliable instrument to measure the patient-centeredness of endometriosis care in Europe. *Human reproduction (Oxford, England).* Nov 2011;26(11):2988-2999.
70. de Kok M, Scholte RW, Sixma HJ, et al. The patient's perspective of the quality of breast cancer care. The development of an instrument to measure quality of care through focus groups and concept mapping with breast cancer patients. *European journal of cancer (Oxford, England : 1990).* May 2007;43(8):1257-1264.
71. de Kok M, Sixma HJ, van der Weijden T, et al. A patient-centred instrument for assessment of quality of breast cancer care: results of a pilot questionnaire. *Quality & safety in health care.* Dec 2010;19(6):e40.
72. de Monchy C, Richardson R, Brown RA, Harden RM. Measuring attitudes of doctors: the doctor-patient (DP) rating. *Medical education.* May 1988;22(3):231-239.
73. De Weert-Van Oene GH, De Jong CA, Jorg F, Schrijvers GJ. The Helping Alliance Questionnaire: psychometric properties in patients with substance dependence. *Substance use & misuse.* Sep 1999;34(11):1549-1569.
74. de Witte L, Schoot T, Proot I. Development of the client-centred care questionnaire. *Journal of advanced nursing.* Oct 2006;56(1):62-68.
75. Del Piccolo L, Mead N, Gask L, et al. The English version of the Verona medical interview classification system (VR-MICS). An assessment of its reliability and a comparative cross-cultural test of its validity. *Patient education and counseling.* Sep 2005;58(3):252-264.
76. Dobrow MJ, Paszat L, Golden B, et al. Measuring Integration of Cancer Services to Support Performance Improvement: The CSI Survey. *Healthcare policy = Politiques de sante.* Aug 2009;5(1):35-53.
77. Dolovich LR, Nair KM, Ciliska DK, et al. The Diabetes Continuity of Care Scale: the development and initial evaluation of a questionnaire that measures continuity of care from the patient perspective. *Health & social care in the community.* Nov 2004;12(6):475-487.
78. Doorenbos AZ, Schim SM, Benkert R, Borse NN. Psychometric evaluation of the cultural competence assessment instrument among healthcare providers. *Nursing research.* Sep-Oct 2005;54(5):324-331.
79. Dow B, Fearn M, Haralambous B, Tinney J, Hill K, Gibson S. Development and initial testing of the Person-Centred Health Care for Older Adults Survey. *International psychogeriatrics / IPA.* Jul 2013;25(7):1065-1076.
80. Duffy JR, Hoskins L, Seifert RF. Dimensions of caring: psychometric evaluation of the caring assessment tool. *ANS. Advances in nursing science.* Jul-Sep 2007;30(3):235-245.
81. Duffy JR, Brewer BB, Weaver MT. Revision and psychometric properties of the caring assessment tool. *Clinical nursing research.* Feb 2014;23(1):80-93.
82. Durbin J, Goering P, Streiner DL, Pink G. Continuity of care: validation of a new self-report measure for individuals using mental health services. *The journal of behavioral health services & research.* Jul-Sep 2004;31(3):279-296.
83. Edvardsson D, Fetherstonhaugh D, Nay R, Gibson S. Development and initial testing of the Person-centered Care Assessment Tool (P-CAT). *International psychogeriatrics / IPA.* Feb 2010;22(1):101-108.
84. Edvardsson D, Sandman PO, Rasmussen B. Swedish language Person-centred Climate Questionnaire - patient version: construction and psychometric evaluation. *Journal of advanced nursing.* Aug 2008;63(3):302-309.
85. Edvardsson D, Koch S, Nay R. Psychometric evaluation of the English Language Person-Centered Climate Questionnaire--Patient version. *Western journal of nursing research.* Mar 2009;31(2):235-244.
86. Edvardsson D, Sandman PO, Rasmussen B. Construction and psychometric evaluation of the Swedish language Person-centred Climate Questionnaire - staff version. *Journal of nursing management.* Nov 2009;17(7):790-795.

87. Edvardsson D, Koch S, Nay R. Psychometric evaluation of the English language Person-centred Climate Questionnaire--staff version. *Journal of nursing management.* Jan 2010;18(1):54-60.
88. Edvardsson D, Nilsson A, Fetherstonhaugh D, Nay R, Crowe S. The person-centred care of older people with cognitive impairment in acute care scale (POPAC). *Journal of nursing management.* Jan 2013;21(1):79-86.
89. Egede LE, Ellis C. Development and testing of the Multidimensional Trust in Health Care Systems Scale. *Journal of general internal medicine.* Jun 2008;23(6):808-815.
90. Eisen SV, Shaul JA, Leff HS, Stringfellow V, Clarridge BR, Cleary PD. Toward a national consumer survey: evaluation of the CABHS and MHSIP instruments. *The journal of behavioral health services & research.* Aug 2001;28(3):347-369.
91. Elwyn G, Barr PJ, Grande SW, Thompson R, Walsh T, Ozanne EM. Developing CollaboRATE: a fast and frugal patient-reported measure of shared decision making in clinical encounters. *Patient education and counseling.* Oct 2013;93(1):102-107.
92. Elwyn G, Edwards A, Wensing M, Hood K, Atwell C, Grol R. Shared decision making: developing the OPTION scale for measuring patient involvement. *Quality & safety in health care.* Apr 2003;12(2):93-99.
93. Engelberg R, Downey L, Curtis JR. Psychometric characteristics of a quality of communication questionnaire assessing communication about end-of-life care. *Journal of palliative medicine.* Oct 2006;9(5):1086-1098.
94. Epstein EG, Miles A, Rovnyak V, Baernholdt M. Parents' perceptions of continuity of care in the neonatal intensive care unit: pilot testing an instrument and implications for the nurse-parent relationship. *The Journal of perinatal & neonatal nursing.* Apr-Jun 2013;27(2):168-175.
95. Fiscella K, Franks P, Srinivasan M, Kravitz RL, Epstein R. Ratings of physician communication by real and standardized patients. *Annals of family medicine.* Mar-Apr 2007;5(2):151-158.
96. Flocke SA. Measuring attributes of primary care: development of a new instrument. *The Journal of family practice.* Jul 1997;45(1):64-74.
97. Fowles JB, Terry P, Xi M, Hibbard J, Bloom CT, Harvey L. Measuring self-management of patients' and employees' health: further validation of the Patient Activation Measure (PAM) based on its relation to employee characteristics. *Patient education and counseling.* Oct 2009;77(1):116-122.
98. Freburger JK, Callahan LF, Currey SS, Anderson LA. Use of the Trust in Physician Scale in patients with rheumatic disease: psychometric properties and correlates of trust in the rheumatologist. *Arthritis and rheumatism.* Feb 15 2003;49(1):51-58.
99. Fung CS, Hua A, Tam L, Mercer SW. Reliability and validity of the Chinese version of the CARE Measure in a primary care setting in Hong Kong. *Family practice.* Oct 2009;26(5):398-406.
100. Galassi JP, Schanberg R, Ware WB. The Patient Reactions Assessment: A brief measure of the quality of the patient-provider medical relationship. *Psychological Assessment.* 1992;4(3):346-351.
101. Gallagher TJ, Hartung PJ, Gregory SW. Assessment of a measure of relational communication for doctor-patient interactions. *Patient education and counseling.* Dec 1 2001;45(3):211-218.
102. Gallagher P, Ding L, Ham HP, Schor EL, Hays RD, Cleary PD. Development of a new patient-based measure of pediatric ambulatory care. *Pediatrics.* Nov 2009;124(5):1348-1354.
103. Gallagher TJ, Hartung PJ, Gerzina H, Gregory SW, Jr., Merolla D. Further analysis of a doctor-patient nonverbal communication instrument. *Patient education and counseling.* Jun 2005;57(3):262-271.
104. Gan C, Campbell KA, Snider A, Cohen S, Hubbard J. Giving Youth a Voice (GYV): a measure of youths' perceptions of the client-centredness of rehabilitation services. *Canadian journal of occupational therapy. Revue canadienne d'ergotherapie.* Apr 2008;75(2):96-104.
105. Garratt AM, Bjaertnes OA, Krogstad U, Gulbrandsen P. The OutPatient Experiences Questionnaire (OPEQ): data quality, reliability, and validity in patients attending 52 Norwegian hospitals. *Quality & safety in health care.* Dec 2005;14(6):433-437.
106. Gaston L. Reliability and criterion-related validity of the California Psychotherapy Alliance Scales—patient version. *Psychological Assessment: A Journal of Consulting and Clinical Psychology.* 1991;3(1):68-74.
107. Gaugler JE, Hobday JV, Savik K. The CARES((R)) Observational Tool: a valid and reliable instrument to assess person-centered dementia care. *Geriatric nursing (New York, N.Y.).* May-Jun 2013;34(3):194-198.
108. Glasgow RE, Wagner EH, Schaefer J, Mahoney LD, Reid RJ, Greene SM. Development and validation of the Patient Assessment of Chronic Illness Care (PACIC). *Medical care.* May 2005;43(5):436-444.
109. Goold SD, Fessler D, Moyer CA. A measure of trust in insurers. *Health services research.* Feb 2006;41(1):58-78.
110. Gremigni P, Sommaruga M, Peltenburg M. Validation of the Health Care Communication Questionnaire (HCCQ) to measure outpatients' experience of communication with hospital staff. *Patient education and counseling.* Apr 2008;71(1):57-64.
111. Grimmer K, Moss J. The development, validity and application of a new instrument to assess the quality of discharge planning activities from the community perspective. *International journal for quality in health care : journal of the International Society for Quality in Health Care / ISQua.* Apr 2001;13(2):109-116.
112. Grol R, de Maeseneer J, Whitfield M, Mokkink H. Disease-centred versus patient-centred attitudes: comparison of general practitioners in Belgium, Britain and The Netherlands. *Family practice.* Jun 1990;7(2):100-103.
113. Gugiu C, Coryn CL, Applegate B. Structure and measurement properties of the Patient Assessment of Chronic Illness Care instrument. *Journal of evaluation in clinical practice.* Jun 2010;16(3):509-516.
114. Gugiu PC, Coryn C, Clark R, Kuehn A. Development and evaluation of the short version of the Patient Assessment of Chronic Illness Care instrument. *Chronic illness.* Dec 2009;5(4):268-276.
115. Gulliford M, Cowie L, Morgan M. Relational and management continuity survey in patients with multiple long-term conditions. *Journal of health services research & policy.* Apr 2011;16(2):67-74.
116. Gulliford MC, Naithani S, Morgan M. Measuring continuity of care in diabetes mellitus: an experience-based measure. *Annals of family medicine.* Nov-Dec 2006;4(6):548-555.
117. Haddad S, Potvin L, Roberge D, Pineault R, Remondin M. Patient perception of quality following a visit to a doctor in a primary care unit. *Family practice.* Feb 2000;17(1):21-29.
118. Hadjistavropoulos H, Biem H, Sharpe D, Bourgault-Fagnou M, Janzen J. Patient perceptions of hospital discharge: reliability and validity of a Patient Continuity of Care Questionnaire. *International journal for quality in health care : journal of the International Society for Quality in Health Care / ISQua.* Oct 2008;20(5):314-323.
119. Hadjistavropoulos HD, Sagan M, Bierlein C, Lawson K. Development of a case management quality questionnaire. *Care management journals : Journal of case management ; The journal of long term home health care.* Spring 2003;4(1):8-17.
120. Hadjistavropoulos HD, Biem HJ, Kowalyk KM. Measurement of continuity of care in cardiac patients: reliability and validity of an in-person questionnaire. *The Canadian journal of cardiology.* Jul 2004;20(9):883-891.
121. Haggerty JL, Burge F, Beaulieu MD, et al. Validation of instruments to evaluate primary healthcare from the patient perspective: overview of the method. *Healthcare policy = Politiques de sante.* Dec 2011;7(Spec Issue):31-46.
122. Haggerty JL, Burge F, Pineault R, et al. Management continuity from the patient perspective: comparison of primary healthcare evaluation instruments. *Healthcare policy = Politiques de sante.* Dec 2011;7(Spec Issue):139-153.
123. Haggerty JL, Levesque JF, Santor DA, et al. Accessibility from the patient perspective: comparison of primary healthcare evaluation instruments. *Healthcare policy = Politiques de sante.* Dec 2011;7(Spec Issue):94-107.
124. Haggerty JL, Beaulieu MD, Pineault R, et al. Comprehensiveness of care from the patient perspective: comparison of primary healthcare evaluation instruments. *Healthcare policy = Politiques de sante.* Dec 2011;7(Spec Issue):154-166.
125. Haggerty JL, Roberge D, Freeman GK, Beaulieu C, Breton M. Validation of a generic measure of continuity of care: when patients encounter several clinicians. *Annals of family medicine.* Sep-Oct 2012;10(5):443-451.
126. Hall MA, Camacho F, Dugan E, Balkrishnan R. Trust in the medical profession: conceptual and measurement issues. *Health services research.* Oct 2002;37(5):1419-1439.
127. Hall MA, Zheng B, Dugan E, et al. Measuring patients' trust in their primary care providers. *Medical care research and review : MCRR.* Sep 2002;59(3):293-318.
128. Hannum Rose J, Bowman KF, O'Toole EE, et al. Caregiver objective burden and assessments of patient-centered, family-focused care for frail elderly veterans. *The Gerontologist.* Feb 2007;47(1):21-33.
129. Hargraves JL, Hays RD, Cleary PD. Psychometric properties of the Consumer Assessment of Health Plans Study (CAHPS) 2.0 adult core survey. *Health services research.* Dec 2003;38(6 Pt 1):1509-1527.
130. Harley C, Adams J, Booth L, Selby P, Brown J, Velikova G. Patient experiences of continuity of cancer care: development of a new medical care questionnaire (MCQ) for oncology outpatients. *Value in health : the journal of the International Society for Pharmacoeconomics and Outcomes Research.* Nov-Dec 2009;12(8):1180-1186.
131. Hatcher RL, Gillaspy JA. Development and validation of a revised short version of the Working Alliance Inventory. *Psychotherapy Research.* 2006;16(1):12-25.
132. Hays RD, Shaul JA, Williams VS, et al. Psychometric properties of the CAHPS 1.0 survey measures. Consumer Assessment of Health Plans Study. *Medical care.* Mar 1999;37(3 Suppl):Ms22-31.
133. Henbest RJ, Stewart MA. Patient-centredness in the consultation. 1: A method for measurement. *Family practice.* Dec 1989;6(4):249-253.
134. Hibbard JH, Stockard J, Mahoney ER, Tusler M. Development of the Patient Activation Measure (PAM): conceptualizing and measuring activation in patients and consumers. *Health services research.* Aug 2004;39(4 Pt 1):1005-1026.
135. Hibbard JH, Mahoney ER, Stockard J, Tusler M. Development and testing of a short form of the patient activation measure. *Health services research.* Dec 2005;40(6 Pt 1):1918-1930.
136. Hibbard JH, Collins PA, Mahoney E, Baker LH. The development and testing of a measure assessing clinician beliefs about patient self-management. *Health expectations : an international journal of public participation in health care and health policy.* Mar 2010;13(1):65-72.
137. Hiidenhovi H, Laippala P, Nojonen K. Development of a patient-orientated instrument to measure service quality in outpatient departments. *Journal of advanced nursing.* Jun 2001;34(5):696-705.
138. Hillen MA, Koning CC, Wilmink JW, et al. Assessing cancer patients' trust in their oncologist: development and validation of the Trust in Oncologist Scale (TiOS). *Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer.* Aug 2012;20(8):1787-1795.
139. Himuro N, Kozuka N, Mori M. Measurement of family-centred care: translation, adaptation and validation of the Measure of Processes of Care (MPOC-56 and -20) for use in Japan. *Child: care, health and development.* May 2013;39(3):358-365.
140. Hodgkinson K, Butow P, Hobbs KM, Hunt GE, Lo SK, Wain G. Assessing unmet supportive care needs in partners of cancer survivors: the development and evaluation of the Cancer Survivors' Partners Unmet Needs measure (CaSPUN). *Psycho-oncology.* Sep 2007;16(9):805-813.
141. Hodgkinson K, Butow P, Hunt GE, et al. The development and evaluation of a measure to assess cancer survivors' unmet supportive care needs: the CaSUN (Cancer Survivors' Unmet Needs measure). *Psycho-oncology.* Sep 2007;16(9):796-804.
142. Hojat M, Mangione S, Nasca T, Cohen M, Gonnella J, Erdmann J. The Jefferson Scale of Physician Empathy: development and preliminary psychometric data. *Educat Psychol Measurement.* 2001;61:349-365.
143. Holburn S, Jacobson JW, Vietze PM, Schwartz AA, Sersen E. Quantifying the process and outcomes of person-centered planning. *American journal of mental retardation : AJMR.* Sep 2000;105(5):402-416.
144. Horwitz LI, Dombroski J, Murphy TE, Farnan JM, Johnson JK, Arora VM. Validation of a handoff assessment tool: the Handoff CEX. *Journal of clinical nursing.* May 2013;22(9-10):1477-1486.
145. Horwitz LI, Rand D, Staisiunas P, et al. Development of a handoff evaluation tool for shift-to-shift physician handoffs: the Handoff CEX. *Journal of hospital medicine : an official publication of the Society of Hospital Medicine.* Apr 2013;8(4):191-200.
146. Howie JG, Heaney DJ, Maxwell M, Walker JJ, Freeman GK. Developing a 'consultation quality index' (CQI) for use in general practice. *Family practice.* Dec 2000;17(6):455-461.
147. Hwang JI. Development and testing of a patient-centred care competency scale for hospital nurses. *International journal of nursing practice.* Nov 13 2013.
148. Jaturapatporn D, Hathirat S, Manataweewat B, et al. Reliability and validity of a Thai version of the General Practice Assessment Questionnaire (GPAQ). *Journal of the Medical Association of Thailand = Chotmaihet thangphaet.* Sep 2006;89(9):1491-1496.
149. Jayasinghe UW, Proudfoot J, Holton C, et al. Chronically ill Australians' satisfaction with accessibility and patient-centredness. *International journal for quality in health care : journal of the International Society for Quality in Health Care / ISQua.* Apr 2008;20(2):105-114.
150. Jeon KY. Cross-cultural adaptation of the US consumer form of the short Primary Care Assessment Tool (PCAT): the Korean consumer form of the short PCAT (KC PCAT) and the Korean standard form of the short PCAT (KS PCAT). *Quality in primary care.* 2011;19(2):85-103.
151. Jones J, Barry MM. Developing a scale to measure synergy in health promotion partnerships. *Global health promotion.* Jun 2011;18(2):36-44.

152. Joyce AS, Adair CE, Wild TC, et al. Continuity of care: validation of a self-report measure to assess client perceptions of mental health service delivery. *Community mental health journal.* Apr 2010;46(2):192-208.
153. Juhnke C, Muhlbacher AC. Patient-centredness in integrated healthcare delivery systems - needs, expectations and priorities for organised healthcare systems. *International journal of integrated care.* 2013;13:e051.
154. Katapodi MC, Pierce PF, Facione NC. Distrust, predisposition to use health services and breast cancer screening: results from a multicultural community-based survey. *International journal of nursing studies.* Aug 2010;47(8):975-983.
155. Kelly JJ, Njuki F, Lane PL, McKinley RK. Design of a questionnaire to measure trust in an emergency department. *Academic emergency medicine : official journal of the Society for Academic Emergency Medicine.* Feb 2005;12(2):147-151.
156. Kemppainen JK, O'Brien L, Williams H, Evans L, Weiner KN, Holzemer WL. Quantifying patient engagement with nurses: validation of a scale with AIDS patients. *Outcomes management for nursing practice.* Oct-Dec 1999;3(4):167-174.
157. Kim SC, Boren D, Solem SL. The Kim Alliance Scale: development and preliminary testing. *Clinical nursing research.* Aug 2001;10(3):314-331.
158. Kim H, Capezuti E, Boltz M, Fairchild S, Fulmer T, Mezey M. Factor structure of the geriatric care environment scale. *Nursing research.* Sep-Oct 2007;56(5):339-347.
159. King SM, Rosenbaum PL, King GA. Parents' perceptions of caregiving: development and validation of a measure of processes. *Developmental medicine and child neurology.* Sep 1996;38(9):757-772.
160. King S, King G, Rosenbaum P. Evaluating Health Service Delivery to Children With Chronic Conditions and Their Families: Development of a Refined Measure of Processes of Care (MPOC–20). *Children's Health Care.* 2004/03/01 2004;33(1):35-57.
161. King M, Jones L, Richardson A, et al. The relationship between patients' experiences of continuity of cancer care and health outcomes: a mixed methods study. *British journal of cancer.* Feb 12 2008;98(3):529-536.
162. Klassen AF, Dix D, Cano SJ, Papsdorf M, Sung L, Klaassen RJ. Evaluating family-centred service in paediatric oncology with the measure of processes of care (MPOC-20). *Child: care, health and development.* Jan 2009;35(1):16-22.
163. Korner M, Wirtz MA. Development and psychometric properties of a scale for measuring internal participation from a patient and health care professional perspective. *BMC health services research.* 2013;13:374.
164. Kowalyk KM, Hadjistavropoulos HD, Biem HJ. Measuring continuity of care for cardiac patients: development of a patient self-report questionnaire. *The Canadian journal of cardiology.* Feb 2004;20(2):205-212.
165. Krupat E, Frankel R, Stein T, Irish J. The Four Habits Coding Scheme: validation of an instrument to assess clinicians' communication behavior. *Patient education and counseling.* Jul 2006;62(1):38-45.
166. Lee JH, Choi YJ, Sung NJ, et al. Development of the Korean primary care assessment tool--measuring user experience: tests of data quality and measurement performance. *International journal for quality in health care : journal of the International Society for Quality in Health Care / ISQua.* Apr 2009;21(2):103-111.
167. Leisen B, Hyman MR. An improved scale for assessing patients' trust in their physician. *Health marketing quarterly.* 2001;19(1):23-42.
168. Lerman CE, Brody DS, Caputo GC, Smith DG, Lazaro CG, Wolfson HG. Patients' Perceived Involvement in Care Scale: relationship to attitudes about illness and medical care. *Journal of general internal medicine.* Jan-Feb 1990;5(1):29-33.
169. Little P, Everitt H, Williamson I, et al. Observational study of effect of patient centredness and positive approach on outcomes of general practice consultations. *BMJ (Clinical research ed.).* Oct 20 2001;323(7318):908-911.
170. Lukas CV, Meterko M, Lowcock S, et al. Monitoring the progress of system integration. *Quality management in health care.* Winter 2002;10(2):1-11.
171. Lyratzopoulos G, Elliott MN, Barbiere JM, et al. How can health care organizations be reliably compared?: Lessons from a national survey of patient experience. *Medical care.* Aug 2011;49(8):724-733.
172. Macinko J, Almeida C, de Sa PK. A rapid assessment methodology for the evaluation of primary care organization and performance in Brazil. *Health policy and planning.* May 2007;22(3):167-177.
173. Mack JW, Block SD, Nilsson M, et al. Measuring therapeutic alliance between oncologists and patients with advanced cancer: the Human Connection Scale. *Cancer.* Jul 15 2009;115(14):3302-3311.
174. Martin LR, DiMatteo MR, Lepper HS. Facilitation of patient involvement in care: development and validation of a scale. *Behavioral medicine (Washington, D.C.).* Fall 2001;27(3):111-120.
175. Masters S, Giles L, Halbert J, Crotty M. Development and testing of a questionnaire to measure older people's experience of the Transition Care Program in Australia. *Australasian journal on ageing.* Dec 2010;29(4):172-178.
176. McConachie H, Logan S. Validation of the measure of processes of care for use when there is no Child Development Centre. *Child: care, health and development.* Jan 2003;29(1):35-45.
177. McGovern MP, Urada D, Lambert-Harris C, Sullivan ST, Mazade NA. Development and initial feasibility of an organizational measure of behavioral health integration in medical care settings. *Journal of substance abuse treatment.* Dec 2012;43(4):402-409.
178. McGuiness C, Sibthorpe B. Development and initial validation of a measure of coordination of health care. *International journal for quality in health care : journal of the International Society for Quality in Health Care / ISQua.* Aug 2003;15(4):309-318.
179. McGuire-Snieckus R, McCabe R, Catty J, Hansson L, Priebe S. A new scale to assess the therapeutic relationship in community mental health care: STAR. *Psychological medicine.* Jan 2007;37(1):85-95.
180. McLaughlin SE, Diener-West M, Indurkhya A, Rubin H, Heckmann R, Boyle MP. Improving transition from pediatric to adult cystic fibrosis care: lessons from a national survey of current practices. *Pediatrics.* May 2008;121(5):e1160-1166.
181. Mead N, Bower P, Roland M. The General Practice Assessment Questionnaire (GPAQ) - development and psychometric characteristics. *BMC family practice.* 2008;9:13.
182. Mercer SW, Maxwell M, Heaney D, Watt GC. The consultation and relational empathy (CARE) measure: development and preliminary validation and reliability of an empathy-based consultation process measure. *Family practice.* Dec 2004;21(6):699-705.
183. Mercer SW, Murphy DJ. Validity and reliability of the CARE Measure in secondary care. *Clinical Governance: An International Journal.* 2008;13(4):269-283.
184. Mercer SW, Neumann M, Wirtz M, Fitzpatrick B, Vojt G. General practitioner empathy, patient enablement, and patient-reported outcomes in primary care in an area of high socio-economic deprivation in Scotland--a pilot prospective study using structural equation modeling. *Patient education and counseling.* Nov 2008;73(2):240-245.
185. Mercer SW HD, Murray A, Murphy DJ, Eva HW. . Capturing patients' views on communication with anaesthetists: the CARE Measure. . *Clin Gov Int J.* 2008;13:128–137.
186. Mingote Adan J, Moreno Jimenez B, Rodriguez Carvajal R, Galvez Herrer M, Ruiz Lopez P. Psychometric validation of the Spanish version of the Patient-Doctor Relationship Questionnaire (PDRQ). *Actas espanolas de psiquiatria.* Mar-Apr 2009;37(2):94-100.
187. Mirsu-Paun A, Tucker CM, Herman KC, Hernandez CA. Validation of a provider self-report inventory for measuring patient-centered cultural sensitivity in health care using a sample of medical students. *Journal of community health.* Apr 2010;35(2):198-207.
188. Misdrahi D, Verdoux H, Lancon C, Bayle F. The 4-Point ordinal Alliance Self-report: a self-report questionnaire for assessing therapeutic relationships in routine mental health. *Comprehensive psychiatry.* Mar-Apr 2009;50(2):181-185.
189. Moseley KL, Clark SJ, Gebremariam A, Sternthal MJ, Kemper AR. Parents' trust in their child's physician: using an adapted Trust in Physician Scale. *Ambulatory pediatrics : the official journal of the Ambulatory Pediatric Association.* Jan-Feb 2006;6(1):58-61.
190. Mueller C, Savik K. Identifying and validating the components of nursing practice models for long-term care facilities. *Research in gerontological nursing.* Oct 2010;3(4):270-281.
191. Nagpal K, Abboudi M, Fischler L, et al. Evaluation of postoperative handover using a tool to assess information transfer and teamwork. *Annals of surgery.* Apr 2011;253(4):831-837.
192. Ngorsuraches S, Lerkiatbundit S, Li SC, Treesak C, Sirithorn R, Korwiwattanakarn M. Development and validation of the patient trust in community pharmacists (TRUST-Ph) scale: results from a study conducted in Thailand. *Research in social & administrative pharmacy : RSAP.* Sep 2008;4(3):272-283.
193. Nie Y, Mao X, Cui H, He S, Li J, Zhang M. Hospital survey on patient safety culture in China. *BMC health services research.* 2013;13:228.
194. Nijkamp MD, Sixma HJ, Afman H, et al. Quality of care from the perspective of the cataract patient: the reliability and validity of the QUOTE-cataract. *The British journal of ophthalmology.* Aug 2002;86(8):840-842.
195. Nilsson A, Lindkvist M, Rasmussen BH, Edvardsson D. Measuring levels of person-centeredness in acute care of older people with cognitive impairment: evaluation of the POPAC scale. *BMC health services research.* 2013;13:327.
196. Nuno-Solinis R, Berraondo Zabalegui I, Sauto Arce R, San Martin Rodriguez L, Toro Polanco N. Development of a questionnaire to assess interprofessional collaboration between two different care levels. *International journal of integrated care.* Apr 2013;13:e015.
197. Omondi Aduda DS, Ouma C, Onyango R, Onyango M, Bertrand J. Systematic monitoring of male circumcision scale-up in Nyanza, Kenya: exploratory factor analysis of service quality instrument and performance ranking. *PloS one.* 2014;9(7):e101235.
198. O'Rourke N, Chappell NL, Caspar S. Measurement and analysis of individualized care inventory responses comparing long-term care nurses and care aides. *The Gerontologist.* Dec 2009;49(6):839-846.
199. Ouwens M, Hermens R, Hulscher M, et al. Development of indicators for patient-centred cancer care. *Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer.* Jan 2010;18(1):121-130.
200. Parry C, Mahoney E, Chalmers SA, Coleman EA. Assessing the quality of transitional care: further applications of the care transitions measure. *Medical care.* Mar 2008;46(3):317-322.
201. Paulo de Almeida Tavares J, Leite da Silva A, Sa-Couto P, Boltz M, Capezuti E. Validation of geriatric care environment scale in portuguese nurses. *Current gerontology and geriatrics research.* 2013;2013:426596.
202. Pedro J, Canavarro MC, Boivin J, Gameiro S. Positive experiences of patient-centred care are associated with intentions to comply with fertility treatment: findings from the validation of the Portuguese version of the PCQ-Infertility tool. *Human reproduction (Oxford, England).* Sep 2013;28(9):2462-2472.
203. Petroz U, Kennedy D, Webster F, Nowak A. Patients' perceptions of individualized care: evaluating psychometric properties and results of the individualized care scale. *The Canadian journal of nursing research = Revue canadienne de recherche en sciences infirmieres.* Jun 2011;43(2):80-100.
204. Pett MA, Beck SL, Guo JW, et al. Confirmatory factor analysis of the pain care quality surveys (PainCQ(c)). *Health services research.* Jun 2013;48(3):1018-1038.
205. Pettersen KI, Veenstra M, Guldvog B, Kolstad A. The Patient Experiences Questionnaire: development, validity and reliability. *International journal for quality in health care : journal of the International Society for Quality in Health Care / ISQua.* Dec 2004;16(6):453-463.
206. Pezzolesi C, Manser T, Schifano F, et al. Human factors in clinical handover: development and testing of a 'handover performance tool' for doctors' shift handovers. *International journal for quality in health care : journal of the International Society for Quality in Health Care / ISQua.* Feb 2013;25(1):58-65.
207. Pinsof WM, Zinbarg R, Knobloch-Fedders LM. Factorial and construct validity of the revised short form integrative psychotherapy alliance scales for family, couple, and individual therapy. *Family process.* Sep 2008;47(3):281-301.
208. Radwin LE, Washko M, Suchy KA, Tyman K. Development and pilot testing of four desired health outcomes scales. *Oncology nursing forum.* Jan 2005;32(1):92-96.
209. Radwin LE, Cabral HJ. Trust in Nurses Scale: construct validity and internal reliability evaluation. *Journal of advanced nursing.* Mar 2010;66(3):683-689.
210. Radwin L, Alster K, Rubin KM. Development and testing of the Oncology Patients' Perceptions of the Quality of Nursing Care Scale. *Oncology nursing forum.* Mar-Apr 2003;30(2):283-290.
211. Ramsay J, Campbell JL, Schroter S, Green J, Roland M. The General Practice Assessment Survey (GPAS): tests of data quality and measurement properties. *Family practice.* Oct 2000;17(5):372-379.
212. Reid RC, Chappell NL, Gish JA. Measuring family perceived involvement in individualized long-term care. *Dementia.* February 1, 2007 2007;6(1):89-104.
213. Ridd MJ, Lewis G, Peters TJ, Salisbury C. Patient-doctor depth-of-relationship scale: development and validation. *Annals of family medicine.* Nov-Dec 2011;9(6):538-545.
214. Rokstad AM, Engedal K, Edvardsson D, Selbaek G. Psychometric evaluation of the Norwegian version of the Person-centred Care Assessment Tool. *International journal of nursing practice.* Feb 2012;18(1):99-105.

215. Rolfe G. The Patient-Centredness Multi-Choice Questionnaire: developing an instrument for the measurement of patient-centredness in student nurses. *Journal of advanced nursing.* Jan 1993;18(1):120-126.
216. Rose A, Peters N, Shea JA, Armstrong K. Development and testing of the health care system distrust scale. *Journal of general internal medicine.* Jan 2004;19(1):57-63.
217. Rose D, Sweeney A, Leese M, et al. Developing a user-generated measure of continuity of care: brief report. *Acta psychiatrica Scandinavica.* Apr 2009;119(4):320-324.
218. Rosemann T, Laux G, Droesemeyer S, Gensichen J, Szecsenyi J. Evaluation of a culturally adapted German version of the Patient Assessment of Chronic Illness Care (PACIC 5A) questionnaire in a sample of osteoarthritis patients. *Journal of evaluation in clinical practice.* Oct 2007;13(5):806-813.
219. Ryan ME, Collins FJ, Dowd JB, Pierce PK. Measuring patient satisfaction: a case study. *Journal of nursing care quality.* Jan 1995;9(2):44-53.
220. Safran DG, Kosinski M, Tarlov AR, et al. The Primary Care Assessment Survey: tests of data quality and measurement performance. *Medical care.* May 1998;36(5):728-739.
221. Safran DG, Karp M, Coltin K, et al. Measuring patients' experiences with individual primary care physicians. Results of a statewide demonstration project. *Journal of general internal medicine.* Jan 2006;21(1):13-21.
222. Saloojee GM, Rosenbaum PR, Westaway MS, Stewart AV. Development of a measure of family-centred care for resource-poor South African settings: the experience of using a modified version of the MPOC-20. *Child: care, health and development.* Jan 2009;35(1):23-32.
223. Samele C, Gilvarry C, Walsh E, Manley C, van Os J, Murray R. Patients' perceptions of intensive case management. *Psychiatric services (Washington, D.C.).* Nov 2002;53(11):1432-1437.
224. Saturno PJ, Martinez-Nicolas I, Robles-Garcia IS, Lopez-Soriano F, Angel-Garcia D. Development and pilot test of a new set of good practice indicators for chronic cancer pain management. *European journal of pain (London, England).* Jan 2015;19(1):28-38.
225. Schaefer JA, Cronkite R, Ingudomnukul E. Assessing continuity of care practices in substance use disorder treatment programs. *Journal of studies on alcohol.* Jul 2004;65(4):513-520.
226. Scholle SH, Vuong O, Ding L, et al. Development of and field test results for the CAHPS PCMH Survey. *Medical care.* Nov 2012;50 Suppl:S2-10.
227. Schonwetter DJ, Wener ME, Mazurat N. Determining the validity and reliability of clinical communication assessment tools for dental patients and students. *Journal of dental education.* Oct 2012;76(10):1276-1290.
228. Schroder A, Larsson BW, Ahlstrom G, Lundqvist LO. Psychometric properties of the instrument quality in psychiatric care and descriptions of quality of care among in-patients. *International journal of health care quality assurance.* 2010;23(6):554-570.
229. Seid M, Varni JW, Bermudez LO, et al. Parents' Perceptions of Primary Care: measuring parents' experiences of pediatric primary care quality. *Pediatrics.* Aug 2001;108(2):264-270.
230. Seys D, Deneckere S, Sermeus W, et al. The Care Process Self-Evaluation Tool: a valid and reliable instrument for measuring care process organization of health care teams. *BMC health services research.* 2013;13:325.
231. Shadmi E, Zisberg A, Coleman EA. Translation and validation of the Care Transition Measure into Hebrew and Arabic. *International journal for quality in health care : journal of the International Society for Quality in Health Care / ISQua.* Apr 2009;21(2):97-102.
232. Shea JA, Micco E, Dean LT, McMurphy S, Schwartz JS, Armstrong K. Development of a revised Health Care System Distrust scale. *Journal of general internal medicine.* Jun 2008;23(6):727-732.
233. Shelef K, Diamond GM. Short form of the revised Vanderbilt therapeutic alliance scale: development, reliability, and validity. *Psychotherapy research : journal of the Society for Psychotherapy Research.* Jul 2008;18(4):433-443.
234. Shelton RC, Winkel G, Davis SN, et al. Validation of the group-based medical mistrust scale among urban black men. *Journal of general internal medicine.* Jun 2010;25(6):549-555.
235. Shi L, Starfield B, Xu J. Validating the adult primary care assessment tool. *J Fam Pract.* 2001;50(2):161-175.
236. Shields CG, Franks P, Fiscella K, Meldrum S, Epstein RM. Rochester Participatory Decision-Making Scale (RPAD): reliability and validity. *Annals of family medicine.* Sep-Oct 2005;3(5):436-442.
237. Shields L, Tanner A. Pilot study of a tool to investigate perceptions of family-centered care in different care settings. *Pediatric nursing.* May-Jun 2004;30(3):189-197.
238. Sidani S. Effects of patient-centered care on patient outcomes: an evaluation. *Research and theory for nursing practice.* 2008;22(1):24-37.
239. Siebes RC, Maassen GH, Wijnroks L, et al. Quality of paediatric rehabilitation from the parent perspective: validation of the short Measure of Processes of Care (MPOC-20) in the Netherlands. *Clinical rehabilitation.* Jan 2007;21(1):62-72.
240. Singer SJ, Friedberg MW, Kiang MV, Dunn T, Kuhn DM. Development and preliminary validation of the Patient Perceptions of Integrated Care survey. *Medical care research and review : MCRR.* Apr 2013;70(2):143-164.
241. Sixma HJ, van Campen C, Kerssens JJ, Peters L. Quality of care from the perspective of elderly people: the QUOTE-elderly instrument. *Age and ageing.* Mar 2000;29(2):173-178.
242. Sjogren K, Lindkvist M, Sandman PO, Zingmark K, Edvardsson D. Psychometric evaluation of the Swedish version of the Person-Centered Care Assessment Tool (P-CAT). *International psychogeriatrics / IPA.* Mar 2012;24(3):406-415.
243. Skolasky RL, Green AF, Scharfstein D, Boult C, Reider L, Wegener ST. Psychometric properties of the patient activation measure among multimorbid older adults. *Health services research.* Apr 2011;46(2):457-478.
244. Smith MY, Winkel G, Egert J, Diaz-Wionczek M, DuHamel KN. Patient-physician communication in the context of persistent pain: validation of a modified version of the patients' Perceived Involvement in Care Scale. *Journal of pain and symptom management.* Jul 2006;32(1):71-81.
245. Solomon LS, Hays RD, Zaslavsky AM, Ding L, Cleary PD. Psychometric properties of a group-level Consumer Assessment of Health Plans Study (CAHPS) instrument. *Medical care.* Jan 2005;43(1):53-60.
246. Steine S, Finset A, Laerum E. A new, brief questionnaire (PEQ) developed in primary health care for measuring patients' experience of interaction, emotion and consultation outcome. *Family practice.* Aug 2001;18(4):410-418.
247. Steinhauser KE, Voils CI, Bosworth H, Tulsky JA. Validation of a Measure of Family Experience of Patients With Serious Illness: The QUAL-E (Fam). *Journal of pain and symptom management.* May 22 2014.
248. Stewart AL, Napoles-Springer AM, Gregorich SE, Santoyo-Olsson J. Interpersonal processes of care survey: patient-reported measures for diverse groups. *Health services research.* Jun 2007;42(3 Pt 1):1235-1256.
249. Stiles WB, Agnew-Davies R, Barkham M, et al. Convergent validity of the Agnew Relationship Measure and the Working Alliance Inventory. *Psychological assessment.* Jun 2002;14(2):209-220.
250. Straten GF, Friele RD, Groenewegen PP. Public trust in Dutch health care. *Social science & medicine (1982).* Jul 2002;55(2):227-234.
251. Stubbe JH, Gelsema T, Delnoij DM. The Consumer Quality Index Hip Knee Questionnaire measuring patients' experiences with quality of care after a total hip or knee arthroplasty. *BMC health services research.* 2007;7:60.
252. Stubbe JH, Brouwer W, Delnoij DM. Patients' experiences with quality of hospital care: the Consumer Quality Index Cataract Questionnaire. *BMC ophthalmology.* 2007;7:14.
253. Suhonen R, Berg A, Idvall E, et al. Adapting the Individualized Care Scale for cross-cultural comparison. *Scandinavian journal of caring sciences.* Jun 2010;24(2):392-403.
254. Suhonen R, Valimaki M, Katajisto J. Developing and testing an instrument for the measurement of individual care. *Journal of advanced nursing.* Nov 2000;32(5):1253-1263.
255. Suhonen R, Gustafsson ML, Katajisto J, Valimaki M, Leino-Kilpi H. Individualized care scale - nurse version: a Finnish validation study. *Journal of evaluation in clinical practice.* Feb 2010;16(1):145-154.
256. Sullivan JL, Meterko M, Baker E, et al. Reliability and validity of a person-centered care staff survey in veterans health administration community living centers. *The Gerontologist.* Aug 2013;53(4):596-607.
257. Sulmasy DP, McIlvane JM, Pasley PM, Rahn M. A scale for measuring patient perceptions of the quality of end-of-life care and satisfaction with treatment: the reliability and validity of QUEST. *Journal of pain and symptom management.* Jun 2002;23(6):458-470.
258. Sweeney A, Rose D, Clement S, et al. Understanding service user-defined continuity of care and its relationship to health and social measures: a cross-sectional study. *BMC health services research.* 2012;12:145.
259. Tang HN, Chong WH, Goh W, Chan WP, Choo S. Evaluation of family-centred practices in the early intervention programmes for infants and young children in Singapore with Measure of Processes of Care for Service Providers and Measure of Beliefs about Participation in Family-Centred Service. *Child: care, health and development.* Jan 2012;38(1):54-60.
260. Tarrant C, Baker R, Colman AM, et al. The prostate care questionnaire for patients (PCQ-P): reliability, validity and acceptability. *BMC health services research.* 2009;9:199.
261. Taylor C, Brown K, Lamb B, Harris J, Sevdalis N, Green JS. Developing and testing TEAM (Team Evaluation and Assessment Measure), a self-assessment tool to improve cancer multidisciplinary teamwork. *Annals of surgical oncology.* Dec 2012;19(13):4019-4027.
262. Temkin-Greener H, Gross D, Kunitz SJ, Mukamel D. Measuring interdisciplinary team performance in a long-term care setting. *Medical care.* May 2004;42(5):472-481.
263. Thom DH, Ribisl KM, Stewart AL, Luke DA. Further validation and reliability testing of the Trust in Physician Scale. The Stanford Trust Study Physicians. *Medical care.* May 1999;37(5):510-517.
264. Thom DH, Wong ST, Guzman D, et al. Physician trust in the patient: development and validation of a new measure. *Annals of family medicine.* Mar-Apr 2011;9(2):148-154.
265. Thompson HS, Valdimarsdottir HB, Winkel G, Jandorf L, Redd W. The Group-Based Medical Mistrust Scale: psychometric properties and association with breast cancer screening. *Preventive medicine.* Feb 2004;38(2):209-218.
266. Tobon JI, Reid GJ, Goffin RD. Continuity of Care in Children's Mental Health: Development of a Measure. *Administration and policy in mental health.* Sep 28 2013.
267. Tomes AE, Chee Peng Ng S. Service quality in hospital care: the development of an in-patient questionnaire. *International journal of health care quality assurance.* 1995;8(3):25-33.
268. Triemstra M, Winters S, Kool RB, Wiegers TA. Measuring client experiences in long-term care in the Netherlands: a pilot study with the Consumer Quality Index Long-term Care. *BMC health services research.* 2010;10:95.
269. Tucker CM, Mirsu-Paun A, Van den Berg JJ, et al. Assessments for measuring patient-centered cultural sensitivity in community-based primary care clinics. *Journal of the National Medical Association.* Jun 2007;99(6):609-619.
270. Uijen AA, Schellevis FG, van den Bosch WJ, Mokkink HG, van Weel C, Schers HJ. Nijmegen Continuity Questionnaire: development and testing of a questionnaire that measures continuity of care. *Journal of clinical epidemiology.* Dec 2011;64(12):1391-1399.
271. Uijen AA, Heinst CW, Schellevis FG, et al. Measurement properties of questionnaires measuring continuity of care: a systematic review. *PloS one.* 2012;7(7):e42256.
272. Uyei J, Coetzee D, Macinko J, Weinberg SL, Guttmacher S. Measuring the degree of integrated tuberculosis and HIV service delivery in Cape Town, South Africa. *Health policy and planning.* Jan 2014;29(1):42-55.
273. Valentine NB, Bonsel GJ, Murray CJ. Measuring quality of health care from the user's perspective in 41 countries: psychometric properties of WHO's questions on health systems responsiveness. *Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation.* Sep 2007;16(7):1107-1125.
274. van Campen C, Sixma HJ, Kerssens JJ, Peters L, Rasker JJ. Assessing patients' priorities and perceptions of the quality of health care: the development of the QUOTE-Rheumatic-Patients instrument. *British journal of rheumatology.* Apr 1998;37(4):362-368.
275. Van den Broeck U, Spiessens C, Dancet E, et al. Patient evaluation of infertility management in an ISO 9001:2008-certified centre for reproductive medicine. *Reproductive biomedicine online.* Mar 2012;24(3):293-300.
276. van der Eijk I, Sixma H, Smeets T, et al. Quality of health care in inflammatory bowel disease: development of a reliable questionnaire (QUOTE-IBD) and first results. *The American journal of gastroenterology.* Dec 2001;96(12):3329-3336.
277. van der Eijk M, Faber MJ, Ummels I, Aarts JW, Munneke M, Bloem BR. Patient-centeredness in PD care: development and validation of a patient experience questionnaire. *Parkinsonism & related disorders.* Nov 2012;18(9):1011-1016.
278. Van der Feltz-Cornelis CM, Van Oppen P, Van Marwijk HW, De Beurs E, Van Dyck R. A patient-doctor relationship questionnaire (PDRQ-9) in primary care: development and psychometric evaluation. *General hospital psychiatry.* Mar-Apr 2004;26(2):115-120.
279. van Empel IW, Aarts JW, Cohlen BJ, et al. Measuring patient-centredness, the neglected outcome in fertility care: a random multicentre validation study. *Human reproduction (Oxford, England).* Oct 2010;25(10):2516-2526.

280. van Weert JC, Jansen J, de Bruijn GJ, Noordman J, van Dulmen S, Bensing JM. QUOTEchemo: a patient-centred instrument to measure quality of communication preceding chemotherapy treatment through the patient's eyes. *European journal of cancer (Oxford, England : 1990).* Nov 2009;45(17):2967-2976.
281. Vandamme R, Leunis J. Development of a Multiple-item Scale for Measuring Hospital Service Quality. *International Journal of Service Industry Management.* 1993;4(3):30-49.
282. Vanhaecht K, De Witte K, Depreitere R, et al. Development and validation of a care process self-evaluation tool. *Health services management research : an official journal of the Association of University Programs in Health Administration / HSMC, AUPHA.* Aug 2007;20(3):189-202.
283. Ware NC, Dickey B, Tugenberg T, McHorney CA. CONNECT: a measure of continuity of care in mental health services. *Mental health services research.* Dec 2003;5(4):209-221.
284. Wei X, Barnsley J, Zakus D, Cockerill R, Glazier R, Sun X. Assessing continuity of care in a community diabetes program: initial questionnaire development and validation. *Journal of clinical epidemiology.* Sep 2008;61(9):925-931.
285. Wener ME, Schonwetter DJ, Mazurat N. Developing new dental communication skills assessment tools by including patients and other stakeholders. *Journal of dental education.* Dec 2011;75(12):1527-1541.
286. Wenghofer EF, Williams AP, Klass DJ, Faulkner D. Physician-patient encounters: the structure of performance in family and general office practice. *The Journal of continuing education in the health professions.* Fall 2006;26(4):285-293.
287. Wensing M, van Lieshout J, Jung HP, Hermsen J, Rosemann T. The Patients Assessment Chronic Illness Care (PACIC) questionnaire in The Netherlands: a validation study in rural general practice. *BMC health services research.* 2008;8:182.
288. White DL, Newton-Curtis L, Lyons KS. Development and initial testing of a measure of person-directed care. *The Gerontologist.* Jul 2008;48 Spec No 1:114-123.
289. Wholey DR, Zhu X, Knoke D, Shah P, Zellmer-Bruhn M, Witheridge TF. The teamwork in assertive community treatment (TACT) scale: development and validation. *Psychiatric services (Washington, D.C.).* Nov 2012;63(11):1108-1117.
290. Wilde B, Larsson G, Larsson M, Starrin B. Quality of care. Development of a patient-centred questionnaire based on a grounded theory model. *Scandinavian journal of caring sciences.* 1994;8(1):39-48.
291. Wilkerson L, Fung CC, May W, Elliott D. Assessing patient-centered care: one approach to health disparities education. *Journal of general internal medicine.* May 2010;25 Suppl 2:S86-90.
292. Winning TA, Kinnell A, Wener ME, Mazurat N, D JS. Validity of scores from communication skills instruments for patients and their dental student-clinicians. *European journal of dental education : official journal of the Association for Dental Education in Europe.* May 2013;17(2):93-100.
293. Woodside JM, Rosenbaum PL, King SM, King GA. Family-Centered Service: Developing and Validating a Self-Assessment Tool for Pediatric Service Providers. *Children's Health Care.* 2001/09/01 2001;30(3):237-252.
294. Wressle E, Eriksson L, Fahlander A, et al. Relatives' perspective on the quality of geriatric care and rehabilitation--development and testing of a questionnaire. *Scandinavian journal of caring sciences.* Dec 2008;22(4):590-595.
295. Young JM, Walsh J, Butow PN, Solomon MJ, Shaw J. Measuring cancer care coordination: development and validation of a questionnaire for patients. *BMC cancer.* 2011;11:298.
296. Yun YH, Kim SH, Lee KM, et al. Patient-reported assessment of quality care at end of life: development and validation of Quality Care Questionnaire-End of Life (QCQ-EOL). *European journal of cancer (Oxford, England : 1990).* Sep 2006;42(14):2310-2317.
297. Zhang XH, Jin J, Ngorsuraches S, Li SC. Development and validation of a scale to measure patients' trust in pharmacists in Singapore. *Patient preference and adherence.* 2009;3:1-7.
298. Zineldin M, Camgoz-Akdag H, Vasicheva V. Measuring, evaluating and improving hospital quality parameters/dimensions--an integrated healthcare quality approach. *International journal of health care quality assurance.* 2011;24(8):654-662.
299. Zwart DL, Langelaan M, van de Vooren RC, et al. Patient safety culture measurement in general practice. Clinimetric properties of 'SCOPE'. *BMC family practice.* 2011;12:117.
300. Zwier G. A standardised and validated patient survey in primary care: introducing the New Zealand General Practice Assessment Questionnaire (NZGPAQ). *The New Zealand medical journal.* Apr 5 2013;126(1372):47-54.