

Evaluative Belief Scale for Healthcare

Patient Information:

Name: _____ Date: _____

Age: _____ Gender: _____

Medical Condition: _____

Instructions:

This scale aims to understand your beliefs, attitudes, and perceptions regarding healthcare and medical treatments. Please read each statement carefully and indicate your level of agreement or disagreement by circling the appropriate response. There are no right or wrong answers. Your honest feedback is valuable in improving our healthcare services.

Scoring:

Strongly Disagree (**SD**) | Disagree (**D**) | Neutral (**N**) | Agree (**A**) | Strongly Agree (**SA**)

Score	Statement
	1. The information provided by my healthcare provider is clear and easy to understand.
	2. I have confidence in the effectiveness of the medical treatments recommended to me.
	3. I actively participate in shared decision-making with my healthcare provider.
	4. I trust my healthcare provider's expertise and judgment.
	5. I believe that preventive measures play a crucial role in maintaining good health.
	6. I am open to trying alternative or complementary therapies in addition to traditional medical treatments.
	7. I feel comfortable discussing my treatment preferences and concerns with my healthcare provider.
	8. I believe that a healthy lifestyle can significantly impact my overall well-being.
	9. I consider the potential risks and benefits of medical interventions before making decisions.
	10. I seek medical information to understand my condition and treatment options better.