**ADRIHEALTHMOB – WP4.1**

**QUESTIONNAIRE on Health Institutions**

***(UPITNIK za zdravstvene ustanove)***

**Section a–details of the facility**

***(Odjeljak a-podaci o ustanovi)***

**A1.** Please indicate the name of your institution *(Navedite naziv ustanove)*

|  |
| --- |
|  |

(Enter institution name)

*(Upišite naziv ustanove)*

**A2.** Please indicate the legal status of your institution *(Navedite pravni status ustanove)*

|  |
| --- |
| 1. **Public Body**   ***(Javna ustanova)*** |
| 1. **Body Governed by Public law**   ***(ustanova na koju se primjenjuje javno pravo)*** |
| 1. **Private Profit Making**   ***(Privatna profitna ustanova)*** |

(Encircle one answer)

*(Zaokružite jedan odgovor)*

**A3.** Please provide a brief description of your institution *(Ukratko opišite svoju ustanovu)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer)

*(Upišite odgovor)*

**A4.** Please indicate the size of your institution *(Navedite veličinu ustanove)*

|  |
| --- |
| 1. **up to 20**   ***(do 20)*** |
| 1. **from 21 to 50**   ***(od 21 do 50)*** |
| 1. **from 51 to 250**   ***(od 51 do 250)*** |
| 1. **from 250 to 500**   ***(od 250 do 500)*** |
| 1. **from 500 to 1000**   ***(od 500 do 1000)*** |
| 1. **more than 1000**   ***(više od 1000)*** |

(Please encircle one answer)

*(Zaokružite jedan odgovor)*

**A5.** Please indicate the year of establishment of your institution *(Navedite godinu osnutka ustanove)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter date)

*(Upišite datum)*

**A6**. Please indicate the location of your institution *(Navedite lokaciju ustanove)*

A6.1 Country *(Država)*

|  |
| --- |
| 1. Italija |
| 1. Grčka |
| 1. Slovenija |
| 1. Hrvatska |
| 1. Crna Gora |
| 1. Albania |
| 1. Bosna i Hercegovina |
| 1. Srbija |

(Please encircle one answer)

*(Zaokružite jedan odgovor)*

**A6.2** Region *(Regija)*

**Italy *(Italija)***

|  |
| --- |
| 1. [**Region of Puglia**](http://en.wikipedia.org/wiki/Apulia) |
| 1. [**Region of Molise**](http://en.wikipedia.org/wiki/Molise) |
| 1. [**Region of Abruzzo**](http://en.wikipedia.org/wiki/Abruzzo) |
| 1. [**Region of Marche**](http://en.wikipedia.org/wiki/Marche) |
| 1. [**Region of Emilia-Romagna**](http://en.wikipedia.org/wiki/Emilia-Romagna) |
| 1. [**Region of Veneto**](http://en.wikipedia.org/wiki/Veneto) |
| 1. [**Autonomous Region of Friuli-Venezia Giulia**](http://en.wikipedia.org/wiki/Friuli-Venezia_Giulia) |

(Please encircle one answer)

*(Zaokružite jedan odgovor)*

**Bosnia and Herzegovina *(Bosna i Hercegovina)***

|  |
| --- |
| 1. [**Unsko-sanski kanton**](http://bs.wikipedia.org/wiki/Unsko-sanski_kanton) |
| 1. [**Posavski kanton**](http://bs.wikipedia.org/wiki/Posavski_kanton) |
| 1. [**Tuzlanski kanton**](http://bs.wikipedia.org/wiki/Tuzlanski_kanton) |
| 1. [**Zeničko-dobojski kanton**](http://bs.wikipedia.org/wiki/Zeni%C4%8Dko-dobojski_kanton) |
| 1. [**Bosansko-podrinjski kanton**](http://bs.wikipedia.org/wiki/Bosansko-podrinjski_kanton) |
| 1. [**Srednjobosanski kanton**](http://bs.wikipedia.org/wiki/Srednjobosanski_kanton) |
| 1. [**Hercegovačko-neretvanski kanton**](http://bs.wikipedia.org/wiki/Hercegova%C4%8Dko-neretvanski_kanton) |
| 1. [**Zapadnohercegovački kanton**](http://bs.wikipedia.org/wiki/Zapadnohercegova%C4%8Dki_kanton) |
| 1. [**Kanton Sarajevo**](http://bs.wikipedia.org/wiki/Kanton_Sarajevo) |
| 1. [**Kanton br. 10**](http://bs.wikipedia.org/wiki/Kanton_br._10) |
|  |

(Please encircle one answer)

*(Zaokružite jedan odgovor)*

* [Slovenia](http://en.wikipedia.org/wiki/Montenegro) participates on the national level

*(Slovenija sudjeluje na nacionalnoj razini)*

* [Montenegro](http://en.wikipedia.org/wiki/Montenegro) participates on the national level

*(Crna Gora sudjeluje na nacionalnoj razini)*

* [Albania](http://en.wikipedia.org/wiki/Albania) participates on the national level

*(Albanija sudjeluje na nacionalnoj razini)*

* [Serbia](http://en.wikipedia.org/wiki/Albania) participates on the national level

*(Srbija sudjeluje na nacionalnoj razini)*

* Croatia participates on the national level

*(Hrvatska sudjeluje na nacionalnoj razini)*

* Greece participates on the national level

*(Grčka sudjeluje na nacionalnoj razini)*

**A6.3** City *(Grad)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter city name) *(Upišite ime grada)*

**A6.4** Address *(Adresa)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter full address of institution) *(Upišite punu adresu ustanove)*

**A6.5** Postal Code *(Poštanski broj)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**A6.6** Please indicate the website of your institution *(Navedite internetsku stranicu ustanove)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**A6.7** Please indicate a contact person in case of need of further information *(Navedite osobu za kontakt za dodatne informacije)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**A6.8** Please indicate the phone number of the contact person *(Navedite broj telefona osobe za kontakt)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**A6.9** Please indicate the e-mail of the contact person *(Navedite adresu elektroničke pošte osobe za kontakt)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**A6.10** Please indicate the number of people that the facility can accommodate *(Navedite broj osoba koji ustanova može primiti)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**A6.11** Please provide further information with reference to the general services provided by the facility *(Navedite dodatne informacije o općim uslugama koje ustanova pruža)*

|  |
| --- |
| 1. emergency (ambulance, first aid, etc)   *(hitne medicinske usluge (sanitetski prijevoz, prva medicinska pomoć, itd.)* |
| 1. prevention   *(preventivni programi)* |
| 1. diagnostic, therapeutic and rehabilitative procedures (outpatient service) *(dijagnostičke, terapijske i rehabilitacijske usluge (izvanbolničke usluge)* |
| 1. diagnostic, therapeutic and rehabilitative procedures (hospitalization)   *(dijagnostičke, terapijske i rehabilitacijske usluge (bolničke usluge)* |
| 1. care services in residential facilities   *(usluge skrbi u ustanovama socijalne skrbi)* |
| 1. catering   *(prehrana)* |
| 1. administrative service   *(administrativne usluge)* |
| 1. concierge service   *(recepcija)* |
| 1. answering service   *(služba za informacije)* |
| 1. room service   *(posluga u sobi)* |
| 1. public worship   *(bogoslužje)* |
| 1. taxi service   *(taksi služba)* |
| 1. other (please specify)   *(ostalo (molimo navedite)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**A6.12** Does the structure offer a transport service (for visits, daily centre, etc) *(Nudi li ustanova usluge prijevoza (za preglede, dnevni boravak itd.)?)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**A6.12.1** If yes, which one: *(Ako da, koje:)*

|  |
| --- |
| 1. ambulance   *(sanitetski prijevoz)* |
| 1. mini bus   *(minibus)* |
| 1. public service   *(javni prijevoz)* |
| 1. voluntary / charity associations *(dobrovoljne/dobrotvorne udruge)* |
| 1. other (please specify)   *(ostalo (molimo navedite)* |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**A7 - Logistic Aspects**

***(A7 - Logistički aspekti)***

**A7.1** Accessibility: *(Dostupnost:)*

|  |
| --- |
| 1. highway   *(državna cesta)* |
| 1. expressway   *(autocesta)* |
| 1. rail station   *(željeznička stanica)* |
| 1. air ambulance   *(sanitetski prijevoz zračnim putem)* |
| 1. airport   *(zračna luka)* |
| 1. port   *(luka)* |
| 1. other   *(ostalo)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**A7.2** Distances: *(Udaljenosti:)*

A72.1 - highway: *(državna cesta:)*

|  |
| --- |
| 1. from 0 to 9km   *(od 0 do 9 km)* |
| 1. from 10 to 29km   *(od 10 do 29 km)* |
| 1. from 30 to 60km   *(od 30 do 60 km)* |
| 1. more than 60km   *(više od 60 km)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**A7.2.2** Expressway: *(Autocesta:)*

|  |
| --- |
| 1. from 0 to 9km   *(od 0 do 9 km)* |
| 1. from 10 to 29km   *(od 10 do 29 km)* |
| 1. from 30 to 60km   *(od 30 do 60 km)* |
| 1. more than 60km   *(više od 60 km)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**A7.2.3** Rail station *(Željeznička stanica)*

|  |
| --- |
| 1. from 0 to 9km   *(od 0 do 9 km)* |
| 1. from 10 to 29km   *(od 10 do 29 km)* |
| 1. from 30 to 60km   *(od 30 do 60 km)* |
| 1. more than 60km   *(više od 60 km)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**A7.2.4** Air ambulance *(Sanitetski prijevoz zračnim putem)*

|  |
| --- |
| 1. from 0 to 9km   *(od 0 do 9 km)* |
| 1. from 10 to 29km   *(od 10 do 29 km)* |
| 1. from 30 to 60km   *(od 30 do 60 km)* |
| 1. more than 60km   *(više od 60 km)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**A7.2.5** Airport: *(Zračna luka:)*

|  |
| --- |
| 1. from 0 to 9km   *(od 0 do 9 km)* |
| 1. from 10 to 29km   *(od 10 do 29 km)* |
| 1. from 30 to 60km   *(od 30 do 60 km)* |
| 1. more than 60km   *(više od 60 km)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**A7.2.6** Port: *(Luka:)*

|  |
| --- |
| 1. from 0 to 9km   *(od 0 do 9 km)* |
| 1. from 10 to 29km   *(od 10 do 29 km)* |
| 1. from 30 to 60km   *(od 30 do 60 km)* |
| 1. more than 60km   *(više od 60 km)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**A7.2.6** Other*: (Ostalo:)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 1. from 0 to 9km   *(od 0 do 9 km)* |
| 1. from 10 to 29km   *(od 10 do 29 km)* |
| 1. from 30 to 60km   *(od 30 do 60 km)* |
| 1. more than 60km   *(više od 60 km)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**A7.3** Is the structure well indicated with signage (signal, arrows, plaque, etc)? *Je li ustanova dobro označena (signal, strelice, ploča, itd.)?*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**A7.3.1** Is the structure mapped within sat - nav or google map? *(Nalazi li se ustanova na kartama satelitske navigacije ili kartama google maps?)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**A7.4** Parking: *(Parkiralište:)*

|  |
| --- |
| 1. yes, reserved *(da, rezervirano)* |
| 1. yes, public, but for free *(da, javno, ali nije besplatno)* |
| 1. yes, with fee *(da, uz plaćanje)* |
| 1. no *(ne)* |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**A7.5** Presence and typology of connection with the infrastructure *(Dostupnost i vrsta veze s infrastrukturom)*

|  |
| --- |
| 1. bus stop (urban and / or suburban) *(autobusna stanica (gradska i/ili prigradska)* |
| 1. reserved shuttle *(rezervirani prijevoz po dogovoru (šatl)* |
| 1. bus shuttle from rail station *(rezervirani prijevoz autobusom (šatl) od željezničke stanice)* |
| 1. taxi arrangement *(taksi usluge)* |
| 1. other *(ostalo)* |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**A7.6** Other services for visitors *(Ostale usluge za posjetitelje)*

|  |
| --- |
| 1. reception *(recepcija)* |
| 1. info point / board or display for logistic information *(mjesto za informacije / ploča ili zaslon s logističkim informacijama)* |
| 1. waiting room *(čekaonica)* |
| 1. refectory *(blagovaonica)* |
| 1. internet point *(mjesto na kojem je dostupan internet)* |
| 1. other *(ostalo)* |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**A7.7** Presence and typology of infrastructure nearby the care institute: *(Dostupnost i vrsta infrastrukture u blizini ustanove:)*

|  |
| --- |
|  |
| 1. pharmacy *(ljekarna)* |
| 1. rehabilitation center *(rehabilitacijski centar)* |
| 1. social club *(društveni klub)* |
| 1. public park *(javni park)* |
| 1. swimming pool *(bazen)* |
| 1. pedestrian *(šetnica)* |
| 1. bike path *(biciklistička staza)* |
| 1. restaurant *(restoran)* |
| 1. bar *(bar)* |
| 1. other *(ostalo)* |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**A7.8** Agreements *(Ugovori)*

**A7.8.1** - Does the structure / organization has agreements with company of transport (air / rail / sea/…) for discount reserved to patients /users and their families? *(Ima li ustanova/organizacija ugovore s prijevozničkim tvrtkama (zračnim/željezničkim/pomorskim...) o popustima za pacijente/korisnike i njihove obitelji?)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**A7.8.1.1** If yes, please give a list of transport agreements *(Ako da, navedite popis ugovora o prijevozu)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**A7.8.2** Does the structure / organization has agreements with hotels, hostels, rents rooms for discount reserved to the relatives of their users? *(Ima li ustanova/organizacija ugovore s hotelima, hostelima, iznajmljivačima soba o popustima za obitelji korisnika?)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B.2 – Specialisations**

***(SpecijaliSTIKA)***

**B.2.1** Cardiology *(Kardiologija)*

**B2.2** Does your hospital have a cardiology department? *(Ima li vaša bolnica odjel za kardiologiju?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B2.3** If yes, what is the accommodation capacity in the cardiology department? *(Ako da, koliki su smještajni kapaciteti odjela za kardiologiju?)*

|  |
| --- |
| 1. 0-10 |
| 1. 10-20 |
| 1. 20-30 |
| 1. more then 30 *(više od 30)* |

**B2.4** Is there an outpatient service? *(Postoji li izvanbolnička služba?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B2.5** Which kind of exams do you perform and how many every year? *(Koju vrstu pregleda obavljate i koliko ih godišnje napravite?)*

|  |
| --- |
| Echocardiography(indicate number)  *Ultrazvučni pregled srca (navedite broj)*  (\_\_\_\_\_\_\_\_) |
| [Transesophageal echocardiogram](http://en.wikipedia.org/wiki/Transesophageal_echocardiogram) (TEE) (indicate number)  *Transezofagealni ultrazvuk srca (TEE)*  *(navedite broj)*  (\_\_\_\_\_\_\_\_) |
| Holter monitor (24h) (indicate number)  *Holter monitor (24h)* (*navedite broj)* (\_\_\_\_\_\_\_\_) |
| Holter monitor BPA (24h) (indicate number)  *Holter monitor BPA (24h) (navedite broj)* (\_\_\_\_\_\_\_\_) |
| Ergometry (indicate number)  *Ergometrija (navedite broj)*  (\_\_\_\_\_\_\_\_) |
| Cardiac catheterization (indicate number)  *Kateterizacija srca* *(navedite broj)* (\_\_\_\_\_\_\_\_) |
| Cardiac catheterization with stent (indicate number)  *Kateterizacija srca stentom (navedite broj)*  (\_\_\_\_\_\_\_\_) |
| Cardiac catheterization with balloon pump (indicate number)  *Kateterizacija srca balonskom pumpom* (*navedite broj)*  (\_\_\_\_\_\_\_\_) |
| Pacemaker surgery (indicate number)  *Ugradnja elektrostimulatora srca navedite broj)*  (\_\_\_\_\_\_\_\_) |
| Cardiac scintigraphy (indicate number)  *Scintigrafija srca* *navedite broj)*  (\_\_\_\_\_\_\_\_) |
| Other  *Ostalo*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**B2.6** Please specify name, number of ultrasound echo machine you use and type of available probes

*(Navedite naziv i broj uređaja za ultrazvučni pregled srca te vrstu sondi koje koristite)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B2.7**

|  |
| --- |
| **B2.11 How many patients to sent to cardiac surgery do you see every year?**  ***Koliko pacijenata upućenih na operaciju srca imate godišnje?*** |
| **Indicate number *(navedite broj)*  (\_\_\_\_\_\_\_\_\_)** |

**B2.8** Where are they operated? *(Gdje su operirani?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B2.9** Do you have surgery rooms for cardiac patients? *(Imate li operacijske dvorane za kardiološke pacijente?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B2.10** Do you have a hybrid surgery room for cardiac patients? *(Imate li hibridnu operacijsku dvoranu za kardiološke pacijente?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B2.11** Do you have an intensive care unit for patients? *(Imate li jedinicu za intenzivno liječenje pacijenata?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B2.12** Do you have Department of Cardiac Pacing? *(Imate li jedinicu za elektrostimulaciju srca?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer)

**B2.3** **Pediatric Cardiac Activity** ***(Djelatnost pedijatrijske kardiologije)***

Is there a pediatric cardiology activity in your hospital? *(Ima li vaša bolnica djelatnost pedijatrijske kardiologije?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

If Yes:

**B2.4** How many physicians are interested in or dedicated to pediatric cardiology? *(Koliko se liječnika zanima za pedijatrijsku kardiologiju ili se njome bavi?)*

Cardiologists: *(Kardiolozi)* \_\_\_\_\_\_\_\_\_\_\_\_\_

Neonatologists: *(Neonatolozi)* \_\_\_\_\_\_\_\_\_\_\_\_\_

Pediatricians: *(Pedijatri)* \_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B2.5** Is there an outpatient service? *(Postoji li izvanbolnička služba?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B2.6** Which kind of exams do you perform and how many every year?

*(Koju vrstu pregleda obavljate i koliko ih godišnje obavite?)*

|  |
| --- |
| **ECG, how many, Indicate number**  ***(EKG, koliko, navedite broj)* (\_\_\_\_\_\_\_\_)** |
| **Echocardiography, how many, Indicate number**  ***(Ultrazvučni pregled srca, koliko,* *navedite broj)*  (\_\_\_\_\_\_\_\_)** |
| **Cycle ergometer exercise test or other, how many, Indicate number**  ***(Test opterećenja srca na biciklu ili drugo, koliko,* *navedite broj)*  (\_\_\_\_\_\_\_\_)** |
| **Cardiopulmonary exercise testing, how many, Indicate number**  ***(Kardiopulmonalni test fizičkim opterećenjem (CPET), koliko, navedite broj)* (\_\_\_\_\_\_\_\_)** |
| **ECG Holter, how many, Indicate number**  ***(EKG holter, koliko,* *navedite broj)* (\_\_\_\_\_\_\_\_)** |
| **Holter BPA, how many, Indicate number**  ***(Holter BPA, koliko,* *navedite broj)*  (\_\_\_\_\_\_\_\_)** |
| **Cardiac cath, how many, Indicate number**  ***(Kateterizacija srca, koliko,* *navedite broj)*  (\_\_\_\_\_\_\_\_)** |
| **Diagnostic catheterization, how many, Indicate number**  ***(Dijagnostička kateterizacija, koliko*, *navedite broj)*  (\_\_\_\_\_\_\_\_)** |
| **Interventional catheterization, how many, Indicate number**  ***(Intervencijska kateterizacija, koliko,* *navedite broj)* (\_\_\_\_\_\_\_\_)** |
| **Angio-CT scan, how many, Indicate number**  ***(CT-angiografija, koliko, navedite broj)* (\_\_\_\_\_\_\_\_)** |
| **MNR, how many, Indicate number**  ***(Magnetska rezonancija, koliko,* *navedite broj)* (\_\_\_\_\_\_\_\_)** |

**Other *(Ostalo)***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Indicate number *(navedite broj)* (\_\_\_\_\_\_\_\_)**

**B2.7** Please specify name, number of ultrasound echo machine you use and type of available probes *(Navedite naziv i broj uređaja za ultrazvučni pregled srca te vrstu sondi koje koristite)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B2.8** How many patients with congenital heart disease (CHD) do you visit every year? *(Koliko pacijenata s prirođenim srčanim greškama vas posjeti svake godine?)*

Indicate number *(navedite broj)*: (\_\_\_\_\_\_\_\_\_)

**B2.9** Which age do you evaluate? *(Koju dob ocjenjujete?)*

|  |
| --- |
| 1. **Prenatal diagnosis *(Prenatalna dijagnostika)*** |
| 1. **Neonatal diagnosis *(Neonatalna dijagnostika)*** |
| 1. **Diagnosis in childhood *(Dijagnostika kod djece)*** |
| 1. **Diagnosis in adults (GUCH patients )**   ***(Dijagnostika kod odraslih (prirođene srčane greške u odraslih))*** |
| 1. **All of them *(Sve)*** |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

|  |
| --- |
| **B2.10 How many CHD emergencies have you every year?**  ***(Koliko hitnih pacijenata s prirođenim srčanim greškama imate godišnje?)*** |
| **Indicate number *(navedite broj)*  (\_\_\_\_\_\_\_\_\_)** |

|  |
| --- |
| **B2.11 How many patients to sent to cardiac surgery do you see every year?**  ***(Koliko pacijenata upućenih na operaciju srca imate godišnje?)*** |
| **Indicate number *(navedite broj)*  (\_\_\_\_\_\_\_\_\_)** |

**B2.12** Where are they operated? *(Gdje su operirani?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B2.13** Where do you refer for surgery your patients with CHD?

*(Kamo upućujete svoje pacijente s prirođenim srčanim greškama na operaciju?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B2.14** Do you follow up patients CHD post cardiac surgery?

*(Pratite li pacijente s prirođenim srčanim greškama nakon operacije srca?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B2.15** Have you the availability of PGE for the treatment of neonatal critical CHD?

*(Imate li na raspolaganju prostaglandin E (PGE) za terapiju neonatalnih kritičnih pacijenata s prirođenim srčanim greškama? )*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B2.16** Is there a specialist physician able to perform a Rashkind procedure?

*(Imate li specijalistu koji može obaviti postupak po Rashkindu?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B2.17** Have you one or more intensivists who can stabilize a newborn with critical CHD?

*(Imate li jednoga ili više intenzivista koji mogu stabilizirati novorođenče s prirođenom srčanom greškom?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B2.18** Do you have a bronchoscopy service for infants and children?

*(Imate li bronhoskopiju za dojenčad i djecu?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B2.19** Can you monitor an infant or child with decompensated CHD?

*(Možete li monitorirati dojenče ili dijete s dekompenzacijom srca?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B2.20** How high is the mortality for patients with CHD in your hospital?

*(Kolika je smrtnost pacijenata s prirođenim srčanim greškama u vašoj bolnici?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer in percentages) *(Navedite odgovor u postotcima)*

**B3 ELECTROPHYSIOLOGY**

**B3.1** Do you have an electrophysiology service? *(Imate li službu za elektrofiziologiju?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B3.2** Which kind of exams do you perform? *(Koju vrstu pregleda obavljate?)*

* EEG (Yes/ No, in case of Yes give the model of the device used )

*(EEG (Da/Ne; ako da, navedite model uređaja koji koristite))*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* fMRI (Yes/ No, in case of Yes give the model of the device used )

*(fMRI (Da/Ne; ako da, navedite model uređaja koji koristite))*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* SPECT (Yes/ No, in case of Yes give the model of the device used )

*(SPECT (Da/Ne; ako da, navedite model uređaja koji koristite))*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B3.3** Do you have equipment for basic blood and urine samples test? *(Imate li opremu za osnovno testiranje uzoraka krvi i urina?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B3.4** Do you have equipment for protein analysis? *(Imate li opremu za analizu proteina?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B3.5** Do you have equipment for polymorphisms and mutations detection? *(Imate li opremu za otkrivanje polimorfizma i mutacija?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B3.6** Do you have equipment for analysis of genetic variation and function? *(Imate li opremu za analizu genetskih varijacija i funkcija?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B3.7** Indicate number of intracardiac electrophysiologic studies every year? *(Navedite broj elektrofizioloških ispitivanja srca svake godine?)*

(\_\_\_\_\_\_\_\_\_\_)

**B3.8** Indicate number of ablation procedures every year? *(Navedite broj ablacijskih zahvata koje obavite svake godine?)*

(\_\_\_\_\_\_\_\_\_\_)

**B3.9** Are pace-maker implanted in pediatric patients (newborn and children) in your hospital? *(Ugrađuju li se u vašoj bolnici elektrostimulatori srca pedijatrijskim pacijentima (novorođenčadi i djeci)?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B3.10** Are pace-maker implanted in GUCH patients? *(Ugrađuju li se elektrostimulatori srca odraslim pacijentima s prirođenim srčanim greškama?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B3.11** How many with epicardial leads?*(Koliko s elektrodama na epikardu?)*

Indicate number ***(navedite broj)***  (\_\_\_\_\_\_\_\_\_\_)

**B3.12** How many with endocavitary leads? *(Koliko s elektrodama u srčanoj unutrašnjosti?)*

Indicate number ***(navedite broj)***  (\_\_\_\_\_\_\_\_\_\_)

**B4 - PEDIATRIC CARDIAC SURGERY ACTIVITY**

***DJELATNOST DJEČJE KARDIOKIRURGIJE***

**B4.1** Is there pediatric cardiac surgery activity in your hospital? *(Postoji li u vašoj bolnici djelatnost dječje kardiokirurgije?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

If yes:

How many pediatric surgeons do you have?

*Ako da:*

*Koliko imate dječjih kirurga?*

Indicate number ***(navedite broj)*** (\_\_\_\_\_\_\_\_\_\_)

**B4.2** Are they dedicated exclusively to CHD patients? *(Bave li se oni isključivo pacijentima s prirođenim srčanim greškama?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B4.3** Which age groups are operated in your hospital? *(Na kojim dobnim skupinama obavljate operacijske zahvate?)*

|  |
| --- |
| 1. **Newborn**   ***Novorođenčad*** |
| 1. **Infant**   ***Dojenčad*** |
| 1. **Child**   ***Djeca*** |
| 1. **Adult (GUCH patients)**   ***Odrasli (odrasli pacijenti s prirođenim srčanim greškama)*** |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B4.4** Which and how many operations are performed every year? *(Koji se i koliko operativnih zahvata obavlja svake godine? )*

|  |
| --- |
| 1. **HLHS (Norwood – Damus Kaye) How many (\_\_\_\_\_\_\_)**   ***HLHS (sindrom hipoplastičnog lijevog srca) (Norwood – Damus Kaye) Koliko (\_\_\_\_\_\_\_)*** |
| 1. **TGA (Switch) How many (\_\_\_\_\_\_\_)**   ***Transpozicija velikih krvnih žila (preusmjeravanje) Koliko (\_\_\_\_\_\_\_)*** |
| 1. **PA (Shunt) How many (\_\_\_\_\_\_\_)**   ***Plućna arterija (šant) Koliko (\_\_\_\_\_\_\_)*** |
| 1. **Interrupted aortic arch How many (\_\_\_\_\_\_\_)**   ***Prekinuti luk aorte Koliko (\_\_\_\_\_\_\_)*** |
| 1. **APVRT How many (\_\_\_\_\_\_\_)**   ***APVRT Koliko (\_\_\_\_\_\_\_)*** |
| 1. **APVRP How many (\_\_\_\_\_\_\_)**   ***APVRP Koliko (\_\_\_\_\_\_\_)*** |
| 1. **Fallot tetralogy How many (\_\_\_\_\_\_\_)**   ***Tetralogija Fallot Koliko (\_\_\_\_\_\_\_)*** |
| 1. **AVSD How many (\_\_\_\_\_\_\_)**   ***Atrioventrikularni septalni defekt Koliko (\_\_\_\_\_\_\_)*** |
| 1. **Aortic Coarctation How many (\_\_\_\_\_\_\_)**   ***Koarktacija aorte Koliko (\_\_\_\_\_\_\_)*** |
| 1. **VSD How many (\_\_\_\_\_\_\_)**   ***Ventrikulski septumski defek Koliko (\_\_\_\_\_\_\_)*** |
| 1. **ASD How many (\_\_\_\_\_\_\_)**   ***Atrijski septumski defekt Koliko (\_\_\_\_\_\_\_)*** |
| 1. **PDA How many (\_\_\_\_\_\_\_)**   ***Otvoreni arterijski duktus Koliko (\_\_\_\_\_\_\_)*** |

**B4.5** Do you have cardiac anesthesiologists dedicated to pediatric cardiac surgery? *(Imate li kardiološke anesteziologe koji se bave dječjom kardiokirurgijom?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

how many (\_\_\_\_\_\_\_\_\_\_)

*koliko (\_\_\_\_\_\_\_\_\_\_)*

**B4.6** Do you have perfusionist dedicated to pediatric cardiac surgery? *(Imate li stručnjaka za perfuziju koji se bavi dječjom kardiokirurgijom?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

how many (\_\_\_\_\_\_\_\_\_\_)

*koliko (\_\_\_\_\_\_\_\_\_\_)*

**B4.7** Do you have mortality for congenital heart disease? *(Imate li smrtne slučajeve za prirođene srčane greške?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B4.7.1** How many? *(Koliko?)*

Please indicate number (\_\_\_\_\_\_\_\_)

*(Navedite broj) (\_\_\_\_\_\_\_\_)*

**B 5 NEUROLOGICAL DISEASES**

***NEUROLOŠKE BOLESTI***

**B 5.1** Do you provide services for the diagnosis, treatment and care of neurological diseases? ***(****Pružate li usluge dijagnoze, liječenja i skrbi neuroloških bolesti?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

If yes please answer the following questions:

*(Ako da, molimo da odgovorite na sljedeća pitanja:)*

**B5. 2** How many patients with neurological diseases do you visit every year? *(Koliko pacijenata s neurološkim bolestima vas posjeti svake godine?)*

Please indicate number (\_\_\_\_\_\_\_\_)

*(Navedite broj) (\_\_\_\_\_\_\_\_)*

**B5. 3** What kinds of neurological diseases were your patients interested in? *(Koje su vrste neuroloških bolesti s kojima su se javljali vaši pacijenti?)*

Please indicate the numbers of patients for each disease (\_\_\_\_\_\_\_\_)

*Navedite broj pacijenata za svaku bolest (\_\_\_\_\_\_\_\_)*

Type of neurological disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate number (\_\_\_\_\_\_\_\_)

*Vrsta neurološke bolesti: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Navedite broj (\_\_\_\_\_\_\_\_)*

Type of neurological disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate number (\_\_\_\_\_\_\_\_)

*Vrsta neurološke bolesti: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Navedite broj (\_\_\_\_\_\_\_\_)*

Type of neurological disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate number (\_\_\_\_\_\_\_\_)

*Vrsta neurološke bolesti: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Navedite broj (\_\_\_\_\_\_\_\_)*

Type of neurological disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate number (\_\_\_\_\_\_\_\_)

*Vrsta neurološke bolesti: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Navedite broj (\_\_\_\_\_\_\_\_)*

Type of neurological disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate number (\_\_\_\_\_\_\_\_)

*Vrsta neurološke bolesti: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Navedite broj (\_\_\_\_\_\_\_\_)*

Type of neurological disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate number (\_\_\_\_\_\_\_\_)

*Vrsta neurološke bolesti: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Navedite broj (\_\_\_\_\_\_\_\_)*

Type of neurological disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate number (\_\_\_\_\_\_\_\_)

*Vrsta neurološke bolesti: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Navedite broj (\_\_\_\_\_\_\_\_)*

Type of neurological disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate number (\_\_\_\_\_\_\_\_)

*Vrsta neurološke bolesti: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Navedite broj (\_\_\_\_\_\_\_\_)*

Type of neurological disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate number (\_\_\_\_\_\_\_\_)

*Vrsta neurološke bolesti: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Navedite broj (\_\_\_\_\_\_\_\_)*

Type of neurological disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate number (\_\_\_\_\_\_\_\_)

*Vrsta neurološke bolesti: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Navedite broj (\_\_\_\_\_\_\_\_)*

**B5. 4** How many physicians are interested in or dedicated to neurological diseases?

*(Koliko liječnika je zainteresirano za neurološke bolesti ili se njima bavi?)*

Neurologists: Please Indicate number (\_\_\_\_\_\_\_\_)

*Neurolozi: Navedite broj (\_\_\_\_\_\_\_\_\_)*

Geriatrician: Please Indicate number (\_\_\_\_\_\_\_\_)

*Gerijatar: Navedite broj (\_\_\_\_\_\_\_\_\_)*

Clinical geneticist: Please Indicate number (\_\_\_\_\_\_\_\_)

*Klinički genetičar: Navedite broj (\_\_\_\_\_\_\_\_\_)*

Clinical psychologist: Please Indicate number (\_\_\_\_\_\_\_\_)

*Klinički psiholog: Navedite broj (\_\_\_\_\_\_\_\_\_)*

Pathologist: Please Indicate number (\_\_\_\_\_\_\_\_)

*Patolog: Navedite broj (\_\_\_\_\_\_\_\_\_)*

Neurophysiologist: Please Indicate number (\_\_\_\_\_\_\_\_)

*Neurofiziolog: Navedite broj (\_\_\_\_\_\_\_\_\_)*

**B5. 5** How many of your patients have been admitted to a hospital in the previous year?

*(Koliko je vaših pacijenata primljeno u bolnicu u prethodnoj godini?)*

Please Indicate number (\_\_\_\_\_\_\_\_)

*Navedite broj (\_\_\_\_\_\_\_\_\_)*

**B5. 6** Have you had patients who visited your hospital with an interest in or a request for predictive genetic testing for late-onset, incurable neurological diseases? *(Jesu li vašu bolnicu posjetili pacijenti koji su se raspitivali o genetskom testiranju na neizlječive neurološke bolesti s kasnim javljanjem ili sa zahtjevom za takvo testiranje?)*

Please Indicate number (\_\_\_\_\_\_\_\_)

*Navedite broj (\_\_\_\_\_\_\_\_\_)*

**B5. 7** Do you provide genetic counseling in your own department? *(Pružate li na odjelu genetsko savjetovanje?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B5. 8** How many neurosurgeries have been done at your hospital? *(Koliko je neurorokirurških zahvata obavljeno u vašoj bolnici?)*

Please Indicate number (\_\_\_\_\_\_\_\_)

*Navedite broj (\_\_\_\_\_\_\_\_\_)*

**B5. 9** How high is the mortality for patients with neurological diseases in your hospital? *(Kolika je smrtnost pacijenata s neurološkim bolestima u vašoj bolnici?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B6 GASTROENTEROLOGY DISEASES**

***GASTROENTEROLOŠKE BOLESTI***

**B.6.1** Gastroenterology *(Gastroenterologija)*

**B6.2** Does your hospital have a gastroenterology department? *(Ima li vaša bolnica odjel za gastroenterologiju?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B6.3** If yes, what is the accommodation capacity in the gastroenterology department? *(Ako da, koliki su smještajni kapaciteti odjela za gastroenterologiju?)*

|  |
| --- |
| 1. 0-10 |
| 1. 10-20 |
| 1. 20-30 |
| 1. more then 30   *više od 30* |

**B6.4** Is there an outpatient service? *(Postoji li izvanbolnička služba?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B6.5** Which kind of exams do you perform and how many every year? *(Koju vrstu pregleda obavljate i koliko ih godišnje napravite?)*

|  |
| --- |
| Gastric Lavage *Indicate number* (\_\_\_\_\_\_\_)  *Ispiranje želuca Navedite broj (\_\_\_\_\_\_\_\_)* |
| Placing / evacuation nasogastric and nazojejunal probe *Indicate number* (\_\_\_\_\_\_\_)  *Postavljanje/evakuacija nazogastrične i nazojejunalne sonde Navedite broj (\_\_\_\_\_\_\_\_)* |
| Diagnostic and / or therapeutic puncture of pertioneal  cavity with taking a sample *Indicate number* (\_\_\_\_\_\_\_)  *Diagnostičko i/ili terapijsko punktiranje peritonejske*  *šupljine s uzimanjem uzorka Navedite broj (\_\_\_\_\_\_\_\_)* |
| Percutaneous liver biopsy under ultrasound control  (target and blind) *Indicate number* (\_\_\_\_\_\_\_)  *Perkutana biopsija jetre pod kontrolom ultrazvuka Navedite broj (\_\_\_\_\_\_\_\_)*  *(ciljana i slijepa)* |
| Ultrasound scan of the upper abdomen *Indicate number* (\_\_\_\_\_\_\_)  *Ultrazvučni pregled gornjeg abdomena Navedite broj (\_\_\_\_\_\_\_\_)* |
| Placing / evacuation of Sengstaken-Blakemore probe *Indicate number* (\_\_\_\_\_\_\_)  *Postavljanje/evakuacija sonde Sengstaken-Blakemore Navedite broj (\_\_\_\_\_\_\_\_)* |
| Esophagogastroduodenoscopy with  placing band ligature *Indicate number* (\_\_\_\_\_\_\_)  *Ezofagogastroduodenoskopija s*  *postavljanjem „band“ ligature Navedite broj (\_\_\_\_\_\_\_\_)* |
| Esophagogastroduodenoscopy with biopsy *Indicate number* (\_\_\_\_\_\_\_)  *Ezofagogastroduodenoskopija s biopsijom Navedite broj (\_\_\_\_\_\_\_\_)* |
| Esophagogastroduodenoscopy with mucosectomy *Indicate number* (\_\_\_\_\_\_\_)  *Ezofagogastroduodenoskopija s mukozektomijom Navedite broj (\_\_\_\_\_\_\_\_)* |
| Esophagogastroduodenoscopy with polypectomy *Indicate number* (\_\_\_\_\_\_\_)  *Ezofagogastroduodenoskopija s polipektomijom Navedite broj (\_\_\_\_\_\_\_\_)* |
| Esophagogastroduodenoscopy with dilatation *Indicate number* (\_\_\_\_\_\_\_)  *Ezofagogastroduodenoskopija s dilatacijom Navedite broj (\_\_\_\_\_\_\_\_)* |
| Esophagogastroduodenoscopy with mechanical  (hemoclips) hemostasis *Indicate number* (\_\_\_\_\_\_\_)  *Ezofagogastroduodenoskopija s mehaničkom*  *hemostazom (klipse) Navedite broj (\_\_\_\_\_\_\_\_)* |
| Esophagogastroduodenoscopy with sclerotherapy  *Indicate number* (\_\_\_\_\_\_\_)  *Ezofagogastroduodenoskopija sa skleroterapijom Navedite broj (\_\_\_\_\_\_\_\_)* |
| Esophagogastroduodenoscopy with extraction of  foreign bodies *Indicate number* (\_\_\_\_\_\_\_)  *Ezofagogastroduodenoskopija s ekstrakcijom*  *stranih tijela Navedite broj (\_\_\_\_\_\_\_\_)* |
| Esophagogastroduodenoscopy with placing /  removing PEG *Indicate number* (\_\_\_\_\_\_\_)  *Ezofagogastroduodenoskopija s postavljanjem /*  *uklanjanjem perkutane endoskopske gastrostome Navedite broj (\_\_\_\_\_\_\_\_)* |
| Esophagogastroduodenoscopy with placing  esophageal stent (SEMS self-expandable metal  (covered / uncovered) Stent) *Indicate number* (\_\_\_\_\_\_\_)  *Ezofagogastroduodenoskopija s postavljanjem*  *ezofagealnog stenta (SEMS samošireći metalni*  *(prekriveni/neprekriveni) stent) Navedite broj (\_\_\_\_\_\_\_\_)* |
| Esophagogastroduodenoscopy with pyloric placement of a stent (SEMS self-expandable metal (covered / uncovered) Stent) *Indicate number* (\_\_\_\_\_\_\_)  *Ezofagogastroduodenoskopija s postavljanjem*  *stenta (SEMS samošireći metalni (prekriveni/neprekriveni) stent)*  *u pilorus* |
| Esophagogastroduodenoscopy with placement of duodenal stent (SEMS self-expandable metal (covered / uncovered) Stent) *Indicate number* (\_\_\_\_\_\_\_)  *Ezofagogastroduodenoskopija s postavljanjem duodenalnog*  *stenta (SEMS samošireći metalni (prekriveni/neprekriveni) stent) Navedite broj (\_\_\_\_\_\_\_\_)* |
| Esophagogastroduodenoscopy with biopsy  and intra staining *Indicate number* (\_\_\_\_\_\_\_)  *Ezofagogastroduodenoskopija s biopsijom i intravitalnim bojenjem Navedite broj (\_\_\_\_\_\_\_\_)* |
| Colonoscopy with or without terminal ileoscopy  with and without biopsy *Indicate number* (\_\_\_\_\_\_\_)  *Kolonoskopija s terminalnom ileoskopijom ili bez nje*  *s biopsijom ili bez nje Navedite broj (\_\_\_\_\_\_\_\_)* |
| Colonoscopy with dilatation *Indicate number* (\_\_\_\_\_\_\_)  *Kolonoskopija s dilatacijom Navedite broj (\_\_\_\_\_\_\_\_)* |
| Colonoscopy with mechanical (hemoclips) hemostasis *Indicate number* (\_\_\_\_\_\_\_)  *Kolonoskopija s mehaničkom  hemostazom (klipse) Navedite broj (\_\_\_\_\_\_\_\_)* |
| Colonoscopy with sclerotherapy *Indicate number* (\_\_\_\_\_\_\_)  *Kolonoskopija sa skleroterapijom Navedite broj (\_\_\_\_\_\_\_\_)* |
| Colonoscopy with mucosectomy *Indicate number* (\_\_\_\_\_\_\_)  *Kolonoskopija s mukozektomijom Navedite broj (\_\_\_\_\_\_\_\_)* |
| Polypectomy - colon *Indicate number* (\_\_\_\_\_\_\_)  *Polypektomija - kolon Navedite broj (\_\_\_\_\_\_\_\_)* |
| Colonoscopy setting with colorectal stent *Indicate number* (\_\_\_\_\_\_\_)  *Kolonoskopija s kolorektalnim stentom Navedite broj (\_\_\_\_\_\_\_\_)* |
| Anoscopy with ligation of hemorrhoids *Indicate number* (\_\_\_\_\_\_\_)  *Anoskopija s podvezivanjem hemoroida Navedite broj (\_\_\_\_\_\_\_\_)* |
| APC coagulation in esophageoscopy *Indicate number* (\_\_\_\_\_\_\_)  *Argon plazma koagulacija (APK) u ezofageoskopiji Navedite broj (\_\_\_\_\_\_\_\_)* |
| APC coagulation of the small intestine *Indicate number* (\_\_\_\_\_\_\_)  *Argon plazma koagulacija (APK) tankog crijeva Navedite broj (\_\_\_\_\_\_\_\_)* |
| APC coagulation colon (???) *Indicate number* (\_\_\_\_\_\_\_)  *Argon plazma koagulacija (APK) debelog crijeva Navedite broj (\_\_\_\_\_\_\_\_)* |
| DBE (double balloon endoscopy) of the small intestine  *Indicate number* (\_\_\_\_\_\_\_)  *Dvobalonska endoskopija (DBE) tankog crijeva Navedite broj (\_\_\_\_\_\_\_\_)* |
| The wireless video capsule (the small intestine) *Indicate number* (\_\_\_\_\_\_\_)  Bežična *videokapsula (tanko crijevo) Navedite broj (\_\_\_\_\_\_\_\_)* |
| Narrow Band Imaging (NBI) *Indicate number* (\_\_\_\_\_\_\_)  *Prikaz uskim* spektrom (NBI) *Navedite broj (\_\_\_\_\_\_\_\_)* |
| Percutaneous endoscopic jejunostomy *Indicate number* (\_\_\_\_\_\_\_)  *Perkutana endoskopska jejunostoma Navedite broj (\_\_\_\_\_\_\_\_)* |
| Endoscopic ultrasound examination –  linear with fineneedle biopsy (FNA) *Indicate number* (\_\_\_\_\_\_\_)  Endoskopski ultrazvuk – linearni biopsijom tankom  iglom (FNA) *Navedite broj (\_\_\_\_\_\_\_\_)* |
| Endoscopic ultrasonography of the  upper gastrointestinal tract *Indicate number* (\_\_\_\_\_\_\_)  Endoskopski ultrazvuk gornjeg gastrointestinalnog trakta *Navedite broj (\_\_\_\_\_\_\_\_)* |
| Endoscopic ultrasonography of rectum *Indicate number* (\_\_\_\_\_\_\_)  Endoskopski ultrazvuk rektuma *Navedite broj (\_\_\_\_\_\_\_\_)* |
| Endoscopic ultrasonography with biopsy *Indicate number* (\_\_\_\_\_\_\_)  Endoskopski ultrazvuk s biopsijom *Navedite broj (\_\_\_\_\_\_\_\_)* |
| EUS drainage pancreatic cysts setting with  teflon gastro-clean stent *Indicate number* (\_\_\_\_\_\_\_)  *EUS drenaža ciste gušterače s teflonskim čistim stentom Navedite broj (\_\_\_\_\_\_\_\_)* |
| EUS drainage pancreatic cysts with placing  metal gastro-clean stent *Indicate number* (\_\_\_\_\_\_\_)  *EUS drenaža ciste gušterače s postavljanjem*  *metalnog čistog stenta Navedite broj (\_\_\_\_\_\_\_\_)* |
| EUS guided gastric drainage *Indicate number* (\_\_\_\_\_\_\_)  *EUS vođena gastrična drenaža Navedite broj (\_\_\_\_\_\_\_\_)* |
| ERCP (duodenoscopy with papilla  of Vater cannulation) *Indicate number* (\_\_\_\_\_\_\_)  ECRP (duodenoskopija s kanulacijom papile Vateri) *Navedite broj (\_\_\_\_\_\_\_\_)* |
| Endoscopic retrograde cholangiopancreatography  ERCP with brush cytology *Indicate number* (\_\_\_\_\_\_\_)  *Endoskopska retrogradna kolangiopankreatografija (ECRP)*  *s citološkom analizom četkicom Navedite broj (\_\_\_\_\_\_\_\_)* |
| ERCP with biopsy papilla *Indicate number* (\_\_\_\_\_\_\_)  *ECRP s biopsijom papile Navedite broj (\_\_\_\_\_\_\_\_)* |
| ERCP with extraction of calculi *Indicate number* (\_\_\_\_\_\_\_)  *ECRP s ekstrakcijom konkremenata Navedite broj (\_\_\_\_\_\_\_\_)* |
| ERCP with stent placement plastic *Indicate number* (\_\_\_\_\_\_\_)  *ECRP s postavljanjem plastičnog stenta Navedite broj (\_\_\_\_\_\_\_\_)* |
| ERCP with placement of a metal stent *Indicate number* (\_\_\_\_\_\_\_)  *ECRP s postavljanjem metalnog stenta Navedite broj (\_\_\_\_\_\_\_\_)* |
| ERCP with balloon dilatation of the bile ducts *Indicate number* (\_\_\_\_\_\_\_)  *ECRP s balonoskom dilatacijom žučnog kanala Navedite broj (\_\_\_\_\_\_\_\_)* |
| ERCP with mechanical dilatation of bile ducts *Indicate number* (\_\_\_\_\_\_\_)  *ECRP s mehaničkom dilatacijom žučnog kanala Navedite broj (\_\_\_\_\_\_\_\_)* |
| ERCP with placement of nasobiliary catether *Indicate number* (\_\_\_\_\_\_\_)  *ECRP s postavljanjem nazobilijarnog katetera Navedite broj (\_\_\_\_\_\_\_\_)* |
| ERCP with pancreatic pseudocyst drainage *Indicate number* (\_\_\_\_\_\_\_)  *ECRP s drenažom pseudociste gušterače Navedite broj (\_\_\_\_\_\_\_\_)* |
| Percutaneous transcoutaneus cholangiography  - setting with drainage / prosthesis. *Indicate number* (\_\_\_\_\_\_\_)  *Perkutana transhepatična* kolangiografija *Navedite broj (\_\_\_\_\_\_\_\_)* |

**B6.6** Please specify name, number of ultrasound echo machine you use and type of available probes *(Navedite naziv i broj uređaja za ultrazvučni pregled te vrstu sondi koje koristite)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

|  |
| --- |
| **B6.7 How many patients to sent to surgery do you see every year? (*Koliko pacijenata upućenih na operaciju imate svake godine?)*** |
| **Indicate number (\_\_\_\_\_\_\_\_\_)**  ***Navedite broj (\_\_\_\_\_\_\_\_\_\_\_)*** |

**B6.8** Where are they operated? *(Gdje su operirani?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B6.9** Do you have surgery rooms for gastroenterology patients? *(Imate li operacijske dvorane za gastroenterološke pacijente?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B6.10** Do you have an intensive care unit for patients? *(Imate li jedinicu za intenzivno liječenje pacijenata?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B.7 – ORTHOPEDICS**

***ORTOPEDIJA***

**B.7.1** Orthopedic *(Ortopedija)*

**B7.2** Does your hospital have a orthopedic department? *(Ima li vaša bolnica odjel za ortopediju?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B7.3** If yes, what is the accommodation capacity in the orthopedic department? *(Ako da, koliki su smještajni kapaciteti odjela za ortopediju?)*

|  |
| --- |
| 1. 0-10 |
| 1. 10-20 |
| 1. 20-30 |
| 1. more then 30   *više od 30* |

**B7.4** Is there an outpatient service? *(Postoji li izvanbolnička služba?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B7.5** Which kind of exams, therapy and surgery do you perform and how many every year? *(Koju vrstu pregleda, terapije i operativnih zahvata obavljate i koliko ih godišnje napravite?)*

#### B7.5.1 Diagnostics (Dijagnostika)

|  |
| --- |
| 1. [X-ray of bones, joints and spine](http://www.belmedic.rs/cms/view.php?id=4177) *Indicate number* (\_\_\_\_\_\_\_)   *Rentgen kostiju, zglobova i kralježnice Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. CT of bones, joints and spine *Indicate number* (\_\_\_\_\_\_\_)   *CT kostiju, zglobova i kralježnice Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. MRI of bones, joints and spine *Indicate number* (\_\_\_\_\_\_\_)   *MR kostiju, zglobova i kralježnice Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. [Joint and muscle ultrasound](http://www.belmedic.rs/cms/view.php?id=1769) *Indicate number* (\_\_\_\_\_\_\_)   *Ultrazvuk zglobova i mišića Navedite broj (\_\_\_\_\_\_\_\_)* |

#### B7.5.2 Therapy (Terapija)

|  |
| --- |
| 1. [Intra-articular injection](http://www.belmedic.rs/cms/view.php?id=4179) therapy and [local drug infiltration](http://www.belmedic.rs/cms/view.php?id=4180)   *Indicate number* (\_\_\_\_\_\_\_)  *Intraartikularna injekcija i lokalna infiltracija lijeka Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. [Joint puncture](http://www.belmedic.rs/Therapy/1864/Puncture-of-a-joint.shtml) *Indicate number* (\_\_\_\_\_\_\_)   *Punkcija zgloba Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. [Orthopedic repositioning](http://www.belmedic.rs/cms/view.php?id=4182) (bone or joint) *Indicate number* (\_\_\_\_\_\_\_)   *Ortopedsko repozicioniranje (kosti ili zglobova) Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. [Plaster immobilization](http://www.belmedic.rs/cms/view.php?id=4181) (ordinary and color plaster) *Indicate number* (\_\_\_\_\_\_\_)   *Imobilizacija gipsom (običnim ili u boji) Navedite broj (\_\_\_\_\_\_\_\_)* |

#### B7.5.3 Surgery (Kirurgija)

|  |
| --- |
| 1. Arthroscopy - knee and shoulder arthroscopic surgery   *Indicate number* (\_\_\_\_\_\_\_)  *Artroskopija - artroskopska operacija koljena i ramena Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. [Surgical treatment of Carpal Tunnel Syndrome](http://www.belmedic.rs/cms/view.php?id=4183) *Indicate number* (\_\_\_\_\_\_\_)   *Kirurško liječenje sindroma karpalnog tunela Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. [Achilles tendon surgery](http://www.belmedic.rs/cms/view.php?id=4184) *Indicate number* (\_\_\_\_\_\_\_)   *Operacija Ahilove tetive Navedite broj (\_\_\_\_\_\_\_\_)* |

#### B7.5.4 Foot Surgery (Kirurgija stopala)

|  |
| --- |
| 1. Front foot deformities   *Deformacije prednjeg dijela stopala* |
| * Hallux valgus *Indicate number* (\_\_\_\_\_\_\_) * *Hallux valgus Navedite broj (\_\_\_\_\_\_\_\_)* |
| * Hallux varus *Indicate number* (\_\_\_\_\_\_\_) * *Hallux varus Navedite broj (\_\_\_\_\_\_\_\_)* |
| * Hallux rigidus *Indicate number* (\_\_\_\_\_\_\_) * *Hallux rigidus Navedite broj (\_\_\_\_\_\_\_\_)* |
| * Hammer fingers deformity *Indicate number* (\_\_\_\_\_\_\_) * *Čekičasti prsti Navedite broj (\_\_\_\_\_\_\_\_)* |
| * Claw toes * *Zgrčeni prsti Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. Reinterventions after previously unsuccessful surgeries   *Indicate number* (\_\_\_\_\_\_\_)  *Reintervencija nakon neuspješnih operativnih zahvata*  *Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. Freibergovo disease, osteonecrosis of MT head *Indicate number* (\_\_\_\_\_\_\_)   *Freibergova bolest, osteonekroza MT glave Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. Haglund's disease *Indicate number* (\_\_\_\_\_\_\_)   *Haglundova bolest Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. Post-traumatic conditions *Indicate number* (\_\_\_\_\_\_\_)   *Posttraumatska stanja Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. Foot fractures *Indicate number* (\_\_\_\_\_\_\_)   *Frakture stopala Navedite broj (\_\_\_\_\_\_\_\_)* |

#### B7.5.5 Hand surgery (Kirurgija šake)

|  |
| --- |
| 1. Gyons channel (ulnar nerve compression) *Indicate number* (\_\_\_\_\_\_\_)   *Gyonov kanal (kompresija ulnarnog živca) Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. Tendon transplantation (after trauma) *Indicate number* (\_\_\_\_\_\_\_)   *Transplantacija tetiva (nakon traume) Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. Nerves transplantation   *Transplantacija živaca Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. Tendon transposition (3 or more years after nerve injury)   *Indicate number* (\_\_\_\_\_\_\_)  *Transpozicija tetive (3 ili više godina nakon ozljede živca) Navedite broj (\_\_\_\_\_\_\_\_)* |
| 1. Surgical treatment of rhizartrosis *Indicate number* (\_\_\_\_\_\_\_)   *Kirurško liječenje rizartroze* |
| 1. Prosthetics for hands *Indicate number* (\_\_\_\_\_\_\_)   *Prostetika za šake* |
| 1. Dupuytren's contracture of fingers *Indicate number* (\_\_\_\_\_\_\_)   *Dupuytrenova kontraktura prstiju* |
| 1. Triger finger *Indicate number* (\_\_\_\_\_\_\_)   *Stenozirajući tenosinovitis* |
| 1. De Quervains disease (releasing of tendons in channel)   *Indicate number* (\_\_\_\_\_\_\_)  *De Quervainova bolest (opuštanje tetiva u kanalu)* |
| 1. Old pseudoarthrotic changes of navicular bone *Indicate number* (\_\_\_\_\_\_\_)   *Stare pseudoartrotske promjene navikularne kosti* |
| 1. Operations of congenital anomalies of hand in child age   *Indicate number* (\_\_\_\_\_\_\_)  *Operacije prirođenih anomalija šake u dječjoj dobi* |

**B7.6** Please specify name, number of ultrasound echo machine you use and type of available probes *(Navedite naziv i broj uređaja za ultrazvučni pregled te vrstu sondi koje koristite)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

|  |
| --- |
| **B7.7 How many patients to sent to surgery do you see every year? *(Koliko pacijenata upućenih na operaciju srca imate svake godine?)*** |
| **Indicate number (\_\_\_\_\_\_\_\_\_)**  ***Navedite broj (\_\_\_\_\_\_\_\_\_\_\_)*** |

**B7.8** Where are they operated? *(Gdje su operirani?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B7.9** Do you have surgery rooms for patients? *(Imate li operacijske dvorane za pacijente?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B7.10** Do you have an intensive care unit for patients? *(Imate li jedinicu za intenzivno liječenje pacijenata?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B8 CLINICAL IMMUNOLOGY**

***KLINIČKA IMUNOLOGIJA***

**B.8.1** Clinical immunology *(Klinička imunologija)*

**B8.2** Does your hospital have a Clinical immunology department? ***2*** *(Ima li vaša bolnica odjel za kliničku imunologiju?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B8.3** Is there an outpatient service? *(Postoji li izvanbolnička služba? )*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B8.4** Which kind of exams do you perform? *(Koju vrstu pregleda obavljate?)*

|  |
| --- |
| Anti – Streptolisin O (ASL) *Yes/No*  *Antistreptolizinski test (ASL) Da/Ne* |
| (CRP) *Yes/No*  *(CRP) Da/Ne* |
| Rheumatism factor *Yes/No*  *Reumatoidni faktor Da/Ne* |
| Waaler – Rose test *Yes/No*  *Waaler – Rose test Da/Ne* |
| Komplement C3 *Yes/No*  *C3 komplement Da/Ne* |
| Komplement C4 *Yes/No*  *C4 komplement Da/Ne* |
| Immunoglobulins IgG classe *Yes/No*  *Immunoglobulini klase IgG Da/Ne* |
| Subclasse IgG: IgG1, IgG2, IgG3, IgG4 *Yes/No*  *Podklase IgG: IgG1, IgG2, IgG3, IgG4 Da/Ne* |
| C1 Inhibitor *Yes/No*  *C1 Inhibitor Da/Ne* |
| Immunoglobulins IgM classe *Yes/No*  *Immunoglobulini klase IgM Da/Ne* |
| Immunoglobulins IgA classe *Yes/No*  *Immunoglobulini klase IgA Da/Ne* |
| IgG in cerebrospinal fluid *Yes/No*  *IgG u likvoru Da/Ne* |
| IgG in urine *Yes/No*  *IgG u urinu Da/Ne* |
| IgE *Yes/No*  *IgE Da/Ne* |
| Antinuclear antibodies (ANA) *Yes/No*  *Antinuklearna antitijela (ANA) Da/Ne* |
| Antibodies to double-stranded DNA (anti-dsDNA) *Yes/No*  *Antitijela protiv dvostruke uzvojnice DNA (anti-dsDNA) Da/Ne* |
| antimitochondrial antibody (AMA) *Yes/No*  *Antitijela protiv mitohondrija (AMA) Da/Ne* |
| antibodies to liver antigens - M2, LKM, LC 1 ... (Liver WB) *Yes/No*  *Antitijela protiv antigena jetre - M2, LKM, LC 1 ... (jetrene bijele krvne stanice) Da/Ne* |
| Anti – SS – A *Yes/No*  *Anti – SS – A Da/Ne* |
| Anti – SS – B *Yes/No*  *Anti – SS – B Da/Ne* |
| Anti – Sm *Yes/No*  *Anti – Sm Da/Ne* |
| Anti – Sm/ RNP *Yes/No*  *Anti – Sm/ RNP Da/Ne* |
| Anti – Scl-70 *Yes/No*  *Anti – Scl-70 Da/Ne* |
| Anti – Jo-1 *Yes/No*  *Anti – Jo-1 Da/Ne* |
| Anti CENP A,B *Yes/No*  *Anti CENP A,B Da/Ne* |
| p ANCA *Yes/No*  *Antitijela protiv citoplazmatskih antigena neutrofilnih granulocita Da/Ne* |
| c ANCA *Yes/No*  *Antitijela protiv citoplazmatskih antigena neutrofilnih granulocita Da/Ne* |
| Beta 2 microglobulin *Yes/No*  *β-2-mikroglobulin Da/Ne* |
| Kapa lanci *Yes/No*  *Lanci kapa Da/Ne* |
| Lambda lanci *Yes/No*  *Lanci lambda Da/Ne* |
| Circulating immune complexes (CIC) *Yes/No*  *Cirkulirajući imuni kompleksi (CIC) Da/Ne* |
| Serum amyloid (SAA) *Yes/No*  *Serumski amiloid (SAA) Da/Ne* |
| Anti-Cardiolipin screen (ACA-Sc) *Yes/No*  *Testiranje antitijela protiv kardiolipina (ACA-Sc) Da/Ne* |
| Anti-Cardiolipin IgG (ACA-G) *Yes/No*  *Antitijela protiv kardiolipina-IgG (ACA-G) Da/Ne* |
| Anti-Cardiolipin IgM (ACA-M *Yes/No*  *Antitijela protiv kardiolipina-IgM (ACA-M) Da/Ne* |
| Anti-Cardiolipin IgA (ACA-A) *Yes/No*  *Antitijela protiv kardiolipina-IgA (ACA-A) Da/Ne* |
| Anti-Phospatidyl Serine screen (APS-Sc) *Yes/No*  *Testiranje antitijela protiv fosfatidilserina (APS-Sc) Da/Ne* |
| Anti-Phospatidyl Serine IgG (APS-G) *Yes/No*  *Antitijela protiv fosfatidilserina IgG (APS-G) Da/Ne* |
| Anti-Phospatidyl Serine IgM (APS-M) *Yes/No*  *Antitijela protiv fosfatidilserina IgM (APS-M) Da/Ne* |
| Anti-β2 Glycoprotein IgG (B2GPIG) *Yes/No*  *Antitijela protiv β-2-glikoproteina IgG (B2GPIG) Da/Ne* |
| Anti-β2 Glycoprotein IgM (B2GPIM) *Yes/No*  *Antitijela protiv β-2-glikoproteina IgM (B2GPIM) Da/Ne* |
| Anti-β2 Glycoprotein IgA (B2GPIA) *Yes/No*  *Antitijela protiv β-2-glikoproteina IgA (B2GPIA) Da/Ne* |
| Anti-Glomerular Basement membrane (GBM) *Yes/No*  *Antitijela protiv glomerularne bazalne membrane (GBM) Da/Ne* |
| Anti-Gliadin IgA (Gli-A) *Yes/No*  *Antitijela protiv glijadina IgA (Gli-A) Da/Ne* |
| Anti-Gliadin IgG (Gli-G) *Yes/No*  *Antitijela protiv glijadina IgG (Gli-G) Da/Ne* |
| Anti-Gastric Parietal cel. (GPC) *Yes/No*  *Gastrična antitijela protiv parijetalnih stanica (GPC) Da/Ne* |
| Anti-Tissue Transglutam (TTG-A) *Yes/No*  *Antitijela protiv tkivne transglutaminaze (TTG-A) Da/Ne* |
| Anti CCP ELISA *Yes/No*  *Antitijela protiv ciklički citruliniziranih peptida - imunoenzimatski testovi ELISA Da/Ne* |
| Quantiferon test (TBC) *Yes/No*  *Kvantiferonski test (TBC) Da/Ne* |
| Quantiferon test (CMV) *Yes/No*  *Kvantiferonski test (CMV) Da/Ne*  IL-2 *Yes/No*  *IL-2 Da/Ne* |
| TNF-a *Yes/No*  *TNF-a Da/Ne* |
| Ho-Yo-Ri antibody *Yes/No*  *Ho-Yo-Ri antitijela Da/Ne* |
| immunophenotyping *Yes/No*  *imunofenotipizacija Da/Ne* |
| CD3 *Yes/No*  *CD3 Da/Ne* |
| CD4 *Yes/No*  *CD4 Da/Ne* |
| CD8 *Yes/No*  *CD8 Da/Ne* |
| CD19 *Yes/No*  *CD19 Da/Ne* |
| CD15+CD56 *Yes/No*  *CD15+CD56 Da/Ne* |
| HLA-DR *Yes/No*  *HLA-DR Da/Ne* |
| immunophenotyping leukemia *Yes/No*  *Imunofenotipizacija leukemija Da/Ne* |
| Immunophenotyping primary and secondary immunodeficiency *Yes/No*  *Imunofenotipizacija primarne i sekundarne imunodeficijencije Da/Ne* |
| RIST – IgE *Yes/No*  *RIST – IgE Da/Ne* |
|  |

**B9 TELEMEDICINE:**

***TELEMEDICINA***

**B9.1** Do you have a telemedicine service for remote consultation? *(Imate li telemedicinsku službu za konzultacije na daljinu?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B9.2** In the affirmative case:*(Ako da)*

What type of system do you use? *(Koju vrstu sustava koristite?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

What are the main applications? *(Koje su glavne aplikacije?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

What connections ? *(Koje veze?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B9.3** Please specify technical features of system architecture and network connection or provide contacts of reference person for information: *(Navedite tehničke karakteristike arhitekture sustava i mrežne veze ili navedite kontakt osobe za informacije)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B9.4** Do you have internal or external telemedicine technical support? *(Imate li internu ili vanjsku tehničku podršku djelatnosti telemedicine?)*

|  |
| --- |
| 1. Internal   *Internu* |
| 1. External   *Vanjsku* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B9.5** Are you interested to participate into a pilot action of the ADRIHEALTHMOB project in developing a telemedicine network for collaborative diagnosis and care planning in heart malformations?*(Jeste li zainteresirani za sudjelovanje u pilot aktivnosti projekta ADRIHEALTHMOB za razvoj telemedicinske mreže za zajedničku dijagnostiku i planiranje skrbi u slučajevima malformacija srca?)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B9.6** In the affirmative case, can you provide references for clinical and technical contacts? *(Ako da, možete li navesti reference za kliničke i tehničke kontakte?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B10 Endowment and the ICT equipment**

***OSIGURANJE I RAČUNALNE OPREME***

**B10.1** If in the facility there are computer facilities available to the users, please indicate their typology *(Ako u ustanovi postoji računalna oprema dostupna korisnicima, navedite njihovu vrstu)*

|  |
| --- |
| 1. **computer connection**   ***računalna veza*** |
| 1. **free wi-fi connection**   ***besplatno bežično povezivanje na internet*** |
| 1. **tablets**   ***tableti*** |
| 1. **smart TV**   ***pametni TV*** |
| **other (please specify)**  ***ostalo (molimo navedite)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**B10.2** If in the facility there are computer workstations with an internet connection available to staff, please indicate their number *(Ako u ustanovi postoje računalne radne stanice s mogućnošću povezivanja na internet dostupne osoblju, navedite njihov broj)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B10.3** Please indicate which professionals are allowed to use the computer workstations *(Navedite koji djelatnici smiju koristiti računalne radne stanice)*

|  |
| --- |
| 1. **facility manager**   ***ravnatelj ustanove*** |
| 1. **medical staff**   ***medicinsko osoblje*** |
| 1. **nursing staff**   ***sestrinsko osoblje*** |
| 1. **social-health staff**   ***socijalno-zdravstveno osoblje*** |
| 1. **auxiliary staff**   ***pomoćno osoblje*** |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**B10.4** Please indicate if the facility features its own website *(Navedite ima li ustanova vlastitu internetsku stranicu)*

|  |
| --- |
| 1. **yes *(da)*** |
| 1. **no *(ne)*** |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B10.5** If the facility features its own website, please indicate the address of the website *(Ako ustanova ima vlastitu internetsku stranicu, navedite adresu internetske stranice)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B10.6** If the facility features its own website, please indicate if it possible to get information about the waiting lists through the website *(Ako ustanova ima vlastitu internetsku stranicu, navedite je li moguće na internetskoj stranici dobiti informacije o listama čekanja)*

|  |
| --- |
| 1. **yes *(da)*** |
| 1. **no *(ne)*** |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B10.7** If the facility features its own website, please indicate if there is the possibility to make a reservation for a period of stay through the website *(Ako ustanova ima vlastitu internetsku stranicu, navedite je li moguće na internetskoj stranici rezervirati razdoblje boravka u ustanovi)*

|  |
| --- |
| 1. **yes *(da)*** |
| 1. **no *(ne)*** |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B10.8** If there is a customized electronic archive of the situation of each guest, please indicate which data it contains *(Ako postoji prilagođeni elektronički arhiv o situaciji svakog gosta, navedite podatke koje sadrži)*

|  |  |
| --- | --- |
| 1. **medical history of the guest**   ***povijest bolesti gosta*** | |
| 1. **examinations and clinical controls**   ***pretrage i kliničke kontrole*** | |
| 1. **intervention plan of the guest**   ***plan intervencija za gosta*** |
| 1. **diet**   ***prehranu*** | |
| 1. **particular conditions (allergies, intolerances,…)**   ***specifičnosti (alergije, intolerancije,...)*** | |
| **other (please specify)**  ***Ostalo (molimo navedite)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**B10.9** If there is a customized electronic archive of the situation of each guest, please indicate if it is shared with other subjects *(Ako postoji prilagođeni elektronički arhiv o situaciji svakog gosta, navedite razmjenjuje li se s drugim subjektima)*

|  |
| --- |
| 1. **yes *(da)*** |
| 1. **no *(ne)*** |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B10.10** If the customized electronic archive is shared with other subjects, please indicate their identity *(Ako se prilagođeni elektronički arhiv razmjenjuje s drugim subjektima, navedite s kojima)*

|  |
| --- |
| 1. **the guest**   ***s gostom*** |
| 1. **the guest ‘s family members**   ***s članovima obitelji gosta*** |
| 1. **the health service**   ***sa zdravstvenom službom*** |
| 1. **other hospitals**   ***s drugim bolnicama*** |
| **other (please specify)**  ***Ostalo (molimo navedite)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**B10.11** If the hospital features its own website, does it offer also logistic/mobility information (how to reach the structure from airport, highway, by bus, etc)? *(Ako ustanova ima vlastitu internetsku stranicu, nudi li logističke informacije / informacije o prijevozu (kako doći do ustanove iz zračne luke, s državne ceste, autobusom, itd.)?)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B11 presence and management of the mobility**

***prisutstvo i upravljanje mobilnošću***

**B.11.1** Does your institution provide health services to tourists and foreign citizens? ***(****Nudi li vaša ustanova zdravstvene usluge turistima i strancima)*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B.11.2** If yes, what is the average number of health services provided on an annual basis? ***(****Ako da, koliko prosječno zdravstvenih usluga pružite godišnje)*

|  |
| --- |
| 1. 0 – 10 |
| 1. 10 – 50 |
| 1. 50 – 100 |
| 1. 100 – 500 |
| 1. more than 500   *više od 500* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B.11.3** For which service is most in demand by tourists and foreign nationals? *(Koje usluge turisti i stranci najviše traže )*

|  |
| --- |
| 1. Cardiology   *Kardiološke* |
| 1. Cardiac surgery   *Kardiokirurške* |
| 1. Oncology   *Onkološke* |
| 1. Gastroenterohepatology   *Gastroenterohepatološke* |
| 1. Abdominal surgery   *Abdominalne kirurgije* |
| 1. Maxillofacial surgery   *Maksilofacijalne kirurgije* |
| 1. Neurosurgery   *Neurokirurške* |
| 1. Orthopedy   *Ortopedske* |
| 1. Plastic and reconstructive surgery   *Plastične i rekonstrukcijske kirurgije* |
| 1. Lungs surgery   *Kirurgije pluća* |
| 1. Emergency medicine   *Hitne medicine* |
| 1. Urology   *Urološke* |
| 1. Vascular Surgery   *Vaskularne kirurgije* |
| 1. Pediatrics   *Pedijatrijske* |
| 1. Dentistry   *Dentalne medicine* |
| 1. Physical medicine and rehabilitation   *Fizikalne medicine i rehabilitacije* |
| 1. Genecology and obstetrics   *Ginekologije i opstetricije* |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**B11.4** Please indicate the number of guests who come from outside of the local region/county *(Navedite broj gostiju koji dolaze izvan vaše regije / države)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B11.5** If there are patients/guests who come from outside of the local region/county, please indicate how many of these come from other countries *(Ako imate pacijente/goste koji dolaze izvan vaše regije/države, navedite koliko takvih dolazi iz drugih država)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B11.6** If there are patients/guests who come from other countries, please indicate how many of these come from countries placed in the Adriatic area *(Ako imate pacijente/goste koji dolaze iz drugih država, navedite koliko takvih dolazi iz zemalja Jadranske regije)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B11.7** Please indicate if the possibility to ensure the mobility of the patient/guests in a circuit of facilities linked in a formal network is foreseen *(Navedite je li predviđena mogućnost mobilnosti pacijenata/gostiju između ustanova povezanih u formalnu mrežu)*

|  |
| --- |
| 1. **Yes *(da)*** |
| 1. **No *(ne)*** |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B11.8** Please briefly describe the procedure used by patients who come from different countries to make a reservation for particular examination *(Ukratko opišite postupak kako pacijenti koji dolaze iz različitih zemalja rezerviraju termin za određenu pretragu)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B11.9** Please briefly indicate the difficulties faced with the method used for reservations *(Ukratko opišite poteškoće metode koju koristite za rezervacije)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B11.10** Does the structure has an internal data base with data and/or statistic information about mobility of patients (how do they arrive? how do they use to travel? etc) *(Ima li organizacija internu bazu podataka s podacima i/ili statističkim informacijama o mobilnosti pacijenata (kako dolaze? kako putuju? itd.))*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B11.11** If yes, please briefly describe the data collected in your database *(Ako da, ukratko opišite podatke koji se prikupljaju u bazi podataka)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section C: Future plans**

***Odjeljak C: planovi za budućnost***

**C1**. Please indicate if you are interested to increase the access to foreign people to your facility *(Navedite jeste li zainteresirani za povećanje dostupnosti vaše ustanove za strance)*

|  |
| --- |
| 1. **yes *(da)*** |
| 1. **no *(ne)*** |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**C2**. Please indicate if you are interested to improve the method of reservation and managing priorities in your facility *(Navedite jeste li zainteresirani za unapređenje metoda rezervacije i upravljanja prioritetima u svojoj ustanovi)*

|  |
| --- |
| 1. **yes *(da)*** |
| 1. **no *(ne)*** |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**C3**. Has your organization any policy, strategy or future plan with relation to the reduction of CO2 emission? *(Ima li vaša organizacija kakvu politiku, strategiju ili plan za smanjenje emisije CO2? )*

|  |
| --- |
| 1. Yes *(da)* |
| 1. No *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**C3.1** If yes, please briefly describe the measure (even if only foreseen) *(Ako da, ukratko opišite mjere (čak i ako su samo predviđene))*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C4**. Please indicate if you are interested to receive further information about the project AdriHealthMob *(Navedite želite li primati informacije o projektu AdriHealthMob)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*