

NSW Patient Survey: Outpatient Cancer Clinics

<Barcode>
<Title> <First Name> <Last Name>
<Address Line 1>
<SUBURB> <STATE> <POSTCODE>

Date

Dear <TITLE> <LAST NAME>,

Your experience of healthcare in NSW is very important to us

I am writing to ask you to take part in the NSW Patient Survey by telling us about your recent outpatient visit to a cancer clinic at [HOSPITAL NAME] during [MONTH]. Outpatient cancer clinics provide oncology and chemotherapy services to people with cancer, people being tested for cancer and sometimes for people with non-cancer conditions.

Your experience at this clinic is important as it helps us understand the quality of care you received and allows clinics to see where they need to improve.

The survey is easiest to complete online. Please visit the web address below and log in with the following username and password. It is possible to partially complete the survey online and then return to it later to complete the remainder



Web address: [INS_URL]

Username: [INS_UNAME]

Password: [INS_PWORD]

If you prefer to complete the attached paper survey, please use the included reply-paid envelope to mail it back to us.

Taking part in the survey is voluntary. You have been randomly selected to participate and there are many safeguards in place to protect your identity. The staff who provided your care or treatment will not know if you have returned a completed survey and will not be able to see your responses to the survey. At no point will we report any information that identifies you as an individual.

The Bureau of Health Information (BHI) runs the survey along with Ipsos Social Research Institute, who is sending you this survey on BHI's behalf. BHI was established by the NSW Government to independently report on the performance of the public health system in NSW, including the healthcare experiences of patients. Results for the NSW Patient Survey are reported in *Healthcare Observer*, found on our website www.bhi.nsw.gov.au

If you have any queries regarding the survey, please contact the toll-free Patient Survey Helpline on 1800 220 936 (Monday to Friday, 4pm–8pm).

Thank you for taking part in the survey.

Yours sincerely

Jean-Frédéric Lévesque

Chief Executive

Bureau of Health Information

How to complete the survey

This survey is about your recent experience as an outpatient in the cancer clinic at the hospital referred to on the previous page. If you have been to more than one cancer clinic recently, please answer about your most recent visit to this clinic.

For each question, please use a blue or black pen to mark the box next to the answer you choose.

Please do not write your name or address on the survey.

Sometimes you will find the box you have marked has an instruction to go to another question.

By following the instructions carefully you will be able to move past questions that do not apply to you.

If you would prefer not to answer individual questions, leave them blank but please complete the rest of the survey.

If you make a mistake or wish to change a response, simply fill in that box and mark the correct box like this:

If someone is helping you to complete this survey, please ensure the answers given are from your point of view, and not the opinion of the person helping you.

Some questions and answers

Why are you carrying out the survey?

The NSW Patient Survey gathers information about your experience of health services.

This survey will help us to understand people's experience with outpatient cancer clinics. It will assist us to identify ways to improve services, so that the health care system in NSW can better meet the needs of people using these services now and in the future.

How do I make a formal complaint about my experience at the outpatient clinic?

Please contact the clinic directly.

Alternatively, you can get more information about your options at the following website:

www.health.nsw.gov.au/patientconcerns

Why have I been sent a survey?

You have been sent this survey because you recently attended a cancer clinic at the hospital referred to on the cover of the survey.

People attend cancer clinics for a variety of reasons. While some do not have a diagnosis of cancer, unfortunately many do. We appreciate that for some people, this survey may be difficult to complete and we respect your decision about whether or not to do so.

If you need help, or someone to talk to about concerns or worries about your condition, you may like to contact:

- Your General Practitioner
- The Cancer Council helpline on 13 11 20

The Cancer Council helpline is a free, confidential phone information and support service. Specially trained staff are available to answer your questions about cancer and offer emotional or practical support.

What happens to my survey responses?

Your survey responses will be de-identified and then processed with responses from other people who completed the survey to form a report. These reports will then be provided to NSW Health and local hospitals to help them to improve health services.

Your responses will be treated in the strictest confidence and no identifying information will be given to NSW Health, the hospital or health service you attended, your doctor or other health provider unless required by law. Your responses will not affect any future health services that may be provided to you.

How is my privacy protected?

Your privacy is protected by legislation. Ipsos has been provided with your name and address by NSW Health for the purpose of sending you this survey only, and will keep your contact details confidential.

After all surveys are processed, identifying information will be destroyed and Ipsos will then no longer be able to identify the responses you provided. However, for the period that identifiable details remain, you will be able to contact Ipsos through the toll-free Patient Survey Helpline to ask to see your responses, or to request that some or all of your information be deleted.

You can get more information about privacy and confidentiality by calling the toll-free Patient Survey Helpline or at the following website:

www.bhi.nsw.gov.au/nsw_patient_survey_program/privacy

How do I get more information about the survey?

Please contact the toll-free **Patient Survey Helpline** on **1800 220 936** (Monday to Friday, 4pm–8pm, excluding public holidays).

NSW Patient Survey: Outpatient Cancer Clinics

BEFORE ARRIVING AT THE CLINIC

When completing this part of the survey, please think about your latest visit to the cancer clinic at the hospital named on the cover of this booklet.

Q1 What was the purpose of this visit?

Please all that apply to you

- Have tests, X-rays or scans
- Receive test, X-ray or scan results
- Medical diagnosis or advice
- Regular check-up
- Chemotherapy
- Radiotherapy
- Review of treatment
- Surgical procedure
- Follow-up after surgery
- Other reason

Q2 Were you able to get an appointment time that suited you?

- Yes
- No
- I didn't have an appointment arranged in advance **Go to Q8**

Q3 Did you have any of the following difficulties when making this appointment?

Please all that apply to you

- I didn't know how to make an appointment
- I didn't know which clinic to call
- The contact details were hard to find
- My call was not answered
- I had to wait on hold for a long time
- The appointment was previously cancelled/postponed
- Some other difficulty
- None - I had no difficulties

Q4 From the time you booked this appointment to the time you went to the clinic, how long did you wait?

- Less than 15 days
- 15 days to less than 1 month
- 1 to 3 months
- 4 to 6 months
- 7 to 12 months
- More than 1 year
- Don't know/can't remember

Q5 Do you think the amount of time you waited was...?

- About right
- Slightly too long
- Much too long
- Don't know/can't remember

Q6 How much did your symptoms or condition stop you from carrying out your normal daily activities (for example, eating, dressing or using the bathroom) while you waited for this appointment?

- Not at all
- Only a little
- Somewhat
- Very much
- I was not able to at all
- I had no symptoms..... **Go to Q8**

Q7 While you were waiting for this appointment, did your symptoms or condition...?

- Get much better
- Get a little better
- Stay about the same
- Get a little worse
- Get much worse
- Don't know/can't remember

ARRIVAL AT THE CLINIC

Still thinking about your latest visit to this cancer clinic...

Q8 How long did it take you to travel to the clinic for this appointment?

- Less than 30 minutes
- 30 to 59 minutes
- 1 hour to under 2 hours
- 2 hours to under 3 hours
- 3 hours or more
- Don't know/can't remember

Q9 What was your main form of transport to the clinic?

Please one only

- By private car
- By a hospital or community transport service [Go to Q11](#)
- By taxi [Go to Q11](#)
- By public transport [Go to Q11](#)
- On foot [Go to Q11](#)
- Other [Go to Q11](#)

Q10 Was there a problem finding parking near the clinic?

- Yes, a big problem
- Yes, a small problem
- No problem
- I did not need parking

Q11 At the hospital, was it easy to find your way to the clinic?

- Yes, definitely
- Yes, to some extent
- No

Q12 Did any of the following cause you difficulties when entering and moving around the clinic?

Please all that apply to you

- A long walk
- No ramp/only stairs
- No lift/elevator
- Narrow walkways/halls/doorways
- No accessible toilets
- Some other difficulty
- None - I had no difficulties

Q13 Were the reception staff polite and courteous?

- Yes, definitely
- Yes, to some extent
- No

Q14 Did you feel you had enough privacy when talking with the receptionist?

- Yes
- No
- I did not talk to the receptionist

WAITING IN THE CLINIC

Q15 How long after the scheduled appointment time did your appointment actually start?

- On time, or early [Go to Q19](#)
- Less than 15 minutes
- 15 to 29 minutes
- 30 to 59 minutes
- 1 hour to under 2 hours
- 2 hours or more
- I didn't have an appointment.... [Go to Q19](#)
- Don't know/can't remember [Go to Q19](#)

Q16 Did you experience any inconvenience or problems as a result of the wait?

- Yes, definitely
- Yes, to some extent
- No

Q17 Were you told how long you had to wait?

- Yes
- No

Q18 Were you told why you had to wait?

- Yes
- No

Q19 How comfortable was the waiting area?

- Very comfortable
- Fairly comfortable
- Not very comfortable
- Not at all comfortable

THE PHYSICAL ENVIRONMENT

Still thinking about your latest visit to this cancer clinic...

Q20 How clean was the clinic?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean

Q21 Were you given enough privacy when being **examined or treated**?

- Yes, definitely
- Yes, to some extent
- No

Q22 Were you given enough privacy when **discussing your condition or treatment**?

- Yes, definitely
- Yes, to some extent
- No

THE HEALTH PROFESSIONALS

Q23 Who did you see during this visit?
Please all that apply to you

- Doctor/Specialist
- Nurse (including for chemotherapy)
- Radiation therapist (for radiotherapy)
- Radiographer (X-ray, ultrasound, MRI)
- Lymphoedema therapist
- Physiotherapist
- Dietician
- Social worker
- Other healthcare professional

Q24 Did you have enough time to discuss your health issues with the health professionals you saw?

- Yes, definitely
- Yes, to some extent
- No

Q25 Did the health professionals explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

Q26 During this visit, did the health professionals know enough about your medical history?

- Yes, definitely
- Yes, to some extent
- No

Q27 How would you rate how well the health professionals worked together?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Not applicable – only saw one

Q28 Did you see the health professionals wash their hands, or use hand gel to clean their hands, before touching you?

- Yes, always
- Yes, sometimes
- No, I did not see this
- Not applicable to my visit
- Can't remember

Q29 Did you have worries or fears about your condition or treatment?

- Yes
- No [Go to Q31](#)

Q30 Did a health professional discuss your worries or fears with you?

- Yes, completely
- Yes, to some extent
- No

Q31 Did you have confidence and trust in the health professionals?

- Yes, definitely
- Yes, to some extent
- No

Q32 Were the health professionals kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

Q33 Overall, how would you rate the health professionals who treated you?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

PLANNING YOUR CARE

Q34 Do you have a care plan for your cancer treatment?

A care plan is a document that sets out your needs and goals for the treatment and management of your cancer.

- Yes
- NoGo to Q38
- I do not need oneGo to Q38
- Don't know/can't rememberGo to Q38

Q35 Was your care plan developed by health professionals from this clinic?

- Yes
- No

Q36 Were you asked for your ideas and preferences when developing this plan?

- Yes, definitely
- Yes, to some extent
- No
- Don't know/can't remember

Q37 At your most recent visit, did the health professionals review your care plan with you?

- Yes
- No
- Not applicable as I did not have a care plan before this visit
- Don't know/can't remember

YOUR TREATMENT AND CARE

Q38 Were you involved, as much as you wanted to be, in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No
- I did not want or need to be involved

Q39 Were you treated with respect and dignity while you were at the clinic?

- Yes, always
- Yes, sometimes
- No

Q40 Were your cultural or religious beliefs respected by the clinic staff?

- Yes, always
- Yes, sometimes
- No, my beliefs were not respected
- My beliefs were not an issue

Q41 Were you given, or prescribed, any new medication to take at home?

- Yes
- NoGo to Q44

Q42 Did a health professional at the clinic explain the purpose of this medication in a way you could understand?

- Yes, completely
- Yes, to some extent
- No

Q43 Did a health professional at the clinic tell you about medication side effects to watch for?

- Yes, completely
- Yes, to some extent
- No

Q44 Were you given enough information about how to manage the side effects of any other treatment you received during this visit?

- Yes, completely
- Yes, to some extent
- No
- I did not need this type of information

Q45 Were you told who to contact if you were worried about your condition or treatment after you left the clinic?

- Yes
- No
- I did not need this type of information
- Don't know/can't remember

Q46 While in the clinic, did you receive or see any information about how to comment or complain about your case?

- Yes
- No
- Don't know/can't remember

AFTER YOUR VISIT

Q47 During your visit or soon afterwards, did you experience any of the following complications or problems related to the care you received at the clinic?

Please all that apply to you

- An infection
- Uncontrolled bleeding
- An unexpected negative reaction to medication
- Complications as a result of tests or procedures
- Severe pain due to the treatment
- Severe anxiety or worry
- Any other complication or problem (other than common side-effects from treatment)
- None of these [Go to Q50](#)

Q48 Was the impact of this complication or problem...?

- Very serious
- Fairly serious
- Not very serious
- Not at all serious

Q49 In your opinion, were the clinic staff open with you about this complication or problem?

- Yes, completely
- Yes, to some extent
- No
- Not applicable, as it happened after I left

Q50 Did you have to pay any of the following out of pocket expenses in relation to this visit?
Out of pocket expenses are those that you don't get back from Medicare or a private health fund.

Please all that apply to you

- Consultation fees
- Medication
- Treatment/surgery costs
- Travel
- Parking
- Accommodation
- Other related expenses
- None of these – I had no expenses
- Don't know/can't remember

NUMBER OF VISITS

Q51 How long have you been attending this cancer clinic?

- Less than 6 months
- 6 to 12 months
- More than 1 year but less than 2 years
- 2 years or more

Q52 In the last 12 months, how many times have you visited this cancer clinic?

- Once [Go to Q55](#)
- 2 to 3 times
- 4 to 8 times
- More than 8 times

Q53 Was there any time when the health professionals needed access to your health records and they were not available?

- Yes
- No
- Don't know/can't remember

Q54 Did you ever receive conflicting information about your condition or treatment from the health professionals?

- Yes
- No
- Not applicable - I was always treated by the same person

OVERALL CARE

Q55 Overall, how would you rate the care you received in the clinic?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

Q56 How well organised was the care you received in the clinic?

- Very well organised
- Fairly well organised
- Not well organised

Q57 If asked about your clinic experience by friends and family, how would you respond?

- I would speak highly of the clinic
- I would neither speak highly nor be critical
- I would be critical of the clinic

TREATMENT NEEDS AND OUTCOMES

Q58 Did you attend this clinic because you have or have had cancer?

- Yes
- NoGo to Q66

Q59 Is this the first time you have had cancer?

- Yes, this is the first time I have had cancer
- No, I have had the **same type of cancer** before but it has now come back
- No, I have had a **different type of cancer** before

Q60

How has your current cancer responded to treatment?

Please **ONE** option that is closest to your situation

- Treatment has not yet started for this cancerGo to Q63
- I am in the course of treatment and I can't tell yet how my cancer has responded
- The treatment has been effective and I have no signs or symptoms of cancer
- I have finished the course of treatment but my cancer is still present
- My cancer is being treated again because it has not responded fully to treatment
- I am not in active treatment but I am on "Watch and Wait"Go to Q63
- My cancer has not been treated at allGo to Q63

Q61

How long has it been since you first received treatment for this cancer?

- Less than 3 months
- 3 to 6 months
- More than 6 months but less than 1 year
- 1 to 5 years
- More than 5 years
- Don't know/can't remember

Q62

What treatment have you received for your cancer?

Please **all** that apply to you

- Radiotherapy
- Chemotherapy
- Surgery
- Other treatment (e.g. hormone therapy)

Q63

In the past three months, have you gone to an emergency department because of your cancer or cancer complications?

- Yes
- No
- Don't know/can't remember

COPING WITH CANCER

Q64

Select the answer that best describes how strongly you agree or disagree with each statement below.

Please answer for how you feel **right now** (at the time of completing this survey). If a statement doesn't apply to you, just skip it and move to the next one.

	Strongly disagree	Slightly disagree	Slightly agree	Strongly agree
a. I know that I will be able to deal with any unexpected health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am confident in my ability to understand written information about cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am confident in my ability to understand my doctor's instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is easy for me to actively participate in decisions about my treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I won't let cancer get me down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is easy for me to keep a positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. It is easy for me to maintain a sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am confident that I can control my negative feelings about cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If I don't understand something, it is easy for me to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. It is easy for me to ask nurses questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. It is easy for me to ask my doctor questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. It is easy for me to get information about cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly disagree	Slightly disagree	Slightly agree	Strongly agree

Source: Wolf MS et al, 2005. CASE-cancer survey (modified)

ASSESSING YOUR HEALTH

Q65 Please rate the following cancer symptoms for how severe each is for you right now (at the time of completing this survey).

Please the box that corresponds to your rating on a scale of 0 (no problem) to 10 (worst possible problem).

a. No pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worst possible pain
	0	1	2	3	4	5	6	7	8	9	10	
b. Not tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worst possible tiredness
	0	1	2	3	4	5	6	7	8	9	10	
c. Not nauseated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worst possible nausea
	0	1	2	3	4	5	6	7	8	9	10	
d. Not depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worst possible depression
	0	1	2	3	4	5	6	7	8	9	10	
e. Not anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worst possible anxiety
	0	1	2	3	4	5	6	7	8	9	10	
f. Not drowsy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worst possible drowsiness
	0	1	2	3	4	5	6	7	8	9	10	
g. Best appetite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worst possible appetite
	0	1	2	3	4	5	6	7	8	9	10	
h. Best feeling of wellbeing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worst possible feeling of wellbeing
	0	1	2	3	4	5	6	7	8	9	10	
i. No shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worst possible shortness of breath
	0	1	2	3	4	5	6	7	8	9	10	

Source: Bruera E et al, 1991. The Edmonton Symptom Assessment System (modified)

ABOUT YOU

The following questions will help us to see how experiences vary between different groups of the population.

Q66 What year were you born?

WRITE IN (YYYY)

Q67 What is your gender?

- Male
 Female

Q68 What is the highest level of education you have completed?

- Still at secondary school
 Less than Year 12 or equivalent
 Completed Year 12 or equivalent
 Trade or technical certificate or diploma
 University degree
 Post graduate/higher degree

Q69 Which language do you mainly speak at home?

- English [Go to Q72](#)
 A language other than English

Please write in the language:

Q70 Did you need, or would you have liked, to use a professional interpreter at any stage while you were at the clinic?

- Yes
 No [Go to Q72](#)

Q71 Was a professional interpreter provided when you needed one?

- Yes, always
 Yes, sometimes
 No

Q72 Are you of Aboriginal origin, Torres Strait Islander origin, or both?

- Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander
 No

Q73 Which, if any, of the following long-standing conditions do you have (including age related conditions)?

Please [all](#) that apply to you

- Deafness or severe hearing impairment
 Blindness or severe vision impairment
 A long-standing illness (e.g. cancer, HIV, diabetes, chronic heart disease)
 A long-standing physical condition
 A learning disability
 A mental health condition (e.g. depression)
 A neurological condition (e.g. Alzheimer's, Parkinson's)
 None of these

Q74 Who completed this survey?

- The patient
 The patient with help from someone else
 Someone else on behalf of the patient

Q75 The Bureau of Health Information would like your permission to link your survey answers to other information from health records relating to you which are maintained by various NSW and Commonwealth agencies (including your hospitalisations, medical visits, ambulance transportation, medication or health registry information). Linking to your health care information for the two years before and after your visit will allow us to better understand how different aspects of the care provided by health facilities are related to the health and use of health services of their patients.

Your information will be treated in the strictest confidence. We will receive the linked information after your name and address have been removed. We will not report any results which may identify you as an individual and your responses will not be accessible to the people who looked after you.

Do you give permission for the Bureau of Health Information to link your answers from this survey to health records related to you?

- Yes
 No

YOUR COMMENTS

Q76

What was the best part of the care you received while at this cancer clinic?

Q77

What part of the care provided by this cancer clinic most needs improving?

Thank you for your time.

Please remove the covering letter by tearing along the perforated line.

Return the survey in the reply paid envelope provided

or send it in an envelope addressed to

NSW Patient Survey, Ipsos Social Research Institute,

Reply Paid 84599, Hawthorn, VIC 3122 (no stamp is needed)

Some of the questions asked in this survey are sourced from the NHS patient survey programme (courtesy of the NHS Care Quality Commission and the National Research Corporation (USA)), the CASE-cancer survey (reference 'Development and validation of the Communication and Attitudinal Self-Efficacy scale for cancer (CASE-cancer)', Wolf MS et al, 2005. Patient Education and Counseling), the ESAS survey (reference 'The Edmonton Symptom Assessment System (ESAS): A simple method for the assessment of palliative care patients', Bruera E et al, 1991. Journal of Palliative Care), and the Australian Patient Experience Indicator Development Working Group (PEIDWG) national set of core, common patient experience questions. Questions are used with the permission of each organisation.

Barcode