



<Barcode>  
<title> <given names> <surname>  
<Address Line 1>  
<SUBURB> <STATE> <POSTCODE>

Date

Dear <title> <surname>

I invite you to complete a questionnaire about your most recent appointment at an outpatient clinic at [Hospital Name].

This questionnaire asks you about your experience at a cancer outpatient clinic where you have received treatment for cancer or for a non-cancer related condition.

**Your feedback will be used to help improve healthcare experiences and outcomes for patients across NSW.**

Any information you provide will be treated confidentially, and the health professionals who cared for you will not be able to see your responses.

If you have questions, or need help, please contact the survey helpline on 1800 220 936 (Monday to Friday, 9am–8pm).

For further information about patients' experiences across hospitals in NSW, including results from previous surveys, visit [bhi.nsw.gov.au](http://bhi.nsw.gov.au)

Yours sincerely

**Dr Diane Watson**  
Chief Executive  
Bureau of Health Information

**It's easy to take part** using your smartphone, tablet or computer:

Scan the QR code

Or

go to [health.nsw.gov.au/patientsurvey](http://health.nsw.gov.au/patientsurvey) and enter the access code below

Access code:

[USERNAME]

## Completing the paper questionnaire

If you complete the paper questionnaire, please use a blue or black pen to mark  clearly in the box next to your answer.

Sometimes response options have a 'Go to...' instruction which directs you to skip any questions that do not apply to you:

**Q32. Did you attend this clinic or hospital because you have, or have had, cancer?**

Yes

No .....Go to Q52

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

**Q5. Were you told how long you had to wait?**

Yes

No

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

To return the paper questionnaire, place the completed copy in the enclosed reply paid envelope.

## Privacy information

### Your privacy is protected by legislation

The Bureau of Health Information (BHI) works with Ipsos Public Affairs Ltd to manage the NSW Patient Survey Program on behalf of NSW Health. Your name and address are provided to Ipsos for the purpose of sending you this questionnaire only. Ipsos will keep your personal information confidential.

Your questionnaire responses will be treated in the strictest confidence. BHI will receive your questionnaire responses in a form that is

identifiable, but your name, address and contact details are not provided to BHI to ensure your confidentiality is protected at all times.

BHI will not report any results that may identify you as an individual. Your questionnaire responses will not be accessible to the health professionals who cared for you.

You can find more information about privacy and confidentiality on the BHI website at [bhi.nsw.gov.au/privacy](http://bhi.nsw.gov.au/privacy)

## More information

This questionnaire asks about outpatient clinics that mainly provide care to patients with cancer, but also provide care to patients without cancer. Therefore this questionnaire will also have been received by patients who were treated for other conditions. Some of the questions relate to people who had an appointment with the outpatient clinic because they have or had cancer. We appreciate that this questionnaire 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 any concerns or worries you might have, you may like to contact your general practitioner or specially trained staff at the Cancer Council's information and support line on **13 11 20**. This is a free, confidential phone information and support service.



This questionnaire asks about your care at the clinic or hospital named in the covering letter. This clinic provides care to patients with cancer and other patients without cancer, who are treated for other conditions. When completing the questionnaire, please think about your most recent appointment.

**Appointment with the outpatient clinic**

For the questions in this section, please think about your most recent appointment at the clinic or hospital named in the covering letter.

**Q1. Were you able to get an appointment time that suited you?**

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

**Q2. Did you have any of the following issues getting to the clinic?**

Please  all the boxes that apply to you

- Car park issues
- Transport issues
- Finding the clinic
- Other issue
- I had no issues

**Q3. Were the staff you met on your arrival to the clinic polite and welcoming?**

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

**Q4. How long after the scheduled appointment time did your appointment actually start?**

- On time, or early .....Go to Q6
- Less than 15 minutes
- 15 to 29 minutes
- 30 to 59 minutes
- 60 minutes or more
- Don't know/can't remember.....Go to Q6

**Q5. Were you told how long you had to wait?**

- Yes
- No

**Q6. Were the areas of the clinic you used clean?**

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



## Health professionals

For the questions in this section, please think about all the health professionals you saw at your most recent appointment at the clinic or hospital named in the covering letter.

**Q7. At your most recent appointment, did you have enough time to discuss your health issues with the health professionals?**

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

**Q8. Did the health professionals explain things in a way you could understand?**

- Yes, always
- Yes, sometimes
- No

**Q9. Did the health professionals listen carefully to your views and concerns?**

- Yes, always
- Yes, sometimes
- No
- Not applicable

**Q10. Did you have confidence and trust in the health professionals?**

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

**Q11. Were the health professionals kind and caring?**

- Yes, always
- Yes, sometimes
- No

**Q12. Overall, how would you rate the health professionals?**

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

**Q13. How would you rate how well the health professionals worked together as a team?**

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

## Care and treatment

For the questions in this section, please think about the care and treatment you received at your most recent appointment at the clinic or hospital named in the covering letter.

**Q14. At your most recent appointment, did you feel confident to ask questions about your care and treatment?**

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

**Q15. Did the health professionals discuss what was important to you in managing your care and treatment?**

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

**Q16. Were you involved, as much as you wanted to be, in decisions about your care and treatment?**

- Yes, definitely
- Yes, to some extent
- No
- Not applicable

**Q17. Did the health professionals explain the next steps of your care and treatment in a way you could understand?**

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

**Q18. Were the possible side effects of your treatment explained in a way you could understand?**

- Yes, definitely
- Yes, to some extent
- No
- Not applicable

**Q19. Were you given enough information about how to manage the possible side effects of your treatment?**

- Yes, definitely
- Yes, to some extent
- No
- Not applicable

**Q20. Were you treated with respect and dignity?**

- Yes, always
- Yes, sometimes
- No

**Q21. Were your cultural or religious beliefs respected by the clinic staff?**

- Yes, always
- Yes, sometimes
- No
- Not applicable

**Q22. Were you given enough information about how to manage your care at home?**

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

**Q23. Were you told who to contact if you were worried about your condition or treatment after your appointment?**

- Yes
- No
- Not applicable

## Overall experience

For the questions in this section, please think about your overall experiences of the care you received at your most recent appointment at the clinic or hospital named in the covering letter.

**Q24. Overall, how would you rate the care you received at the clinic?**

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

**Q25. How well organised was the care you received from the clinic?**

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

**Q26. Do you think you received safe, high-quality care from the clinic?**

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

**Q27. Did the care and treatment you received help you?**

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

## Complications or problems

For questions in this section, please think about any complication or problem that you may have experienced related to your most recent care and treatment at the clinic or hospital named in the covering letter.

**Q28. Did you experience any complication or problem related to your most recent care and treatment?**

- Yes
- No ..... Go to Q32

**Q29. Was the impact of this complication or problem...?**

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

**Q30. Were the health professionals responsive in addressing this complication or problem?**

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

**Q31. In the past three months, have you gone to an emergency department because of complications or problems related to the care you received?**

- Yes
- No

## Cancer care

This section asks questions for people who have, or have had, cancer. If you received care for a condition other than cancer, please answer Q32.

**Q32. Did you attend this clinic or hospital because you have, or have had, cancer?**

- Yes  
 No ..... Go to Q52

**Q33. What is/was the main type of cancer?**

Please  one option

- Prostate  
 Breast  
 Bowel (e.g. colon, rectal, anal)  
 Lung  
 Skin/melanoma  
 Upper gastrointestinal (e.g. oesophageal, stomach, liver, pancreatic, bile ducts)  
 Gynaecological (e.g. ovarian, endometrial, cervical)  
 Brain or spinal column  
 Head and neck  
 Blood (e.g. lymphoma, leukaemia, marrow, lymph nodes)  
 Other (e.g. bladder, kidney, bone, mesothelioma, thyroid, sarcoma)  
 The type of cancer is not known yet

**Q34. When were you first diagnosed with this cancer?**

- Less than 1 year  
 1 to 3 years  
 3 to 5 years  
 More than 5 years

**Q35. Was the hospital named in the cover letter the main place where you received most of your care and treatment for this cancer?**

- Yes  
 No

## All your cancer care

For the questions in this section, please think about your overall experiences of your cancer care, including with this clinic or hospital, your general practitioner, and other hospitals and services.

**Q36. When you were diagnosed with this cancer, were you told about different treatment options?**

- Yes, definitely  
 Yes, to some extent  
 No

**Q37. How much information about your condition or treatment for this cancer was given to you when you were diagnosed?**

- Not enough  
 The right amount  
 Too much

**Q38. Were the risks and benefits of your treatment explained in a way you could understand?**

- Yes, definitely  
 Yes, to some extent  
 No

**Q39. Did you feel confident you were making an informed decision about your treatment?**

- Yes, definitely  
 Yes, to some extent  
 No

**Q40. Did you receive conflicting information about your condition or treatment from the health professionals?**

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

**Q41. Were you given information upfront about the costs of different treatment options for your cancer?**

- Yes, definitely
- Yes, to some extent
- No
- Not applicable

**Q42. Were health professionals you saw in your community (such as your general practitioner) up-to-date about the care you received?**

- Yes, definitely
- Yes, to some extent
- No
- Not applicable

**Q43. Overall, how would you rate your experience of navigating the healthcare system (e.g. accessing treatment, getting referrals to other services, and seeing different health professionals)?**

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

### Cancer support services

For the questions in this section, please think about any lifestyle choices and cancer support services that were discussed with you.

**Q44. Did health professionals discuss any of the following lifestyle choices with you?**

Please  all the boxes that apply to you

- Quitting smoking/vaping
- Nutrition
- Exercise and leisure activity
- Limiting drinking alcohol
- Sun safety/protection
- Mindfulness and wellbeing
- Other lifestyle choice
- No lifestyle choices were discussed [Go to Q46](#)

**Q45. Were you given enough support to make the lifestyle changes recommended?**

- Yes, definitely
- Yes, to some extent
- No
- Not applicable

**Q46. Were you given information about support programs (e.g. counselling, financial, mental health)?**

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



**Your current situation**

For the questions in this section, please think about your work and financial situation. By 'work' we mean working in a job, at a business or volunteering (part time/full time).

**Q47. Have you been able to return to work or continue work (including volunteering) in the same or a similar capacity as before your cancer diagnosis?**

- Yes, definitely
- Yes, to some extent
- No
- Not applicable

**Q48. Have you experienced any loss of income or other financial burden (e.g. out of pocket medical costs) related to your cancer diagnosis?**

- Yes
- No ..... Go to Q50

**Q49. What was the impact of this loss of income or financial burden?**

- High
- Medium
- Low
- No impact

For the following two questions, please think about how you feel now (at the time of completing this questionnaire).

**Q50. Do you have someone you can turn to for practical support (e.g. help with home duties, transport)?**

- Yes, definitely
- Yes, to some extent
- No
- Not applicable

**Q51. Do you have someone you can turn to for emotional support?**

- Yes, definitely
- Yes, to some extent
- No
- Not applicable

If you need help, or someone to talk to about any concerns or worries you might have, you may like to contact specially trained staff at the Cancer Council's information and support line on **13 11 20**.

Please turn over to continue questionnaire →

## About you

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

### Q52. What year were you born?

Write in (YYYY)

### Q53. How do you describe your gender?

Please  one option

- Man or male
- Woman or female
- Non-binary
- Prefer to use a different term

Please specify below.

- Prefer not to answer

### Q54. What is the highest level of education you have completed?

- Less than Year 12 or equivalent
- Completed Year 12 or equivalent
- Trade or technical certificate or diploma
- University degree
- Postgraduate/higher degree

### Q55. Which language do you mainly speak at home?

- English
- A language other than English

What is that language? Please write below.

### Q56. Did you need, or would you have liked, to use an interpreter at any stage while you were at the clinic?

- Yes
- No ..... Go to Q58

### Q57. Did the clinic provide an interpreter when you needed one?

- Yes, always
- Yes, sometimes
- No

### Q58. 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 ..... Go to Q60

### Q59. Did you receive support, or the offer of support, from an Aboriginal Health Worker at the clinic?

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

Q60. In the past 12 months, did you have any virtual care appointments, over the telephone or by video call, with a hospital or outpatient clinic?

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

Q61. Which, if any, of the following longstanding conditions do you have (including age-related conditions)?

Please  all the boxes that apply to you

- Deafness or severe hearing impairment
- Blindness or severe vision impairment
- A longstanding illness (e.g. HIV, diabetes, chronic heart disease)
- A longstanding physical condition (e.g. arthritis, spinal injury, multiple sclerosis)
- An intellectual disability
- A mental health condition (e.g. depression)
- A neurological condition (e.g. Alzheimer's, Parkinson's)
- None of these ..... Go to Q63

Q62. Does this condition(s) cause you difficulties with your day-to-day activities?

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

BHI would like your permission to link your questionnaire responses to other information from health records relating to you which are maintained by NSW Government and Commonwealth agencies (including your hospitalisations or health registry information).

Linking to your health information will allow us to better understand how the care provided by health services is related to the health of their patients.

Your information will be treated in the strictest confidence. BHI will not report any results that may identify you as an individual. Your questionnaire responses will not be accessible to the health professionals who cared for you.

Q63. Do you give permission for the Bureau of Health Information to link your answers from this survey to health records related to you (the patient)?

- Yes
- No

Please turn over to complete questionnaire →



## Comments

### Q64. What was the best part of the care you received from this clinic?

Please don't include your name, address or any personal information about yourself or the health professionals who treated you.


### Q65. What most needs improving about the care you received from this clinic?

Please don't include your name, address or any personal information about yourself or the health professionals who treated you.


Thank you for taking the time to complete the questionnaire

Please remove the covering letter by tearing along the perforated line.  
 Return the questionnaire in the reply paid envelope provided or send it in an envelope addressed to our survey processing centre (no stamp needed): NSW Patient Survey, Ipsos Social Research Institute Reply Paid 91752, Port Melbourne VIC 3207

Some of the questions asked in this survey are sourced from the NHS Patient Survey Programme (courtesy of the NHS Care Quality Commission).  
 Questions are used with the permission of this organisation.

Barcode

