



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

Date

Dear <First Name> <Last Name>,

Your feedback about your experience will help improve healthcare services

I invite you to complete a questionnaire about your outpatient appointment with [HOSPITAL NAME] in November 2020. This questionnaire asks about outpatient clinics that mainly provide care to patients with cancer, but also provide care to patients without cancer, who were treated for other conditions.

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 hospital staff who cared for you will not be able to see your responses.

It is also easy to take part using your smartphone, tablet or computer:

Scan the QR code

Or

go to
[survey.ipsos.com.au/
patientsurvey](https://survey.ipsos.com.au/patientsurvey)

Then

Enter your username
[INS_UNAME]

Enter your password
[INS_PASSWORD]

If you have any questions or need help filling in the questionnaire, please contact the toll-free Patient Survey Helpline on 1800 220 936 (Monday to Friday, 9am–8pm), or email your questions to NSWPatientSurvey@ipsos.com

For further information about patient experience across hospitals in NSW, including results from previous surveys, visit bhi.nsw.gov.au

Thank you for taking the time to help improve NSW Health services.

Yours sincerely

Dr Diane Watson

Chief Executive

Bureau of Health Information



COMPLETING THE PAPER QUESTIONNAIRE

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

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

Q30

Did you receive any treatment during this visit (chemotherapy, radiotherapy, surgery or other treatments)?

Yes

No Go to Q34

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

Q7

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, remove the covering letter before placing 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 to manage the NSW Patient Survey Program on behalf of NSW Health. Your name and address is provided to Ipsos for the purpose of sending you this questionnaire only. Ipsos will keep your contact details confidential.

Your questionnaire responses will be treated in the strictest confidence. No identifying information will be given to NSW Health, the hospital or health service you attended, your doctor or any other health professionals unless required by law.

You can find more information about privacy and confidentiality on the BHI website at bhi.nsw.gov.au/nsw_patient_survey_program/privacy

More information about the NSW Patient Survey Program can be found at bhi.nsw.gov.au/nsw_patient_survey_program

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 Information and Support Line on **13 11 20**.

The Cancer Council Information and Support Line is a free, confidential phone information and support service.





ARRIVAL AT THE CLINIC

When completing the questionnaire, please think about your appointment with the hospital named in the covering letter in November 2020.

Q1 What was the purpose of this appointment?
Please all the boxes that apply to you

- Have tests, X-rays or scans
- Receive test, X-ray or scan results
- Medical diagnosis or advice
- Chemotherapy
- Radiotherapy
- Immunotherapy or hormone therapy
- Transfusion
- Surgical procedure
- Follow-up after surgery
- Treatment review
- Regular check-up/long-term follow-up
- Other reason

Q2 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 or more
- Don't know/can't remember
- Not applicable, as I had a phone/video appointment. Go to Q6

Q3 Did you need parking for your clinic visit?

- Yes
- No Go to Q5

Q4 Did you have any of the following issues with parking during this visit?

Please all the boxes that apply to you

- No car park at the clinic
- The car park was full
- Too few disabled parking spaces
- Expensive parking fees
- Had to walk a long way from the car park
- None of these issues

Q5 Were the reception staff polite and courteous?

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

Q6 How long after the scheduled appointment time did your appointment actually start?

- On time, or early. Go to Q8
- Less than 15 minutes
- 15 to 29 minutes
- 30 to 59 minutes
- 60 minutes or more
- I didn't have an appointment. . . Go to Q8
- Don't know/can't remember. . . . Go to Q8

Q7 Were you told how long you had to wait?

- Yes
- No

THE PHYSICAL ENVIRONMENT

Q8 How comfortable was the waiting area?

- Very comfortable
- Fairly comfortable
- Not very comfortable
- Not at all comfortable
- Not applicable, as I had a phone/video appointment. Go to Q11

Q9 How comfortable was the treatment area?

- Very comfortable
- Fairly comfortable
- Not very comfortable
- Not at all comfortable
- I did not go to a treatment area at the clinic. Go to Q11

Q10 How clean was the treatment area?

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



THE HEALTH PROFESSIONALS

Q11 Who did you see during this appointment?

Please all the boxes that apply to you

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

Q12 Did you have enough time to discuss your health issues with the health professionals you saw?

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

Q13 Did the health professionals explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

Q14 During this appointment, did the health professionals know enough about your medical history?

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

Q15 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

Q16 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
- Can't remember

Q17 Did you have worries or fears about your condition or treatment?

- Yes
- No. Go to Q19

Q18 Did a health professional discuss your worries or fears with you?

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

Q19 Did you have confidence and trust in the health professionals?

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

Q20 Were the health professionals kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

Q21 Overall, how would you rate the health professionals who treated you?

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

PLANNING YOUR CARE

Q22 When making decisions about your treatment, did a health professional at the clinic inform you about different treatment options?

- Yes, always
- Yes, sometimes
- No, treatment options were not discussed
- Not applicable to my situation. . . Go to Q24

Q23 Did a health professional at the clinic tell you about the risks and benefits of the treatment options?

- Yes, always
- Yes, sometimes
- No



Q24 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

Q25 Did a health professional at the clinic explain the next steps of your care and treatment in a way you could understand?

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

Q26 Did you ever receive conflicting information about your condition or treatment from the health professionals?

- Yes
- No

The following questions ask about care plans. Care plans are written documents that outline the steps and goals in managing your medical condition.

Q27 Do you have a written care plan for your current or ongoing care?

- Yes
- No.....Go to Q30
- I do not need one.....Go to Q30
- Don't know/can't remember...Go to Q30

Q28 Were you asked about your preferences for care and treatment when developing this plan?

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

Q29 At your November appointment, did the health professionals review your care plan with you?

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

YOUR CARE AND TREATMENT

Thinking again about your November appointment with this clinic...

Q30 Did you receive any treatment during this appointment (chemotherapy, radiotherapy, surgery or other treatments)?

- Yes
- No.....Go to Q34

Q31 Did a health professional at the clinic explain what would be done during your treatment in a way you could understand?

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

Q32 Did a health professional at the clinic tell you about possible side effects of your treatment?

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

Q33 Were you given enough information about how to manage the side effects of your treatment?

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

Q34 During this appointment, were you given, or prescribed, any new medication to take at home?

- Yes
- No.....Go to Q37

Q35 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

Q36 Did a health professional at the clinic tell you about side effects of this medication to watch for?

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



Q37

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

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

Q38

Did a health professional at the clinic give your family or someone close to you enough information to help care for you at home?

- Yes, completely
- Yes, to some extent
- No
- Not applicable to my situation
- Don't know/can't remember

RESPECTFUL CARE

Q39

Were you treated with respect and dignity during your appointment?

- Yes, always
- Yes, sometimes
- No

Q40

Were you given enough privacy when being examined or treated?

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

Q41

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

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

Q42

Were you ever treated unfairly for any of the reasons below?

Please all the boxes that apply to you

- Age
- Sex
- Aboriginal background
- Ethnic background
- Religion
- Sexual orientation
- Disability
- Marital status
- Something else
- I was not treated unfairly

Q43

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

COMPLICATIONS

Q44

During your appointment or soon afterwards, did you experience any of the following complications or problems?

Please all the boxes that apply to you

- An infection
- Uncontrolled bleeding
- An unexpected negative reaction to medication
- A complication as a result of tests or procedures
- Severe pain due to the treatment
- Lymphoedema (chronic excessive swelling)
- Severe anxiety or worry
- Any other complication or problem
- None..... Go to Q47

Q45

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

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

Q46

In your opinion, were the health professionals open with you about this complication or problem?

- Yes, completely
- Yes, to some extent
- No
- Not applicable, as it happened after my appointment

Q47

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

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



SMOKING BEHAVIOUR

Q48 Did a staff member at this clinic ask you if you smoked/used tobacco?

- Yes
- No
- Can't remember

Q49 At the time of your appointment, how often were you smoking/using tobacco?

- I've never smoked Go to Q51
- Not at all, I've quit smoking . . . Go to Q51
- Some days
- Every day
- Don't want to say Go to Q51

Q50 Has a staff member at this clinic done any of the following in the past year?

Please all the boxes that apply to you

- Advised you to quit smoking
- Offered to refer you to the Quitline or a smoking support service/professional
- Offered you nicotine replacement therapy (e.g. patches, gum)
- Provided other help to quit smoking
- Don't know/can't remember
- None of the above

OVERALL CARE

Q51 Overall, how would you rate the care you received from the clinic?

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

Q52 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

Q53 How well organised was the care you received from the clinic?

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

PAYMENTS FOR YOUR CARE

This section is about out-of-pocket expenses you may have to pay for clinic appointments. Out-of-pocket expenses are those that you don't get back from Medicare or a private health fund.

Please think about your appointments with this clinic over the past six months...

Q54 How much were your out-of-pocket expenses for medication related to these appointments?

- Zero (\$0)
- \$1 to less than \$100
- \$100 to less than \$500
- \$500 to less than \$1,000
- \$1,000 or more
- Don't know/can't remember

Q55 How much were your out-of-pocket expenses for consultations, tests, surgery or treatment related to these appointments (excluding medication)?

- Zero (\$0)
- \$1 to less than \$100
- \$100 to less than \$500
- \$500 to less than \$1,000
- \$1,000 or more
- Don't know/can't remember

Q56 How much were your out-of-pocket expenses for other costs related to these appointments (e.g. travel, petrol, parking, accommodation)?

- Zero (\$0)
- \$1 to less than \$100
- \$100 to less than \$500
- \$500 to less than \$1,000
- \$1,000 or more
- Don't know/can't remember



ABOUT YOUR HEALTH

This section asks questions for people who have or have had cancer. If you received care for a condition other than cancer, please answer Q57 and then go to Q66.

Q57 Did you attend this clinic because you have or have had cancer?

- Yes
 No.....Go to Q66

Q58 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

Q59 What was the main type of cancer you were receiving care for at this clinic?

Please **one box only**

- Prostate
 Breast
 Bowel (colon, rectal, anus)
 Lung
 Skin/melanoma
 Upper gastrointestinal (oesophagus, 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. bone, mesothelioma, thyroid)
 The type of cancer is not known yet

Q60 Which of the following statements best describes how well you are able to carry out ordinary tasks and daily activities? Over the past month I would generally rate my activity as...

Please **one box only**

- Normal with no limitations
 Not my normal self, but able to be up and about with fairly normal activities
 Not feeling up to most things, but in bed or chair less than half the day
 Able to do little activity and spend most of the day in bed or chair
 Pretty much bedridden, rarely out of bed

Q61 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 Q64
 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"
 My cancer has not been treated at allGo to Q64

Q62 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
 I have not received any treatment

Q63 In the past three months, what treatment have you received for your cancer?

Please **all the boxes that apply to you**

- Radiotherapy
 Chemotherapy (including hormone therapy, immunotherapy, targeted drug therapy)
 Surgery
 Other treatment (e.g. bone marrow transplant)
 I have not received treatment in the past three months

ABOUT YOUR CANCER SYMPTOMS

Q64 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).

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"/>
0	1	2	3	4	5	6	7	8	9	10

Worst possible pain

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"/>
0	1	2	3	4	5	6	7	8	9	10

Worst possible tiredness

Not nauseated

<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"/>
0	1	2	3	4	5	6	7	8	9	10

Worst possible nausea

Not depressed

<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"/>
0	1	2	3	4	5	6	7	8	9	10

Worst possible depression

Not anxious

<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"/>
0	1	2	3	4	5	6	7	8	9	10

Worst possible anxiety

Not drowsy

<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"/>
0	1	2	3	4	5	6	7	8	9	10

Worst possible drowsiness

Best appetite

<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"/>
0	1	2	3	4	5	6	7	8	9	10

Worst possible appetite

Best feeling of wellbeing

<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"/>
0	1	2	3	4	5	6	7	8	9	10

Worst possible feeling of wellbeing

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"/>
0	1	2	3	4	5	6	7	8	9	10

Worst possible shortness of breath

Source: Bruera E, Kuehn N, Miller MJ, Selmser P, Macmillan K. The Edmonton Symptom Assessment System (ESAS): A simple method for the assessment of palliative care patients. *Journal of Palliative Care* 1991; 7(2):6-9 (modified).

Please note that this survey is anonymous.

If you need help, or someone to talk to about concerns or worries about your condition, you may like to contact your general practitioner or the Cancer Council Information and Support Line on 13 11 20.



COPING WITH CANCER

Q65 Please 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
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"/>
I am confident in my ability to understand written information about cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident in my ability to understand my doctor's instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
I won't let cancer get me down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy for me to keep a positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy for me to maintain a sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that I can control my negative feelings about cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
It is easy for me to ask nurses questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy for me to ask my doctor questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 S, Chang CH, Davis T, Makoul G. Development and validation of the Communication and Attitudinal Self-Efficacy scale for cancer (CASE-cancer). Patient Education and Counseling 2005; 57(3):333-41 (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 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

Q68 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
- Post graduate/higher degree

Q69 Which language do you mainly speak at home?
 English Go to Q72
 A language other than English

What is that language? Please write below.

Q70 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 Q72

Q71 Did the clinic provide an interpreter when you needed one?
 Yes, always
 Yes, sometimes
 No
 I did not need the clinic to provide a professional interpreter

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 Go to Q74

Q73 Did you receive support, or the offer of support, from an Aboriginal Health Worker during your November appointment?
 Yes
 No
 Don't know/can't remember

Q74 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. cancer, 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 Q77

Q75 Does this condition(s) cause you difficulties with your day-to-day activities?
 Yes, definitely
 Yes, to some extent
 No

Q76 Are you a participant of the National Disability Insurance Scheme (NDIS)?
 Yes
 No
 Don't know

Q77 Who completed this survey?
 The patient
 The patient with help from someone else
 Someone else on behalf of the patient

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 healthcare information will allow us to better understand how different aspects of the care provided by health facilities are related to the health of, and use of health services by, 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.

Q78 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

YOUR COMMENTS

Q79 What was the best part of the care you received from this clinic?

Q80 What part of your care provided by this clinic most needs improving?

THANK YOU FOR YOUR TIME

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 questions asked in this questionnaire are sourced from: the NHS Patient Survey Programme (courtesy of the NHS Care Quality Commission); the National Research Corporation (USA), the Communication and Attitudinal Self-Efficacy scale for cancer (CASE-cancer) tool and; the Edmonton Symptom Assessment System (ESAS) tool. Questions are used with the permission of each organisation.

