



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

Date


Dear <First Name> <Last Name>

## Feedback about your mammogram experience is important


I am writing to ask you to provide feedback about your recent mammogram experience with BreastScreen NSW in July or August 2017. This information can be used by BreastScreen NSW to provide a better service in the future.

### How do you provide feedback?

You can complete the feedback survey in two ways:

 **Online:** Visit [survey.ipsos.com.au/breastscreen](https://survey.ipsos.com.au/breastscreen) and enter your username [INS\_UNAME] and password [INS\_PWORD] when prompted. The survey is easiest to complete online.

OR

 **Pen and paper:** Simply fill in the survey in this pack. To ensure your anonymity, remove this covering letter before placing the completed questionnaire in the reply paid envelope.

### Your information will be treated as confidential

Your identity will be protected. The BreastScreen NSW staff at the clinic or mobile van you attended will not know if you have returned a completed survey and will not be able to see individual responses.

If you have any queries regarding the survey, 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** (include your username [INS\_UNAME] in the subject line). For information about the survey, visit the Bureau of Health Information's website at **bhi.nsw.gov.au**

Thank you very much for your time helping to improve BreastScreen NSW services.

Yours sincerely

**Dr Kim Sutherland**

A/Chief Executive

Bureau of Health Information

## HOW TO COMPLETE THE SURVEY

### Filling in the survey

Please use a blue or black pen.

Mark the box like this ☒ next to your answer.

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

### Answering from your point of view

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 is the survey being done?

This survey is being conducted as a collaboration between the Bureau of Health Information and BreastScreen NSW. By completing the survey, you are helping to improve the BreastScreen NSW service across the state.

### Why have I been sent a survey?

You have been sent this survey because you recently had a mammogram with BreastScreen NSW.

### 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. The results will be provided to BreastScreen NSW to help them to improve services.

Your responses will be treated in the strictest confidence and no identifying information will be given to the BreastScreen NSW clinic or mobile van you attended, your doctor or other health provider unless required by law. Your responses will not affect any future attendance at BreastScreen NSW.

### How is my privacy protected?

Your privacy is protected by legislation. After all surveys are processed, identifying information will be destroyed. You can get more information about privacy and confidentiality by calling the toll-free Survey Helpline or at the following website:

[www.bhi.nsw.gov.au/nsw\\_patient\\_survey\\_program/privacy](http://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, 9am–8pm, excluding public holidays), or go to [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

### How do I make a formal compliment or complaint about my experience at the BreastScreen NSW clinic or mobile van?

Please contact BreastScreen NSW on 13 20 50 or visit:

[www.breastscreen.nsw.gov.au/contact-us](http://www.breastscreen.nsw.gov.au/contact-us)



## BEFORE THE APPOINTMENT

### Q1 What prompted you to make a booking?

Please ☒ **one** only

- ☐ Invitation letter/reminder letter
- ☐ Reminder text
- ☐ Reminder call
- ☐ GP or nurse recommendation..... Go to Q4
- ☐ Friends or family ..... Go to Q4
- ☐ Advertisement or promotional material ..... Go to Q4
- ☐ Other **Please specify**

..... Go to Q4

### Q2 How long did you wait from the time BreastScreen NSW first notified you until the time you made the appointment?

- ☐ Up to two weeks ..... Go to Q4
- ☐ Two to four weeks ..... Go to Q4
- ☐ Five to eight weeks
- ☐ Nine weeks or more
- ☐ Don't know/can't remember ..... Go to Q4

### Q3 Why did you wait to make an appointment with BreastScreen NSW?

Please ☒ **all** that apply

- ☐ I forgot about it
- ☐ I was too busy
- ☐ I believe I am at low risk
- ☐ I was worried about the pain/discomfort
- ☐ My previous mammogram experience(s) were unpleasant
- ☐ I was worried about the results
- ☐ Other
- ☐ Don't know/can't remember

### Q4 What were your main reasons for having this mammogram?

Please ☒ **all** that apply

- ☐ Family history of breast cancer
- ☐ Knowing someone with cancer
- ☐ Mammograms are important
- ☐ Personal history of breast cancer
- ☐ It is important to my health
- ☐ I believe I am in a high risk group
- ☐ Peace of mind
- ☐ Recommendation from a health professional, e.g. GP
- ☐ Encouragement from friends or family
- ☐ Because it was free
- ☐ Other **Please specify**


## MAKING THE APPOINTMENT

### Q5 What method did you use to make your appointment?

- ☐ Telephone
- ☐ Online ..... Go to Q7
- ☐ I did not make an appointment /same day walk-in ..... Go to Q9
- ☐ Someone else made the appointment on my behalf ..... Go to Q9
- ☐ Other ..... Go to Q7

### Q6 Were the staff who booked your appointment polite and courteous?

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

### Q7 Were you able to get an appointment time that suited you?

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

**Q8 Did you have any of the following difficulties when making this appointment?**

Please ☒ **all** that apply

- ☐ I didn't know how to make an appointment
- ☐ The online booking details were hard to find
- ☐ The telephone contact details were hard to find
- ☐ My call was not answered
- ☐ I had to wait on hold for a long time
- ☐ I left a message and no one got back to me
- ☐ I had difficulty understanding the person I talked to
- ☐ Limited availability of appointment time or day
- ☐ None of these

**Q9 In the lead up to your appointment, would you have liked any information about the process and procedure?**

- ☐ Yes
- ☐ No .....Go to Q11

**Q10 What topics would you have liked to receive information about?**

Please ☒ **all** that apply

- ☐ Appointment or clinic details
- ☐ The mammogram procedure
- ☐ Evidence of mammogram effectiveness
- ☐ Breast cancer
- ☐ Advice on reducing the risk of cancer
- ☐ Getting the results of the mammogram
- ☐ Other **Please specify**


**Q11 Overall, how would you rate the process of making your appointment?**

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

**ARRIVAL AT THE CLINIC/MOBILE VAN**

**Q12 What was your main form of transport to your appointment?**

Please ☒ **one** only

- ☐ Private car
- ☐ Taxi .....Go to Q14
- ☐ Public transport .....Go to Q14
- ☐ On foot .....Go to Q14
- ☐ Other .....Go to Q14

**Q13 Did you have any of the following issues with parking?**

Please ☒ **all** that apply

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

**Q14 Did you need any signage to help you find the clinic or mobile van?**

- ☐ Yes, I needed signage
- ☐ No, I did not need any signage ...Go to Q16
- ☐ Don't know/can't remember .....Go to Q16

**Q15 Was there enough signage to help you find the clinic or mobile van?**

- ☐ There was plenty of signage
- ☐ There was some signage but there could have been more
- ☐ There was little or no signage

**Q16 Were the reception staff polite and courteous?**

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

- Q17** Did your appointment start on time?
- ☐ Yes ..... Go to Q20
- ☐ No
- ☐ I did not make an appointment in advance

- Q18** Did reception staff tell you how long you would have to wait to have your mammogram?

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

- Q19** Do you think the time you had to wait to have your mammogram was...?

- ☐ About right
- ☐ Slightly too long
- ☐ Much too long

- Q20** What could be done to improve the reception waiting area?

Please ☒ all that apply

- ☐ Nothing
- ☐ Availability of seating
- ☐ Comfort of seating
- ☐ Selection of magazines/newspapers
- ☐ Information about the mammogram procedure
- ☐ More cosy/relaxing environment
- ☐ Other Please specify


## DURING THE MAMMOGRAM

The radiographer is the health professional who took your mammogram. Please think of this person when you answer the following questions.

- Q21** Did the radiographer introduce herself to you?

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

- Q22** Before the mammogram started, did the radiographer explain what would be done in a way you could understand?

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

- Q23** Were you given the opportunity to ask any questions before the mammogram?

- ☐ Yes
- ☐ Yes, but I did not have any questions..... Go to Q25
- ☐ No ..... Go to Q25

- Q24** Were your questions answered in a way you could understand?

- ☐ Yes
- ☐ No
- ☐ I did not have any questions

'Compression' is where your breasts were pressed between two plates to take the mammogram.

- Q25** Did the radiographer tell you how long your breasts would be compressed for?

- ☐ Yes
- ☐ No, but I would have liked to know
- ☐ No, but I did not need to know
- ☐ Don't know/can't remember

- Q26** Did you experience any discomfort or pain during compression?

- ☐ Yes
- ☐ No ..... Go to Q30

- Q27** How would you rate the discomfort or pain you experienced during compression?

- |                             |                   |
|-----------------------------|-------------------|
| <input type="checkbox"/> 1  | } Mild discomfort |
| <input type="checkbox"/> 2  |                   |
| <input type="checkbox"/> 3  |                   |
| <input type="checkbox"/> 4  | } Mild pain       |
| <input type="checkbox"/> 5  |                   |
| <input type="checkbox"/> 6  | } Moderate pain   |
| <input type="checkbox"/> 7  |                   |
| <input type="checkbox"/> 8  |                   |
| <input type="checkbox"/> 9  | } Severe pain     |
| <input type="checkbox"/> 10 |                   |

Q28

**Was your discomfort or pain...?**

- ☐ Less than expected
- ☐ Same as expected
- ☐ Worse than expected

Q29

**Did the radiographer acknowledge the discomfort or pain you experienced?**

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

Q30

**Did the way the radiographer interact with you put you at ease?**

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

Q31

**Was the radiographer kind and caring?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q32

**Did the radiographer act in a professional manner?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q33

**Did you experience any of the following while in the room where your mammogram took place? Please ☒ all that apply**

- ☐ Room was too cold
- ☐ Room was too clinical/sterile
- ☐ Insufficient consideration of my privacy
- ☐ There were no posters or decorations to distract me from the process
- ☐ None of these

Q34

**Overall, how would you rate your experience with the radiographer?**

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

**AFTER THE MAMMOGRAM**

Q35

**Were you told how and when you would receive the results of your mammogram?**

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

Q36

**How long did it take to receive the results of your mammogram?**

- ☐ Less than two weeks
- ☐ Two weeks
- ☐ Three weeks
- ☐ Four weeks
- ☐ Five weeks or more
- ☐ Don't know/can't remember..... Go to Q38

Q37

**Do you think the time you had to wait to receive your results was...?**

- ☐ About right
- ☐ Slightly too long
- ☐ Much too long

Q38

**How anxious did you feel about receiving your results?**

- ☐ Not at all anxious
- ☐ Slightly anxious
- ☐ Fairly anxious
- ☐ Very anxious

Q39

**Did BreastScreen NSW staff tell you who to contact if you were worried about anything after you left the clinic?**

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

Q40

**Do you intend to continue with routine mammograms?**

- ☐ Yes, definitely
- ☐ Yes, likely
- ☐ No, why not?

- ☐ Don't know



**Q41** For your next mammogram, would you go to the same clinic?

- ☐ Yes  
☐ No, why not?

- ☐ Don't know

## OVERALL EXPERIENCE

**Q42** Overall, how would you rate your most recent experience at the clinic or mobile van, from initial contact to receiving your results?

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

**Q43** If asked about your experience(s) of BreastScreen NSW by friends and family, how would you respond?

- ☐ I would speak highly of BreastScreen NSW  
☐ I would neither speak highly nor be critical  
☐ I would be critical of BreastScreen NSW

**Q44** While at your appointment, did you receive or see any information about how to comment on or complain about your experience with BreastScreen NSW?

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

## ABOUT YOU

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

**Q45** Was this your first mammogram with BreastScreen NSW?

- ☐ Yes  
☐ No

**Q46** At what age did you have your first mammogram with BreastScreen NSW?

- ☐ Aged 40 to 49 years  
☐ Aged 50 to 59 years  
☐ Aged 60 to 69 years  
☐ Aged 70 to 74 years

**Q47** What year were you born?

Write in (YYYY)

**Q48** 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

**Q49** Which language do you mainly speak at home?

- ☐ English ..... Go to Q52  
☐ A language other than English

Please write in the language

**Q50** Did you need, or would you have liked, to use an interpreter at any stage while you were at the clinic or mobile van?

- ☐ Yes  
☐ No ..... Go to Q52

**Q51** Was an interpreter provided when you needed one?

- ☐ Yes, always  
☐ Yes, sometimes  
☐ No

**Q52** 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



## COMMENT ON YOUR EXPERIENCE WITH BREASTSCREEN NSW

**Q53** What part of your experience with BreastScreen NSW most needs improving? ■


**Q54** What was the best part of your experience with BreastScreen NSW?


**THANK YOU FOR COMPLETING THE BREASTSCREEN NSW SURVEY.**

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 the survey processing centre (no stamp needed):

NSW Patient Survey,  
Ipsos Social Research Institute,  
Reply Paid 84599,  
Hawthorn, VIC 3122

Some of the questions asked in this survey are sourced from the NHS patient survey program (courtesy of the NHS Care Quality Commission and the National Research Corporation, USA). Questions are used with the permission of each organisation.

**Barcode**