



<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 2021. 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](mailto:NSWPatientSurvey@ipsos.com)

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

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

Yes

No ..... Go to Q19

If you make a mistake or wish to change a response, simply fill in the box and mark  in 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 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 hospital staff who cared for you.

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



## APPOINTMENT AT THE CLINIC

When completing the questionnaire, please think about your appointment with the hospital named in the covering letter in November 2021.

**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 . . . . . 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

**Q9** How comfortable was the treatment area?

- Very comfortable
- Fairly comfortable
- Not very comfortable
- Not at all comfortable
- Not applicable . . . . . 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 didn't 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 didn't 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 don't 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 didn't 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
- 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, always
- Yes, sometimes
- No

**Q41** Were you given enough privacy when discussing your condition or treatment?

- Yes, always
- Yes, sometimes
- 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
- Not applicable

## 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 Q63.

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

- Yes  
 No .....Go to Q63

**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 cancer .....Go 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"  
 My cancer has not been treated at all .....Go to Q63

**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



## VIRTUAL CARE

Virtual care appointments are held over the telephone or by video call, rather than in person. For the following questions, please think about all your experiences of virtual care provided by a hospital or outpatient clinic over the past 12 months, not with your general practitioner/family doctor.

**Q63** 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 ..... Go to Q70  
 Don't know/can't remember .. Go to Q70

**Q64** How many virtual care appointments have you had with a hospital or outpatient clinic over the past 12 months (not counting any appointments with your general practitioner/family doctor)?

- 1 to 2  
 3 to 5  
 More than 5  
 Don't know/can't remember

**Q65** Overall, how would you rate the virtual care you received?

- Very good  
 Good  
 Neither good nor poor  
 Poor  
 Very poor

**Q66** Did the care and treatment received through virtual care help you?

- Yes, definitely  
 Yes, to some extent  
 No

**Q67** Compared with in-person appointments, was your virtual care experience...?

- Better  
 About the same  
 Not as good

**Q68** If given the choice, would you use virtual care again?

- Yes, definitely  
 Yes, in some circumstances  
 No  
 Don't know

**Q69** Thinking about your experiences of virtual care, what have been the benefits for you?

- Please  all the boxes that apply to you
- I thought it was convenient  
 I saved time  
 I saved money  
 I felt that I received the right care at the right time  
 I felt that I received safe, high quality care  
 I felt at ease being in my own home/ surroundings  
 I didn't have to take as much time off work as I would have with an in-person appointment  
 I didn't need to arrange care for children or dependants  
 I was able to have others join the appointment (my family, other members of my healthcare team)  
 I thought it benefitted me in other ways  
 I had no benefits

## ABOUT YOU

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

**Q70** What year were you born?  
Write in (YYYY)

**Q71** 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

**Q72** 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

**Q73** Which language do you mainly speak at home?

- English ..... Go to Q76
- A language other than English

What is that language? Please write below.

**Q74** 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 Q76

**Q75** Did the clinic provide an interpreter when you needed one?

- Yes, always
- Yes, sometimes
- No

**Q76** 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 Q78

**Q77** 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

**Q78** 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 Q81

**Q79** Does this condition(s) cause you difficulties with your day-to-day activities?

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

**Q80** Are you a participant of the National Disability Insurance Scheme (NDIS)?

- Yes
- No
- Don't know

**Q81** Who completed this survey?

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

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 hospital staff who cared for you.

**Q82** 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

## COMMENTS

**Q83** 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


**Q84** What part of your care provided by this clinic most needs improving?  
Please don't include your name, address or any personal information about yourself or the health professionals who treated you


**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

SAMPLE  
2021

< INSERT BARCODE NUMBER HERE >

Barcode

