

## Palliative Radiotherapy Service Patient Survey

### Consent for Radiotherapy

The following questions are about your experience during your appointment when you signed a consent form for radiotherapy.

1.	• Who completed the consent form with you?						
	□ Doctor	Macmillan Consultant Radiographer	□ Can't remember				
2.	Did you receive enough	enough understandable information about your treatment?					
	☐ Yes, definitely	$\Box$ Yes, to some extent	□ No				
3.	B. Did you receive enough information about the side-effects that you may experience						
	□ Yes, definitely	$\Box$ Yes, to some extent	□ No				
4.	Do you feel you had the opportunity to ask questions during your appointment?						
	□ Yes, definitely	$\Box$ Yes, to some extent	□ No				
5.	If you asked any questions, were you given answers that you could understand?						
	□ Yes, completely	$\Box$ Yes, to some extent	□ No				
	□ I didn't ask any questions						
6.	Did you receive a patient information leaflet about radiotherapy?						
🗆 Yes 🛛 🗆 No							

**7.** If you answered "No" to any of the above questions please can you briefly explain the reasons for this:



#### Radiotherapy Appointments

The following questions are about your experience of your radiotherapy planning and treatment appointments.

**8.** How do you feel about the length of time you waited from being told you needed radiotherapy to receiving the treatment?

□ Too short □ Too long □ About right

9. Would you have liked to have had your treatment on the same day as your planning scan?

🗆 Yes	🗆 No	No preference

Please could you give a reason for your answer to question 9:

**10.** Did you receive advice about how to deal with your pain?

🗆 Yes	🗆 No	🗆 Not Applicable
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**11.** Did you receive contact details for the Macmillan Consultant Radiographer and the Radiotherapy Aftercare Service?

□ Yes □ No

#### <u>Overall</u>

**12.** Did you have confidence and trust in the Doctor/Consultant Radiographer that you saw?

□ Yes, completely	□ Yes, to some extent	🗆 No	

**13.** Did you feel involved in decisions about your care and treatment?

Yes, completely	Yes, to some extent	🗆 No
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**14.** How would you rate your overall experience of the Palliative Radiotherapy Service at Bristol Cancer Institute? *(please circle a number)* 

1	2	3	4	5	6	7	8	9	10
I had a very poor									I had a very good
experience									experience

## **15.** Any other comments:

# Thank you. Please return your completed questionnaire to the box on the reception desk.