Radiotherapy Patient Experience Survey

This questionnaire is about your radiotherapy treatment. Its purpose is to provide information which can help the NHS monitor and improve the quality of health services for future patients.

Who should complete the questionnaire?
The questions should be answered by the person named in the letter enclosed with this questionnaire. If that person needs help to complete the questionnaire, the answers should be given from their point of view – not the point of view of the person who is helping.

Completing the questionnaire
For each question please tick clearly inside the box that is closest to your views using a black or blue pen. Don’t worry if you make a mistake; simply cross out the mistake and put a tick in the correct box. Please do not write your name or address anywhere on the questionnaire.

IMPORTANT INFORMATION
To make sure the information we collect is useful, we need to collect some personal details from you and to access information held about you in other NHS databases. The purpose of collecting this information is to generate aggregated statistics about the care and treatment people receive. These statistics will be used to compare the differences in care and treatment by different providers and to understand what may be causing these. The results will be used to measure and improve the quality of healthcare services.

By completing this questionnaire you are giving your consent for the information provided to be used for the above purposes. Specifically, you are agreeing that:

- Your personal details and relevant health information can be held and used by an organisation contracted to the Department of Health to analyse the data
- Other information about you held by the Patient Demographics Service, the Secondary Users Service and other NHS databases can be held and used by an organisation contracted to the Department of Health to analyse the data

Your personal information will be handled securely and anonymised after analysis and before any publication.
Your personal information will not be released by the Department of Health or third party organisations working on its behalf unless required by law or where there is a clear overriding public interest.
You can withdraw the information you give the NHS in this questionnaire upon request, up to the point at which data are analysed and personal details removed.

If you have any queries about the questionnaire, please call the FREEPHONE helpline number on 0800 783 1775

Taking part in this survey is voluntary
Published reports will not contain any personal details
CONSENT

The first few questions are about consent. A consent form is signed so that the hospital has your permission to give you treatment. These questions relate to your consent for radiotherapy.

1. Who took your consent for you to have radiotherapy?
   - ☐ Consultant Oncologist
   - ☐ Other doctor
   - ☐ Radiographer
   - ☐ Someone else
   - ☐ Don’t know / can’t remember

2. When you gave your consent, to what extent did you understand what the benefits and side-effects of radiotherapy were?
   - ☐ I understood completely
   - ☐ I understood to some extent
   - ☐ I did not understand at all
   - ☐ Don’t know / can’t remember

3. Were you given the opportunity to ask questions before giving consent?
   - ☐ Yes ➔ Go to Q4
   - ☐ No ➔ Go to Q5
   - ☐ Don’t know / can’t remember ➔ Go to Q5

4. If you did ask questions, were you satisfied with the answers that you received?
   - ☐ Yes, completely
   - ☐ Yes, to some extent
   - ☐ No
   - ☐ Don’t know / can’t remember

5. Were you offered a copy of the radiotherapy consent form you signed?
   - ☐ Yes
   - ☐ No
   - ☐ Don’t know / can’t remember

6. Did you have confidence in the doctor or other health professional who took your consent for your radiotherapy?
   - ☐ Yes, completely
   - ☐ Yes, to some extent
   - ☐ No
   - ☐ Don’t know / can’t remember

7. Were you treated with dignity and respect by the doctor or other health professional who took your consent for your radiotherapy?
   - ☐ Yes, definitely
   - ☐ Yes, to some extent
   - ☐ No
   - ☐ Don’t know / can’t remember

WRITTEN INFORMATION BEFORE YOUR RADIOTHERAPY

These questions are about information you received about radiotherapy before your first appointment for planning (sometimes called simulator) for your radiotherapy.

8. Were you given or sent any written information about radiotherapy by a member of staff (e.g. doctor, radiographer or nurse specialist) before your radiotherapy?
   - ☐ Yes
   - ☐ No
   - ☐ Don’t know / can’t remember
9. Were you given or sent any written information about your type of cancer, treatment and care by a member of staff (e.g. doctor, radiographer or nurse specialist)?

1. Yes, but only about type of cancer
2. Yes, but only about treatment and care
3. Yes, about both type of cancer and treatment
4. No
5. Don’t know / not sure

10. Were you told about the local cancer information and support service at the hospital (sometimes called the cancer information centre)?

1. Yes
2. No
3. Don’t know / can’t remember

11. Overall was the amount of information given to you before you started your radiotherapy:

1. Excellent, helped with my treatment
2. Satisfactory, met my needs
3. Poor, didn’t help much
4. Very poor, didn’t help at all
5. I was not given any information before my radiotherapy started

12. Did you go to the Radiotherapy Unit before you started treatment to be given information and an explanation about radiotherapy (pre-treatment or planning session)?

1. Yes and I found it helpful
2. Yes, but it was not helpful
3. Yes, but I could not go
4. I wasn’t invited, but it would have been helpful
5. I wasn’t invited, but I would not have wanted to go
6. Don’t know / can’t remember

INFORMATION FROM WEBSITES

If you DO NOT have access to the internet please go to question 19.

13. Did you look for information about radiotherapy on the website of the cancer centre or hospital where you had your radiotherapy?

1. Yes ➔ Go to Q15
2. No ➔ Go to Q14

14. If you did not, was this because you:

1. Didn’t need to
2. Didn’t want to
3. Didn’t know there was any information on the hospital website
4. Some other reason

Now go to question 16.

15. If you did look at the cancer centre or hospital website, did you find the information you found there helpful?

1. Yes, very helpful
2. Yes, fairly helpful
3. No, not at all helpful
4. I did not find any information about radiotherapy on the website
5. Don’t know / can’t remember

16. Did you look for information about radiotherapy on any cancer charity websites?

1. Yes ➔ Go to Q18
2. No ➔ Go to Q17

17. If you did not, was this because you:

1. Didn’t need to
2. Didn’t want to
3. Didn’t know there was any information on these websites
4. Some other reason

Now go to question 19.
18. If you did look at any cancer charity websites, did you find the information you found there helpful?

1. Yes, very helpful
2. Yes, fairly helpful
3. No, not at all helpful
4. I did not find any information about radiotherapy on these websites
5. Don’t know / can’t remember

GOING TO THE HOSPITAL

19. How did you usually get to the hospital where you had your radiotherapy?

1. By car ➔ Go to Q20
2. By public transport (bus, train, taxi) ➔ Go to Q21
3. By ambulance / hospital transport ➔ Go to Q21
4. I walked / cycled ➔ Go to Q21

20. If you travelled by car, was it easy to park?

1. Yes
2. No
3. I was dropped off so didn’t need to park

21. Was the information / arrangements for your first appointment at the radiotherapy department easy to understand?

1. Yes, completely
2. Yes, to some extent
3. No
4. Don’t know / can’t remember

22. Was the radiotherapy department easy to find?

1. Yes, completely
2. Yes, to some extent
3. No
4. Don’t know / can’t remember

ABOUT YOUR RADIOTHERAPY

23. Did you have the majority of your radiotherapy as an inpatient or as an outpatient?

1. I had the majority of my radiotherapy as an inpatient
2. I had the majority of my radiotherapy as an outpatient
3. Don’t know / can’t remember

24. Overall was the amount of information given to you at the start of your radiotherapy:

1. Excellent, helped with my treatment
2. Satisfactory, met my needs
3. Poor, didn’t help much
4. Very poor, didn’t help at all
5. I was not given any information at the start of my radiotherapy
6. Don’t know / can’t remember

25. Were you told how many radiotherapy treatments (sometimes called visits or fractions) you would probably need?

1. Yes, very clearly
2. Yes, to some extent
3. No
4. Don’t know / can’t remember

26. Were you told how long in total your course of radiotherapy treatment would last?

1. Yes, very clearly
2. Yes, to some extent
3. No
4. Don’t know / can’t remember
27. Was your plan of treatment explained clearly to you by a member of staff?
   1. Yes, very clearly
   2. Yes, to some extent
   3. No
   4. Don’t know / can’t remember

28. Were you told that you could communicate with the radiographers outside the room during treatment?
   1. Yes, both on TV and by speaking
   2. Yes, only on TV
   3. Yes, only by speaking
   4. No
   5. Don’t know / can’t remember

29. Were you given information to help you manage the side effects of your treatment?
   1. Yes, very clearly
   2. Yes, to some extent
   3. No
   4. Don’t know / can’t remember

30. Was the information given to you by your radiographer at the treatment visit the same as you were told by the doctor / radiographer in clinic?
   1. Yes, exactly the same
   2. No, it was a little different
   3. No, it was completely different
   4. Don’t know / can’t remember

31. If you had any questions about the radiotherapy, did you have the opportunity to discuss these with the radiographer?
   1. Yes, completely
   2. Yes, to some extent
   3. No
   4. Don’t know / can’t remember

32. Was there someone in the hospital who you could talk to about any worries or fears you might have?
   PLEASE TICK AS MANY AS APPLY
   1. Yes, in the radiotherapy department
   2. Yes, elsewhere in the hospital (e.g. clinical nurse specialist or chaplain)
   3. No, but I would have liked to talk to someone
   4. No, but I didn’t need to talk to anyone
   5. Don’t know / can’t remember

DAILY TREATMENT VISITS

33. How soon after your appointment time did your radiotherapy usually start?
   1. On time or within 20 minutes of my appointment
   2. Between 20 minutes and 1 hour of my appointment time
   3. More than 1 hour after my appointment time
   4. It varied from visit to visit
   5. Don’t know / can’t remember

34. Were you told about any delays?
   1. Yes, always
   2. Yes, sometimes
   3. Never or rarely
   4. There were no delays
   5. Don’t know / can’t remember

35. Was your radiotherapy ever given on the same day as any other cancer / tumour treatment (chemotherapy or surgery)?
   1. Yes ➔ Go to Q36
   2. No ➔ Go to Q37
   3. Don’t know / can’t remember ➔ Go to Q37
36. If yes, what other treatment did you have at the same time as your radiotherapy?

**PLEASE TICK AS MANY AS APPLY**

1. ☐ Chemotherapy
2. ☐ Surgery
3. ☐ Don’t know / can’t remember

37. What was the environment of the radiotherapy department like in respect of:

**The waiting room**

<table>
<thead>
<tr>
<th>Very good</th>
<th>Good</th>
<th>Poor</th>
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**The treatment room**

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**The department as a whole**

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38. Did you feel the changing facilities / arrangements allowed you to maintain your dignity?

1. ☐ Yes
2. ☐ Yes, to some extent
3. ☐ No
4. ☐ Don’t know / can’t remember

39. During your last course of radiotherapy, how many treatments (sometimes called visits or fractions) did you have?

1. ☐ 1-5
2. ☐ 5-10
3. ☐ More than 10
4. ☐ Don’t know / can’t remember

40. Did you have a regular formal review of your treatment (usually called the review clinic) by a member of the clinical team (e.g. doctor or radiographer)?

1. ☐ Yes
2. ☐ No
3. ☐ Don’t know / can’t remember

**INFORMATION ABOUT SUPPORT**

41. Did hospital staff give you information about support or self-help groups for people with cancer?

1. ☐ Yes ➔ Go to Q42
2. ☐ No, but I would have liked information ➔ Go to Q43
3. ☐ No, but I would not have wanted this information ➔ Go to Q43
4. ☐ It was not necessary I already had this information ➔ Go to Q43
5. ☐ Don’t know / can’t remember ➔ Go to Q43

42. If yes, what type of groups were you given information about?

**PLEASE TICK AS MANY AS APPLY**

1. ☐ General cancer support groups in my area
2. ☐ Support groups for my specific type of cancer in my area
3. ☐ National cancer charities
4. ☐ Other groups

**FURTHER VISITS TO CLINIC**

The next few questions are about information now that your radiotherapy has been completed.

43. Have you been given a number to call if you have any problems in relation to your radiotherapy?

1. ☐ Yes
2. ☐ No
3. ☐ Don’t know / can’t remember
44. Do you know what the arrangements are for your next visit to see your consultant or other member of staff?
1 ☐ Yes
2 ☐ No
3 ☐ Don’t know / can’t remember

45. Were you given written information about what to expect in the few weeks following treatment and your post treatment care?
1 ☐ Yes
2 ☐ No
3 ☐ Don’t know / can’t remember

YOUR OVERALL RADIOOTHERAPY CARE

46. Sometimes people with cancer feel they are treated as “a set of cancer symptoms”, rather than a whole person. Did you feel you were treated as a whole person -

In the clinic generally?
Yes, all   Only the time   sometimes   No
1 ☐   2 ☐   3 ☐

At the reception desk?
Yes, all   Only the time   sometimes   No
1 ☐   2 ☐   3 ☐

In the treatment room?
Yes, all   Only the time   sometimes   No
1 ☐   2 ☐   3 ☐

47. Would you be happy to go back to this centre again if you were recommended radiotherapy treatment?
1 ☐ Very happy
2 ☐ Happy
3 ☐ Neither happy nor unhappy
4 ☐ Unhappy
5 ☐ Very unhappy

48. Overall, how would you rate your care?
1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor
6 ☐ Very poor

ABOUT YOU

If you are helping someone to complete this questionnaire, please make sure this information is the patient's not your own.

49. What year were you born?
(Please write in) e.g. 1944

50. Are you male or female?
1 ☐ Male
2 ☐ Female

51. Which of the following best describes your sexual orientation? (Tick one box only)
1 ☐ Heterosexual / straight (opposite sex)
2 ☐ Bisexual (both sexes)
3 ☐ Gay or Lesbian (same sex)
4 ☐ Other
5 ☐ Prefer not to answer

52. Do you have any of the following long-standing conditions? PLEASE TICK AS MANY AS APPLY
1 ☐ Deafness or severe hearing impairment
2 ☐ Blindness or partially sighted
3 ☐ A long-standing physical condition
4 ☐ A learning disability
5 ☐ A mental health condition
6 ☐ A long-standing illness, such as HIV, diabetes, chronic heart disease, epilepsy
7 ☐ No, I do not have a long-standing condition
53. To which of these ethnic groups would you say you belong? (Tick one box only)

a. WHITE
   1. British
   2. Irish
   3. Any other White background (Please write in box)

b. MIXED
   4. White and Black Caribbean
   5. White and Black African
   6. White and Asian
   7. Any other Mixed background (Please write in box)

c. ASIAN OR ASIAN BRITISH
   8. Indian
   9. Pakistani
  10. Bangladeshi
  11. Any other Asian background (Please write in box)

d. BLACK OR BLACK BRITISH
   12. Caribbean
   13. African
   14. Any other Black background (Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP
   15. Chinese
   16. Any other ethnic group (Please write in box)

OTHER COMMENTS
If there is anything else you would like to tell us about your experience of radiotherapy treatment, please do so here.

Was there anything particularly good about your radiotherapy?

Was there anything that could have been improved?

Any other comments?

Thank you for your help.

Please return this questionnaire in the envelope provided. You do not need to use a stamp – the postage is already paid.