



## Your experience with telephone services

Date: \_\_\_\_\_

We want to learn about your experiences with the telephone services provided through our cancer program. Within the last month, did you or a family member call the cancer program because you were feeling unwell and you thought it was related to your treatment (side-effects or symptoms)?

If yes, please could you answer the following questions? If you have used the service more than once, please tell us about your most recent call.

1. What was the reason for your call? \_\_\_\_\_
2. Did you call...  about your self  about someone else
3. Where did you call? \_\_\_\_\_
4. When did you call?  during the day on a Monday to Friday  on an evening, weekend or holiday
5. What age is the patient? \_\_\_\_\_ years
6. Is the patient  Male  Female
7. When you telephoned, did you (please check as many boxes as apply)
  - Receive advice over the telephone?
  - Travel to the clinic to be seen?
  - Travel to the emergency department to be seen?
8. Who did you speak with on the telephone?  nurse  doctor  both
9. Were you satisfied with the way your call was handled?
  - Yes
  - No, I should have been:
    - advised to come to the clinic
    - advised to go to the emergency department
    - given advice on the phone



How satisfied are you with the following:

very dissatisfied      dissatisfied      neutral      satisfied      very satisfied

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. Getting through on the telephone?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The way your initial phone call was handled?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The time you had to wait before you finally spoke to a nurse or doctor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The manner of the nurse or doctor.                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The explanation the nurse or doctor gave you about your problem         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. The treatment or advice you were given                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Overall, how satisfied were you with the service you received?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have any additional comments or suggestions about the way the service could be improved? If yes, please tell us about them.

Thank you for your help.