



EORTC PATSAT-C33

We are interested in your MOST RECENT experience of the care received in this hospital service or clinic. Please answer all the questions yourself by circling the number that best applies to you. There are no 'right' or 'wrong' answers. The information that you provide will remain strictly confidential.

Please indicate the hospital service or clinic you are assessing (select only one of them):

If inpatient care:

Medical oncology ward ☐

Surgical oncology ward ☐

If outpatient care:

Outpatient radiotherapy ☐

Outpatient chemotherapy ☐

Day surgery ☐

Consultation for oral therapy follow-up ☐

Cancer remission surveillance consultation ☐

Other, clarify: ☐

In this hospital, how would you rate doctors in terms of:

	Poor	Fair	Good	Very good	Excellent	
1. Their awareness of the care and treatment you received previously?	1	2	3	4	5	
2. The attention they gave to your physical symptoms?	1	2	3	4	5	N/A
3. Their thoroughness in treating your physical symptoms?	1	2	3	4	5	N/A
4. The information they gave you about your illness?	1	2	3	4	5	N/A
5. The information they gave you about your medical tests and treatment?	1	2	3	4	5	N/A
6. The attention they gave to your opinion about the choice of your treatment (in case of possible choices)?	1	2	3	4	5	N/A
7. The interest they showed in you as a person?	1	2	3	4	5	
8. The comfort and support they gave you?	1	2	3	4	5	
9. The frequency of their visits/consultations?	1	2	3	4	5	
10. The time they devoted to you?	1	2	3	4	5	

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In this hospital, how would you rate nurses or radiotherapy technicians in terms of:

Poor Fair Good Very good Excellent

Please indicate the professional(s) you evaluate:

- ☐ Nurse(s)
☐ Radiotherapy technician(s)

11. The attention they gave to your physical comfort?	1	2	3	4	5	N/A
12. The information they gave you about your care and treatment?	1	2	3	4	5	N/A
13. The advice they gave you on managing your physical symptoms?	1	2	3	4	5	N/A
14. The interest they showed in you as a person?	1	2	3	4	5	N/A
15. The comfort and support they gave you?	1	2	3	4	5	N/A
16. Their promptness in answering your specific requests?	1	2	3	4	5	N/A
17. The time they devoted to you?	1	2	3	4	5	N/A

In this hospital, how would you rate services & care organisation, in terms of:

Poor Fair Good Very good Excellent

18. The ease of recognizing the roles and responsibilities of the different caregivers (doctors, nurses, physiotherapists, psychologists, etc.) involved in your care?	1	2	3	4	5	
19. The exchange of information between the different caregivers (doctors, nurses, physiotherapists, psychologists, etc.)?	1	2	3	4	5	
20. The way doctors, nurses and other caregivers involved in your care seem to work together as a team?	1	2	3	4	5	
21. The exchange of information with other care services in the community (general practitioner, home care, nursing house, social services, etc.)?	1	2	3	4	5	N/A
22. The kindness and helpfulness of the technical, reception, laboratory personnel, etc.?	1	2	3	4	5	
23. The information provided on the scheduling of medical tests, treatment or care?	1	2	3	4	5	

Please go on to the next page

**In this hospital, how would you
rate services & care organisation, in terms of:**

	Poor	Fair	Good	Very good	Excellent	
24. The information provided on the overall supportive services available (social, psychological, physiotherapy, dietitian services, support group, etc.)?	1	2	3	4	5	
25. The information provided by doctors, nurses and other caregivers on things you could do to improve your health or prevent illness?	1	2	3	4	5	
26. The waiting time for obtaining results of medical tests?	1	2	3	4	5	N/A
27. The waiting time for undergoing medical tests and/or treatments?	1	2	3	4	5	
28. The privacy given when you were examined or treated?	1	2	3	4	5	
29. The opportunity for your family or those close to you to be involved in your care (talking to doctors, receiving disease and care information, etc.)?	1	2	3	4	5	N/A
30. The ease of access (parking, means of transport, etc.)?	1	2	3	4	5	
31. The ease of finding your way to the different departments in the hospital?	1	2	3	4	5	
32. The environment of the building (cleanness, spaciousness, calmness, etc.)?	1	2	3	4	5	
In general,						
33. How would you rate the care you received in this hospital?	1	2	3	4	5	



EORTC OUT-PATSAT7

Please answer the following questions only if you are currently receiving outpatient care.

We are interested in your MOST RECENT experience of the care received in the outpatient setting in this hospital or clinic. Please answer all the questions yourself by circling the number that best applies to you. There are no 'right' or 'wrong' answers. The information that you provide will remain strictly confidential.

**In the outpatient setting in this hospital,
how would you rate services and care
organisation, in terms of:**

	Poor	Fair	Good	Very good	Excellent
34. The opportunity to see the same caregivers when you come to the outpatient clinic?	1	2	3	4	5
35. The ease of arranging medical appointments at convenient times?	1	2	3	4	5
36. The waiting time before obtaining a medical appointment?	1	2	3	4	5
37. The ease of communicating with the hospital services from home?	1	2	3	4	5
38. The information provided about what you should/ should not do after you leave your hospital appointment?	1	2	3	4	5
39. The information on who to contact if you are worried after you leave your hospital appointment?	1	2	3	4	5
40. The provision of follow-up by the different caregivers (doctors, nurses, physiotherapists, psychologists, etc.) after treatment?	1	2	3	4	5