

OUTPATIENT CANCER CARE 2019 SURVEY

YOUR CARE EXPERIENCE

Please fill in the circle that **best** describes your treatment at Alpha Hospital. Please fill in only one circle unless the question asks you to "select all that apply". In this survey, a care provider includes your doctors, nurses, psychologists, social workers, pharmacists, radiation therapists, dietitians, patient educators and others.

1. Our records show that you received treatment for cancer, or a blood disorder, or a non-invasive tumour in the past 6 months. Is that right?⁴⁸⁷⁸²

- ① Yes, I am currently receiving or have received treatment for cancer, or a blood disorder, or a non-invasive tumour in the past 6 months.
- ② No, I have not received treatment for cancer, or a blood disorder, or a non-invasive tumour in the past 6 months.

If you answered no to question #1, please do not complete the remainder of the survey. You may write any comments you have in the box at the end of the survey.

Please return the survey to us.

ABOUT YOUR DIAGNOSIS...

This section asks about your diagnosis.

2. When were you first told of your diagnosis?⁴⁸⁸¹⁷

- ① Less than 6 months ago
- ② 6 months to less than 1 year ago
- ③ 1 year to less than 2 years ago
- ④ 2 years to less than 5 years ago
- ⑤ 5 years or more ago

3. Who first told you of your diagnosis?⁴⁸⁸¹⁸

- ① Family doctor
- ② Specialist
- ③ Surgeon
- ④ Someone else

4. Were you told of your diagnosis in a sensitive manner?¹⁵³³⁹

- ① Yes, completely
- ② Yes, somewhat
- ③ No

5. When you were first told of your illness, were you referred to a care provider who could help you with anxieties and fears?³⁶¹⁵⁵

- ① Yes
- ② No
- ③ I had no anxieties or fears

PLANNING YOUR TREATMENT...

The following questions refer to the planning of your treatment, after your diagnosis was made.

6. Did your oncologist(s) ask you how much you wanted to be involved in making decisions about your treatment?⁵⁹⁴⁹¹

- ① Not at all
- ② Partly
- ③ Quite a bit
- ④ Completely
- ⑤ I don't remember

7. Were you involved in decisions about your care as much as you wanted?¹⁵³⁴³

- ① Yes, completely
- ② Yes, somewhat
- ③ No

8. Were you given enough time to consider your options before you and your oncologist(s) made decisions about your treatment?⁵⁹⁴⁹²

- ① Not at all
- ② Partly
- ③ Quite a bit
- ④ Completely

9. Were your preferences considered in decisions about your treatment options?⁵⁹⁴⁹³

- ① Not at all
- ② Partly
- ③ Quite a bit
- ④ Completely

10. Were you given enough information about therapies for treating your cancer or blood disorder?⁴⁸⁸²⁰

- ① Yes, completely
- ② Yes, somewhat
- ③ No

11. Did your care providers take your family or living situation into account in planning for your treatment?¹⁵³⁴⁴

- ① Yes, completely
- ② Yes, somewhat
- ③ No

12. How much opportunity did your care providers give your family or friends to be involved in your care and treatment?⁵⁹⁴⁹⁴

- ① Not enough
- ② Right amount
- ③ Too much
- ④ I did not want my family or friends involved



13. If you had questions about clinical trials or new treatments for your cancer or blood disorder, did you feel comfortable talking with your care providers about them?⁴⁸⁷⁸³

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No
- 4 I did not have questions

14. After you knew what your treatment was going to be, do you feel you had to wait too long to get your first appointment for treatment?¹⁶⁹⁰⁹

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No

15. If you had to wait for your first consultation appointment with your care providers, did someone explain why?³⁶¹⁵⁶

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No
- 4 Didn't have to wait for my first consultation

16. If you had to travel for any tests or treatments, did your care providers consider your travel concerns when planning for your treatment?¹⁷⁰³⁰

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No
- 89 Didn't have to travel

ABOUT YOUR TESTS AND YOUR MEDICINES...

17. Did your care provider explain why you needed tests in a way you could understand?¹⁶⁹⁰⁵

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No
- 89 Didn't have tests

18. After the tests were done, did someone explain the results in a way that you could understand?¹⁶⁹⁰⁸

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No
- 4 Didn't need explanation
- 5 Never received results
- 89 Didn't have tests

YOUR EXPERIENCES WITH NON-INTRAVENOUS TREATMENT...

19. In the past 6 months, have you had non-intravenous treatment (such as pills, capsules, injections, ointments, cream, and/or immunotherapy) for your cancer, blood disorder, or non-invasive tumour?⁵⁹⁴⁹⁵

- 1 Yes
- 2 No → Go to Question 29
- 89 I don't know → Go to Question 29

20. During the past six months, what type of non-intravenous treatment have you had for your cancer, blood disorder, or non-invasive tumour? (Please select all that apply)⁴⁸⁷⁸⁵

- 1 I took pills, capsules, liquids, ointments and/or creams at home
- 2 I had injections at my doctor's office
- 3 I self-injected at home
- 4 I had injections given by someone else at home (such as a visiting nurse or doctor)
- 5 I had another kind of non-intravenous treatment not listed above
- 6 I do not know what treatment I had

21. Before starting your non-intravenous treatment, did you feel you had enough information to manage your care at home?⁴⁸⁷⁸⁶

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No
- 4 Didn't need information

22. Did a care provider clearly explain the purpose of the medications you were to take at home in a way you could understand? ⁴⁸⁷⁸⁷

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No
- 4 Don't know/Can't remember

23. Were you told in a clear and understandable way on how to take your medications?⁴⁸⁷⁸⁸

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No
- 4 Don't know/Can't remember

24. Did a care provider tell you how to manage any side effects of your medication? ⁴⁸⁷⁸⁹

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No → Go to Question 27
- 4 Didn't need information → Go to Question 27

25. Who provided information to you about how to manage side effects from your non-intravenous treatment? (Please select all that apply)⁴⁸⁷⁹⁰

- 1 Doctor
- 2 Pharmacist
- 3 Nurse
- 4 Support group
- 5 Care providers at an educational/information session
- 6 Other
- 7 Didn't receive any information about how to manage side effects



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26. Do you think your care providers did everything they could to help you with your non-intravenous treatment side effects? 48791

- ① Yes, completely
- ② Yes, somewhat
- ③ No
- ④ Didn't have side effects

27. Did a care provider tell you about any danger signals you should watch for at home?48792

- ① Yes, completely
- ② Yes, somewhat
- ③ No

28. Did you know whom to talk to when you had any questions or concerns? 48793

- ① Yes
- ② No
- ③ Didn't have any questions or concerns

YOUR EXPERIENCES WITH IV CHEMOTHERAPY OR IMMUNOTHERAPY...

29. In the past 6 months, have you had IV chemotherapy or immunotherapy?59496

- ① Yes
- ② No → Go to Question 43
- ③ I don't know → Go to Question 43

30. When you went for your IV chemotherapy/immunotherapy, did you usually have your blood test(s) on the same day?59497

- ① Yes
- ② No

31. How long did you usually have to wait in the waiting room from your scheduled appointment until your IV chemotherapy/immunotherapy treatment?59498

- ① 15 minutes or less
- ② 16 to 30 minutes
- ③ 31 to 45 minutes
- ④ 46 to 60 minutes
- ⑤ More than 60 minutes

32. How often did you wait longer than expected for your IV chemotherapy/immunotherapy treatment?59499

- ① Never
- ② Sometimes
- ③ Usually
- ④ Always

33. If you had to wait for IV chemotherapy/immunotherapy, do you think your care providers did everything they could to make you feel comfortable?59500

- ① Yes, completely
- ② Yes, somewhat
- ③ No
- ④ Didn't have to wait

34. Did a care provider tell you how to manage any side effects of IV chemotherapy/immunotherapy?59501

- ① Yes, completely
- ② Yes, somewhat
- ③ No
- ④ Didn't need explanation

35. Do you think your care providers did everything they could to help you with your IV chemotherapy/immunotherapy side effects?59502

- ① Yes, completely
- ② Yes, somewhat
- ③ No
- ④ Didn't have side effects

36. Who put IV(s) into your vein for your IV chemotherapy/immunotherapy? (Please select all that apply)59503

- ① One or more nurses
- ② One or more doctors
- ③ One or more other care providers
- ④ Don't know

37. Were you told what to expect when your IV was being put into your vein?59504

- ① Yes, definitely
- ② Yes, somewhat
- ③ No

38. When you think about the IVs you had during your IV chemotherapy/immunotherapy, how many times on average did the nurse or doctor try to put an IV into your vein?59505

- ① One
- ② Two
- ③ Three
- ④ More than three
- ⑤ Don't know/don't remember

39. After an IV was started for your IV chemotherapy/immunotherapy, were you told to call a nurse if you had any problems such as pain, redness around the catheter, swelling, or blood?59506

- ① Yes
- ② No
- ③ Don't know/don't remember

40. During your IV chemotherapy/immunotherapy treatments, did you experience any of the following problems with your IV? (Please select all that apply)59507

- ① Pain
- ② Soreness
- ③ Redness
- ④ Swelling
- ⑤ Bruising
- ⑥ My IV fell out
- ⑦ I had no problems → Go to Question 42
- ⑧ Don't know/don't remember



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41. During your IV chemotherapy/immunotherapy treatments, how often did your nurses, doctors or other care providers handle the problems in a timely manner?⁵⁹⁵⁰⁸

- ① Never
- ② Rarely
- ③ Most of the time
- ④ Always

42. If you needed an IV in the future, would your experience having an IV during your IV chemotherapy/immunotherapy make you feel...?⁵⁹⁵⁰⁹

- ① More worried or anxious about having another IV
- ② Less worried or anxious about having another IV
- ③ No difference in my worry or anxiety about having another IV
- ④ Don't know

YOUR EXPERIENCES WITH RADIATION THERAPY...

43. In the past 6 months, have you had radiation therapy?⁵⁹⁵¹⁰

- ① Yes
- ② No → Go to Question 49
- ③ I don't know → Go to Question 49

44. How long did you usually have to wait in the waiting room from your scheduled appointment until your radiation treatment?³⁶¹⁶¹

- ① 15 minutes or less
- ② 16 to 30 minutes
- ③ 31 to 45 minutes
- ④ 46 to 60 minutes
- ⑤ More than 60 minutes

45. How often did you wait longer than expected for your radiation treatment?¹⁵³⁶⁵

- ① Never
- ② Sometimes
- ③ Usually
- ④ Always

46. If you had to wait for your radiation treatment, do you think your care providers did everything they could to make you feel comfortable?¹⁵³⁶⁶

- ① Yes, completely
- ② Yes, somewhat
- ③ No
- ④ Didn't have to wait

47. Did a care provider tell you how to manage any side effects of radiation therapy?¹⁵³⁶⁸

- ① Yes, completely
- ② Yes, somewhat
- ③ No
- ④ Didn't need explanation

48. Do you think your care providers did everything they could to help you with your radiation therapy side effects?¹⁵³⁶⁹

- ① Yes, completely
- ② Yes, somewhat
- ③ No
- ④ Didn't have side effects

YOUR EXPERIENCES WITH COMPLEMENTARY THERAPIES...

Complementary therapies may be used together with chemotherapy, immunotherapy and/or radiation. Examples include herbal and nutritional supplements, and traditional medicine.

49. Did doctors, nurses or pharmacists ask you about all the medicines you had been taking at home, including vitamins, herbal medicines, and over-the-counter medicines before you started your treatments for your cancer, blood disorder, or non-invasive tumour?⁵⁹⁵¹¹

- ① Yes
- ② No
- ③ Don't remember

50. When planning your treatment options, was it important to you to talk about complementary therapies with your care providers?⁵⁹⁵¹²

- ① Yes
- ② No, I was not interested in complementary therapies → Go to Question 53

51. Did your care providers talk about complementary therapies with you?⁵⁹⁵¹³

- ① Not at all
- ② Partly
- ③ Quite a bit
- ④ Completely
- ⑤ I don't remember

52. Did you feel comfortable talking with your care providers about complementary therapies?⁵⁹⁵¹⁴

- ① Not at all
- ② Partly
- ③ Quite a bit
- ④ Completely

YOUR SYMPTOM MANAGEMENT...

53. In the past 6 months, if you had pain, on a scale of 1-10, was it usually severe, moderate or mild?⁴¹³³⁴

- ① Severe (7-10)
- ② Moderate (4-6)
- ③ Mild (1-3)
- ④ Didn't have pain in the past 6 months
→ Go to Question 55



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54. **Do you think your care providers did everything they could to control your pain or discomfort?**¹⁵³⁷¹
- 1 Yes, completely
 - 2 Yes, somewhat
 - 3 No
 - 4 Didn't have pain
55. **Did you get enough information about possible changes in your physical appearance?**¹⁵³⁷³
- 1 Yes, completely
 - 2 Yes, somewhat
 - 3 No
 - 89 Doesn't apply
56. **Did you get enough information about possible changes in your sexual activity?**¹⁵³⁷⁴
- 1 Yes, completely
 - 2 Yes, somewhat
 - 3 No
 - 89 Doesn't apply
57. **Did you get enough information about possible changes in your emotions?**¹⁵³⁷⁵
- 1 Yes, completely
 - 2 Yes, somewhat
 - 3 No
 - 89 Doesn't apply
58. **Did you get enough information about your nutritional needs?**¹⁵³⁷⁷
- 1 Yes, completely
 - 2 Yes, somewhat
 - 3 No
 - 89 Doesn't apply
59. **Did you get enough information about possible changes in your relationship with your spouse or partner?**¹⁵³⁷⁶
- 1 Yes, completely
 - 2 Yes, somewhat
 - 3 No
 - 89 Doesn't apply
60. **Did you get enough information about possible changes in your work or usual activities?**¹⁵³⁷⁸
- 1 Yes, completely
 - 2 Yes, somewhat
 - 3 No
 - 89 Doesn't apply
61. **Did you get enough information about possible changes in your energy/fatigue level?**¹⁵³⁷⁹
- 1 Yes, completely
 - 2 Yes, somewhat
 - 3 No
 - 89 Doesn't apply

62. **Did you want, but NOT receive information about any of the following services? (Please select all that apply)**⁴⁸⁸⁵⁵
- 1 Counseling/support (social worker, psychologist)
 - 2 Spiritual support
 - 3 Dietitian
 - 4 Speech therapist
 - 5 Occupational therapist
 - 6 Physiotherapist
 - 7 Support groups
 - 8 Palliative care
 - 9 Other
 - 10 I didn't want or need information
 - 11 I received all the information that was wanted

YOUR CARE PROVIDERS...

For the following questions, please think about the care providers you had at Alpha Hospital.

63. **Was your family doctor or community primary care provider involved as much as you wanted in your care?**⁵⁹⁵¹⁵
- 1 Not at all
 - 2 Partly
 - 3 Quite a bit
 - 4 Completely
 - 5 I don't have a family doctor or community primary care provider
64. **During your active treatment, when your care providers changed, did the next person seem up-to-date on your care?**⁵⁹⁵¹⁶
- 1 Not at all
 - 2 Partly
 - 3 Quite a bit
 - 4 Completely
 - 89 Not applicable
65. **Did you know who was in charge of your care for each of your therapies?**¹⁵⁴⁰¹
- 1 Yes, completely
 - 2 Yes, somewhat
 - 3 No
66. **In the past 6 months, has someone at Alpha Hospital put you in touch with other care providers who could help you with anxieties and fears?**³⁶¹⁵⁸
- 1 Yes
 - 2 No
 - 3 I had no anxieties or fears
67. **How often were your care providers aware of your test results?**¹⁵⁴⁰³
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always



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68. How often did you know who to ask when you had questions about your health problems?¹⁵⁴⁰⁵

- ① Never
- ② Sometimes
- ③ Usually
- ④ Always

69. How often did you know what the next step in your care would be?¹⁵⁴⁰⁷

- ① Never
- ② Sometimes
- ③ Usually
- ④ Always

70. Did you feel you could trust your care providers with confidential information?¹⁵⁴⁰⁸

- ① Yes, completely
- ② Yes, somewhat
- ③ No

71. Did your care providers treat you with dignity and respect?¹⁵⁴¹⁰

- ① Yes, completely
- ② Yes, somewhat
- ③ No

72. Did you get as much help as you wanted in figuring out how to pay for any extra costs for your treatment?⁴⁸⁷⁹⁹

- ① Never
- ② Sometimes
- ③ Usually
- ④ Always
- ⑤ Doesn't apply

73. If you had a visit with your family doctor or community primary care provider in the past 6 months, did you feel they knew enough about your cancer, blood disorder, or non-invasive tumour care?⁴⁸⁸⁰⁰

- ① Yes, completely
- ② Yes, somewhat
- ③ No
- ④ Doesn't apply

74. Did you feel that your care providers at Alpha Hospital did everything they could to treat your cancer, blood disorder, or non-invasive tumour?⁴⁸⁸⁰¹

- ① Yes, completely
- ② Yes, somewhat
- ③ No

75. Overall, how would you rate the quality of care at Alpha Hospital in the past 6 months?¹⁷⁰³⁷

- ① Poor
- ② Fair
- ③ Good
- ④ Very Good
- ⑤ Excellent

76. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate your care for your cancer, blood disorder, or non-invasive tumour?⁵⁹⁵¹⁷

- ① 0 Worst care possible
- ② 1
- ③ 2
- ④ 3
- ⑤ 4
- ⑥ 5
- ⑦ 6
- ⑧ 7
- ⑨ 8
- ⑩ 9
- ⑪ 10 Best care possible

77. Would you recommend Alpha Hospital to your family and friends?⁵⁹⁵¹⁸

- ① Definitely no
- ② Probably no
- ③ Probably yes
- ④ Definitely yes

78. In the past 6 months, did you receive all of the services you thought you needed for your cancer, blood disorder, or non-invasive tumour treatment?⁴⁸⁸⁰²

- ① Yes, completely
- ② Yes, somewhat
- ③ No

YOUR EXPERIENCES WITH VIRTUAL HEALTH...

Virtual Health, sometimes called Telehealth, connects patients with care providers who are not in the same place. Appointments for Virtual Health/Telehealth are scheduled like in-person appointments with a specific date, time, and place.

79. Did you receive any Virtual Health/Telehealth care or services by...? (Please select all that apply)⁵⁹⁵¹⁹

- ① Video conference at home
- ② Video conference at a hospital/health centre
- ③ Teleconference
- ④ Telephone
- ⑤ I did not receive any Virtual Health/Telehealth care or services → Go to Question 83

80. Thinking of your most recent experience with Virtual Health/Telehealth, if you needed help to use the technology, did you receive the help you needed?⁵⁹⁵²⁰

- ① Not at all
- ② Partly
- ③ Quite a bit
- ④ Completely
- ⑤ I did not need help



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81. Overall, how would you rate your experiences with Virtual Health/Telehealth?⁵⁹⁵²¹

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

82. Would you recommend Virtual Health/Telehealth to other patients?⁵⁹⁵²²

- 1 Definitely no → **Go to Question 84**
- 2 Probably no → **Go to Question 84**
- 3 Probably yes → **Go to Question 84**
- 4 Definitely yes → **Go to Question 84**

83. Would you use Virtual Health/Telehealth if offered to you by your care providers?⁵⁹⁵²³

- 1 Definitely no
- 2 Probably no
- 3 Probably yes
- 4 Definitely yes

If you would like to provide additional feedback about your Virtual Health/Telehealth experiences, please use the space provided for question 126 at the end of the survey.

ABOUT YOUR EMOTIONAL HEALTH...

84. If you had any worries or concerns before beginning your treatment, did your care provider discuss them with you? 48803

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No
- 4 I had no worries or concerns

85. If you had worries or concerns during your treatment, did your care provider discuss them with you? 48804

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 I had no worries or concerns

86. Do you feel your doctor(s) listened carefully to you?⁴⁸⁸⁰⁵

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

87. Do you feel your other care provider(s) listened carefully to you?⁴⁸⁸⁰⁶

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

88. Did you want, but NOT receive help to cope with...? (Please select all that apply)⁵⁹⁵²⁴

- 1 Practical issues (e.g., transportation, accommodation)
- 2 Financial issues (e.g., costs of treatments)
- 3 Social/family issues (e.g., worry about friends and family)
- 4 Emotional issues (e.g., fears and worries, sadness)
- 5 Spiritual issues (e.g., meaning/purpose of life, faith)
- 6 Informational issues (e.g., understanding your illness, talking with the health care team)
- 7 Physical issues (e.g., pain, fatigue)
- 8 Other issue(s) not mentioned above

Please use the space provided for question 126 to provide us with more information.

89. Did your care providers give your family or someone close to you all the information they needed to support you in your care and recovery? 48808

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No
- 4 I did not want them to be involved
- 5 I did not have family or support persons to be involved

ADDITIONAL QUESTIONS...

90. Where did you receive medical treatment for your cancer, blood disorder, or non-invasive tumour? (Please select all that apply)²⁷⁹⁶⁹

- 1 In my home community
- 2 At a BC Regional Cancer Centre
- 3 Elsewhere in BC
- 4 Elsewhere in Canada
- 5 Outside of Canada

91. Why did you receive care outside of BC? (Please select all that apply)⁵⁹⁵⁹⁴

- 1 The service was not available in my home community.
- 2 I believed the services were better there.
- 3 I wanted an alternative treatment not available in BC.
- 4 I had another reason.
- 5 I did not receive care outside of BC



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92. Where did you receive medical treatment for complications from your cancer, blood disorder or non-invasive tumour treatment? (Please select all that apply)²⁷⁹⁷¹

- 1 At home (Home Care services)
- 2 At my local Emergency Department
- 3 At my Doctor's office
- 4 Somewhere else
- 5 I had no complications.

93. Did care providers confirm who you were before giving you medications, treatments, counseling or tests?⁴⁸⁸¹⁴

- 1 Yes, always
- 2 Yes, sometimes
- 3 Never
- 4 I don't know/don't remember

Cleaning one's hands is the single most important thing you, your care providers, your family members and your visitors can do to prevent infections. All care providers in BC care facilities are expected to clean their hands before caring for you. Hand cleaning includes washing with soap and water or using an alcohol-based hand rub.

94. During your cancer treatment, did you notice your doctor(s) wash or clean their hands before caring for you?⁵⁹⁵²⁵

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

95. During your cancer treatment, did you notice your other care providers wash or clean their hands before caring for you?⁵⁹⁵²⁶

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

96. During your cancer treatment, did staff tell you about the importance of washing or cleaning your own hands?⁵⁹⁵²⁷

- 1 Not at all
- 2 Partly
- 3 Quite a bit
- 4 Completely
- 5 Don't remember

97. During your cancer treatment, did staff show you how to properly wash or clean your own hands?⁵⁹⁵²⁸

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 Don't remember

98. During your cancer treatment, did staff tell you about products available for you to wash or clean your own hands?⁵⁹⁵²⁹

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 Don't remember

99. During your cancer treatment, would you have been comfortable asking your care providers if they had washed or cleaned their hands before caring for you?⁵⁹⁵³⁰

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

100. During the course of your treatment, do you believe you or your family suffered personal injury or harm which resulted from a medical error or mistake?²⁸⁰²⁷

- 1 Yes
- 2 No
- 3 I do not know

101. Did you have confidence and trust in the doctors treating you?²⁸³¹⁹

- 1 Yes, always
- 2 Yes, sometimes
- 3 No

102. Did you have confidence and trust in the nurses treating you?²⁸³²⁰

- 1 Yes, always
- 2 Yes, sometimes
- 3 No

103. Do you feel that your care providers were respectful of your culture and traditions?⁵⁹⁵³¹

- 1 Not at all
- 2 Partly
- 3 Quite a bit
- 4 Completely

104. Do you feel your spiritual needs are an important part of your overall care?⁵⁹⁵³²

- 1 Yes
- 2 No → Go to Question 106
- 3 Prefer not to answer → Go to Question 106

105. Were your spiritual needs met?²⁸³²¹

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No
- 4 I did not want spiritual care



106. During your cancer treatments, do you feel your care providers treated you with compassion?⁵⁹⁵³³

- ① Not at all
- ② Partly
- ③ Quite a bit
- ④ Completely

YOUR HEALTH AND QUALITY OF LIFE

The following questions ask for your views about your health. If you are unsure how to answer a question, please give the best answer you can.

107. In general, would you say your health is:⁵⁹⁵³⁴

- ① Excellent
- ② Very good
- ③ Good
- ④ Fair
- ⑤ Poor

108. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?¹⁷⁹⁷

a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?⁵⁹⁵³⁵

- ① Yes, limited a lot
- ② Yes, limited a little
- ③ No, not limited at all

b. Climbing several flights of stairs?⁵⁹⁵³⁶

- ① Yes, limited a lot
- ② Yes, limited a little
- ③ No, not limited at all

109. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?¹⁷⁹⁸

a. Accomplished less than you would like?⁵⁹⁵³⁷

- ① None of the time
- ② A little of the time
- ③ Some of the time
- ④ Most of the time
- ⑤ All of the time

b. Were limited in the kind of work or other activities?⁵⁹⁵³⁸

- ① None of the time
- ② A little of the time
- ③ Some of the time
- ④ Most of the time
- ⑤ All of the time

110. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?¹⁷⁹⁹

a. Accomplished less than you would like?⁵⁹⁵³⁹

- ① None of the time
- ② A little of the time
- ③ Some of the time
- ④ Most of the time
- ⑤ All of the time

b. Didn't do work or other activities as carefully as usual?⁵⁹⁵⁴⁰

- ① None of the time
- ② A little of the time
- ③ Some of the time
- ④ Most of the time
- ⑤ All of the time

111. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?⁵⁹⁵⁴¹

- ① Not at all
- ② A little bit
- ③ Moderately
- ④ Quite a bit
- ⑤ Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

112. Have you felt calm and peaceful?⁵⁹⁵⁴²

- ① All of the time
- ② Most of the time
- ③ A good bit of the time
- ④ Some of the time
- ⑤ A little of the time
- ⑥ None of the time

113. Did you have a lot of energy?⁵⁹⁵⁴³

- ① All of the time
- ② Most of the time
- ③ A good bit of the time
- ④ Some of the time
- ⑤ A little of the time
- ⑥ None of the time

114. Have you felt downhearted and blue?⁵⁹⁵⁴⁴

- ① All of the time
- ② Most of the time
- ③ A good bit of the time
- ④ Some of the time
- ⑤ A little of the time
- ⑥ None of the time



115. **During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?**⁵⁹⁵⁴⁵

- ① All of the time
- ② Most of the time
- ③ Some of the time
- ④ A little of the time
- ⑤ None of the time

Now, we'd like to ask you some questions about how your health may have changed.

116. **Compared to one year ago, how would you rate your physical health in general now?**⁵⁹⁵⁴⁶

- ① Much better
- ② Slightly better
- ③ About the same
- ④ Slightly worse
- ⑤ Much worse

117. **Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) now?**⁵⁹⁵⁴⁷

- ① Much better
- ② Slightly better
- ③ About the same
- ④ Slightly worse
- ⑤ Much worse

YOUR BACKGROUND...

In order to be sure we have survey responses from a variety of people, we are asking you to provide some information about your background. Remember, your individual responses will not be shared with anyone.

118. **Thinking about your treatment at Alpha Hospital in the past 6 months, was it for:**⁴⁸⁸²⁶

- ① A first time diagnosis
- ② A repeat diagnosis

119. **What was the primary type of cancer or blood disorder you were being treated for in the past 6 months?**⁵⁹⁵⁴⁸

- ① Bladder
- ② Brain or central nervous system
- ③ Breast
- ④ Cervix/uterine/ovarian/vulvar
- ⑤ Colorectal
- ⑥ Esophagus
- ⑦ Eye
- ⑧ Hodgkin Lymphoma
- ⑨ Kidney
- ⑩ Larynx
- ⑪ Leukemia
- ⑫ Liver
- ⑬ Lung
- ⑭ Melanoma (skin)
- ⑮ Multiple Myeloma
- ⑯ Non-Hodgkin Lymphoma
- ⑰ Oral
- ⑱ Pancreas
- ⑲ Prostate
- ⑳ Sarcoma (bone or soft tissue)
- ㉑ Stomach
- ㉒ Testis
- ㉓ Thyroid
- ㉔ Other blood disorder (not included elsewhere)
- ㉕ Non-invasive tumour
- ㉖ Other, please specify:

120. **How many times in the past six months have you been in a hospital overnight or longer?**¹⁵⁴²³

- ① None
- ② One
- ③ Two
- ④ More than two

121. **In the past 6 months, when you needed medical advice or help right away, which one of the following was most helpful to you? (Select only one)**¹⁵⁴²²

- ① Emergency Department
- ② Urgent care/walk-in
- ③ Called my family doctor
- ④ Visit with my family doctor
- ⑤ Called the cancer centre/hospital
- ⑥ Home care
- ⑦ Home visits by physician
- ⑧ Drop in visit to a cancer clinic
- ⑨ Didn't need medical help/advice right away
- ⑩ Other



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122. What is the highest grade or level of school that you have completed?⁵⁹⁵⁴⁹

- ① 8th grade or less
- ② Some high school, but did not graduate
- ③ High school or high school equivalency certificate
- ④ College, CEGEP or other non-university certificate or diploma
- ⑤ Undergraduate degree or some university
- ⑥ Post-graduate degree or professional designation

123. People living in British Columbia come from many different cultural and racial backgrounds. The following question will help us to better understand the communities that we serve. Do you consider yourself to be...? (Please select all that apply)⁵⁹⁵⁵⁰

- ① First Nations
- ② Inuit
- ③ Métis
- ④ Indigenous/Aboriginal (not included elsewhere)
- ⑤ Arab
- ⑥ Black (North American, Caribbean, African, etc.)
- ⑦ Chinese
- ⑧ Filipino
- ⑨ Japanese
- ⑩ Korean
- ⑪ Latin American
- ⑫ South Asian (East Indian, Pakistani, Sri Lankan, etc.)
- ⑬ Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- ⑭ West Asian (Iranian, Afghan, etc.)
- ⑮ White (North American, European, etc.)
- ⑯ Other
- ⑰ Prefer not to answer

124. If you do not speak English as your primary language, was there an interpreter who could explain everything you needed to know about the treatment you received?⁴⁸⁸¹⁶

- ① Never
- ② Sometimes
- ③ Usually
- ④ Always
- ⑤ I did not need an interpreter

125. Who completed this survey?¹⁵⁴²⁵

- ① Patient
- ② Someone else
- ③ Patient with someone else's help

From time to time British Columbia's health authorities conduct surveys, like this one, to ask people about their assessment of the quality and safety of the health services they have received. This information may be used for analysis, quality improvement, program evaluation, and/or research purposes. Some of the surveys are longer, some are shorter, some are conducted by phone, some by mail, some are online, and some involve interviews. In order for us to contact you about future surveys, we require your contact information. Please be advised that at all times any personal information you provide to us will only be used as authorized under the BC Freedom of Information and Protection of Privacy Act. The information you provide will be securely stored separately from your survey responses.

If you would like to participate in future surveys, please contact Chung Liu at (778) 628-1249 or cliu15@providencehealth.bc.ca.

126. What is the most important change we could make to the services we provide? Please use this space and the next page to provide additional feedback about any of your experiences, including with Virtual Health/Telehealth Services. We welcome any comments and suggestions. Please do not provide your name or phone number. Should you wish to speak to someone regarding this survey, please call 1-888-977-6062 (toll free).



If you would like to speak with someone about your care experience or to make a complaint regarding the quality of care that you have received, please contact the Provincial Health Services Authority's Patient Care Quality Office at 1-888-875-3256 (toll free), or email pcqo@phsa.ca.

*Thank you for taking the time to complete this questionnaire!
Your answers are greatly appreciated. Please return the completed survey in the enclosed postage-paid envelope.*

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