

Gynaecology Cancer Patient Questionnaire

Thank you for taking the time to complete this questionnaire.

The results of this questionnaire will help us understand how you feel about your care and treatment. The results are essential in helping us to improve the service we provide to you and others.

Please be assured that the results are anonymous therefore any comments will not affect your care or treatment. If you do wish to add your name, please do so below. Then we can respond to you about any comments you make that require feedback.

Please return the questionnaire either by:

- emailing: GynaeMac@bthft.nhs.uk
- printing and handing in at your next clinic appointment

If you need this information in another format, please ask a member of staff.

Name:

(Please note you do not have to provide your name unless you wish to).

Please tick or circle the answer that best describes you.

1. Which gynaecological cancer have you had treatment for?

- Ovary / Primary Peritoneal Cancer / Fallopian Tube
- Cervix
- Womb
- Vaginal
- Vulva
- Other

2. Did you understand the explanation of your cancer diagnosis?

- Yes, I understood what was said
- No, I did not understand what was said
- I don't know
- I can't remember

3. Were you offered a copy of the consultation/clinic letter?

- Yes (if so, was it useful, comment below)
- No

4. Did you receive the consultation/clinic letter?

- Yes
- No

5. Did you feel involved in the decisions made about your treatment and care?

- Yes
- No
- I don't know
- I can't remember

6. Was a Gynaecology Macmillan Nurse Specialist with you when you were told you had cancer?

- Yes
- No
- I don't know
- I can't remember

7. Were you given the name and contact details of a Clinical Nurse Specialist or Gynaecology Macmillan Nurse?

- Yes
- No
- I don't know
- I can't remember

8. Has it been easy for you to contact your Gynaecology Macmillan Nurse Specialist team?

- Yes
- No
- I don't know
- I can't remember
- Not applicable

9. Were you told who to contact if you were worried about your condition or treatment?

- Yes
- No
- I don't know
- I can't remember

10. Were you able to discuss any worries or concerns about having cancer?

- Yes
- No
- I don't know
- I can't remember
- Not applicable

11. Did you feel your concerns were addressed?

- Yes
- No
- I don't know
- I can't remember
- Not applicable

12. Were you offered any information about your cancer or treatment such as any leaflets or online links?

- Yes
- No
- I don't know
- I can't remember

13. Did you find the information useful?

- Yes
- No
- I don't know
- I can't remember
- Not applicable

14. Was the information easy to understand?

- Yes
- No
- I don't know
- I can't remember
- Not applicable

15. Were you given any information about how to get financial help or any benefits you might be entitled to? For example, were you referred to the Welfare Rights Team at Cancer Support Yorkshire?

- Yes
- No
- I don't know
- I can't remember
- Not applicable

16. Was an Electronic Holistic Needs Assessment offered to you?

- Yes
- No
- I don't know
- I can't remember

17. What treatments did you have?
(Please tick and complete relevant sections below)

- Surgery
- Chemotherapy
- Radiotherapy

18. Did you receive enough information about your treatment?

- Yes
- No

19. Do you or did you receive support telephone calls from the Gynaecology Macmillan Nurses throughout your treatment?

- Yes
- No

20. How do you rate your overall care?
(where 1 = poor and 10 = excellent)

- 1 2 3 4 5
- 6 7 8 9 10

21. Was there anything particularly good about the care you received?

Equality Monitoring

Strictly Confidential

Equality monitoring information is used to enable us to identify whether there are any particular issues in relation to equality groups. All information is anonymous and used for monitoring purposes only.

You are asked to classify in the category which you feel most nearly describes your ethnic origin. If none of the specific groups are suitable please mark the relevant other and specify the ethnicity.

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian background

Black or Black British

- Caribbean
- African
- Other Black background

Mixed

- White & Black Caribbean
- White and Black African
- White and Asian
- Other Mixed background

White

- British
- Irish
- Other white background

Other Ethnic Group

- Arab
- Chinese
- Gypsy/Traveller
- Any other, please specify

- Prefer not to say

Your age:

Gender - please check the following as appropriate:

- Male
- Female
- Transgender
- Other, please specify

Prefer not to say

Religion or Belief - please check the following as appropriate:

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Other, please specify

Prefer not to say

Sexual Orientation - please check the following as appropriate:

- Heterosexual
- Gay woman/Lesbian
- Bisexual
- Other, please specify

Prefer not to say

Disability

The Equality Act 2010 defines disability as "a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities." (This definition includes people with heart disease, diabetes, epilepsy, severe disfigurement, depression, schizophrenia, Down's syndrome, dyslexia and many other types of impairment).

Do you consider yourself as having disability?

- Yes
- No
- Prefer not to say

Do you have a physical, sensory or mental impairment that seriously affects your day-to-day activities as defined by the Equality Act 2010?

- Yes
- No

Thank you on behalf of the Gynaecology-Oncology Cancer Team for completing this questionnaire.