

Cancer Care Review evaluation questionnaire

Thank you for taking the time to complete this questionnaire.

You have been given this questionnaire following a Cancer Care Review appointment with either your GP or another practice staff member to review your health and wellbeing after treatment following a cancer diagnosis. This is known as a Cancer Care Review appointment. This appointment is designed to understand and respond to all the different types of support people might need.

We would like to understand your experience receiving this Cancer Care Review, how effective these appointments are and whether you felt listened to and supported appropriately.

This survey should take about 10 minutes to complete. If you have any questions or would like to discuss any aspect of the survey for further clarification please approach a member of staff at your practice.

Thank you.

1. Who did you meet at your appointment?

- GP
- Practice nurse
- Other – please specify

2. How long was your appointment?

- Less than 5 mins
- 5 - 10 mins
- 10 – 15 mins
- 15 - 20 mins
- 20 mins

3. During your appointment, what did you discuss? Please choose from below. Tick all subjects you discussed.

- Your diagnosis
- Your treatment
- Physical symptoms – feeling tired, pain, or cough etc.
- Psychological symptoms – feeling scared, having worries and anxieties
- Advice on how to stay well – physical activity and nutrition. Stopping smoking etc.
- Advice about housing, benefits or returning to work
- Planning for your future care and treatment (care plan)
- Other – Please specify

4. During the appointment did you have enough time to talk about the things that are important to you?

- Yes
- No – Please tell us why

5. Was the member of practice staff you saw aware of your diagnosis and treatment so far?

Yes

No – Please tell us more about this

6. Was the member of practice staff you saw able to discuss with you possible consequences and side effects of treatment?

Yes – Please tell us a bit more

No – Please tell us a bit more

7. Following your appointment do you feel that you:

	Yes	No
Are able to discuss your ongoing care and support needs with your GP or practice nurse?	<input type="radio"/>	<input type="radio"/>
Were able to contribute to the future planning of your care?	<input type="radio"/>	<input type="radio"/>
Have the information you need to manage your health?	<input type="radio"/>	<input type="radio"/>
Have been signposted to local support services, a Health and Wellbeing Event or support event?	<input type="radio"/>	<input type="radio"/>
Understand ways in which you can change your lifestyle to improve your health?	<input type="radio"/>	<input type="radio"/>
Could take future questions about your health and wellbeing to your GP?	<input type="radio"/>	<input type="radio"/>

8. Do you have any other comments you would like to add?

Thank you

Please hand your completed questionnaire to a member of reception staff.