

Dear (*insert name*),

Patient satisfaction survey for patients diagnosed with secondary breast cancer

We would be grateful if you would consider taking part in a survey. This is to find out how you feel about the service we offer to you and ask how you think it could be improved. Your opinion would help us identify any gaps in the care we offer or where things need to be changed.

It will take about five minutes to complete and is completely anonymous; we will not be able to identify you in any way, so feel free to respond honestly.

You are under no obligation to complete this questionnaire, and choosing not to will not affect your care now or in the future.

If you have any queries about the questionnaire, please contact your nurse specialist.

There is a FREEPOST envelope attached for your reply. Please return the completed questionnaire by (*insert date*).

Thank you for your time and valuable contribution to our nursing service.

Yours sincerely

For patients: thank you for reading this questionnaire, which reviews how well the needs of people diagnosed with secondary breast cancer are met by the breast care nursing service.

1. Were you given the name of and/or introduced to your breast care nurse/care coordinator at the time you were diagnosed with secondary breast cancer?

Yes No

2. How satisfied are you with the breast care nursing service since your diagnosis of secondary breast cancer?

- Very satisfied
- Fairly satisfied
- Not satisfied

Comments

3. At the time of your diagnosis of secondary breast cancer were you given the information you wanted? Were you given the Breast Cancer Now Secondary resource pack?

Yes No

Comments

4. Do you feel the breast care nursing team give you sufficient information (both verbally and in writing) about your secondary breast cancer and treatment?

Yes No

Comments

5. Do you feel your emotional wellbeing is regularly assessed?

Yes No

Comments

6. Have you been informed about any counselling services, support groups or cancer centres in your area?

Yes No

Comments

7. Have you asked for advice about any symptoms, for example, pain, fatigue, breathlessness, coping with your diagnosis?

Yes No N/A

If 'Yes' please tick who you have discussed your symptoms with:

- breast care nurse/key worker
- oncologist
- GP (local doctor)
- palliative care doctor
- palliative care nurse.

8. Have you been given sufficient information on financial (benefits, grants) and/or employment issues (working, stopping working, pension issues)?

Yes No N/A

Comments

9. Have you been made aware of any clinical trials you could take part in?

Yes No

Comments

10. Were you given a copy of the letter sent to your GP (local doctor) informing them of your diagnosis of secondary breast cancer?

Yes No

Comments

11. Do you feel your GP is kept informed about your condition and your treatment?

Yes No

Comments

12. Do you receive the care and support you want from your GP?

Yes No

Comments

Thank you for taking the time to give your views. Please return this questionnaire to your breast care team.