Your Voice Matters

Please share your experience from your last cancer centre or hospital visit. This survey takes less than 5 minutes to complete.

Your Voice Matters is:

* A set of questions that gives you the chance to share your thoughts about your visit to the cancer centre or hospital.
* A method to share how you feel with your local cancer centre and Ontario Health (Cancer Care Ontario) so that improvements can be made for patients and caregivers at your local centre and across Ontario.
* **Confidential** and will not impact the care you receive. Your healthcare provider will not see the answers you share in Your Voice Matters.

# QUESTION 1

You are:

* Filling this survey out for yourself as a patient
* Recording responses for a patient

# QUESTION 2

If you are recording responses for a patient, what is your relationship to them?

* Family member, friend or caregiver
* Volunteer
* Healthcare provider
* Other

If you are not the patient, please help the patient to record his/her responses. Please tell us about your/the patient’s last visit.

# QUESTION 3

Did you call, email or message the clinic before your last visit?

* Yes
* No

# QUESTION 4

Based on your last visit, how would you rate the following on a scale of 1 to 5, with 1 being the worst possible experience and 5 being the best possible experience:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Worst** | | |  | | **Best** | |
|  | **1** | **2** | | **3** | **4** | **5** | |
| The clinic was able to respond to what you contacted them about | ❍ | ❍ | | ❍ | ❍ | ❍ | |
| The options to contact the clinic (i.e., phone, online, etc.) met your needs | ❍ | ❍ | | ❍ | ❍ | ❍ | |

# QUESTION 5

Based on your last visit, how would you rate the following on a scale of 1 to 5, with 1 being the worst possible experience and 5 being the best possible experience:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Worst** | |  | **Best** | | **N/A** |
|  | **1** | **2** | **3** | **4** | **5** |  |
| The clinic hours were convenient | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

N/A = Not applicable

# QUESTION 6

After you checked in, did you have to wait past the time of your appointment?

* Yes
* No

# QUESTION 7

Based on your last visit, how would you rate the following on a scale of 1 to 5, with 1 being the worst possible experience and 5 being the best possible experience:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Worst** | |  | **Best** | | **N/A** |
|  | **1** | **2** | **3** | **4** | **5** |  |
| The clinic was easy to find, with clear signage for how to get there | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| The wait time to check in when you first arrived at the clinic was reasonable | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| The wait time between when you checked-in and when you met with the first healthcare provider was reasonable | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| The reception staff was polite | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| The reception and waiting area was comfortable and clean | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Your overall experience from when you arrived at the clinic to when you started your appointment | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

N/A = Not applicable

# QUESTION 8

Based on your last visit, how would you rate your healthcare provider on the following on a scale from 1 to 5, with 1 being the worst possible experience and 5 being the best possible experience:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Worst** | |  | **Best** | | **N/A** |
|  | **1** | **2** | **3** | **4** | **5** |  |
| Listened to what you had to say and any concerns you may have had | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Discussed your physical symptoms | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Discussed your emotional worries and concerns | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Treated you with respect | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Spent enough time with you | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Explained things in a way you could understand | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Involved you in decisions about your care in the way you wanted | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Let you ask questions | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Involved friends or family to the extent that you wanted | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

N/A = Not applicable

# QUESTION 9

On a scale of 1 to 5, with 1 being the worst possible experience and 5 being the best possible experience, how would you rate the following?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Worst** | |  | **Best** | | **N/A** |
|  | **1** | **2** | **3** | **4** | **5** |  |
| The examination or treatment room was comfortable and clean | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| The clinic ensured that you knew who to contact if you had any questions or concerns after your last visit | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Your overall experience of the quality of care you received during the appointment | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

N/A = Not applicable

# QUESTION 10

Before you left the clinic, did you have all the information you needed about the next steps in your care plan?

* Yes
* No

# QUESTION 11

Based on your overall experience at your last visit, how would you rate the following on a scale of 1 to 5, with 1 being the worst possible experience and 5 being the best possible experience:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Worst** | |  | **Best** | | **N/A** |
|  | **1** | **2** | **3** | **4** | **5** |  |
| Your **overall** experience with your last visit | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Your **overall** confidence in the healthcare team you saw at your last visit | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

N/A = Not applicable

Thank you for completing Your Voice Matters.

Your answers will help improve future experiences for you and other patients and families, friends and caregivers.

[Custom message]

Need this information in an accessible format?

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