# Your Voice Matters: We Are Listening

Your Voice Matters is a set of questions that gives you the chance to share your thoughts about your last appointment for your cancer care.

These questions take less than 5 minutes to complete. Your Voice Matters is confidential (kept private), meaning your answers will not be shared with your health care team. Your care will not change because of the answers you give.

You will be able to complete Your Voice Matters every 30 days. By sharing your thoughts, you are helping Ontario Health (Cancer Care Ontario) improve experiences for other patients and caregivers across the province.

If you are not the patient, please help the patient record their responses.

## Thinking only about your last appointment…

### QUESTION 1

What type of appointment did you have?

* Telephone appointment
* Video appointment

### QUESTION 2

Did you have a choice on whether your appointment would be in person or by telephone or video?

* Yes
* No
* I am not sure

## Thinking only about your last appointment…

### QUESTION 3

Were you given instructions for how to connect to your provider for your appointment?

* Yes
* No
* I am not sure

### QUESTION 3.b.

Thinking only about your last appointment, how would you rate the following using a scale from 1 to 5? 5 is strongly agree, and 1 is strongly disagree.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | |  | **Strongly Agree** | |
|  | 1 | 2 | 3 | 4 | 5 |
| The instructions for how to connect to your provider for your appointment were helpful | ❍ | ❍ | ❍ | ❍ | ❍ |

### QUESTION 4

Did you have a choice to have family, friends or caregivers join the appointment?

* Yes
* No
* I’m not sure

### QUESTION 5

Thinking only about your last appointment, how would you rate the following using a scale from 1 to 5? 5 is strongly agree, and 1 is strongly disagree.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | |  | **Strongly Agree** | | **I did not have to wait** |
|  | 1 | 2 | 3 | 4 | 5 |  |
| The amount of time that I had to wait for my virtual appointment to start was reasonable | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

### QUESTION 6

Thinking only about your last appointment, were there problems with any of the following? Please check all that apply.

Note: If you had a telephone appointment, some of the options may not be relevant to you.

* Booking or scheduling your appointment
* Hearing your provider (sound)
* Seeing your provider on your screen (visual)
* Setting up your computer (software)
* Connecting to the internet
* Logging in to your appointment
* I did not experience any of these problems

### QUESTION 7

Thinking only about your last appointment, how would you rate your health care provider on the following using a scale from 1 to 5? 5 is the best possible experience, and 1 is the worst 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 | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Provided care that accommodated your preferred language | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

N/A = Not applicable

## After your last appointment…

### QUESTION 8

Did you know who to contact if you had any questions or concerns?

* Yes
* No
* Not applicable

### QUESTION 9

Did you have all the information you needed about the next steps in your care?

* Yes
* No
* I’m not sure

### QUESTION 10

How would you rate the following using a scale of 1 to 5? 5 is strongly agree, and 1 is strongly disagree.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | |  | **Strongly Agree** | | **N/A** |
|  | **1** | **2** | **3** | **4** | **5** |  |
| I would be comfortable having future telephone or video appointments | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

N/A = Not applicable

### QUESTION 11

Thinking only about your last appointment, how would you rate the following using a scale from 1 to 5? 5 is the best possible experience, and 1 is the worst possible experience.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Worst** | |  | **Best** | | **N/A** |
|  | **1** | **2** | **3** | **4** | **5** |  |
| Overall, I feel confident in my health care team | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

N/A = Not applicable

### QUESTION 12

Thinking only about your last appointment, how would you rate the following using a scale of 1 to 5? 5 is strongly agree, and 1 is strongly disagree.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | |  | **Strongly Agree** | | **N/A** |
|  | 1 | 2 | 3 | 4 | 5 |  |
| Overall, I got the care that I needed | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

N/A = Not applicable

Thank you for completing Your Voice Matters.

The results of this survey will be used by the [regional cancer program] and Ontario Health (Cancer Care Ontario) to help improve the experience for patients, families, friends and caregivers.

[Custom message]

Need this information in an accessible format?

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