



Your Voice Matters: We Are Listening

Your Voice Matters is a set of questions that gives you the chance to share your cancer care experience. Your answers will help us know how to improve the experience for patients and care partners at your hospital and across Ontario.

Tell us about your most recent in-person (at the cancer clinic) or virtual (by telephone or video) cancer care appointment. It will take **about 5 minutes** to complete this survey. This survey is **confidential** (private). Your cancer care team will not see your responses to the questions. Your answers are combined with other people's responses to help Ontario Health (Cancer Care Ontario) understand how to best support patients.

Select the 'Accept' button below to begin your survey.

- Accept
- Decline

Your most recent appointment

1. How did you attend your most recent cancer care appointment?

- In person
- Telephone
- Video

2. When was your most recent cancer care appointment?

- Within the past month
- More than 1 month ago
- I do not remember

Before your appointment

3. Were you given the choice of an in-person or virtual (by telephone or video) appointment?

- Yes
- No
- No, but I was given a reason why
- I do not remember

4. Were you given the option to have a family member, friend or care partner join your most recent cancer care appointment?

- Yes
- No
- I do not remember

5. [If Telephone or Video appointment] Were the instructions for how to join your virtual (telephone or video) appointment clear?

- Yes
- Somewhat
- No
- I was not given instructions

6. a. Did you contact the cancer clinic for any of these reasons before your appointment?

Choose all that apply.

- Yes, about my health (examples: symptoms, medications, treatment)
- Yes, about my appointment (examples: appointment time, instructions)
- Yes, for another reason
- No, I did not know how to contact the clinic
- No, I did not contact the clinic

b. [If Yes] Were you satisfied with the response from the cancer clinic?

- Yes
- Somewhat
- No
- I do not remember

During your appointment

7. a. Did your most recent cancer care appointment start on time?

- Yes
- No
- I do not remember

b. [If No] How long did you wait past your scheduled appointment time?

- Less than 30 minutes
- 30 minutes or more
- I do not remember

8. [If Telephone or Video appointment] Did you have any of these problems during your virtual (telephone or video) appointment? Choose all that apply.

Note: If you had a telephone appointment, some of these options may not apply to you.

- Hearing my cancer care team
- Seeing my cancer care team on the screen
- Setting up the computer program
- Connecting to the internet
- Joining my appointment
- I did not have any of these problems

9. Did the cancer clinic provide care in your language of choice?

- Yes
- No
- I do not remember

10. How much do you agree with this statement about your most recent cancer care appointment?

a. My cancer care team spent enough time with me.

- Agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Disagree

b. My cancer care team explained things in a way I could understand.

- Agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Disagree

c. My cancer care team treated me with respect.

- Agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Disagree

d. My cancer care team involved me in making decisions about my care in the way I wanted.

- Agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Disagree
- This does not apply

11. a. Did your cancer care team talk with you about your physical symptoms (examples: pain, nausea) as much as you wanted?

- Yes
- Somewhat
- No
- This does not apply [[→ Skip to Question 11c](#)]

b. Did your cancer care team help you manage your physical symptoms (examples: gave you advice, information, referral, medication)?

- Yes
- No
- This does not apply

c. Did your cancer care team talk with you about your emotional worries and concerns (examples: fear, sadness) as much as you wanted?

- Yes
- Somewhat
- No
- This does not apply [[→ Skip to Question 12](#)]

d. Did your cancer care team help you manage your emotional worries and concerns (examples: gave you advice, information, referral, medication)?

- Yes
- No
- This does not apply

After your appointment

12. Did you have all the information you needed about the next steps in your care after your appointment?

- Yes
- Somewhat
- No
- I do not remember

13. Did you know who to contact if you had questions or concerns after your appointment?

- Yes
- No
- I do not remember

Overall

14. Overall, how would you rate the care you received at your most recent cancer care appointment?

- Very good
- Good
- Neutral
- Poor
- Very poor

This is the end of the survey. **To submit your answers, select Continue.**

Thank you for completing the **Your Voice Matters** survey.

Your answers will be used by [[Hospital](#)] and Ontario Health (Cancer Care Ontario) to help improve the cancer care experience.

If you want to provide detailed feedback about your experience directly to the hospital, please contact: [[Hospital contact information](#)]