The Bon Secours Cancer Institute values your opinions. Please take a moment to complete the survey and know that your feedback is important. We will use the results to identify patient preferences and provide world class experiences.

Please take a moment to complete the survey and know that your feedback is important.
I feel comfortable asking the survivorship nurse practitioner questions.

The survivorship nurse practitioner answers my questions quickly.

The survivorship nurse practitioner gives me trustworthy advice.

I am satisfied with my experience at the Bon Secours Cancer Survivorship Clinic.

Would you recommend friends or a family member to the Survivorship Clinic?

Additional comments?

_________________________________________
_________________________________________
_________________________________________
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Which provider did you see?
____________________________________
What was your cancer diagnosis?
____________________________________
Age:______

The Bon Secours Cancer Institute strives to meet and exceed your needs as a cancer survivor. The following questions relate to the survivorship care plan that Mary Baker discussed with you during your visit or that you received from her in the mail. Please answer these questions on the following scale from 1 to 5.

1) The care plan is easy to understand.
   □ □ □ □ □
   1 2 3 4 5

2) The care plan helps me understand my cancer and my treatments.
   □ □ □ □ □
   1 2 3 4 5

3) The care plan will help me stay on track with my recommended follow-up plan.
   □ □ □ □ □
   1 2 3 4 5

4) The care plan informs me of recommended tests and how often I should have these.
   □ □ □ □ □
   1 2 3 4 5

5) The care plan helps me understand problems I might experience after my treatments.
   □ □ □ □ □
   1 2 3 4 5

6) The care plan helps me know what symptoms to report to my cancer team.
   □ □ □ □ □
   1 2 3 4 5

If you have come to the Survivorship Clinic to see the nurse practitioner, Mary Baker, please answer these questions about your visit on the following scale from 1 to 5.

1– Strongly Disagree
2– Disagree
3– Neutral
4– Agree
5– Strongly Agree

1) It was easy for me to schedule an appointment.
   □ □ □ □ □
   1 2 3 4 5

2) The clinics hours were convenient for me.
   □ □ □ □ □
   1 2 3 4 5

3) The clinic location was convenient for me.
   □ □ □ □ □
   1 2 3 4 5

4) The survivorship nurse practitioner was knowledgeable.
   □ □ □ □ □
   1 2 3 4 5

5) The survivorship nurse practitioner was sensitive to my needs.
   □ □ □ □ □
   1 2 3 4 5

6) I was informed of the emotional problems I might experience as a cancer survivor.
   □ □ □ □ □
   1 2 3 4 5

7) I was informed of resources for cancer survivors through Bon Secours and the community that are convenient for me.
   □ □ □ □ □
   1 2 3 4 5

8) The packet of educational materials and community resources I was given was useful to me.
   □ □ □ □ □
   1 2 3 4 5

When complete, simply fold this brochure and seal with two pieces of tape and place in the mail. Please do not staple.