

## Scottish Cancer Patient Experience Survey

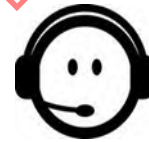
Please help us to understand and improve cancer services and support in your area.

Your views are very important to us. They help us to understand more about the quality of cancer services in your area and what needs to be improved.

Taking part is **voluntary** and your responses will be completely **confidential**. None of the health care professionals involved in your care will know whether or not you have responded.

Responses will be analysed, with national and local level results published in **Autumn 2024**. For more information on how your responses to this survey will be used, including additional comments, please see our **Privacy Notice** at [www.gov.scot/cpes](http://www.gov.scot/cpes)

Please use blue or black ink and don't worry if you make a mistake, simply cross it out and tick the correct answer. There is space at the end that you can use to tell us anything else you think we should know.



**Helpline**

**0800 783 1775**

**Monday to Friday**

For more information about this survey, please read the enclosed letter or visit [www.gov.scot/cpes](http://www.gov.scot/cpes)

### 1. Getting diagnosed

**Q1** How long was it from the time you first thought something might be wrong with you until you first contacted a healthcare professional or your General Practice?

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Less than 3 months | 4 <input type="checkbox"/> More than 12 months         |
| 2 <input type="checkbox"/> 3 to 6 months      | 5 <input type="checkbox"/> Don't know / can't remember |
| 3 <input type="checkbox"/> 6 to 12 months     |  |

**Q2** Before you were told you needed to go to hospital about cancer, how many times did you see a healthcare professional at your General Practice about the health problem caused by cancer? You should count telephone, video and face to face consultations in your answer.

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Once → <b>Go to Q3</b>         | 4 <input type="checkbox"/> 5 or more times → <b>Go to Q3</b>                            |
| 2 <input type="checkbox"/> Twice → <b>Go to Q3</b>        | 5 <input type="checkbox"/> I did not talk to anyone at my GP Practice → <b>Go to Q4</b> |
| 3 <input type="checkbox"/> 3 or 4 times → <b>Go to Q3</b> | 6 <input type="checkbox"/> Don't know / can't remember → <b>Go to Q3</b>                |

**Q3** How do you feel about the length of time you had to wait before your **first appointment with a healthcare professional at the hospital?**

- |  |   |   |
|--|---|---|
| 1 <input type="checkbox"/> I was seen as soon as I thought was necessary | 2 <input type="checkbox"/> I should have been seen a bit sooner | 3 <input type="checkbox"/> I should have been seen a lot sooner |
|--|---|---|

**Q4** Think about the **first time** you had a diagnostic test for cancer, such as an endoscopy, biopsy, mammogram or scan. Knowing what you know now, did you have all the information you needed about your test beforehand?

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Yes  | 4 <input type="checkbox"/> No, I would have liked more <b>written and verbal</b> information |
| 2 <input type="checkbox"/> No, I would have liked more <b>written</b> information | 5 <input type="checkbox"/> I did not need / want any information                             |
| 3 <input type="checkbox"/> No, I would have liked more <b>verbal</b> information  | 6 <input type="checkbox"/> Don't know / can't remember                                       |

**Q5** Were the results of your **first** diagnostic test explained in a way you could understand?

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Yes, completely                          | 4 <input type="checkbox"/> I did not have an explanation, but I would have liked one |
| 2 <input type="checkbox"/> Yes, to some extent                      | 5 <input type="checkbox"/> I did not need an explanation                             |
| 3 <input type="checkbox"/> No, I did not understand the explanation | 6 <input type="checkbox"/> Don't know / can't remember                               |

**Q6** Did your **first** diagnostic test take place at the hospital named on the survey letter?

- |                                |                               |  |
|--------------------------------|-------------------------------|--|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Don't know / can't remember |
|--------------------------------|-------------------------------|--|

## 2. Finding out you had cancer

**Q7** When you were **first** told that you had cancer, were you told in advance that you could bring a family member or friend with you? *Please tick **all that apply**.*

- |                                |  |   |
|--------------------------------|--|---|
| 1 <input type="checkbox"/> Yes | 3 <input type="checkbox"/> It was not necessary                      | 5 <input type="checkbox"/> Don't know / can't remember                                    |
| 2 <input type="checkbox"/> No  | 4 <input type="checkbox"/> I was told by video-call, phone or letter | 6 <input type="checkbox"/> Hospital restrictions prevented me from taking someone with me |

**Q8** How do you feel about the way you were told you had cancer?

- |   |   |
|---|---|
| 1 <input type="checkbox"/> It was done sensitively                                | 3 <input type="checkbox"/> It should have been done <b>a lot</b> more sensitively |
| 2 <input type="checkbox"/> It should have been done <b>a bit</b> more sensitively |   |

**Q9** Did you understand the explanation of what was wrong with you?

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Yes, I completely understood | 3 <input type="checkbox"/> No, I did not understand it |
| 2 <input type="checkbox"/> Yes, I understood some of it | 4 <input type="checkbox"/> Don't know / can't remember |

**Q10** When you were told you had cancer, were you given **written** information about the type of cancer you had? Written information could include printed information handed to you or posted to you, or online information you were directed towards by your clinical team.

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Yes and it was <b>easy</b> to understand                               | 4 <input type="checkbox"/> I did not need / want written information |
| 2 <input type="checkbox"/> Yes, but it was <b>difficult</b> to understand                         | 5 <input type="checkbox"/> Don't know / can't remember               |
| 3 <input type="checkbox"/> No, I was not given written information about the type of cancer I had |  |



**Q17** Think about the **last time** you went into hospital for an operation for your cancer. Knowing what you know now, did you have all the information you needed about your operation beforehand?

- 1  Yes
- 2  No, I would have liked more **written** information
- 3  No, I would have liked more **verbal** information
- 4  No, I would have liked more **written and verbal** information
- 5  I did not need / want any information
- 

**Q18** After the operation, did a member of staff explain how it had gone in a way you could understand?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No, but I would have liked an explanation
- 4  I did not need an explanation
- 5  Don't know / can't remember
- 

**Q19** Were you given clear **written** information about what you should or should not do after the operation?

- 1  Yes
- 2  No
- 3  Don't know / can't remember
- 

**Q20** Did the operation take place at the hospital named on the survey letter?

- 1  Yes
- 2  No
- 3  Don't know / can't remember
- 

**Q21** Have you had radiotherapy treatment?

- 1  Yes, at the hospital named on the survey letter → **Go to Q22**
- 2  Yes, at a **different** hospital to the one named on the survey letter → **Go to Q22**
- 3  No → **Go to Q23**
- 

**Q22** Knowing what you know now, did you have all the information you needed about your radiotherapy treatment beforehand?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No
- 

**Q23** Have you had chemotherapy treatment?

- 1  Yes, at the hospital named on the survey letter → **Go to Q24**
- 2  Yes, at a **different location** to the one named on the survey letter → **Go to Q24**
- 3  No → **Go to Q25**
- 

**Q24** Knowing what you know now, did you have all the information you needed about your chemotherapy treatment beforehand?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No

## 5. Hospital Care

For this section, please think about the **last time** you received **any hospital treatment for your cancer**, either as an inpatient or an outpatient / day case.

**Q25** Thinking about the healthcare professionals you came into contact with, how much do you agree or disagree with each of the following statements? *Please tick **one** box on each line. If a statement is not applicable, please leave that line blank.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
They spent enough time with me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
They listened to me if I had any questions or concerns	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
They discussed my condition and treatment with me in a way I could understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
They gave me the opportunity to involve the people that matter to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
They helped me to feel in control of my treatment / care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
They did not talk in front of me as if I wasn't there	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q26** Were you given enough privacy when discussing your condition or treatment?

- 1  Yes, always      2  Yes, sometimes      3  No

**Q27** Did this experience take place at the hospital named on the survey letter?

- 1  Yes      2  No      3  Don't know / can't remember

**Q28** Did a healthcare professional tell you who to contact if you were worried about your condition or treatment?

- 1  Yes and I was able to reach them when I tried to make contact      3  No, but I would have liked them to
- 2  Yes, but I could not reach them when I tried to make contact      4  No, but I did not need this information
- 5  Don't know / can't remember

**Q29** A Clinical Nurse Specialist is a specialist cancer nurse who helps you get the right care and gives you help and advice on coping with cancer. Were you given the name of a Clinical Nurse Specialist, **or another named contact**, who would support you through your treatment?

- 1  Yes, Clinical Nurse Specialist → **Go to Q30**      3  No → **Go to Q32**
- 2  Yes, named contact → **Go to Q30**      4  Don't know / can't remember → **Go to Q32**

**Q30** How easy or difficult has it been for you to contact your Clinical Nurse Specialist or named contact?

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Very easy                  | 4 <input type="checkbox"/> Quite difficult  |
| 2 <input type="checkbox"/> Quite easy                 | 5 <input type="checkbox"/> Very difficult   |
| 3 <input type="checkbox"/> Neither easy nor difficult | 6 <input type="checkbox"/> I did not try to contact my Clinical Nurse Specialist or named contact |

**Q31** When you have had important questions to ask your Clinical Nurse Specialist, or named contact, how often did you get answers you could understand?

- |  |   |
|--|---|
| 1 <input type="checkbox"/> All or most of the time | 3 <input type="checkbox"/> Rarely or never                |
| 2 <input type="checkbox"/> Some of the time        | 4 <input type="checkbox"/> I have not asked any questions |

## 6. Wider Support

**Q32** During your cancer treatment, were you given enough care and support from health or social services, for any of the following issues:

Please tick **one box on each line**. If a statement is not applicable, please leave that line blank.

	Yes, definitely	Yes, to some extent	No	I did not need help with this
Mobility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Washing / Dressing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Usual activities (work, study, housework, shopping, cooking, family or leisure activities)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Eating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Managing medications	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Pain / Discomfort	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Mental or emotional wellbeing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Q33** Thinking about the **last time** you left the hospital named on the covering letter for cancer treatment, did healthcare professionals give your family, or someone close to you, all the information they needed to help care for you at home?

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Yes, definitely     | 4 <input type="checkbox"/> This does not apply to me  |
| 2 <input type="checkbox"/> Yes, to some extent | 5 <input type="checkbox"/> My family / supporter(s) did not want to talk to a healthcare professional |
| 3 <input type="checkbox"/> No                  | 6 <input type="checkbox"/> Don't know / can't remember  |

**Q34** After your cancer treatment, were you given enough care and support from health or social services, for any of the following issues:

Please tick **one box on each line**. If a statement is not applicable, please leave that line blank.

	Yes, definitely	Yes, to some extent	No	I did not need help with this
Mobility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Washing / Dressing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Usual activities (work, study, housework, shopping, cooking, family or leisure activities)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Eating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Managing medications	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Pain / Discomfort	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Mental or emotional wellbeing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

## 7. Information and Other Support

**Q35** Did healthcare professionals discuss with you or give you information about the impact cancer could have on your day-to-day activities?

- 1  Yes
- 2  Yes, but I would have liked it earlier
- 3  No, but I would have liked this
- 4  It was not necessary
- 5  Don't know / can't remember

**Q36** Looking back, did you **fully** understand what you were told about the impact of cancer and / or its treatment on your day-to-day activities?

- 1  Yes
- 2  No
- 3  Don't know / can't remember

**Q37** Did healthcare professionals give you information about how to get financial help or any benefits you might be entitled to?

- 1  Yes
- 2  No, but I would have liked this
- 3  I did not need this
- 4  Don't know / can't remember

**Q38** During your cancer treatment, were you given timely information about charity, voluntary or community groups that could support you?

- 1  Yes, it was useful
- 2  Yes, but it was not useful
- 3  Yes, but I would have liked it earlier
- 4  No
- 5  I did not need this
- 6  Don't know / can't remember

**Q39** Do you feel you were supported practically, emotionally or psychologically by charity, voluntary or community groups during your cancer treatment?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No
- 4  I did not need / want support

**Q40** Once your cancer treatment **finished**, were you given information about charity, voluntary or community groups that could support you?

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Yes, it was useful                     | 4 <input type="checkbox"/> No                          |
| 2 <input type="checkbox"/> Yes, but it was not useful             | 5 <input type="checkbox"/> I did not need this         |
| 3 <input type="checkbox"/> Yes, but I would have liked it earlier | 6 <input type="checkbox"/> Don't know / can't remember |

**Q41** Do you feel you were supported practically, emotionally or psychologically by charity, voluntary or community groups **after** your cancer treatment?

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Yes, completely     | 3 <input type="checkbox"/> No                            |
| 2 <input type="checkbox"/> Yes, to some extent | 4 <input type="checkbox"/> I did not need / want support |

## 8. Your Overall Experience

**Q42** Overall, do you feel that you have been treated with dignity and respect by the healthcare professionals treating you for cancer?

- 1  Yes, always    2  Yes, most of the time    3  Yes, sometimes    4  No

**Q43** A care plan is a document received after diagnosis which sets out your needs and goals. This may include what treatment has been planned for you and the emotional, practical and financial support you will receive. It is an agreed plan between you and your health or social care professionals.

Have you been offered a written care plan?

- |                                |  |
|--------------------------------|--|
| 1 <input type="checkbox"/> Yes | 3 <input type="checkbox"/> I don't know / understand what a care plan is |
| 2 <input type="checkbox"/> No  | 4 <input type="checkbox"/> Don't know / can't remember                   |

**Q44** Have you been given a written note of the treatments you have received to treat your cancer?

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Yes, for all of my treatments  | 3 <input type="checkbox"/> No                          |
| 2 <input type="checkbox"/> Yes, for some of my treatments | 4 <input type="checkbox"/> Don't know / can't remember |

**Q45** Overall, how easy did you find it to **travel to** appointments relating to your cancer care?

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Very easy                 | 4 <input type="checkbox"/> Quite difficult |
| 2 <input type="checkbox"/> Quite easy                | 5 <input type="checkbox"/> Very difficult  |
| 3 <input type="checkbox"/> Neither easy or difficult |  |

**Q46** Which of the following difficulties did you experience when travelling to appointments relating to your cancer care? *Please tick all that apply.*

- |   |  |   |
|---|--|---|
| 1 <input type="checkbox"/> Length of travel time    | 5 <input type="checkbox"/> Access to suitable transport  | 8 <input type="checkbox"/> Lack of information    |
| 2 <input type="checkbox"/> Frequency of travel      | 6 <input type="checkbox"/> Timing of appointment with respect to travel (transport unavailable / rush hour etc.) | 9 <input type="checkbox"/> Another difficulty     |
| 3 <input type="checkbox"/> Too unwell to travel     | 7 <input type="checkbox"/> Cost of accommodation   | 10 <input type="checkbox"/> I had no difficulties |
| 4 <input type="checkbox"/> Cost of travel / parking |  |   |



**Q47** How far did you have to travel for each of the following, and how did you travel? Please tick **all that apply** and leave those that do not apply blank.

	Distance Travelled			Mode of Travel				
	Less than 10 miles	10 - 50 miles	More than 50 miles	Car	Bus / Train	Plane / Ferry	On foot / Bike	Other
Diagnostic tests (not including blood tests)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Blood tests	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Chemotherapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Radiotherapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Surgery	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Consultations with a healthcare professional	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Support services (emotional / practical support)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q48** Were you able to bring a family member, friend or someone else to your appointments to support you **when you wanted to**?

- 1  Yes, all of the time → **Go to Q50**      4  No, social distancing measures prevented this → **Go to Q49**
- 2  Yes, most of the time → **Go to Q49**      5  No, for another reason (cost, travel, anything else) → **Go to Q49**
- 3  Yes, some of the time → **Go to Q49**      6  I did not need / want to bring someone with me → **Go to Q50**

**Q49** When you were not able to bring someone with you to an appointment or test, were alternative arrangements made so they could support you (e.g., were they able to join by phone or video call, or was a written summary of the discussion provided)?

- 1  Yes      2  No      3  Don't know / can't remember

**Q50** How did the health and care team communicate with you at each stage? Please tick **all that apply** for each stage.

	Face to face	Telephone	Video call	Writing	Not applicable	Can't remember
Initial contact from the hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Any appointment with a healthcare professional during your treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Receiving test results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Any appointment with a healthcare professional during your follow-up care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
When discussing next steps	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**Q51** What would have been your preferred method of communication for each of these stages? *Please tick **all that apply** for each stage.*

	Face to face	Telephone	Video call	Writing	Not applicable	Can't remember
Initial contact from the hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Any appointment with a healthcare professional during your treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Receiving test results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Any appointment with a healthcare professional <b>during your follow-up</b> care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
When discussing next steps	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**Q52** Overall, how would you rate the administration of your care, for example getting letters at the right time, doctors having the right notes / test results, etc.?

- 1  Very good      3  Neither good nor bad      5  Very bad  
 2  Good      4  Bad      6  Don't know / can't remember

**Q53** Did the different people treating and caring for you - such as your GP Practice, hospital staff, specialist nurses, community nurses - work well together to give you the best possible care?

- 1  Yes, always      4  No, never  
 2  Yes, most of the time      5  Don't know / can't remember  
 3  Yes, some of the time

**Q54** Since your diagnosis, has anyone discussed with you whether there are any cancer research opportunities that you could take part in (for example: clinical trials, tissue donation, additional scans, sharing data)?

- 1  Yes      3  No, but I didn't want them to  
 2  No, but I would have liked them to      4  Don't know / can't remember

**Q55** Overall, how would you rate your care? *Please **circle one number between 0 and 10.***

Very poor    0    1    2    3    4    5    6    7    8    9    10    Very good

## 9. Other Comments

**Q56** If there is anything else you would like to say about any aspect of your experiences of cancer care in Scotland, please do so on the following page.

Please note that the comments you write in the following boxes may be analysed by the Scottish Government, NHS Scotland, Local Health Boards, Macmillan and researchers analysing the data. Any information that could identify you will be removed before publishing the results of the analysis.

What was particularly good about your care?

What could have been improved?

Any other comments?

## 10. About You

This information will help us to find out if different groups of people in Scotland have different experiences of health care services. Nobody involved in your health or care, including those at the hospital you attended, will be able to see your answers. If you would **prefer not to answer a particular question** then you can **leave it blank**.

**Q57** Which of the following best describes your sexual orientation? *Please tick one box only.*

- |   |                          |                         |   |                          |                          |
|---|--------------------------|-------------------------|---|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> | Straight / Heterosexual | 4 | <input type="checkbox"/> | Other sexual orientation |
| 2 | <input type="checkbox"/> | Gay or Lesbian          | 5 | <input type="checkbox"/> | Prefer not to say        |
| 3 | <input type="checkbox"/> | Bisexual                |   |                          |                          |

**Q58** What is your ethnic group?

- |   |                          |   |   |                          |   |
|---|--------------------------|---|---|--------------------------|---|
| 1 | <input type="checkbox"/> | White (including Gypsy, Traveller, Roma, Showman / Showwoman)                   | 4 | <input type="checkbox"/> | African, Scottish African or British African (including any African ethnic group) |
| 2 | <input type="checkbox"/> | Mixed or multiple ethnic groups (including any mixed or multiple ethnic groups) | 5 | <input type="checkbox"/> | Caribbean or Black (including Scottish Caribbean, Black Scottish)                 |
| 3 | <input type="checkbox"/> | Asian, Asian Scottish or Asian British (including any Asian ethnic group)       | 6 | <input type="checkbox"/> | Other ethnic group (any other ethnic group including Arab, Sikh, Jewish)          |
|   |                          |   | 7 | <input type="checkbox"/> | Prefer not to say   |

**Q59** What best describes your work status?

- |                            |                                    |                            |   |
|----------------------------|------------------------------------|----------------------------|---|
| 1 <input type="checkbox"/> | Employed (full or part time)       | 5 <input type="checkbox"/> | Don't work due to cancer                        |
| 2 <input type="checkbox"/> | Self-employed (full or part time)  | 6 <input type="checkbox"/> | Don't work due to another illness or disability |
| 3 <input type="checkbox"/> | In full-time education or training | 7 <input type="checkbox"/> | Retired   |
| 4 <input type="checkbox"/> | Unemployed / looking for work      | 8 <input type="checkbox"/> | Other   |

**Q60** Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- |                            |                        |                            |                 |                            |                                |
|----------------------------|------------------------|----------------------------|-----------------|----------------------------|--------------------------------|
| 1 <input type="checkbox"/> | Yes → <b>Go to Q61</b> | 2 <input type="checkbox"/> | No → <b>End</b> | 3 <input type="checkbox"/> | Prefer not to say → <b>End</b> |
|----------------------------|------------------------|----------------------------|-----------------|----------------------------|--------------------------------|

**Q61** Do any of these conditions or illnesses affect you in any of the following areas?

*Please tick **all that apply**.*

- 1  Vision (for example, blindness or partial sight)
- 2  Hearing (for example, deafness or partial hearing)
- 3  Mobility (for example, walking short distances or climbing stairs)
- 4  Dexterity (for example, lifting or carrying objects, or using a keyboard)
- 5  Learning or understanding, or concentrating
- 6  Memory
- 7  Mental health
- 8  Stamina or breathing, or fatigue
- 9  Socially or behaviourally (for example, associated with autism spectrum disorder (ASD) which includes Asperger's, or attention deficit hyperactivity disorder (ADHD))
- 10  Other
- 11  Prefer not to say

**Q62** Does your condition or illness / do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

- |                            |               |                            |                   |
|----------------------------|---------------|----------------------------|-------------------|
| 1 <input type="checkbox"/> | Yes, a lot    | 3 <input type="checkbox"/> | Not at all        |
| 2 <input type="checkbox"/> | Yes, a little | 4 <input type="checkbox"/> | Prefer not to say |

**Thank you for completing this survey.**

Please return the survey in the **freepost** envelope provided **as soon as possible**.

Alternatively, you can **post it without a stamp to:**

Freepost **QUALITY HEALTH**