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Patient Survey

Code:

Sarah Cannon Research Institute UK Patient Survey
FREEPOST (TK 1900)
TWICKENHAM
TW1 4BR



Please complete every section of this form by putting a cross in the appropriate box alongside each question. Please ignore any sections or questions that are not applicable to you. Questionnaires will be analysed by external consultants and returned to SCRI UK. Your rights to anonymity are fully covered under the data protection act and no personal information will be released to any other party.

Committed to excellence

Your opinions make a difference

At Sarah Cannon Research Institute UK we aim to provide the highest standards of care and a quality experience for every patient. To help us measure how we are meeting these aims and your expectations we would be grateful if you took a few moments to complete this questionnaire. We appreciate you may have already filled in our short survey each time you have visited us and we are really grateful to you for your feedback, however now you have been coming to see us for a while we would like to ask you some more detailed questions. We regard your opinions and comments as extremely valuable and we use them to identify areas of success and opportunities for improvement. Naturally, all observations will be treated in the strictest of confidence unless you indicate otherwise.

Once completed, simply fold over and seal the flap on the reverse of this leaflet and hand it to a member of our team prior to your departure. Alternatively, should you need more time for consideration, put it into any post box, no stamp is necessary as we have paid the postage.

Thank you in advance for you help and assistance.

Matthew Simmons

Head of Drug Development Unit

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Date of visit:

DD / MM / YY

Overall Experience

We would like you to think about your overall experience during your visit:

How likely would you be to recommend us to friends and family if they need similar care or treatment?

Extremely Likely, Likely, Neither, Unlikely, Extremely Unlikely, Don't Know

How would you rate your overall experience with SCRI UK?

Excellent, Very Good, Good, Fair, Poor

Prior to your visit

Did you receive an appointment letter, registration forms and information leaflets?

Yes No

If yes, did they give you all the information you needed?

Yes No

How could we have improved the information given?

Text box for improvement suggestions

Your first appointment

Please give your opinion of:

- The promptness of your appointment
Choice of appointment
The waiting area facilities

Excellent, Very Good, Good, Fair, Poor

Your research team

How would you rate your experience with our front desk staff?

Excellent, Very Good, Good, Fair, Poor

How would you rate your experience with our technicians?

Excellent, Very Good, Good, Fair, Poor

How would you rate your experience with the research nurses you met when you first consented to the trial?

Excellent, Very Good, Good, Fair, Poor

How would you rate the communication between your research team at SCRI UK?

Excellent, Very Good, Good, Fair, Poor

Did you have confidence and trust in the nurses treating you?

Yes, always Yes, sometimes No

Did you have confidence and trust in the doctors treating you?

Yes, always Yes, sometimes No

Did you feel you were treated with respect and dignity whilst having your course of treatment?

Yes, always Yes, sometimes No

Consenting for your trial

Was the proposed trial treatment clearly explained to you?

Yes, completely Yes, to some extent No

Were you asked to give consent to your proposed treatment?

Yes No Don't know

Were the risk and benefits of participating in the trial clearly explained to you?

Yes No Don't know

Were you given information about organisations that could support you in your decision to participate in a clinical research trial?

Yes No

If so did you seek this information?

- Yes, I read information on the recommended internet links
Yes, I spoke to the recommended independent advocate
No, I did not seek any independent information

Excellent, Very Good, Good, Fair, Poor

How beneficial was the information provided to you?

Excellent, Very Good, Good, Fair, Poor

How would you rate the information support given to you?

Excellent, Very Good, Good, Fair, Poor

Would you like to add any further comments about your experience of consenting for your trial?

Text box for comments

General questions

When you had an important question to ask your consultant, did you understand the answer?

Yes, completely Yes, to some extent No

If your family or someone close to you wanted to talk to a doctor, did they have an opportunity to do so?

Yes, definitely Yes, to some extent No
No family or friends were involved

If you had any scheduled tests, X rays or scans, were they performed on time?

Yes, always Yes, sometimes No

If you had any financial queries, did we deal with them efficiently?

Yes, always Yes, sometimes No

Did you have any difficulties getting to and from SCRI UK?

Yes, completely Yes, to some extent No

If so please explain

Text box for explanation

Completion of your treatment

Did a member of staff advise you on any possible further side effects and after care?

Yes, completely Yes, to some extent No

Were you told who to contact if you had any questions after completing your treatment?

Yes, completely Yes, to some extent No

General Comments

Did we do anything particularly well today? Or perhaps we could have done differently today to improve your experience in the clinical trials unit?

Text box for general comments

Would you like to talk to a member of our team about your experience today? (If so please complete your details below)

Yes No

Please tick and include your name and address below only if you would like a reply to comments raised.

Contact Information (optional):

Name:

Address:

Phone:

Email:

Moisten this adhesive strip and stick to front cover so that address panel is visible. No stamp required.