



EORTC OUT-PATSAT7

Please answer the following questions only if you are currently receiving outpatient care.

We are interested in your MOST RECENT experience of the care received in the outpatient setting in this hospital or clinic. Please answer all the questions yourself by circling the number that best applies to you. There are no 'right' or 'wrong' answers. The information that you provide will remain strictly confidential.

**In the outpatient setting in this hospital,
how would you rate services and care
organisation, in terms of:**

	Poor	Fair	Good	Very good	Excellent
34. The opportunity to see the same caregivers when you come to the outpatient clinic?	1	2	3	4	5
35. The ease of arranging medical appointments at convenient times?	1	2	3	4	5
36. The waiting time before obtaining a medical appointment?	1	2	3	4	5
37. The ease of communicating with the hospital services from home?	1	2	3	4	5
38. The information provided about what you should/should not do after you leave your hospital appointment?	1	2	3	4	5
39. The information on who to contact if you are worried after you leave your hospital appointment?	1	2	3	4	5
40. The provision of follow-up by the different caregivers (doctors, nurses, physiotherapists, psychologists, etc.) after treatment?	1	2	3	4	5