



Penny Brohn
Cancer Care

Service and information survey

Thank you for contacting the Helpline and requesting a copy of our Self Help Starter Pack. We hope you have found the service and the information provided helpful and we would be grateful if you could complete and return this brief survey. Your feedback will help us to review and improve the services and support we provide for people affected by cancer.

Section 1 Information about you:

1. Gender Male Female

2. Which age category best describes you?

under 25 26 to 35 36 to 45 46 to 55 56 to 70 Over 70

3. Are you..... (please tick most relevant)

A person with cancer A supporter A family member or supporter/carer A friend/colleague

A professional Other.....

4. If you have a diagnosis, how long is it since you were diagnosed?.....

Section 2 How you heard about us:

5. How did you first hear about Penny Brohn Cancer Care?

Advert for Penny Brohn Cancer Care Family member or friend General awareness Macmillan nurse

Newspaper, magazine or radio Medical team From a previous user of our services Support group

Website Other, please specify:.....

6. Have you visited the Penny Brohn Cancer Care website at www.pennybrohncancercare.org? Yes No

7. How easy was it to find the information you needed on the website? (5 being excellent and 1 being poor)

Excellent $\xrightarrow{\quad}$ Poor
 5 4 3 2 1

Section 3 The Helpline service:

8. Are the opening hours of the Helpline suitable to meet your needs? (The Helpline is staffed on weekdays 9.30-5.00pm with a 24hour answer phone for people to leave messages outside of this time that will be returned as soon as possible)

Yes No Comments:.....

9. How easy was it to get through to a Helpline operator when you called? (5 being easy and 1 being difficult)

Easy $\xrightarrow{\quad}$ Difficult
 5 4 3 2 1

10. What were you expecting to get from the helpline? (tick up to 3 most important)

Someone to talk too

Information about the services of Penny Brohn Cancer Care

Information on support in your local area

Explanation of the benefits of complementary therapies

Information about alternative therapies (not offered at Penny Brohn Cancer Care)

Medical information

11. Did you receive all the information you needed during the call?

Yes No

12. If no were the Helpline able to direct you to another source of information?

Yes No

13. Was there anything further you'd like to have discussed with the Helpline?

Yes No Comments:.....

14. How would you rate the overall support you received during your call? (5 being excellent and 1 being poor)

Excellent
→
 Poor
5 4 3 2 1

15. Would you recommend the helpline to others?

Yes No

Section 4 Penny Brohn Cancer Care services and support

16. How useful and informative have you found the contents of our Self Help Starter Pack? (please complete the relevant tick box below to indicate if you have read the leaflets listed and use the scoring grid to indicate how useful you found the information.)

	Have you read this?		Very useful → Not very useful				
	Yes	No	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Complementary cancer care supporting you leaflet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bristol Approach, residential & day courses leaflet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bristol Approach to Healthy Eating leaflet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bristol Approach to Supplements leaflet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural approach to side-effects flyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on Financial Advice flyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you watched the DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you listened to the relaxation CD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. In addition to the Helpline have you/ or are you planning in the future to use the services of Penny Brohn Cancer Care?

Yes No Maybe

If you have ticked **No** or **Maybe** please indicate the most relevant reason behind this decision - please tick all that apply:

- There are local services I can access in my home area**
- The costs of the courses**
- The times when the courses are offered**
- I don't feel well enough to travel**
- I don't feel well enough to stay away from home**
- I have work and family commitments which make it difficult to attend**
- Uncertain of the benefit I will gain from attending**
- The charity's general approach – "It's not my sort of thing"**
- The advice given by my medical team**

18a Are you seeking services and support from other complementary or cancer care organisations?

Yes No

18b If Yes which other organisations and services?

19. Are you aware that we never turn people away from our services if they are unable to pay? We offer an Access Fund and different payment options to help towards the cost of courses.

Yes No

Thank you very much for taking the time to complete this survey. Please return to Penny Brohn Cancer Care in the pre-paid envelope provided.

Registered Charity No. 284881