

## Palliative Radiotherapy Service Patient Survey

### Consent for Radiotherapy

The following questions are about your experience during your appointment when you signed a consent form for radiotherapy.

1. Who completed the consent form with you?

- Doctor                       Macmillan Consultant Radiographer                       Can't remember

2. Did you receive enough understandable information about your treatment?

- Yes, definitely                       Yes, to some extent                       No

3. Did you receive enough information about the side-effects that you may experience?

- Yes, definitely                       Yes, to some extent                       No

4. Do you feel you had the opportunity to ask questions during your appointment?

- Yes, definitely                       Yes, to some extent                       No

5. If you asked any questions, were you given answers that you could understand?

- Yes, completely                       Yes, to some extent                       No

I didn't ask any questions

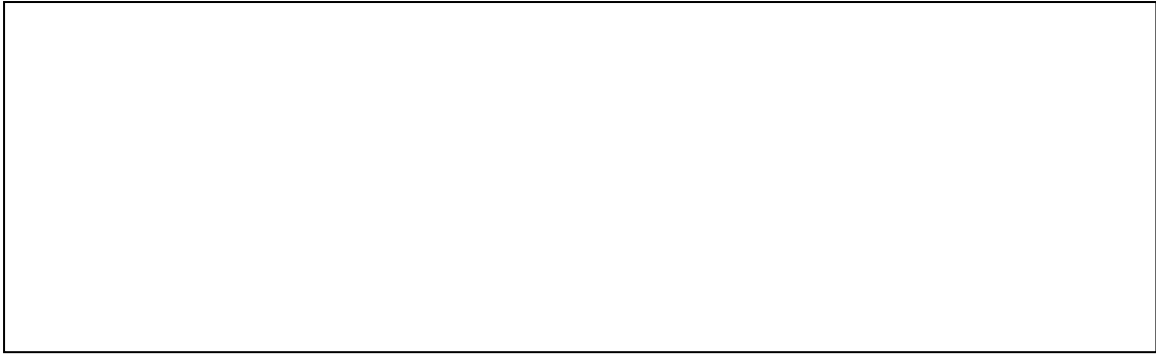
6. Did you receive a patient information leaflet about radiotherapy?

- Yes                       No

7. If you answered "No" to any of the above questions please can you briefly explain the reasons for this:



**15. Any other comments:**



**Thank you. Please return your completed questionnaire to the box on the reception desk.**