

## FACIT-TS-PS (Version 4)

These questions are about the quality of the health care services you are currently receiving. All of your responses will be kept confidential. Please mark one answer for each of the following questions.

<b><u>Physician Communication</u></b>		<b>No, not at all</b>	<b>Yes, but not as much as I wanted</b>	<b>Yes, almost as much as I wanted</b>	<b>Yes, and as much as I wanted</b>
TS9	Did your doctor(s) give explanations that you could understand? .....	0	1	2	3
TS10	Did your doctor(s) explain the possible benefits of your treatment? .....	0	1	2	3
TS11	Did your doctor(s) explain the possible side effects or risks of your treatment? .....	0	1	2	3
TS12	Did you have an opportunity to ask questions? .....	0	1	2	3
TS13	Did you get to say the things that were important to you? .....	0	1	2	3
TS14	Did your doctor(s) seem to understand what was important to you? .....	0	1	2	3
TS15	Did your doctor(s) show genuine concern for you? ..	0	1	2	3
TS16	Did your doctor(s) seem to understand your needs? .	0	1	2	3
TS18	Were you able to talk to your doctor(s) when you needed to? .....	0	1	2	3
TS27	Were you encouraged to participate in decisions about your health care? .....	0	1	2	3
TS28	Did you have enough time to make decisions about your health care? .....	0	1	2	3
TS30	Did your doctor(s) seem to respect your opinions? ...	0	1	2	3

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### **Treatment Staff Communication**

		No, not at all	Yes, but not as much as I wanted	Yes, almost as much as I wanted	Yes, and as much as I wanted
TS19	Did the treatment staff discuss how your health and treatment may affect your normal work (including housework)?.....	0	1	2	3
TS20	Did the treatment staff discuss how your health and treatment may affect your normal daily activities? .....	0	1	2	3
TS21	Did the treatment staff discuss how your health and treatment may affect your personal relationships? .....	0	1	2	3
TS22	Did the treatment staff discuss how your health and treatment may affect you emotionally? .....	0	1	2	3

### **Technical Competence**

		No, not at all	Yes, but not as much as I wanted	Yes, almost as much as I wanted	Yes, and as much as I wanted
TS23	Did you feel your doctor(s) had experience treating your illness? .....	0	1	2	3
TS24	Did you feel your doctor(s) knew about the latest medical developments for your illness? .....	0	1	2	3
TS25	Was the treatment staff thorough in examining and treating you? .....	0	1	2	3

### **Nurse Communication**

		No, not at all	Yes, but not as much as I wanted	Yes, almost as much as I wanted	Yes, and as much as I wanted
TS31	Did your nurse(s) give explanations that you could understand?.....	0	1	2	3
TS32	Did your nurse(s) show genuine concern for you?....	0	1	2	3
TS33	Did your nurse(s) seem to understand your needs? ...	0	1	2	3

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### Confidence and Trust

		No, not at all	Yes, but not as much as I wanted	Yes, almost as much as I wanted	Yes, and as much as I wanted
TS34	Did you feel that the treatment staff answered your questions honestly?.....	0	1	2	3
TS35	Did the treatment staff respect your privacy?.....	0	1	2	3
TS36	Did you have confidence in your doctor(s)?.....	0	1	2	3
TS37	Did you trust your doctor(s)' suggestions for treatment? .....	0	1	2	3

### Overall

		No	Maybe	Yes
TS38	Would you recommend this clinic or office to others?.....	0	1	2
TS39	Would you choose this clinic or office again?.....	0	1	2

		Poor	Fair	Good	Very Good	Excellent
TS40	How do you rate the care you received?.....	0	1	2	3	4

Thank you! Do you have any comments? \_\_\_\_\_

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