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### Institute for Cancer Care

## Oncology Nurse Navigator Program Patient Satisfaction Survey

Oncology Nurse Navigators are registered nurses who are dedicated to assisting the cancer patient and their loved ones throughout their entire cancer care experience. Their goal is to decrease frustration by helping cancer patients better understand their diagnosis, prognosis and treatment plan.

**Instructions:** You recently were assisted by one of our Oncology Nurse Navigators. We would appreciate any feedback that will help us to enhance our service to best meet your needs or help recognize areas of improvement. Please **circle the number** that best represents your feelings. After you have completed the survey, please mail in the enclosed envelope. Thank you for your participation

At what point during your care did you first have contact with the nurse navigator? **Circle one**

- At initial diagnosis
- Before surgery
- After surgery
- Before or after chemo radiation
- Other

Would you have found it beneficial to receive navigation services earlier? **Yes/No**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. My calls were returned by the navigator in a timely manner	5	4	3	2	1	N/A
2. I felt the navigator knew about my case	5	4	3	2	1	N/A
3. The navigator provided me with helpful information	5	4	3	2	1	N/A
4. The navigator kept me informed	5	4	3	2	1	N/A
5. I would recommend this service to others	5	4	3	2	1	N/A
6. How would you rate your overall experience with the navigator?	5	4	3	2	1	N/A
7. Did you feel the navigator improved your overall cancer care experience at Winthrop?	5	4	3	2	1	N/A
8. Did being part of the navigation program keep you from seeking care elsewhere?	5	4	3	2	1	N/A



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*Which services to your care did the navigator assist you with? Please circle.*

- Coordination of Appointments
- Learning and educational resources
- Financial assistance
- Insurance assistance
- Caregiver assistance
- Counseling services
- Communication concerns with medical personnel
- Support groups
- Transportation assistance
- Nutrition

*Did these supports services meet your needs? Yes/No*

Suggestions or Comments: \_\_\_\_\_

Name (optional) \_\_\_\_\_