Supplementary Material 3: Patient Satisfaction Surveys and Feedback

Developing and Evaluating Multimedia Patient Education Tools to Better Prepare Prostate-Cancer Patients for Treatment (Randomized Study)

Journal of Cancer Education

Krista Dawdy MRT (T), MSc, BSc (Hons) ¹, Katiya Bonin BASc ², Steve Russell MRT (T), BSc ¹, Agnes Ryzynski RRT, CTDP ³, Tamara Harth Hon. B.A., MLIS ⁴, Christopher Townsend BEd, MEd, CTDP ⁵, Stanley Liu FRCP(C), MD, PhD ⁷, William Chu FRCP(C), MD, MSc ⁷, Patrick Cheung FRCP(C), MD ⁷, Hans Chung FRCP(C), MD ⁷, Gerard Morton MRCP(C), FFRRCSI, MRCPI, MB ⁷, Danny Vesprini FRCP(C), MD, MSc, ⁷ Andrew Loblaw FRCP(C), MD, MSc ⁷, Xingshan Cao PhD ⁶, Ewa Szumacher MD, FRCP(C), MEd ⁷

¹ Department of Radiation Therapy, Odette Cancer Centre, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, Ontario, Canada; ² Department of Evaluative Clinical Science, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada; ³ Sunnybrook Canadian Simulation Centre, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, Ontario, Canada; ⁴ Manager Patient Education Odette Cancer Centre, Sunnybrook Health Sciences Centre; ⁵ LMS & eLearning Specialist, Sunnybrook, Health Sciences Centre; ⁶ Institute of Clinical Evaluative Sciences, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada; ⁷ Department of Radiation Oncology, Odette Cancer Centre, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, Ontario, Canada

Corresponding author:
Ewa Szumacher MD FRCP(C) MEd
Sunnybrook Health Sciences Centre
2075 Bayview Avenue
Toronto, Ontario
Canada M4N 3M5
Tel 416 480 4834
Fax 416 480 6002
Ewa.szumacher@sunnybrook.ca
**Patient Satisfaction Surveys**

**Patient Satisfaction Survey (pamphlet)**

We would like to hear from you!

We want to hear how your visit to the planning department went. This brief patient satisfaction survey is voluntary. Your answers will be used to improve patient education.

1. Did you receive a pamphlet on how to prepare for your planning appointment?
   - □ Yes  □ No

2. Did you find this information helped you feel prepared for your planning appointment?
   - □ Yes  □ No  □ No Opinion

3. On a scale from 1-5 please rate your overall opinion on the pamphlet in each category. Circle the number that best describes how you felt

   **Information given**
   - 1 Very poor  2 Poor  3 Average  4 Good  5 Excellent

   **Readability and clarity (easy to read and follow the instructions given)**
   - 1 Very poor  2 Poor  3 Average  4 Good  5 Excellent

   **Visually appealing**
   - 1 Very poor  2 Poor  3 Average  4 Good  5 Excellent

4. On a scale from 1-5 please rate how prepared you felt for your planning appointment. Circle the number that best describes how you felt

   - □ 1 - Not prepared at all
   - □ 2 - Somewhat prepared
   - □ 3 - The information provided didn’t make any difference
   - □ 4 - I felt I was prepared and knew what to expect
   - □ 5 - I was prepared and satisfied with the planning appointment experience

**COMMENTS or SUGGESTIONS**

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

**Demographics**

What is your age? ____________________________

What is your preferred language? ____________________________
Patient Satisfaction Survey (video)

We would like to hear from you!

We want to hear how your visit to the planning department went. This brief patient satisfaction survey is voluntary. Your answers will be used to improve patient education.

1. Did you watch the video on How to prepare for your CT planning appointment?
   ☐ Yes ☐ No

2. Did you find the video information helped you feel prepared for your planning appointment?
   ☐ Yes ☐ No ☐ No Opinion

3. How many times did you watch the video? __________________________

4. On a scale from 1-5 please rate your overall opinion on the video in each category. Circle the number that best describes how you felt

   Video Quality
   
   1 2 3 4 5
   Very poor Poor Average Good Excellent

   Clarity of the video (was it easy to understand)
   
   1 2 3 4 5
   Very poor Poor Average Good Excellent

   Ease to find the video
   
   1 2 3 4 5
   Very poor Poor Average Good Excellent

4. On a scale from 1-5 please rate how prepared you felt for your planning appointment. Circle the number that best describes how you felt

   ☐ 1 - Not prepared at all
   ☐ 2 - Somewhat prepared
   ☐ 3 - The information provided didn’t make any difference
   ☐ 4 - I felt I was prepared and knew what to expect
   ☐ 5 - I was prepared and satisfied with the planning appointment experience

5. Would you recommend this video to other patients with prostate cancer?
   ☐ Yes ☐ No ☐ No Opinion

COMMENTS or SUGGESTIONS

__________________________________________________________________________________________

__________________________________________________________________________________________

Demographics
What is your age? ______________________
What is your preferred language? ___________________________