

Chemotherapy Patient Satisfaction Survey

General Information

Name

Age

Date of Treatment

Treatment Cycle

Satisfaction Questions

How would you rate the quality of care provided?

☐ ☐ ☐ ☐

How satisfied are you with the information provided about your treatment?

☐ ☐ ☐ ☐

How would you rate the friendliness of the staff?

☐ ☐ ☐ ☐

How satisfied are you with the explanation of possible side effects?

☐ ☐ ☐ ☐

Feedback

Do you have any suggestions for improvement?

Additional Comments