**Survivorship Post Visit Survey**

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| **Please answer the following questions specific to your recent Survivorship visit** |
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| Did you find your appointment with your survivorship provider helpful? |
| 1. Not helpful 2 3 4 5 6 7 8 9 10- Extremely helpful |
| Do you find your Treatment Summary helpful? |
| 1. Not helpful 2 3 4 5 6 7 8 9 10- Extremely helpful |
| Did your Survivorship Visit today help you understand your cancer treatment and side effects? |
| 1. Not helpful 2 3 4 5 6 7 8 9 10- Extremely helpful |
| Did your Survivorship Visit today help you feel better or able to cope better with side effects of your cancer treatment? |
| 1. Not helpful 2 3 4 5 6 7 8 9 10- Extremely helpful |
| If a counselor was available to meet with you at your next visit, would you find that helpful? |
| 1. Not helpful 2 3 4 5 6 7 8 9 10- Extremely helpful |
| If a financial counselor was available to meet with you at your next visit, would you find that helpful? |
| 1. Not helpful 2 3 4 5 6 7 8 9 10- Extremely helpful |
| What did you like about your survivorship visit? |
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| What would you change about your survivorship visit? |
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