



Confidential Survey – Breast Cancer Patients living in the Cayman Islands

The BCF is committed to improving breast cancer services here in Cayman, please note you do not have to put your identity on this form.

Name (optional)

Contact details and physical address (optional)

Age at time of diagnosis

Insurance Company

How were you diagnosed (please tick) :

Self-examination

Mammogram

Ultra Sound

Drs Examination

Other

please give details below):

Which Doctor gave you your diagnosis?

Where is that Doctor based

Were you referred to an oncologist? YES/NO How long did you have to wait?

Were you also referred to a surgeon before seeing your oncologist? YES/NO

If yes which one and where?

How long was it from your initial diagnosis to your referral to the Oncologist

Do you feel your breast cancer (type) and treatment options were fully explained to you? YES/NO

Were you given contact details for your Oncologist so that you could ask relevant questions you might have after your appointment with them? YES/NO

Which hospital did you receive your treatment in?

Were you given help with the side effects of your chemotherapy/radiation? YES/NO

If YES, what help was that – medicines or something else?

.....

.....

How did you hear about the Breast Cancer Foundation?



On a scale of 1-10 how confident did you feel in your GP/Doctor?

On a scale of 1-10 how confident did you feel in your Oncologist

On a scale of 1-10 how confident did you feel in your surgeon

On a scale of 1-10 how confident did you feel in your chemotherapy staff?

Please tell us, below, how you feel about your overall treatment for breast cancer and how you feel it could have been improved on or do you think it cannot be improved on?

If you do feel improvements can be made, tell us in what way:-