City of Hope

PATIENT SATISFACTION TOOL

inTeleScans powered by Teleform

Protocol ID:	Research Participant #	UPN:	Evaluation Code	Nurse ID:	Institution:
ProtocolID	RPN	UPN	EvaluationCode	NurseID	Institution

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

1. How satisfied are you with the teaching program?

TeachProgSatisfy

Very S… ewhat Satisfied | Neutral | Somewhat Dissatisfied | Very Dissatisfied

1 | 2 | 3 | 4 | 5

Any comments on response?

SKFITeachProgSatisfy

2. How prepared did you feel about your self-care in relation to the teaching program?

TeachProgSelfPrepare

Very P… t Prepared | Neutral | Not Very Prepared | Not at all Prepared

1 | 2 | 3 | 4 | 5

Please comment on your answer

SKFIHowPrepared

3. Regarding self-care, what information did you get that was helpful for you?

SKFIHelpfulInfo

4. Regarding self-care, what information did you get that was not helpful for you?

SKFINotHelpfulInfo

5. What additional information would you have liked to receive?

SKFIAdditionalInfo

6. Any other comments about the teaching intervention?

SKFITeachIntervent

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