Evaluating Outcomes and Patient Experiences of Group and Individual Acupuncture in an NHS Cancer Care Setting: A Mixed Methods Study

Supportive Care in Cancer

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DIMBLEBY CANCER CARE **FOR INDIVIDUAL ACUPUNCTURE PATIENTS**

Participant Identification Number:

Experience of Acupuncture – a Questionnaire

1. Thinking about your expectations of acupuncture treatments at Dimbleby Cancer Care, was your experience:

much worse than you expected	worse than you expected	slightly worse than you expected	as you expected	slightly better than you expected	better than you expected	much better than you expected
○	○	○	○	○	○	○

2. Can you say more about this?

3. How would you rate your experience of acupuncture treatments at Dimbleby Cancer Care overall?

very negative	negative	slightly negative	neither positive nor negative	slightly positive	positive	very positive
○	○	○	○	○	○	○

4. Can you say more about this?

Please turn over

5. Did you feel you had enough time to talk to your acupuncturist about your concerns/symptoms?

Yes ◯ **No** ◯

6. Can you say more about this?

7. Would you like to add anything else about your experience of receiving acupuncture at Dimbleby Cancer Care?

Thank you for completing this questionnaire. Please hand back to reception.

DIMBLEBY CANCER CARE **FOR GROUP ACUPUNCTURE PATIENTS**

Participant Identification Number:

Experience of Acupuncture – a Questionnaire

1. Thinking about your expectations of acupuncture treatments at Dimbleby Cancer Care, was your experience:

much worse than you expected	worse than you expected	slightly worse than you expected	as you expected	slightly better than you expected	better than you expected	much better than you expected
○	○	○	○	○	○	○

2. Can you say more about this?

3. How would you rate your experience of acupuncture treatments at Dimbleby Cancer Care overall?

very negative	negative	slightly negative	neither positive nor negative	slightly positive	positive	very positive
○	○	○	○	○	○	○

4. Can you say more about this?

5. Did you feel you had enough time to talk to your acupuncturist about your concerns/symptoms?

Yes ○ **No** ○

6. Can you say more about this?

Please turn over

7. Were you concerned about your privacy, or other patients' privacy, during your treatments?

Yes ◯ **No** ◯

8. Can you say more about this?

9. How did the presence of other people in the group affect your experience?

10. Would you like to add anything else about your experience of receiving acupuncture at Dimbleby Cancer Care?

Thank you for completing this questionnaire. Please hand back to reception.