

Children and Young People's Friends and Family Questions

We would like you to think about your recent experiences of our service/team.

Name of service/team:

I would say this is a good service/team for my friends, family and other children to be looked after by, if they needed similar treatment to me.



Please tick the box you agree with most.

Yes

Maybe

No


Don't know



Draw us a picture of your visit or when they visited you.

Please turn over to finish this survey





We would like to know what was really good and what we could do better.

We are happy to hear about what was really good and what we could do better.

What was good?

What could we do better?

It would help to know about you.

How old are you?

1 2 3 4 5 6 7 8 9 10

Are you a  or a  ?

Please do not use my comments:

Please tick the box if a member of staff filled out this form on behalf of the patient/family:

Thanks very much for taking the time to fill out the questions. It will really help Teddy to make your health care experience more enjoyable.