



The Friends and Family Test

# HAVE YOUR SAY

## to improve your care

Children and young person's survey

Site:

Department:

Date completed:

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### 1. How would you rate our service overall?

Very happy

Happy

Neither happy nor poor

Poor

Very poor

Don't know



### 2. Please can you tell us why you gave your answer?

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### 3. Please tell us about anything that we could have done better?

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### 5. What is your gender?

- Boy       Girl       Unspecified

### 6. Do you feel that have you have been treated unfairly for any of these reasons?

- |   |  |
|---|--|
| <input type="checkbox"/> Your age                     | <input type="checkbox"/> Your gender             |
| <input type="checkbox"/> Your religion                | <input type="checkbox"/> Your sexual orientation |
| <input type="checkbox"/> Your race/ ethnic background | <input type="checkbox"/> A disability            |
| <input type="checkbox"/> Another reason               | <input type="checkbox"/> None of these           |

### 8. If so please tell us more:

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### 5. How old are you?

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If you would like to make any further comments, please contact the Patient Advice and Liaison Service (PALS) on 01823 343536

Getting it **right** for our  
**Patients,**  
**Colleagues &**  
**Communities** 