



The Friends and Family Test

HAVE YOUR SAY

to improve your care

Site:

Department:

Date completed:

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1. Overall how was your experience of our service?

- | | | |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input type="checkbox"/> Neither good nor poor |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Very poor | <input type="checkbox"/> Don't know |

2. Please tell us why you gave your answer?

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3. Please tell us about anything that would improve your experience?

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4. I am the:

- Patient
- Carer
- Relative
- Other (Please state)

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5. What age are you?

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

6. What is your gender?

- Male
- Female
- Unspecified

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

- Your age
- Your gender
- Your religion
- Your sexual orientation
- Your race/ ethnic background
- A disability
- Another reason
- None of these

8. If so please tell us more:

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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** 