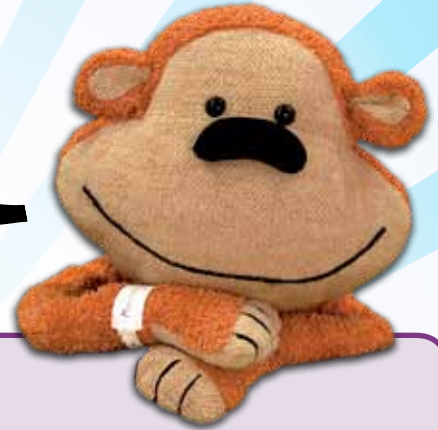


Name of Ward/Service/Team:

# Children and Young People's Friends and Family Question

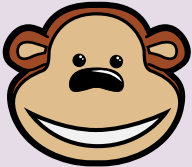
We would like you to think about your experience in the ward where you spent the most time during this stay.

I would say this is a good ward/service/team for my friends and family to be looked after in, if they needed similar treatment or care to me.

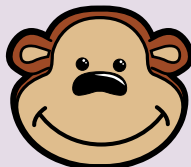


Please tick the box you agree with most.

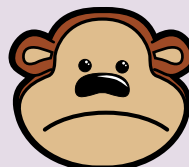
Yes



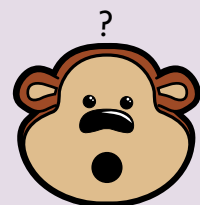
Maybe



No



Don't know



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



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



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

What was good?

What could we do better?

**It would help us to know about you.**

How old are you?

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Are you a...



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

Please do not use my comments:

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

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