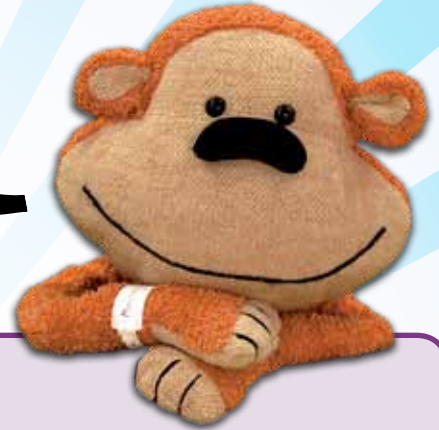


Name of Service/Team:

Children and Young People's Friends and Family Question

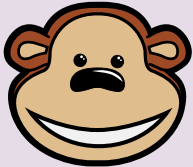
We would like you to think about your recent experiences of our service/team.

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 or care to me.

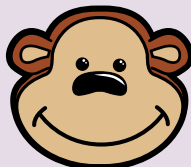


Please tick the box you agree with most.

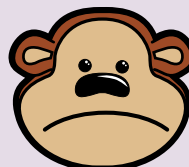
Yes



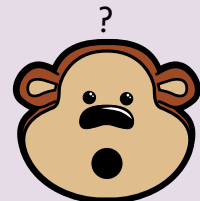
Maybe



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 health care experience more enjoyable.

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