

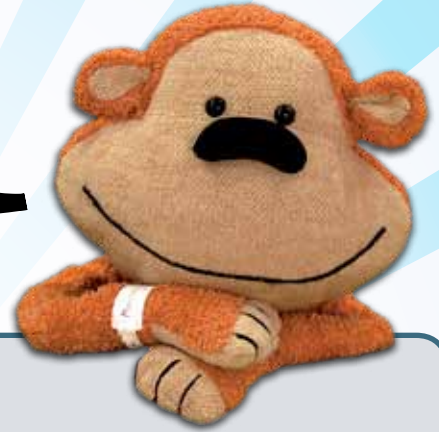
Dental Practice name:



# Children and Young People's Friends and Family Questions

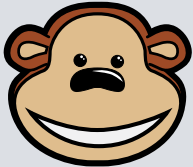
We'd like to know about your experience using our service.

Would you tell your friends that this is a good dental practice to come to?

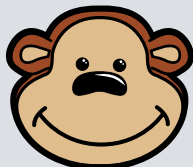


Please tick the box you agree with most.

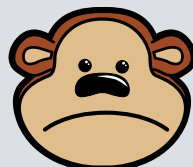
Yes



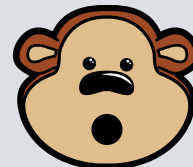
Maybe



No



Don't know



Draw us a picture of 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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