

HOW CAN WE IMPROVE?



You recently met with a health team



We would like to ask you some questions about this



What you tell us is confidential and no one will know they are your answers. Your feedback will help us to improve our service

Team Name: _____

Date: _____



Are you...



Service User



Carer



Family member or friend



I feel listened to by the team



Yes



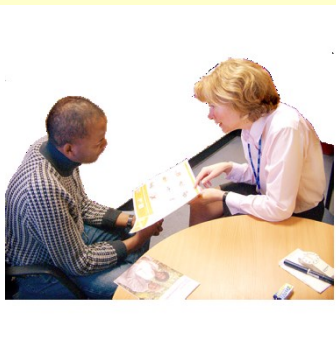
Sometimes



No



I had lots of problems



I feel I have been given enough information about my care



Yes



Sometimes



No



I had lots of problems



I feel involved in decisions about my care



Yes



Sometimes



No



I had lots of problems



The professionals involved with my care talk to each other. We all work as a team



Yes



Sometimes



No



I had lots of problems

What can we do to improve the care we offer?



How likely are you to recommend our services to friends and family?



Likely



Neither likely or unlikely



Unlikely

We would like to be able to include actual anonymous comments from our patients in our promotional material. Would you be happy for your comments to be used in this way?

Yes

No

Thank you