

Children's Feedback Form

Please help us learn by filling out this form.

I visited (name of ward or outpatient clinic) today.

I am years old.

My visit made me feel... (Please tick ✓)



Really good



Good



Okay



Unhappy



Really unhappy



I don't know

The best thing about my visit:

.....
.....

The worst thing about my visit:

.....
.....

My idea/s to make the hospital better for children:

.....
.....

If you would like to chat with one of our staff about your visit, please leave your name here and we will be in touch very soon.

.....

Please return this form by:

- Placing it in one of the hospital suggestion boxes
- Return to a staff member or post to the Quality Manager at this hospital address