

Have you any other comments?

Are you ? A Patient Family member, friend

Are you ? Male Female

Your age ? Under 25 25-34 35-44
 45-54 55-64 65+

Your Name
(optional if you require a response)

**Thank you for your time in completing this
questionnaire**



Patient and Family Questionnaire

At Rowcroft we are constantly reviewing how we can provide the best possible care for our patients and support for their families.

To achieve this we need your feedback.

At some point during your stay, we would appreciate you spending a few moments to answer two questions.

When you have completed this form please either post it in the comments box by the ward reception desk or place it on your meal tray and our hostess or volunteers will put it in the box for you.

This questionnaire is anonymous, so you do not have to put your name on it, unless you would like a response.

What 3 things have we done well that have made a difference to you or your family?

1.

2.

3.

What 3 things could we do better?

1.

2.

3.