

Friends and Family Test:

Which hospital were you treated in? _____

Ward or Department name _____

Date of stay or appointment _____

Inpatient Day Case Outpatient

What is your gender? _____

What is your age? _____

What is your ethnic group? _____

Do you consider yourself disabled? YES NO

**Thinking about your stay in or visit to hospital...
please tick your score.**

5 = Strongly agree, 4 = Agree, 3 = Neither agree nor disagree,
2 = Disagree, 1 = Strongly disagree

I was treated with kindness, dignity and respect.

5 4 3 2 1

**I was listened to, well informed and involved in decisions
about my care.**

5 4 3 2 1

I had confidence and trust in the staff that treated me.

5 4 3 2 1

I was happy with the environment I was treated in.

5 4 3 2 1

If you had any additional needs, did we meet these for you?

5 4 3 2 1 N/A

I felt safe during my visit / stay at the hospital.

5 4 3 2 1

Overall, how was your experience of our service?

Very good Good Neither good nor poor Poor
Very poor Don't know

Can you tell us why you gave that response?

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Please tick box if you **DO NOT** wish your comments to be made public

Thank you for completing the survey. Please return to:

**Freepost RLRJ-XCXE-XCZH
Patient Experience, L2 Main Entrance, Royal
Berkshire Hospital,
Craven Road, Reading RG1 5AN**

