


Patient Satisfaction Survey (Friends and Family Test)

Which hospital did you go to?	
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Royal Berkshire Hospital

West Berkshire Community Hospital

Bracknell Healthspace

Prince Charles Eye Unit

Townlands Hospital

Windsor Dialysis Unit Enborne Dialysis Unit


Name of ward or department?	_____
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Date you went there? 	_____
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Did you stay overnight on a ward?

Did you visit a clinic?

Did you have treatment and go home the same day?

Thinking about your stay in or visit to hospital...	
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Were the staff kind and treated you well?

 YES  NO  Don't know

Did the staff listen to you and explain your treatment?



YES



NO



Don't know

Did you trust the staff who treated you today?



YES



NO



Don't know

Were you happy with the room you were treated in?



YES



NO



Don't know

Did the staff make the changes that you need when you come to hospital?



YES



NO



Don't know

Did you feel safe during your time in the hospital?



YES



NO



Don't know

Overall, how was your experience of the hospital?



Excellent



Good



OK



Poor



Very poor



Don't know

What was good? What was bad?	
What is your gender? _____	
How old are you? _____	
What is your ethnic group? _____	
Are you disabled? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Please tick box if you DON'T WANT your comments to be made public

Thank you for completing the survey.



**Please return to:
(No stamp needed)**

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

