

Dept./Consultant clinic you have visited:

Would you recommend us?

We would like you to think about your recent experience of our service.

Q1. How likely are you to recommend our service to friends and family if they needed similar care or treatment?

- 1 Extremely likely
- 2 Likely
- 3 Neither likely nor unlikely
- 4 Unlikely
- 5 Extremely unlikely
- 6 Don't know

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Q2. Please can you tell us the main reason for the answer you gave in question 1?

Please tick this box if DO NOT wish your comment to be made public:

Q3. Please write the day of your outpatient appointment:

		/			/				
DAY			MONTH			YEAR			

Section 2: About you

By answering the following questions you will help us to understand which groups of people we are getting responses from:

Q4. I am a...

- 1 Patient 2 Carer/relative

Q5. What is your sex?

- 1 Male 2 Female

Q6. What year were you born?

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Q7. What is your ethnic group?

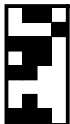
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Q8. Do you consider yourself to have a disability?

- 1 Yes 2 No

Q9. What is your sexual orientation?

- 1 Heterosexual
2 Gay
3 Lesbian
4 Bisexual



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**Please put your
completed
questionnaire in one of
the comments boxes on
the ward, or hand it to a
member of staff**

*Alternatively, you can complete
this questionnaire:*

On-line:

www.nbt.nhs.uk/fft

By telephone: (including
translation services and helpline)
0800 0132 064

*Thank you for taking part in this
survey - it will help us to
understand what we do well and
the things we need to improve.*