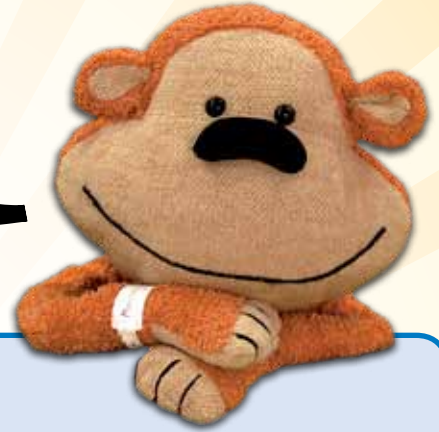


Name of Accident and  
Emergency Department:

# Children and Young People's Friends and Family Question

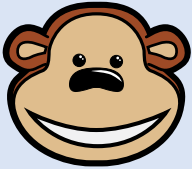
We'd like to know about your experience visiting this Ward/Department.

I would say this is  
a good Accident and  
Emergency Department for  
my friends and family to be  
looked after in if they needed  
similar treatment or  
care to me.

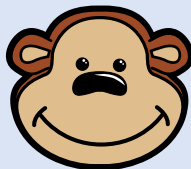


Please tick the box you agree with most.

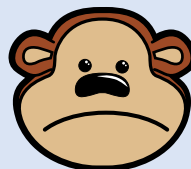
Yes



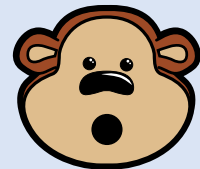
Maybe



No



Don't know



Draw us a  
picture of your  
hospital visit.



We would like to know what was really good and what we could do better.



**We are happy to hear about both what was really good and what we could do better.**

What was good?

What could we do better?

**It would help us to know about you.**

How old are you?

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Are you a...



Please tick the box if a member of the staff filled out this form on behalf of the patient/family:

Please do not use my comments:

Thanks very much for taking the time to fill out the questions. It will really help Monkey make your hospital experience more enjoyable.

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