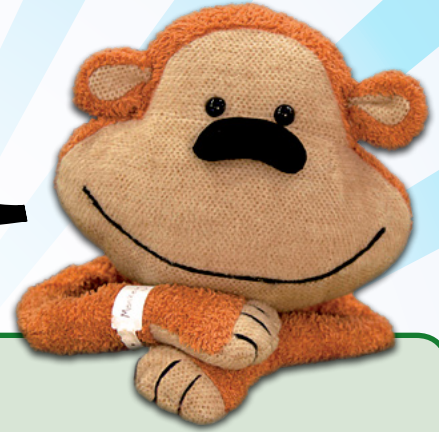


GP/ Practice Nurse name:

## Children and Young People's Friends and Family Questions

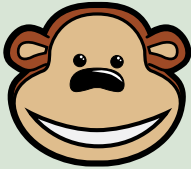
We'd like to know about your experience using our service.

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

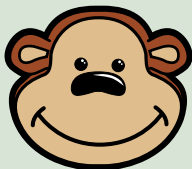


Please tick the box you agree with most.

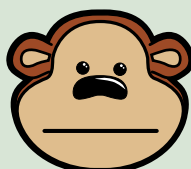
I agree a lot



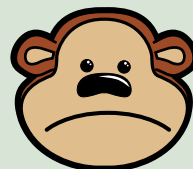
I agree a bit



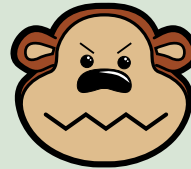
I am undecided



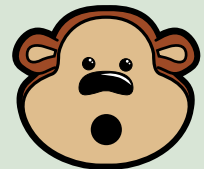
I disagree a bit



I disagree a lot



I don't know



Draw us a picture of your 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...



What is your ethnic background?

Do you have any additional needs?

If you would like us to speak to you about your response, please tick this box  and enter your contact details:

Name:

Phone number:

E-mail address:

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 health care experience more enjoyable.