|  |
| --- |
| How was your visit today?  |
| Would you recommend the service to a friend? Why?  |
| If you had to give your experience a star rating (a bit like a hotel) how many stars would you give it and why?  |
| Do you have any other comments or suggestions?  |

Contact details

Name

email

Phone number

**Service/speciality**

**patient feedback
questionnaire**

This visitor’s guide will follow your journey through the service today, asking questions about your experience along the way.

Please fill it in honestly so we can use your feedback to further improve the service we deliver to our patients.

Thank you

**Tell us about your** **Service/speciality journey**

Your Journey starts here

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Who referred you to Service? Did you know what it was before you arrived? | What were your first impressions of the Service? | Was your route to the Service well signposted? |  | What are the staff like? (nurses, doctors, porters etc.) | What can you see around you in the Service? How does this make you feel? | Can you understand the language and phrases used by the staff when they are talking to you? |
|   |   |   |  |   |   |   |