

The Friends and Family Test (FFT): Outpatients

Select the hospital you have been treated in: Royal Berkshire Hospital
Bracknell Healthspace Prince Charles Eye Unit Townlands Hospital
West Berkshire Community Hospital

Department name: _____ Date of your visit: _____

We would like you to think about your recent experiences of our service. The survey is completely anonymous and confidential.

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

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |

Can you tell us why you gave that response?

Please tick box if you DO NOT wish your comments to be made public

RBHT0217

Would you recommend this hospital?

We want to know what you think about the service we provide. This feedback can help to shape how we care for patients like you in the future.

Please take a few minutes to complete this short survey. You can either leave the completed survey at reception or post it back to us free of charge within the next 2 days.

What is your gender?

What is your age?

What is your ethnic group?

Do you consider yourself disabled?

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