



# The Friends and Family Test (FFT):

Select the hospital you have been treated in: Royal Berkshire Hospital

Bracknell Healthspace

Prince Charles Eye Unit

Townlands Hospital

West Berkshire Community Hospital

Select the area: Outpatient  Inpatient  Day Case  Emergency

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?**

Extremely likely

Unlikely

Likely

Extremely unlikely

Neither likely nor unlikely

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

What is your gender?

\_\_\_\_\_

What is your age?

\_\_\_\_\_

What is your ethnic group?

\_\_\_\_\_

Do you consider yourself disabled?

\_\_\_\_\_

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