

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: \_\_\_\_\_



Did the staff explain things well?



Yes



Maybe



No



Were staff friendly and helpful to you?



Yes



Maybe



No



Did the staff listen to you?



Yes



Maybe



No



**Would you want your friends and family to come here if they were ill?**



Yes



Maybe



No

Don't Know



**What did you like about your visit?**



**What didn't you like about your visit?**

Please hand the finished survey to a member of staff or post it free of charge to:

**Freepost RLRJ-XCXE-XCZH**

**Patient Relations (LD), L2 Main Entrance**

**Royal Berkshire Hospital, London Road, Reading RG1 5AN**

**Thank You**