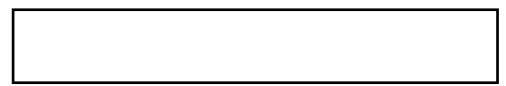


date



What health or care service is this about?





Would you tell someone else it is good?







no

maybe















When did you use the service?

Tell us about what happened



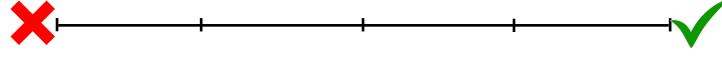


## Was the food good?





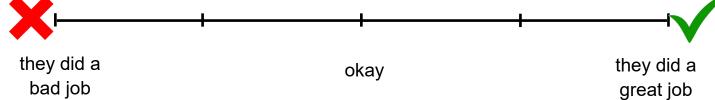
Was it easy to make an appointment?



very hard okay very easy



Did they do a good job for you?





no

Did they talk to you well?

okay

very well

## are you



a patient



a family member



a carer



someone else







female



male



not male or female





do not want to say









gay or lesbian



bisexual



do not want to say











single



married





widowed











Hov	٧	0	ld
are	У	O۱	u?



What ethnicity are you?



Do you have a disability?





no

yes

what is it?





Do you have a religion?





no

what is it?



Thank you for doing our questionnaire.



We will not give any personal information about you to anyone.



We will keep your answers on our computer. We will use the information to tell us about the local health services.



Are you happy for us to keep your answers on the computer and use them like this?



