

**Please give us your feedback**

Now that you are leaving this ward, we would like to ask you a question about your

experience. When you are finished please put this card in the box provided.

**How likely are you to recommend our ward to friends and family if they needed similar care or treatment? Please put a cross in the box of your choice.**

|  |  |
| --- | --- |
| Extremely Likely | Please can you tell us the main reason for the |
| score you have given? |
|  |
| Likely |  |
| Neither Likely or Unlikely |  |
| Unlikely |  |
| Extremely Unlikely |  |



**Please do not fold this card. Thank you!**

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If you would like to give us more detailed feedback please visit

www.nhsggc.org.uk/patientfeedback or call 0141 201 5598

**Universal Feedback:**

**Your Opinion Matters**

**NHS Greater Glasgow and Clyde is committed to**

**listening to our patients, carers and service users.**

**We will use your feedback to ensure that we continually**

**improve our services for our patients.**

**Please complete the other side of this card and**

**put it in the box provided.**

**Please note that none of the information you give can or**

**will be used to identify you as an individual.**

**Please do not fold this card.**