



**St Helena  
Government**

## **THE FRIENDS & FAMILY TEST QUESTIONNAIRE**

To help improve our healthcare services we would be grateful if you would complete this short questionnaire about your stay in St Helena General Hospital. Please be completely honest, as all feedback is important to us.

This questionnaire is anonymous which means that we will not know who filled it in.

**What is your sex?** (Please circle)                      Male / Female

**What age are you?**

We would like you to think about your experience in the ward during this stay.

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

Extremely likely                     

Likely                                     

Neither likely nor unlikely       

Unlikely                                 

Extremely unlikely                 

Don't know                             

**What was good about your visit?**

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**What would have made your visit better?**

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**Any other comments?**

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Thank you for your help in completing this questionnaire, your feedback will help us to improve our healthcare services in the future.

If you have any questions about this questionnaire please contact Lisa Niemand, Nursing Officer via the Hospital.