

Children and young people's questionnaire

We would like to know what you think of our service. Your feedback helps us to know what we are doing well and what we can improve. Please think about your most recent experience with our service or team.

- What is the name of the service or team you have used?

- Do you agree with this statement? Please tick the box you agree with the most.
This is a good service/team to look after my friends, family and other children, if they needed similar treatment to me.



Yes



Maybe



No

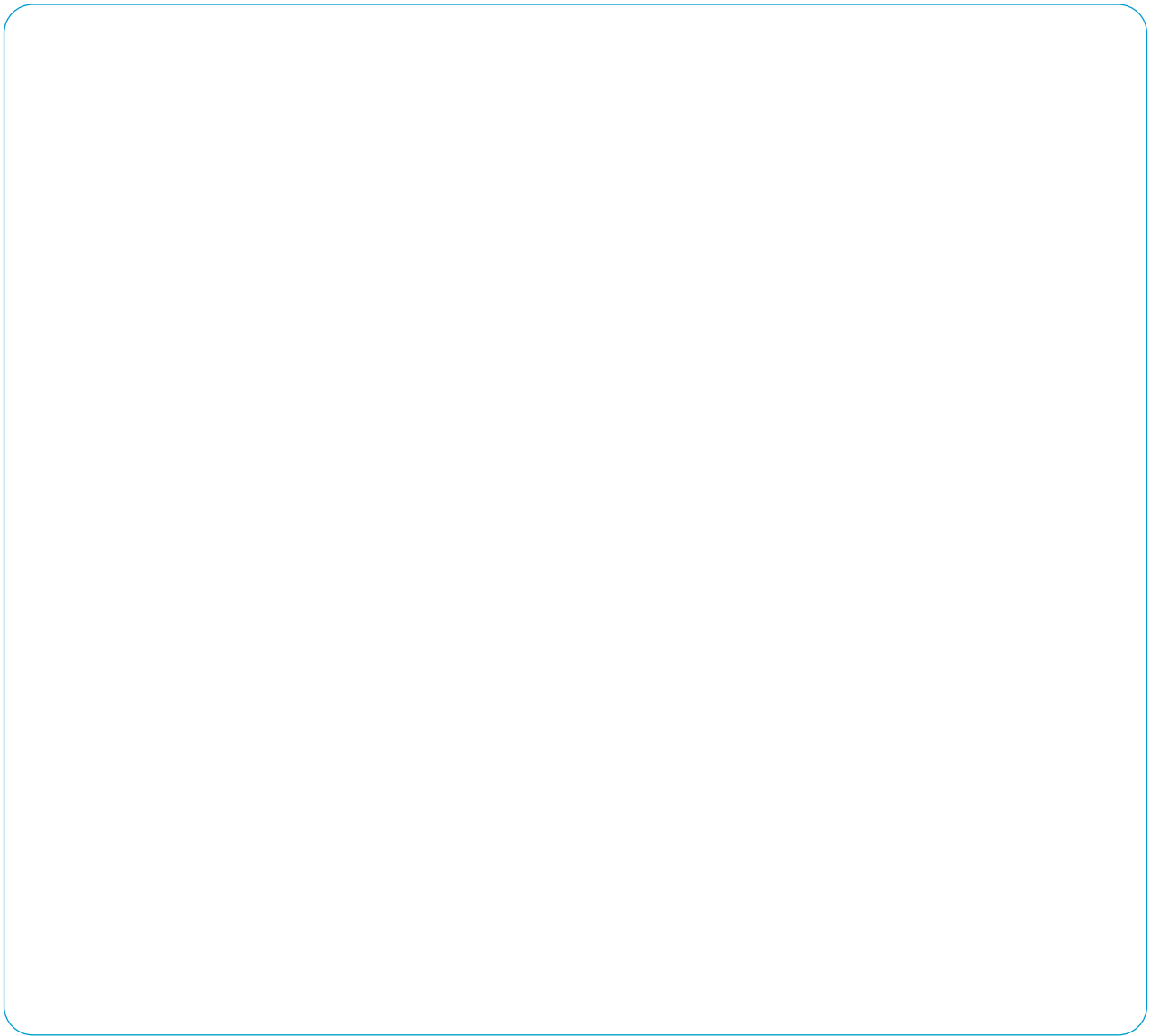


Not sure

- What did we do well?
(e.g. did staff talk to you kindly and answer questions? Did staff arrive on time?)

- What could we do better?

- Draw us a picture of when the nurse visited



- Select your age:

4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Thank you for helping us continue to improve our service. If you have any further comments please contact Patient Services. ☎ 07 5687 2048 ✉ GCPLS@health.qld.gov.au

