



# Children's Feedback Form

Fiona Stanley Hospital (FSH)

Please help us to learn by filling out this form.

I visited (name of ward or outpatient clinic) \_\_\_\_\_ today.

I am \_\_\_\_\_ years old.

My visit today made me feel \_\_\_\_\_.



Really good



Good



Average



Unhappy



Really unhappy

The two best things about my visit.

- 1.
- 2.

The two worst things about my visit.

- 1.
- 2.

My idea/s to make the hospital better.

My name and address (optional):

Please return this form by:

- Placing it in one of the FSH suggestion boxes
- Dropping it in at the Patient and Family Liaison Service, (main hospital entrance, next to the reception desk)
- Posting to:  
Patient and Family Liaison Service  
Fiona Stanley Hospital  
Locked Bag 100, Palmyra DC, WA, 6961