PLEASE FILL IN THE QUESTIONNAIRE ABOUT YOUR RECENT TIME IN HOSPITAL YOUR ANSWERS WILL HELP TO MAKE CHILDREN'S HOSPITAL CARE THE BEST IT CAN BE

YOU'RE THE EXPERT ON WHAT YOUR CARE WAS LIKE, SO PLEASE TELL US WHAT YOU THINK!

NEN

THANK YOU!

WE WILL MAKE SURE THAT NOBODY CAN TELL WHICH ANSWERS ARE YOURS

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