**Patient information comment form**

**Leaflet title:** …………………………………………………………………………..

**Was the information:**

Easy to understand………………………………………….. YES / NO

Written in a patient-friendly tone …………………… YES / NO

Clear in its purpose………………………………………….. YES / NO

**Were there any words or concepts that were difficult to understand?** YES / NO

Please tell us more:

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**Did the leaflet cover everything that you would want to know as a patient?** YES / NO

Please tell us more:

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**Would receiving this leaflet make you feel more confident in coming into hospital for this condition/treatment/procedure?** YES / NO

Please tell us more:

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**We welcome your feedback. Please jot down any further comments you have about this leaflet (good or bad).**

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Name (you can remain anonymous if preferred)…………………………………………………………………………….

Role (patient/staff/volunteer reader)………………………………………………………………………………………………

Date of review: ………………………………………………………………………………………………………………………………..

**Thank you for your comments. Your opinions are invaluable to us as a trust and will be incorporated into our patient information where possible.**