

Share your feedback Good or bad



Please seal leaflet with this panel showing, then pop it in a post box or at a Post Office. No address or stamp required.



Freepost RUAL-BZLA-BKAS
Healthwatch Gloucestershire
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Moisten here

About us

We're your independent health and social care champion. We listen to your health and care experiences, and we make sure NHS and social care leaders use your feedback to improve local services. Tell us about a recent experience, good or bad.

Please tick the type of service:

- | | | |
|---|--|--|
| <input type="checkbox"/> 
Social care | <input type="checkbox"/> 
Hospitals | <input type="checkbox"/> 
Dentists |
| <input type="checkbox"/> 
Pharmacies | <input type="checkbox"/> 
GPs | <input type="checkbox"/> 
Care homes |
| <input type="checkbox"/> 
Opticians | <input type="checkbox"/> 
Emergency care | <input type="checkbox"/> 
Community health |

Please tell us the name of the service you used (e.g. Jones GP Practice)

How do you rate your overall experience of this service? Please tick

- | | | | | |
|---|---|---|---|---|
|  |  |  |  |  |
| Very bad | | OK | | Very good |

What happened?

Tell us about your experience:
What was good?
What could have been better?
How did you feel after your care?

When did this happen?

Are you? Please tick

- | | |
|---|---|
| <input type="checkbox"/> Patient/service user | <input type="checkbox"/> Visitor |
| <input type="checkbox"/> Carer | <input type="checkbox"/> Service provider |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Professional |

Name (optional)

What gender do you identify as?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Man |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Intersex |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |

What is your age?

Do you consider yourself to have any disability, as listed?

- | | |
|--|--|
| <input type="checkbox"/> Long-term condition | <input type="checkbox"/> Learning difficulty |
| <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Sensory impairment | <input type="checkbox"/> None |
| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Prefer not to say |

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