

Please write any other comments about the hospital here:



Blank space for writing comments.



Were the Acute Liaison nurses for learning disabilities?

Please tick:



Nurses

Good

Bad

Please send your comments to:



Clinical Effectiveness  
Quality & Patient Safety  
2nd Floor PAMW  
Royal Cornwall Hospital  
Truro  
Cornwall TR1 3LJ



Do you have a learning disability?

Please tick:

Yes

No

Do you care for someone with a learning disability?

Please tick:

Yes

No



Acute Liaison nurses for Learning Disabilities



Sam Pearce & Zoe McLean  
We can help support you  
in hospital



01872 252875

[learning.disabilities@cornwall.nhs.uk](mailto:learning.disabilities@cornwall.nhs.uk)

## Comment Card



Hospital name

Ward



Are you male?

Please tick:

Yes

No



Are you female?

Please tick:

Yes

No



Day: .....

Month: .....

Year: .....




Staff or carers can help you fill in this form




## What did you think about your stay in hospital?



Please tick:




		
Nurses	Good <input type="checkbox"/>	Bad <input type="checkbox"/>



		
Doctors	Good <input type="checkbox"/>	Bad <input type="checkbox"/>


		
Information	Good <input type="checkbox"/>	Bad <input type="checkbox"/>


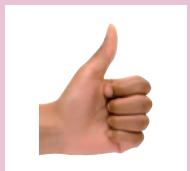

## What did you think of the hospital?

Please tick:

		
Easy access?	Good <input type="checkbox"/>	Bad <input type="checkbox"/>

		
Cleaning	Good <input type="checkbox"/>	Bad <input type="checkbox"/>




		
Food	Good <input type="checkbox"/>	Bad <input type="checkbox"/>

		
Safety	Good <input type="checkbox"/>	Bad <input type="checkbox"/>

## Did you share a room with someone else?

Please tick:



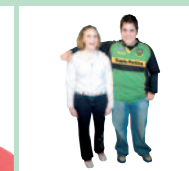


		
men <input type="checkbox"/>	women <input type="checkbox"/>	men and women <input type="checkbox"/>

## Did you share a bathroom with someone else?

Please tick:



		
men <input type="checkbox"/>	women <input type="checkbox"/>	men and women <input type="checkbox"/>