

# Helping **your** hospital go further

Southampton Hospitals Charity are committed to funding projects that improve care for our patients and families at UHS. Please let us know how the following project has impacted you. Please be honest as this helps us to understand the need across the hospital.

**Project name:** \_\_\_\_\_

**Date:**

**I am a:**

☐ Parent/Guardian ☐ Staff member ☐ Patient ☐ Other \_\_\_\_\_

**What do you think is the most significant change brought about by this project/service/equipment?**

**Has it improved your experience? If so, how? If not, why?**

**How satisfied are you with the support you received?**

☐ Very satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Very dissatisfied

**Would you be happy to share a short quote about how this service/project/equipment has helped you?**