# **Quality Directorate**

# **Readership Panel Feedback Form**

Thank you for agreeing to read this leaflet. Please would you read and mark any changes on the leaflet. Please make any additional comments you have on the form below. A Freepost addressed envelope is included for your reply.

|  |  |
| --- | --- |
| **Title of patient information** |  |
| Name of reader |  |
| **Please list any words and jargon that you do not understand or that could be simplified** |  |
| **Is there anything you wanted to know that was missing?** | Yes / No |
| **What was good about this information sheet?** |  |
| **What could be improved in this information sheet?** |  |
| **Any other comments you would like to make?** |  |
| **Signature**  **Date** | …………………………………………………………………………………………………..  ……………………………………………………………… |