# **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.

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| --- | --- |
| **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** | …………………………………………………………………………………………………..……………………………………………………………… |