

NHS Foundation Trust

You have recently referred someone to the Eating Disorders Service and we would value your views on the service we currently provide. Feedback from referrers and service users helps us to evaluate the quality of the service we provide and informs future service developments.

EDS NO:

1 ☐ 2-5 ☐ 5-10 ☐ More than 10 ☐

Excellent Very Good Good Fair Poor N/A

The overall quality of the service ☐ ☐ ☐ ☐ ☐ ☐

We'd value any other comments you have regarding aspects of the service you feel are helpful or unhelpful, or any ways in which you feel we could improve our service.

Would you like us to contact you to respond to any comments you may have made? **YES / NO**

Thank you for taking the time to complete this survey

Please return to the Eating Disorders Service in the enclosed envelope or by fax to **023 8081 9029**



Quality care, when and where you need it

