












## Did this kit help you?

Please tick the squares to let us know what you think of this kit. Please complete and pass to your ward staff before you go home.	Did you like the following?		Did you use the following?	
	 Yes	 No	 Yes	 No
<b>Pocket talker</b> 				
<b>Boogie board – LCD writing tablet</b> 				
<b>Hearing loss sign</b> 				
<b>Stickers</b> 				
<b>Pain rating scale</b> 				
<b>Useful information pamphlet</b> 				
<b>Right Handed Finger Spelling</b> 				
Please give this form to a member of staff before you are discharged. Feel free to provide any further comments to staff.				