**Active Responder**

**Volunteer Impact questionnaire for patients**

 **Date:**

**Ward:**

**Question 1**

**Were you supported by a volunteer today?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |
|  | **Not sure / Not applicable** |

**Please provide further comments below:**

**Thank you for your time and for completing this questionnaire**