

# HOSPITAL SURVEY

Name .....

Address .....

.....

.....

**MRSA SUPPORT** MEMBER\*/NON-MEMBER\*

\*Delete as appropriate

<p>At which hospital(s) were you treated?</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>When and where were you diagnosed as infected with a Hospital Acquired Infection?</p> <p>.....</p> <p>.....</p>
<p>Who informed you that you were infected?</p> <p>.....</p> <p>.....</p>
<p>How and what were you told?</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>What was the name of the infection?</p> <p>.....</p>

Please send to:

**MRSA SUPPORT**, 46 Great Stone Road, Northfield, BIRMINGHAM B31 2LS

Phone: 0121 476 6583

E-mail: [info@mrsasupport.co.uk](mailto:info@mrsasupport.co.uk)

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