






FRIENDS AND FAMILY TEST

We would like you to think about your recent experience of the service. How likely you to recommend our GP practice if they are needed similar care or treatment?

Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					?

Thinking about your response to this question, what is the main reason why you feel this way?

A Little about you:

Are you?		
Male		<input type="checkbox"/>
Female		<input type="checkbox"/>

What age are you?	
<input type="checkbox"/> 0-15	<input type="checkbox"/> 55-64
<input type="checkbox"/> 16-24	<input type="checkbox"/> 65-74
<input type="checkbox"/> 25-34	<input type="checkbox"/> 75-84
<input type="checkbox"/> 35-44	<input type="checkbox"/> 84+
<input type="checkbox"/> 45-54	

Do you consider yourself to have a disability?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:

White

- British
- Irish
- Other White Background

Black or Black British

- Caribbean
- African
- Other Black Background

Are you?

The Patient

The Patient Or Carer

The Patient and Parent/Carer

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian Background

Other

- Anything else
- I Would Rather Not Say

Mixed

- White And Black Caribbean
- White And Black African
- White And Asian
- Other Mixed Background

Thank you for completing the card and providing us with feedback to improve our services. If you DO NOT wish your anonymous comments to be shared then please tick here: