



# Your Friends and Family Test

Please help us, by completing this quick survey and posting it in the box on your departure or on your next visit.

We would like you to think about your experiences of our service.

How likely are you to recommend our GP practice to friends and family if they need similar care or treatment?

Please cross or circle one answer



Extremely likely



Likely



Neither likely nor unlikely



Unlikely



Extremely unlikely



Don't know

Why have you given this response today?

I do not wish this to be published

If we could change one thing about your care or treatment to improve your experience, what would it be?

To help us analyse our feedback



➔ ① What is your sex?

- Male
- Female

➔ ② What age are you?

- 0 – 15       55 – 64
- 16 – 24     65 – 74
- 25 – 34     75 – 84
- 35 – 44     85+
- 45 – 54

➔ ③ What is your ethnic group?

- White
- Asian / Asian British
- Black / African / Caribbean / Black British
- Mixed / Multiple ethnic groups
- Other ethnic group

➔ ④ Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include any issues/problems related to old age)

- Yes, limited a lot
- Yes limited a little
- No
- Prefer not to say