

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

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



Extremely likely **Likely**

Please tell us what we are doing well



Neither likely nor unlikely

Please tell us why?

Don't know



Unlikely **Extremely unlikely**

Please tell us how we can improve?

Thank you for helping us improve our services

Date:

What are we doing well?

.....

How can we improve?

.....

If you DO NOT want your comments to be made public please tick this box

About you...

What is your sex?

- Male
- Female

What is your ethnic group?

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

What age are you?

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

Are your day-to-day activities limited because of a health problem or disability?

- Yes, limited a lot
- Yes, limited a little
- No
- Rather not say