

Friends and Family Survey

1. We would like you to think about your recent experiences of our service. How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment? Please tick one of the following

- Extremely likely Likely Neither likely nor unlikely
 Unlikely Extremely unlikely Don't know

2. Were you satisfied with the service we provided? Yes No Neither

3. What do we do well? Please describe below

4. What could we do better? Please describe below

5. What could we stop doing? Please describe below

6. Is there anything else you would like to tell us about or for us to consider doing?

About you please help us ensure we are receiving comments from patients across all age groups, ethnic groups, and abilities by completing the following;

I am please tick female male My age is please state

I am registered disabled please tick yes no

My ethnic group is please choose from the list below

- | | |
|--|---|
| a(i) White; British | a(ii) White; Irish |
| a(iii) White; Gypsy or Irish Traveller | a(iv) White; other White |
| b(i) Mixed/multiple Ethnic Groups; White & Black Caribbean | b(ii) Mixed/multiple Ethnic Groups; White & Black African |
| b(iii) Mixed/multiple Ethnic Groups; White & Asian | b(iv) Mixed/multiple Ethnic Groups; other Mixed |
| c(i) Asian/Asian British; Indian | c(ii) Asian/Asian British; Pakistani |
| c(iii) Asian/Asian British; Bangladeshi | c(iv) Asian/Asian British; Chinese |
| c(v) Asian/Asian British; other Asian | |
| d(i) Black/African/Caribbean/Black British; African | d(ii) Black/African/Caribbean/Black British; Caribbean |
| d(iii) Black/African/Caribbean/Black British; other Black | |
| e(i) Other Ethnic group; Arab | e(ii) Other Ethnic group; any other Ethnic group |