





# THE NHS FRIENDS AND FAMILY TEST



We would like you to think about your recent experience of our service.  
How likely are you to recommend our GP Practice to friends and Family if they needed similar care of treatment?

Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extreemly Unlikely	Don't Know
					

Thinking about your Response to this question, what is the main reason you fill this way?

**A little bit about you:**

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

<b>What age are you?</b>					
0 - 15	<input type="checkbox"/>	35 - 44	<input type="checkbox"/>	65- 74	<input type="checkbox"/>
16 - 24	<input type="checkbox"/>	45 - 54	<input type="checkbox"/>	75 - 84	<input type="checkbox"/>
25 - 34	<input type="checkbox"/>	55 - 64	<input type="checkbox"/>	85 +	<input type="checkbox"/>

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

**Which of the following best describes your ethnic background ?**

**White**

British

Irish

other

**Asian or Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Other

**Mixed**

White & Black Caribbean

White & Black African

White & Asian

Other Mixed

**Black or Black British**

Caribbean

African

Other Black

**Other**

Anything else

I would rather not say

**Are you ?**

The patient

Parent or carer

Patient & parent/carer

Thank you for taking the time to complete and providing us with feedback to improve our services.

If you DO NOT wish you anonymous comments to be shared then please tick here: