

LOGO

Your Opportunity to Comment

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 or treatment?

(Please circle your choice below)

**Extremely
likely**

Likely

**Neither likely
or unlikely**

Unlikely

**Extremely
unlikely**

Don't know

Please tell us the main reason for choice:

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.....

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.....

.....

What is your gender?

(Please circle as appropriate)

Male

Female

What is your age?

(Please circle as appropriate)

16 - 24

25 - 34

35 - 44

45 - 54

55 - 64

65 +

Do you have a disability?

(Please circle as appropriate)

Yes

No

What is your ethnic group?

(Prefer not to say? Leave blank)

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Thank you for taking time to complete this form.

We welcome any suggestions for improvement so please leave any comments below.

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Please return your completed form to Reception.