

We would like you to think about your recent experience of our services.

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



Extremely
Likely

Likely

Neither
Likely nor
Unlikely

Unlikely

Extremely
Unlikely

Don't
Know

What do you think was good about your care and what do you think could be improved?

Are you male or female? _____

How old are you? _____

What service did you access today? _____

What is your ethnic group? _____