

## 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 or treatment?

Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

Are you?

the patient       the parent or carer       the patient and parent/carer

**Thank you for completing the questionnaire and providing us with feedback to improve our services.**