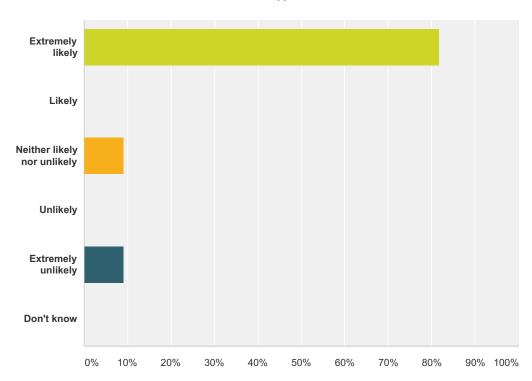
## Q1 How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?

Answered: 11 Skipped: 0



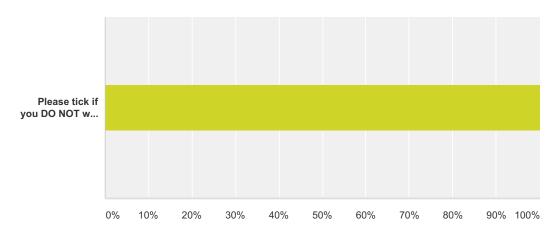
Answer Choices	Responses	
Extremely likely	81.82%	9
Likely	0.00%	0
Neither likely nor unlikely	9.09%	1
Unlikely	0.00%	0
Extremely unlikely	9.09%	1
Don't know	0.00%	0
Total		11

## Q2 Please tell us why you answered as you did in question 1

Answered: 9 Skipped: 2

## Q3 Please select this box if you DO NOT wish your comments to be made public

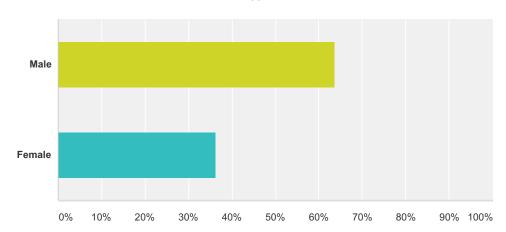
Answered: 1 Skipped: 10



Answer Choices	Responses	
Please tick if you DO NOT wish your comments to be made public	100.00%	1
Total		1

#### Q4 Are you male or female?

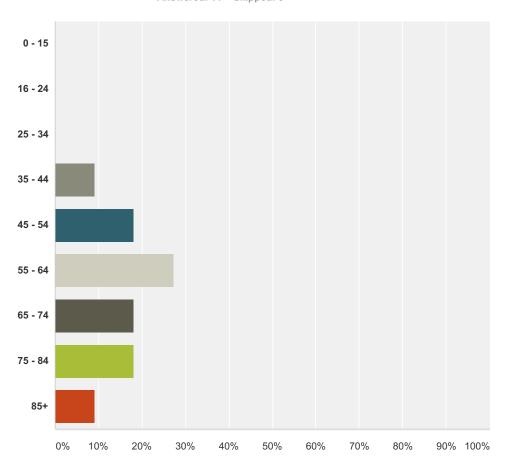
Answered: 11 Skipped: 0



Answer Choices	Responses
Male	<b>63.64%</b> 7
Female	<b>36.36%</b> 4
Total	11

#### Q5 What age are you?

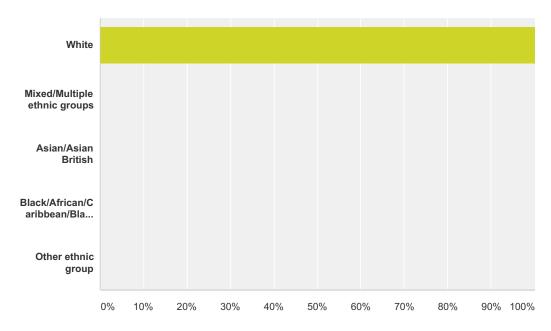
Answered: 11 Skipped: 0



Answer Choices	Responses	
0 - 15	0.00%	0
16 - 24	0.00%	0
25 - 34	0.00%	0
35 - 44	9.09%	1
45 - 54	18.18%	2
55 - 64	27.27%	3
65 - 74	18.18%	2
75 - 84	18.18%	2
85+	9.09%	1
Total		11

## Q6 What is your ethnicity? (Please select all that apply.)

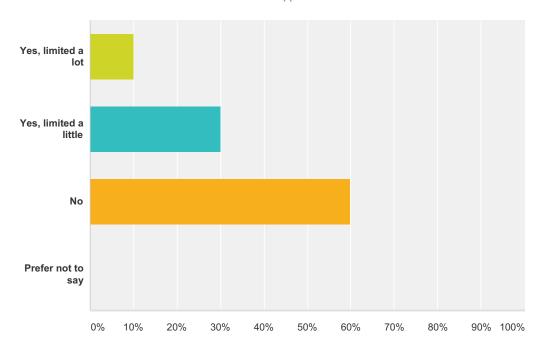
Answered: 11 Skipped: 0



Answer Choices	Responses	
White	100.00%	11
Mixed/Multiple ethnic groups	0.00%	0
Asian/Asian British	0.00%	0
Black/African/Caribbean/Black British	0.00%	0
Other ethnic group	0.00%	0
Total		11

# Q7 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include any issues/problems related to old age

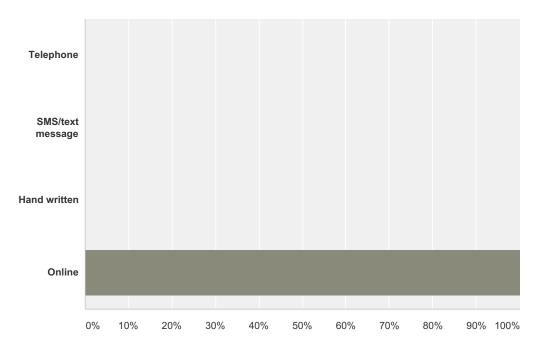
Answered: 10 Skipped: 1



Answer Choices	Responses
Yes, limited a lot	10.00%
Yes, limited a little	<b>30.00%</b> 3
No	<b>60.00%</b> 6
Prefer not to say	0.00%
Total	10

## Q8 Please let us know your method of completing this survey

Answered: 1 Skipped: 10



Answer Choices	Responses	
Telephone	0.00%	0
SMS/text message	0.00%	0
Hand written	0.00%	0
Online	100.00%	1
Total		1