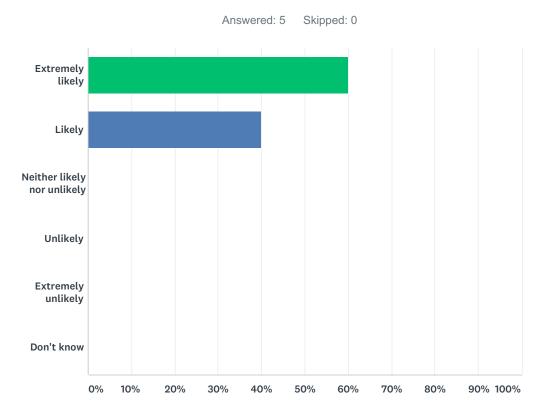
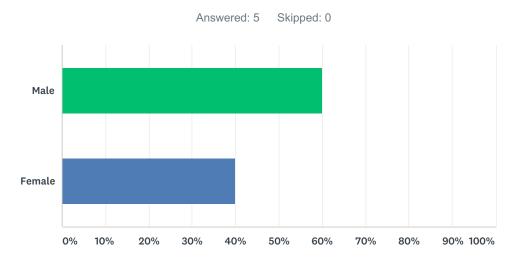
Q1 How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?



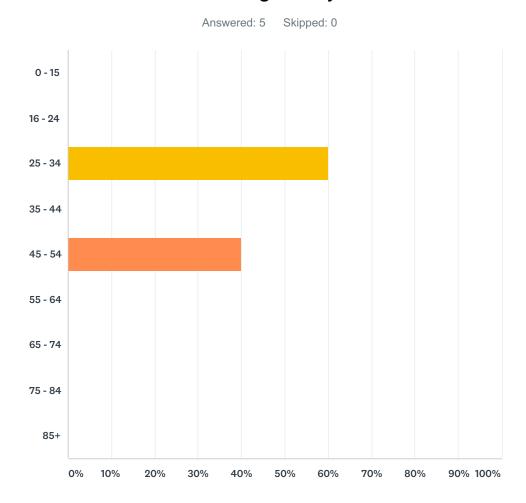
ANSWER CHOICES	RESPONSES	
Extremely likely	60.00%	3
Likely	40.00%	2
Neither likely nor unlikely	0.00%	0
Unlikely	0.00%	0
Extremely unlikely	0.00%	0
Don't know	0.00%	0
TOTAL		5

Q2 Are you male or female?



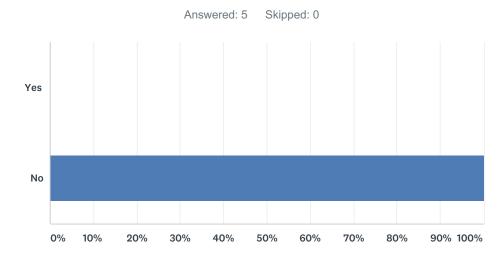
ANSWER CHOICES	RESPONSES	
Male	60.00%	3
Female	40.00%	2
TOTAL		5

Q3 What age are you?



ANSWER CHOICES	RESPONSES	
0 - 15	0.00%	0
16 - 24	0.00%	0
25 - 34	60.00%	3
35 - 44	0.00%	0
45 - 54	40.00%	2
55 - 64	0.00%	0
65 - 74	0.00%	0
75 - 84	0.00%	0
85+	0.00%	0
TOTAL		5

Q4 Do you consider yourself to have a disability?



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	5
TOTAL		5

Q5 Which of the following best describes your ethnic background?



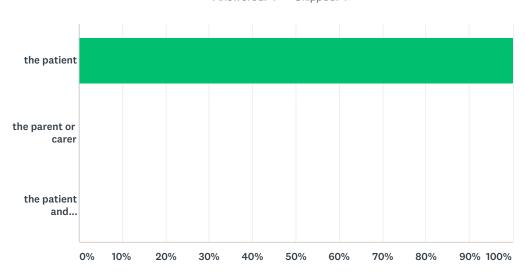
ANSWER CHOICES RESPONSES

Friends and Family Survey

British	100.00%	5
Irish	0.00%	0
Other white background	0.00%	0
Indian	0.00%	0
Pakistani	0.00%	0
Bangledeshi	0.00%	0
Chinese	0.00%	0
Other Asian background	0.00%	0
White and Black Caribbean	0.00%	0
White and Black African	0.00%	0
White and Asian	0.00%	0
Other Mixed Background	0.00%	0
Caribbean	0.00%	0
African	0.00%	0
Other Black Background	0.00%	0
Anything else	0.00%	0
I would rather not say	0.00%	0
TOTAL		5

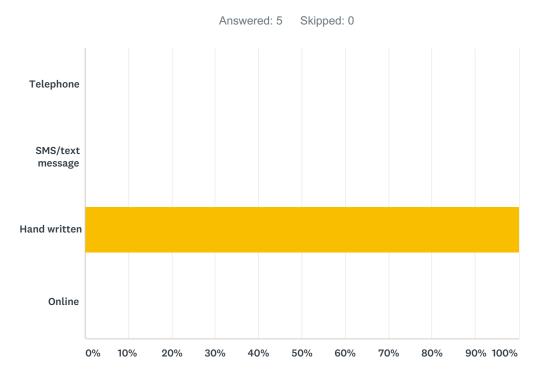
Q6 Are you?





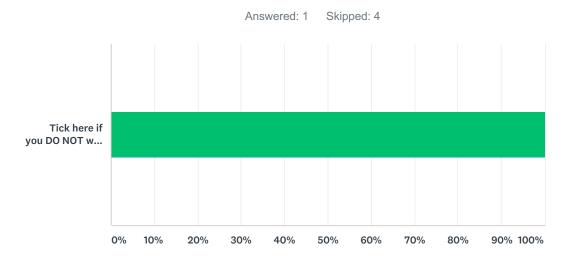
ANSWER CHOICES	RESPONSES	
the patient	100.00%	4
the parent or carer	0.00%	0
the patient and parent/carer	0.00%	0
TOTAL		4

Q7 Please let us know your method of completing this survey



ANSWER CHOICES	RESPONSES	
Telephone	0.00%	0
SMS/text message	0.00%	0
Hand written	100.00%	5
Online	0.00%	0
TOTAL		5

Q8 Thank you for completing the survey and providing us with feedback to improve our services. If you DO NOT wish your anonymous comments to be shared then please tick here



ANSWER CHOICES	RESPONSES	
Tick here if you DO NOT wish your comments to be shared	100.00%	1
TOTAL		1