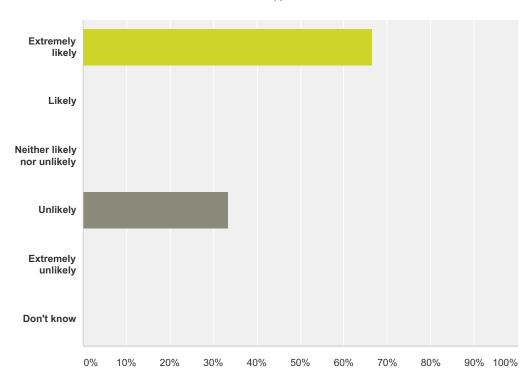
Q1 How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?

Answered: 6 Skipped: 0



Answer Choices	Responses
Extremely likely	66.67% 4
Likely	0.00%
Neither likely nor unlikely	0.00%
Unlikely	33.33% 2
Extremely unlikely	0.00%
Don't know	0.00%
Total	6

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

Answered: 5 Skipped: 1

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

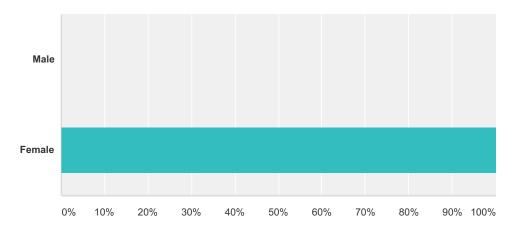
Answered: 0 Skipped: 6

! No matching responses.

Answer Choices	Responses	
Please tick if you DO NOT wish your comments to be made public	0.00%	0
Total		0

Q4 Are you male or female?

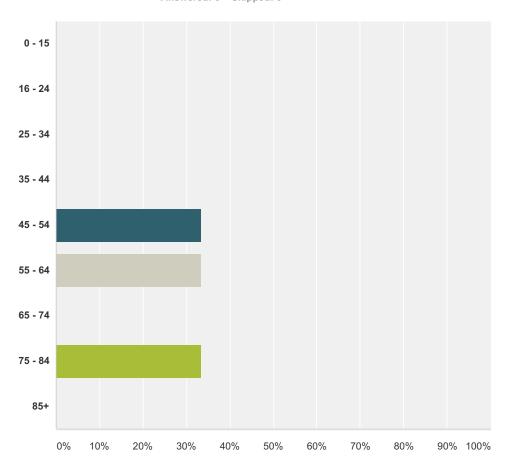
Answered: 6 Skipped: 0



Answer Choices	Responses
Male	0.00%
Female	100.00% 6
Total	6

Q5 What age are you?

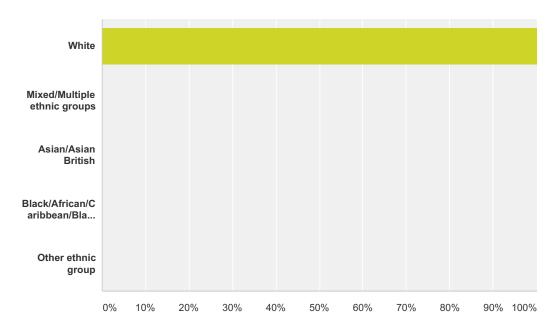
Answered: 6 Skipped: 0



Answer Choices	Responses	
0 - 15	0.00%	0
16 - 24	0.00%	0
25 - 34	0.00%	0
35 - 44	0.00%	0
45 - 54	33.33%	2
55 - 64	33.33%	2
65 - 74	0.00%	0
75 - 84	33.33%	2
85+	0.00%	0
Total		6

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

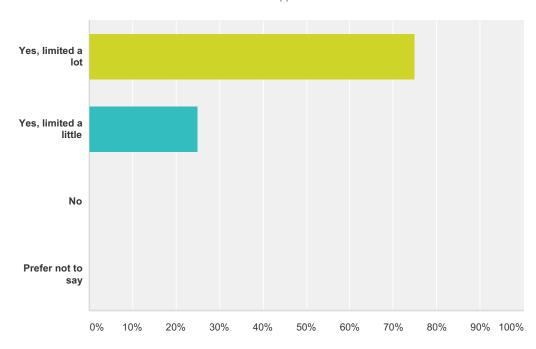
Answered: 5 Skipped: 1



Answer Choices	Responses	
White	100.00%	5
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
otal		5

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

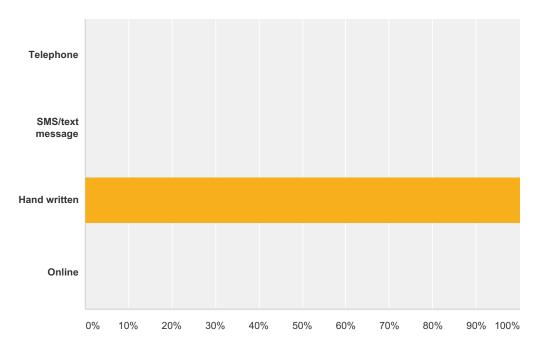
Answered: 4 Skipped: 2



Answer Choices	Responses
Yes, limited a lot	75.00% 3
Yes, limited a little	25.00% 1
No	0.00%
Prefer not to say	0.00%
Total	4

Q8 Please let us know your method of completing this survey

Answered: 5 Skipped: 1



Answer Choices	Responses	
Telephone	0.00%	0
SMS/text message	0.00%	0
Hand written	100.00%	5
Online	0.00%	0
Total		5