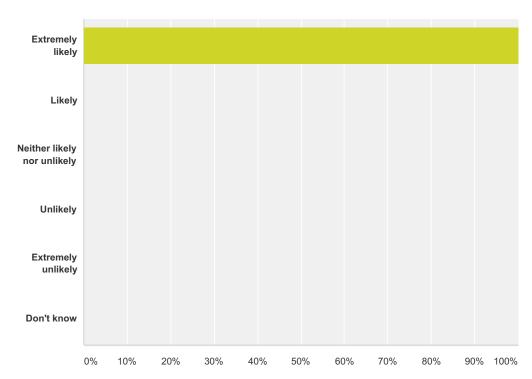
Q1 How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?

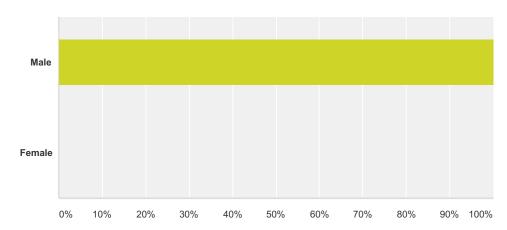




Answer Choices	Responses
Extremely likely	100.00%
Likely	0.00%
Neither likely nor unlikely	0.00%
Unlikely	0.00%
Extremely unlikely	0.00%
Don't know	0.00%
Total	1

Q2 Are you male or female?

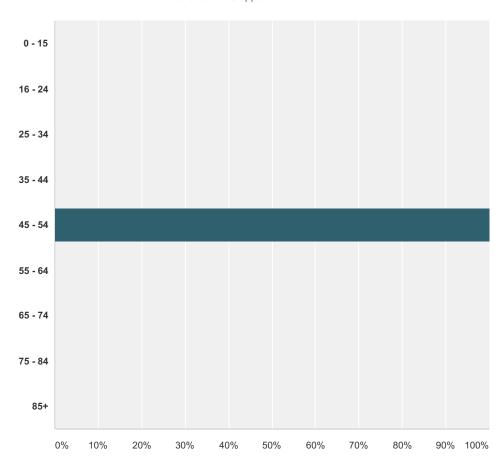
Answered: 1 Skipped: 0



Answer Choices	Responses
Male	100.00%
Female	0.00%
Total	1

Q3 What age are you?

Answered: 1 Skipped: 0



Answer Choices	Responses
0 - 15	0.00%
16 - 24	0.00%
25 - 34	0.00%
35 - 44	0.00%
45 - 54	100.00%
55 - 64	0.00%
65 - 74	0.00%
75 - 84	0.00%
85+	0.00%
Total	1

Q4 Do you consider yourself to have a disability?

Answered: 0 Skipped: 1

! No matching responses.

Answer Choices	Responses
Yes	0.00%
No	0.00%
Total	0

Q5 Which of the following best describes your ethnic background?

Answered: 1 Skipped: 0



swer Choices	Responses	
British	100.00%	
Irish	0.00%	
Other white background	0.00%	
Indian	0.00%	
Pakistani	0.00%	
Bangledeshi	0.00%	
Chinese	0.00%	
Other Asian background	0.00%	
White and Black Caribbean	0.00%	
White and Black African	0.00%	
White and Asian	0.00%	
Other Mixed Background	0.00%	
Caribbean	0.00%	
African	0.00%	
Other Black Background	0.00%	
Anything else	0.00%	
I would rather not say	0.00%	
al		

Q6 Are you?

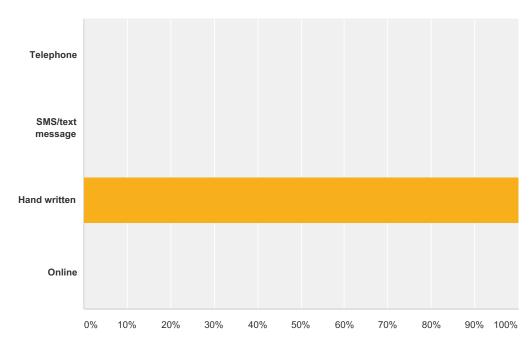
Answered: 0 Skipped: 1

! No matching responses.

Answer Choices	Responses
the patient	0.00%
the parent or carer	0.00%
the patient and parent/carer	0.00%
Total	0

Q7 Please let us know your method of completing this survey

Answered: 1 Skipped: 0



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

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

Answered: 0 Skipped: 1

! No matching responses.

Answer Choices	Responses	
Tick here if you DO NOT wish your comments to be shared	0.00%	0
Total		0