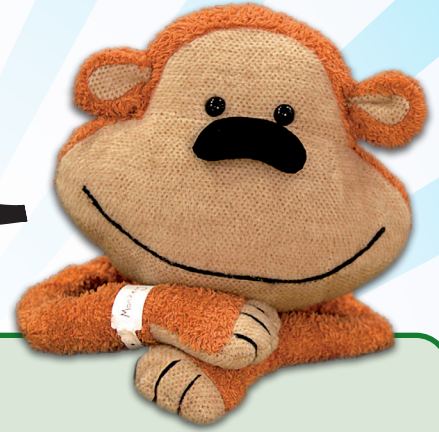


GP/ Practice Nurse name:

Children and Young People's Friends and Family Question

We'd like to know about your experience using our service.

Thinking about your GP Practice overall; how was your experience of our service?



Please tick the box you agree with most.

Very good

Good

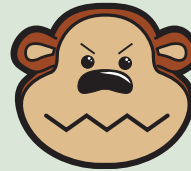
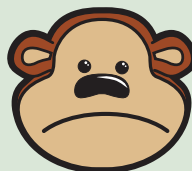
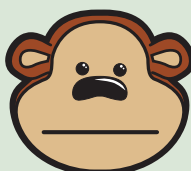
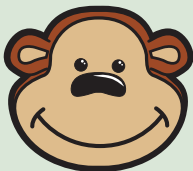
Neither good nor poor

Poor

Very poor

Don't know

?



Draw us a picture of your visit.



We would like to know what was really good and what we could do better.



We are happy to hear about both what was really good and what we could do better.

What was good?

What could we do better?

It would help us to know about you.

How old are you?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Are you a...



What is your ethnic background?

Do you have any additional needs?

If you would like us to speak to you about your response, please tick this box and enter your contact details:

Name:

Phone number:

E-mail address:

Please tick the box if a member of the staff filled out this form on behalf of the patient/family:

Please do not use my comments:

Thanks very much for taking the time to fill out the questions. It will really help Monkey make your health care experience more enjoyable.

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