

Parent/Carer  
Friends and Family  
Questions

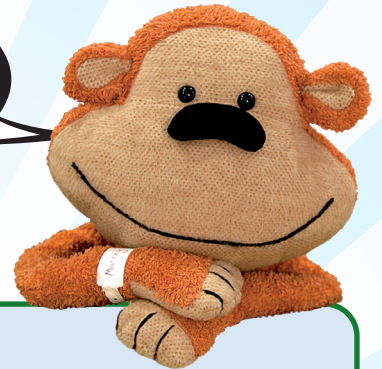
GP Practice name:



We would like you to think about your recent experience of our service.

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

It means a lot to us to  
find out what you think  
of our service.



Please tick the box you agree with most.

Very  
good

Good

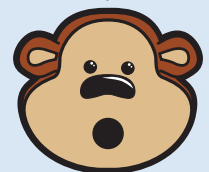
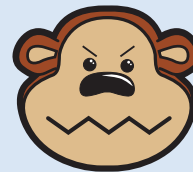
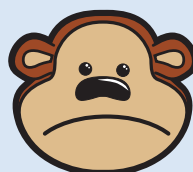
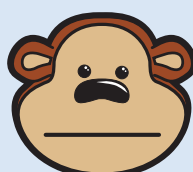
Neither good  
nor poor

Poor

Very  
poor

Don't  
know

?



**We are continuously looking for ways we can improve, and to do this, it would help us to know why you've chosen this answer.**

Please be assured that anything you tell us will not affect your child's ongoing care. We are happy to hear about both what was good and what we could do better.

Things we did well:

Things we could do better:

## Parent/Carer Friends and Family Questions continued

### A Little Bit about You

Are you... mum  dad  carer  other

How old is your child?

Is your child a...



What is your ethnic background?

Does your child 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 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.

