

THE NHS FRIENDS AND FAMILY TEST

WE WOULD LIKE YOU TO THINK ABOUT YOUR RECENT EXPERIENCE OF OUR SERVICE.

1. How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment? *(Please circle below)*

YES		NO			DON'T KNOW
Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	

2. Please can you tell us why?

.....
.....
.....
.....

Name (optional): _____

Contact Details (optional): _____

Please tick if you are a carer completing this on behalf of a patient.

Please tick this box if you DO NOT wish your comments to be made public.

For further information on The NHS Friends and Family Test, please visit www.england.nhs.uk