**THE NHS FRIENDS AND FAMILY TEST**

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

**“How likely are you to recommend our GP practice to Friends and Family if they needed similar care or treatment?”**

Please tick the appropriate statement below.

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□ □ □ □ □ □

Extremely Likely Neither likely Unlikely Extremely I don’t Know

Likely or unlikely Unlikely

Please tell us why?

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Extremely Likely Neither likely Unlikely Extremely I don’t Know

Likely or unlikely Unlikely

Please tell us why?