





THE NHS FRIENDS AND FAMILY TEST



We welcome patient feedback to tell us what we are doing right and what we can improve.

Thinking about

Overall, how was your experience of our service?

| Very good | Good | Neither good nor poor | Poor | Very poor | Don't know | |
|---|--|--------------------------|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
|  |  | | | |  |  |

Please can you tell us why you gave your answer?

Please note - completing this additional information is optional but helpful to the NHS in understanding the needs and experiences of individual patients.

A little bit about you:

| Are you? | |
|-------------------------|--------------------------|
| Male | <input type="checkbox"/> |
| Female | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |
| Prefer to self describe | <input type="checkbox"/> |
| | |

| What age are you? | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 0-15 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 45-54 | |

| Do you consider yourself to have a physical or mental health condition or disability? | |
|---|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Details: | |
| | |
| | |

Which of the following best describes your ethnic background?

White

- British
- Irish
- Other white background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed Background

Black or Black British

- Caribbean
- African
- Other Black background

Other

- Anything else
- I would rather not say

Are you?

- the patient the parent or carer the patient and parent/carer

Thank you for completing the card and providing us with feedback to improve our services.

If you DO NOT wish your anonymous comments to be shared then please tick here: