**WEST END MEDICAL CENTRE**

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| **We would like you think about your recent experience of community services you may have attended. Please circle the service you have attended. If you attended more than one service then please complete an additional questionnaire.**  **Tameside hospital Outpatients (please specify dept)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Tameside hospital A+E** **Physiotherapy**   **NHS 111**  **Ashton PCC (walk in centre)**  **District Nurses**   **Long Term Conditions team**   **Healthy minds**  **Lifeline**  **Podiatrists**  **Dieticians**   **Pharmacies (minor ailments advice)**   **OTHER (PLEASE SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| ***How likely are you to recommend this service to friends & family if they needed similar care or treatment?* (Please answer the question below by ticking one of the statements on the right-hand side)** |  | Extremely likely |
|  | Likely |
|  | Neither likely nor unlikely |
|  | Unlikely |
|  | Extremely unlikely |
|  | Don’t know |
|  |
| **Further comments: *(please note any additional comments you feel could help us to improve the service offered to our patients)(Also*** | | |
| ***We may wish to publish the comments you have said above. If so this will be***  ***done completely anonymously. If this is ok, please tick here***  | | |