



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 of treatment?

Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Don't know
 ←————→ 					?

What is the main reason for your answer to the question?

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Please list the 2 factors that you yourself would consider to be most important when choosing a Medical Practice at which to register

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Please list 2 factors that would deter you yourself from registering at a particular Medical Practice

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A little bit about you:

Are you?	
Male	
Female	
Rather not say	

What is your birth year? e.g. 1983			

Do you consider yourself to have a disability?		
Yes	No	Details:
<input type="checkbox"/>	<input type="checkbox"/>	

Which one of the following best describes your ethnic background?

**White**

- British
- Irish
- Other white background

**Black or Black British**

- Caribbean
- African
- Other black background

**Asian or Asian British**

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

**Other**

- Other ethnicity
- I would rather not say

**White**

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background

Who was the main person who answered these questions?

- Me, the patient     Me, the parent or carer     Both the patient and parent/carers

We would like to thank you for providing us with feedback to improve our services.

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