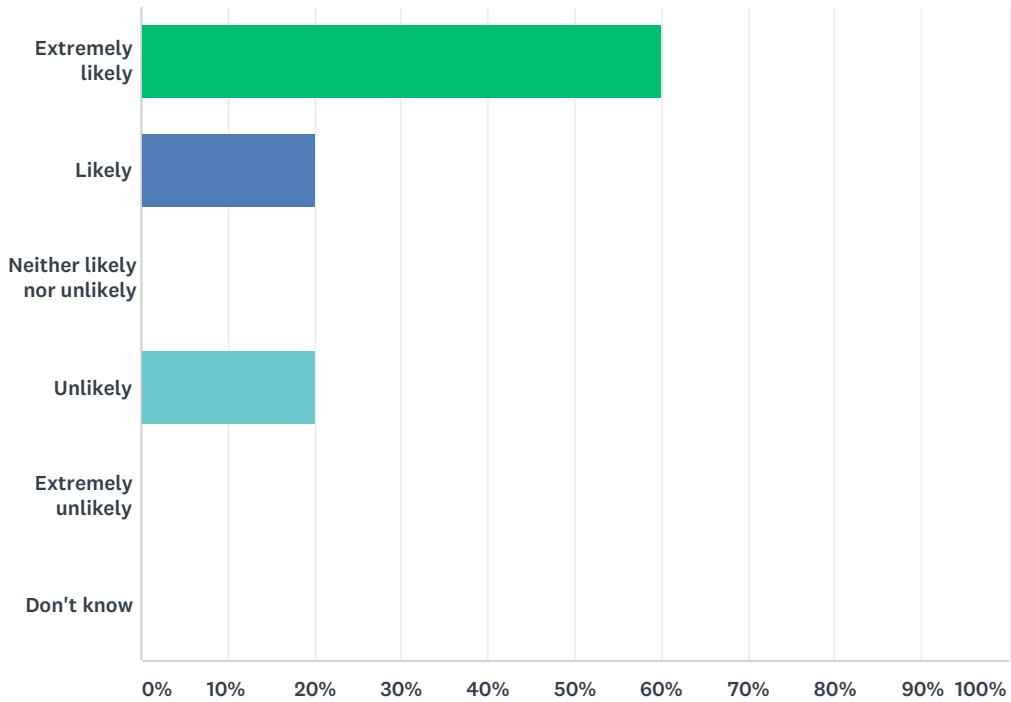


Q1 How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?

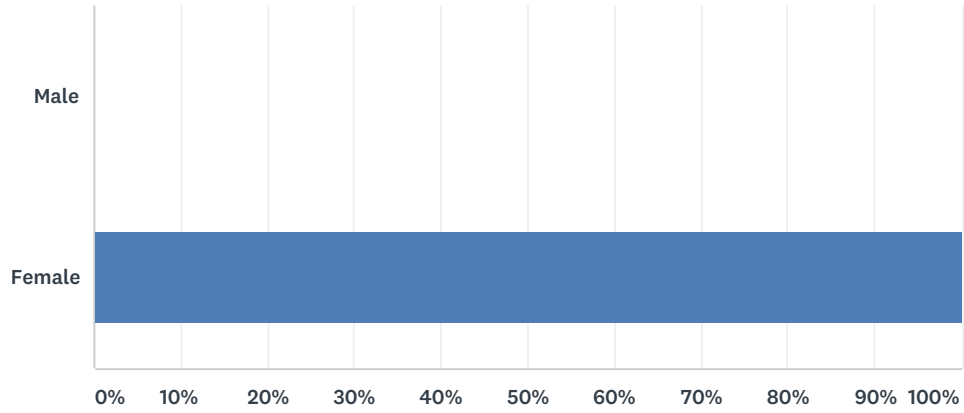
Answered: 5 Skipped: 0



| ANSWER CHOICES | RESPONSES | |
|-----------------------------|-----------|----------|
| Extremely likely | 60.00% | 3 |
| Likely | 20.00% | 1 |
| Neither likely nor unlikely | 0.00% | 0 |
| Unlikely | 20.00% | 1 |
| Extremely unlikely | 0.00% | 0 |
| Don't know | 0.00% | 0 |
| TOTAL | | 5 |

Q2 Are you male or female?

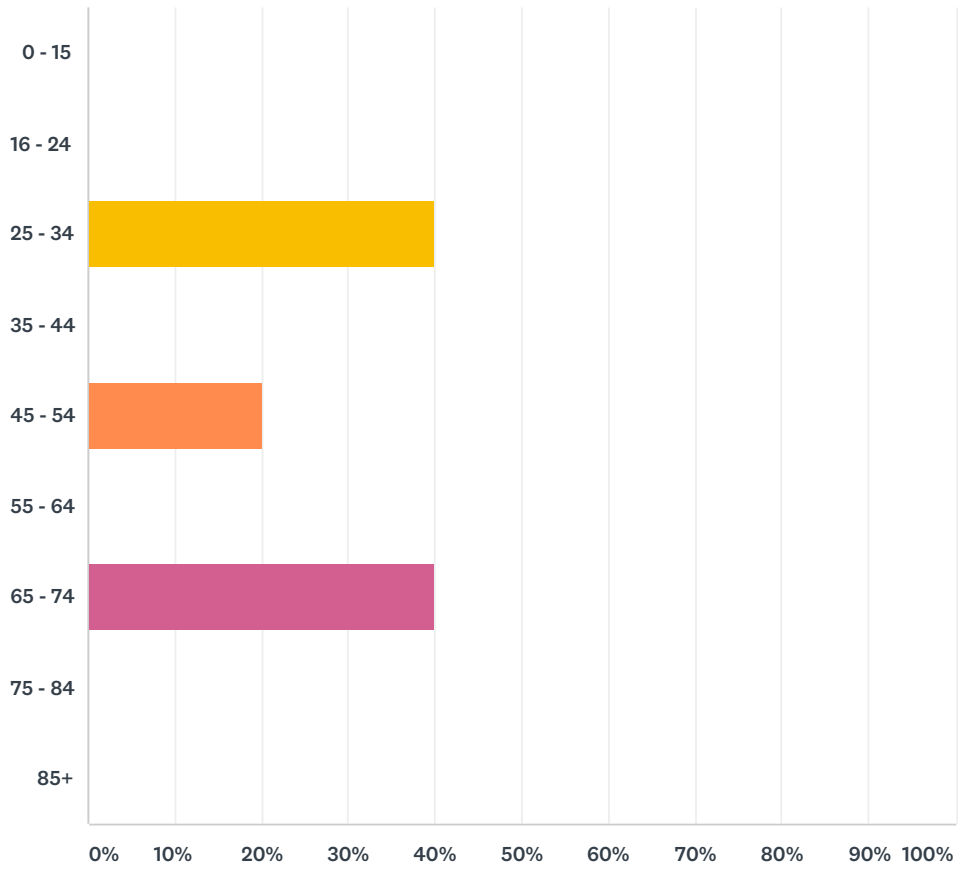
Answered: 5 Skipped: 0



| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|---|
| Male | 0.00% | 0 |
| Female | 100.00% | 5 |
| TOTAL | | 5 |

Q3 What age are you?

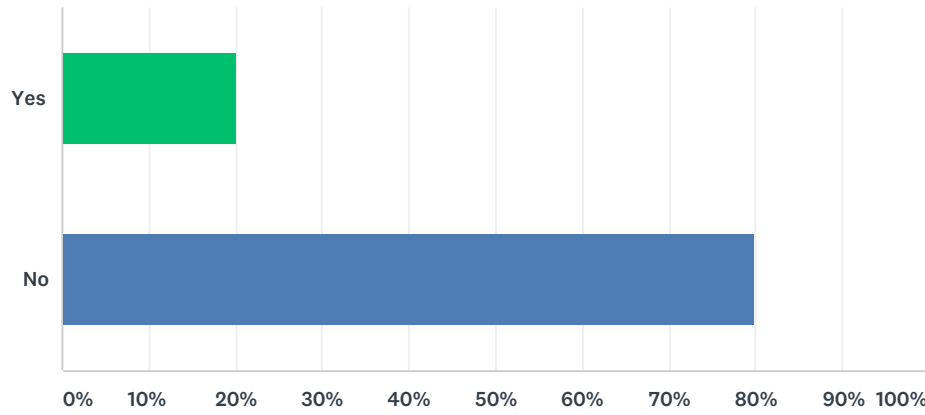
Answered: 5 Skipped: 0



| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|----------|
| 0 - 15 | 0.00% | 0 |
| 16 - 24 | 0.00% | 0 |
| 25 - 34 | 40.00% | 2 |
| 35 - 44 | 0.00% | 0 |
| 45 - 54 | 20.00% | 1 |
| 55 - 64 | 0.00% | 0 |
| 65 - 74 | 40.00% | 2 |
| 75 - 84 | 0.00% | 0 |
| 85+ | 0.00% | 0 |
| TOTAL | | 5 |

Q4 Do you consider yourself to have a disability?

Answered: 5 Skipped: 0



| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|---|
| Yes | 20.00% | 1 |
| No | 80.00% | 4 |
| TOTAL | | 5 |

Q5 Which of the following best describes your ethnic background?

Answered: 5 Skipped: 0

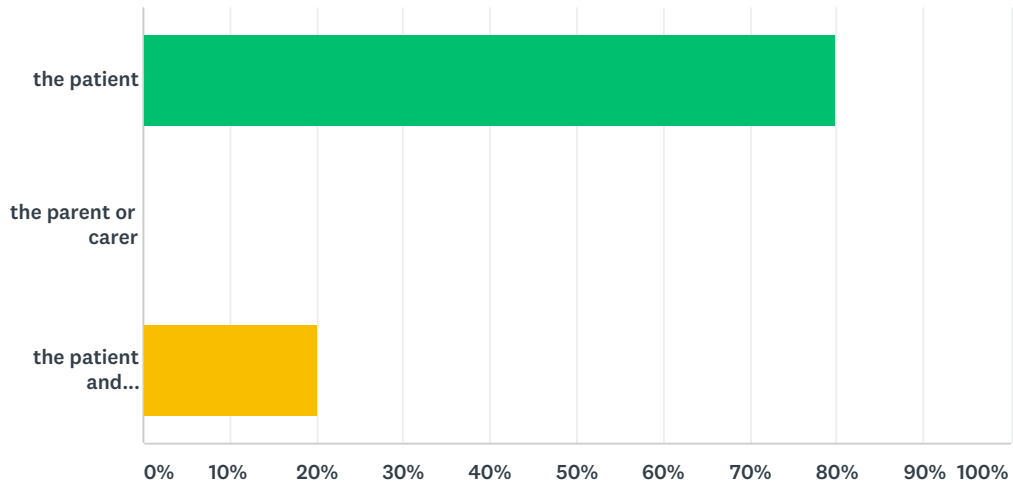


Friends and Family Survey

| | | |
|---------------------------|---------|----------|
| British | 100.00% | 5 |
| Irish | 0.00% | 0 |
| Other white background | 0.00% | 0 |
| Indian | 0.00% | 0 |
| Pakistani | 0.00% | 0 |
| Bangladeshi | 0.00% | 0 |
| Chinese | 0.00% | 0 |
| Other Asian background | 0.00% | 0 |
| White and Black Caribbean | 0.00% | 0 |
| White and Black African | 0.00% | 0 |
| White and Asian | 0.00% | 0 |
| Other Mixed Background | 0.00% | 0 |
| Caribbean | 0.00% | 0 |
| African | 0.00% | 0 |
| Other Black Background | 0.00% | 0 |
| Anything else | 0.00% | 0 |
| I would rather not say | 0.00% | 0 |
| TOTAL | | 5 |

Q6 Are you?

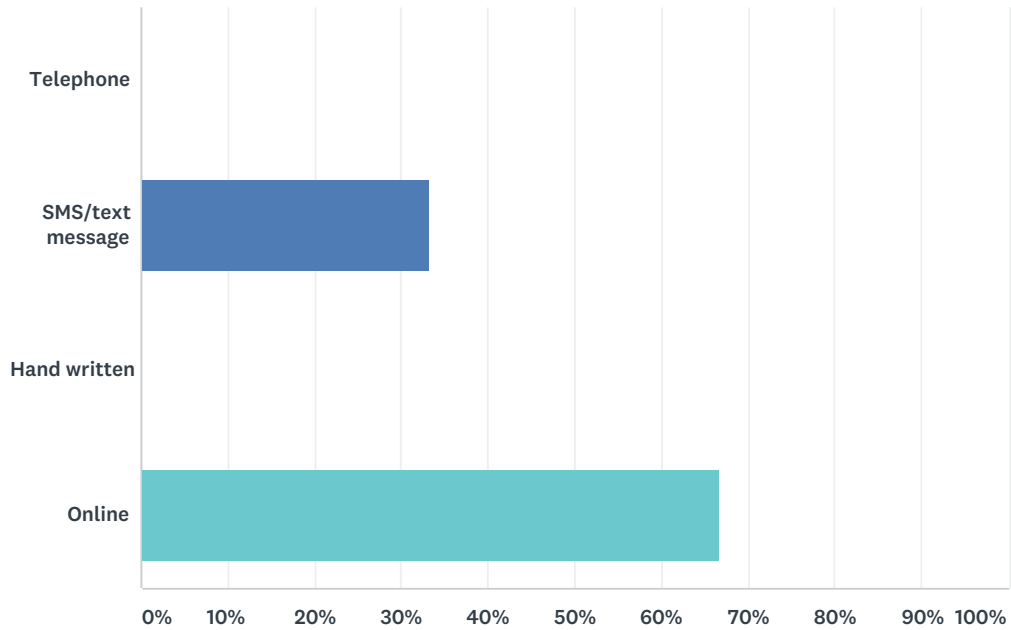
Answered: 5 Skipped: 0



| ANSWER CHOICES | RESPONSES | |
|------------------------------|-----------|---|
| the patient | 80.00% | 4 |
| the parent or carer | 0.00% | 0 |
| the patient and parent/carer | 20.00% | 1 |
| TOTAL | | 5 |

Q7 Please let us know your method of completing this survey

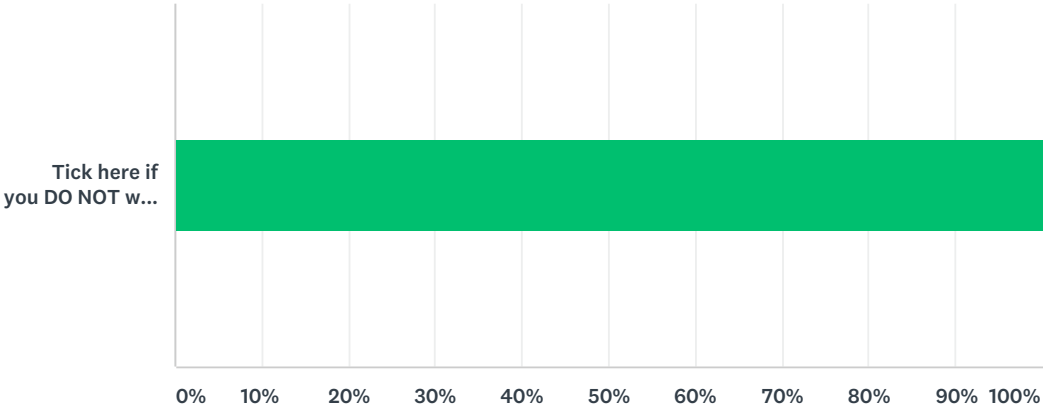
Answered: 3 Skipped: 2



| ANSWER CHOICES | RESPONSES |
|------------------|-----------|
| Telephone | 0.00% 0 |
| SMS/text message | 33.33% 1 |
| Hand written | 0.00% 0 |
| Online | 66.67% 2 |
| TOTAL | 3 |

Q8 Thank you for completing the survey and providing us with feedback to improve our services. If you DO NOT wish your anonymous comments to be shared then please tick here

Answered: 1 Skipped: 4



| ANSWER CHOICES | RESPONSES | |
|---|-----------|---|
| Tick here if you DO NOT wish your comments to be shared | 100.00% | 1 |
| TOTAL | | 1 |