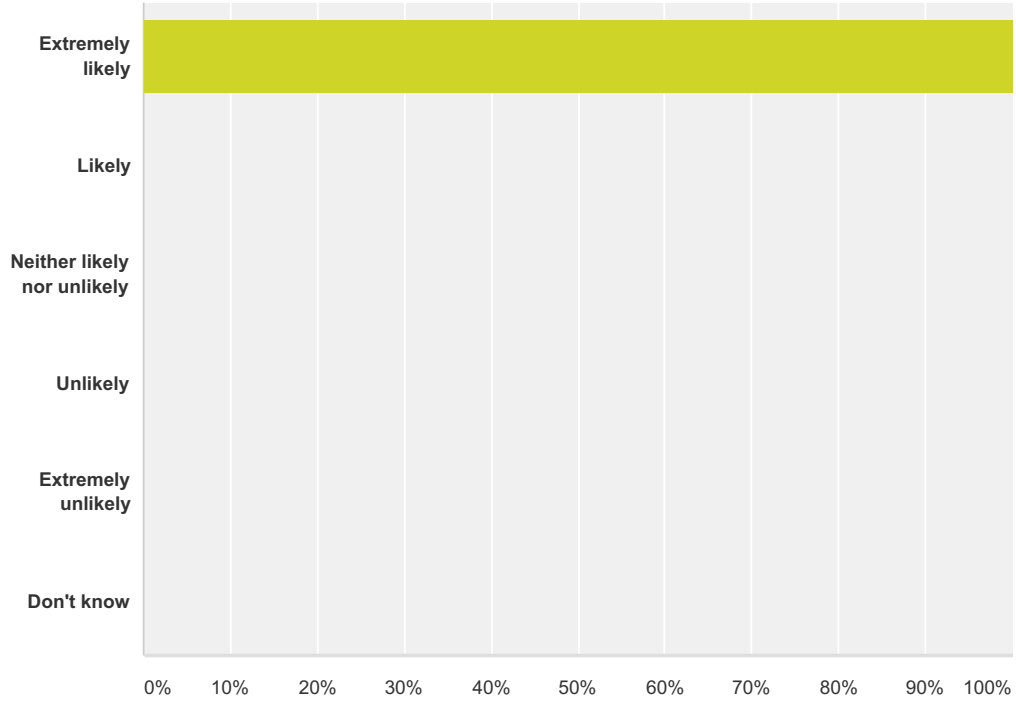


Q1 How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?

Answered: 2 Skipped: 0



Answer Choices	Responses	Count
Extremely likely	100.00%	2
Likely	0.00%	0
Neither likely nor unlikely	0.00%	0
Unlikely	0.00%	0
Extremely unlikely	0.00%	0
Don't know	0.00%	0
Total		2

Q2 Please tell us why you answered as you did in question 1

Answered: 1 Skipped: 1

Q3 Please select this box if you DO NOT wish your comments to be made public

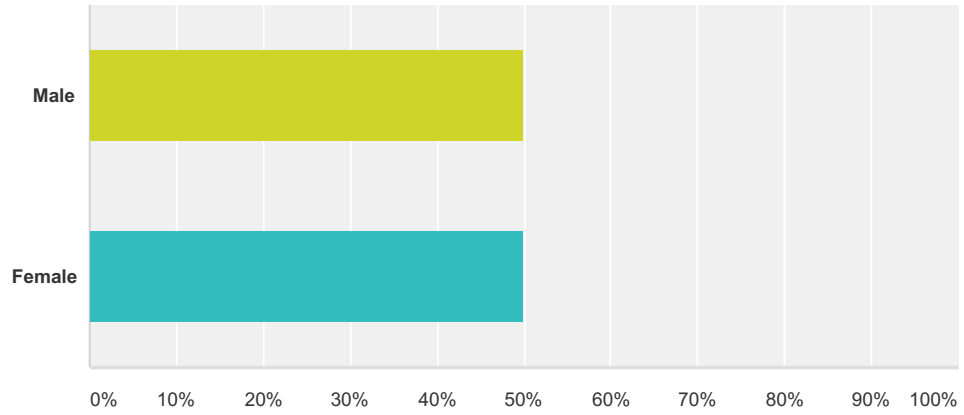
Answered: 0 Skipped: 2

! No matching responses.

Answer Choices	Responses	
Please tick if you DO NOT wish your comments to be made public	0.00%	0
Total		0

Q4 Are you male or female?

Answered: 2 Skipped: 0

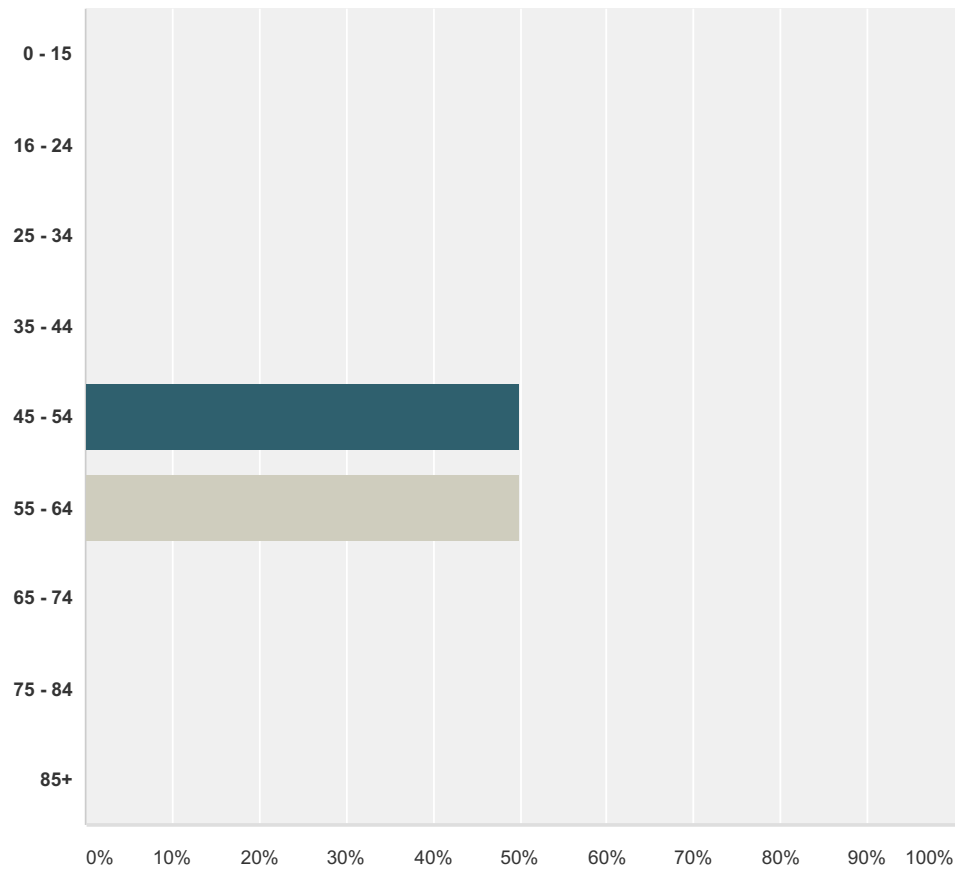


Answer Choices	Responses
Male	50.00% 1
Female	50.00% 1
Total	2

Friends and Family Survey

Q5 What age are you?

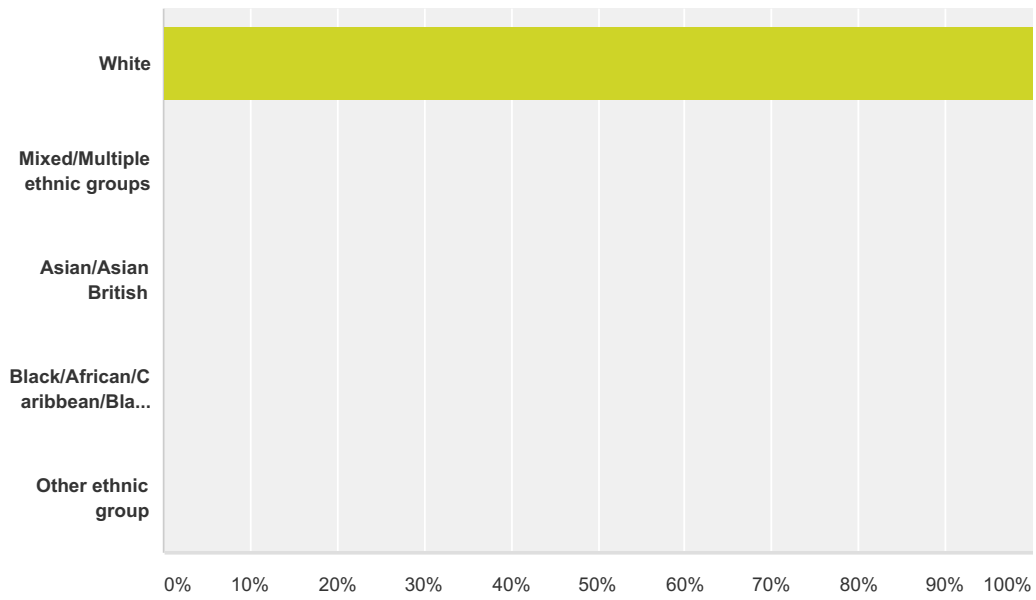
Answered: 2 Skipped: 0



Answer Choices	Responses	Count
0 - 15	0.00%	0
16 - 24	0.00%	0
25 - 34	0.00%	0
35 - 44	0.00%	0
45 - 54	50.00%	1
55 - 64	50.00%	1
65 - 74	0.00%	0
75 - 84	0.00%	0
85+	0.00%	0
Total		2

Q6 What is your ethnicity? (Please select all that apply.)

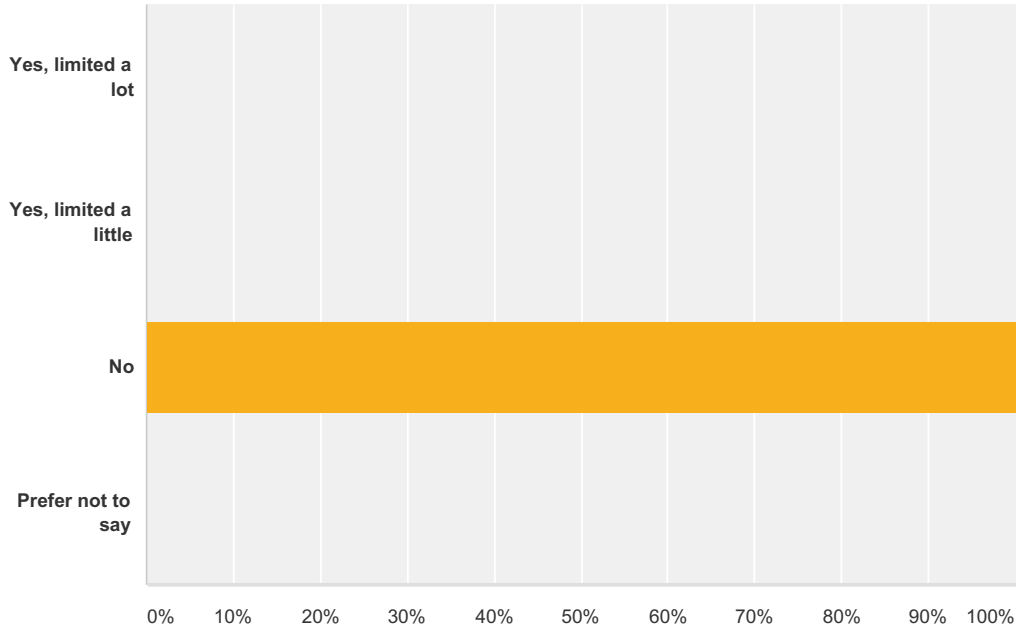
Answered: 2 Skipped: 0



Answer Choices	Responses
White	100.00% 2
Mixed/Multiple ethnic groups	0.00% 0
Asian/Asian British	0.00% 0
Black/African/Caribbean/Black British	0.00% 0
Other ethnic group	0.00% 0
Total	2

Q7 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include any issues/problems related to old age)

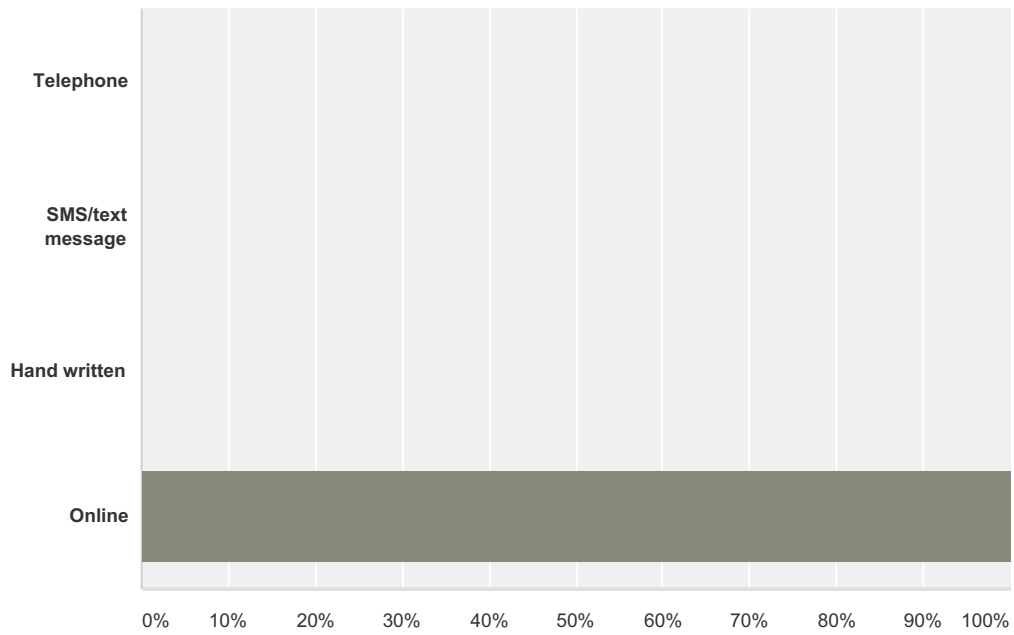
Answered: 2 Skipped: 0



Answer Choices	Responses	
Yes, limited a lot	0.00%	0
Yes, limited a little	0.00%	0
No	100.00%	2
Prefer not to say	0.00%	0
Total		2

Q8 Please let us know your method of completing this survey

Answered: 2 Skipped: 0



Answer Choices	Responses	
Telephone	0.00%	0
SMS/text message	0.00%	0
Hand written	0.00%	0
Online	100.00%	2
Total		2