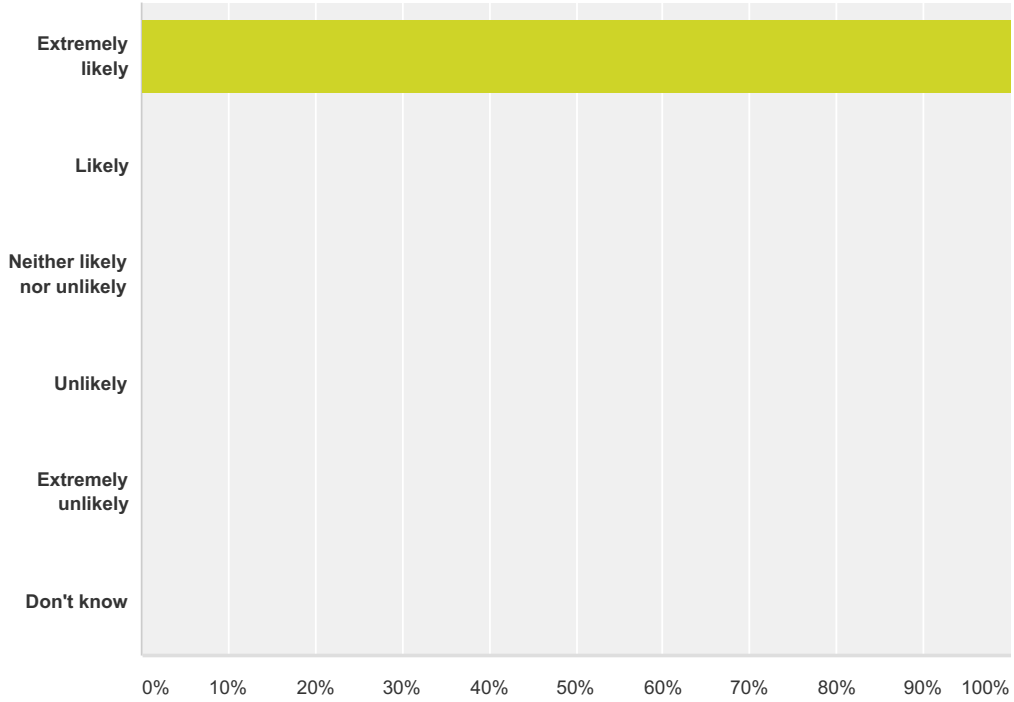## Q1 How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?
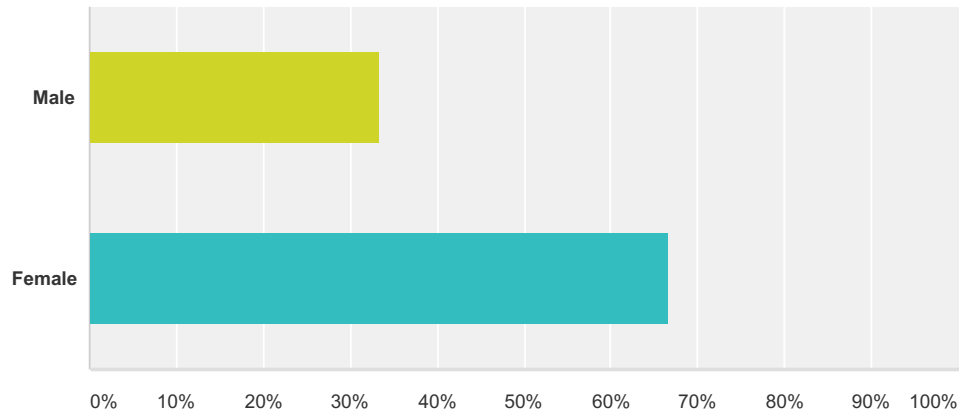
Answered: 3   Skipped: 0

Answer Choices	Responses	
Extremely likely	**100.00%**	3
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		**3**

Q2 Are you male or female?

Answered: 3   Skipped: 0

Answer Choices	Responses	
Male	**33.33%**	1
Female	**66.67%**	2
Total		**3**

Q3 What age are you?

Answered: 3   Skipped: 0
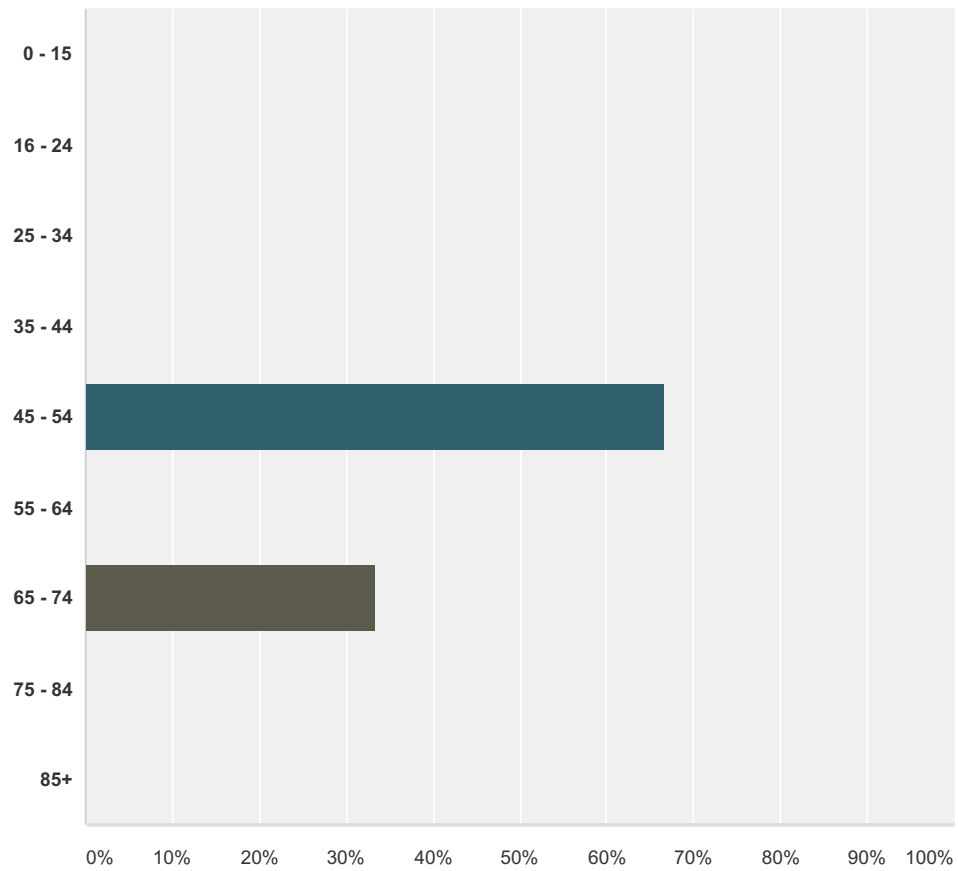
Answer Choices	Responses	
0 - 15	**0.00%**	0
16 - 24	**0.00%**	0
25 - 34	**0.00%**	0
35 - 44	**0.00%**	0
45 - 54	**66.67%**	2
55 - 64	**0.00%**	0
65 - 74	**33.33%**	1
75 - 84	**0.00%**	0
85+	**0.00%**	0
Total		3

Q4 Do you consider yourself to have a disability?

Answered: 1   Skipped: 2
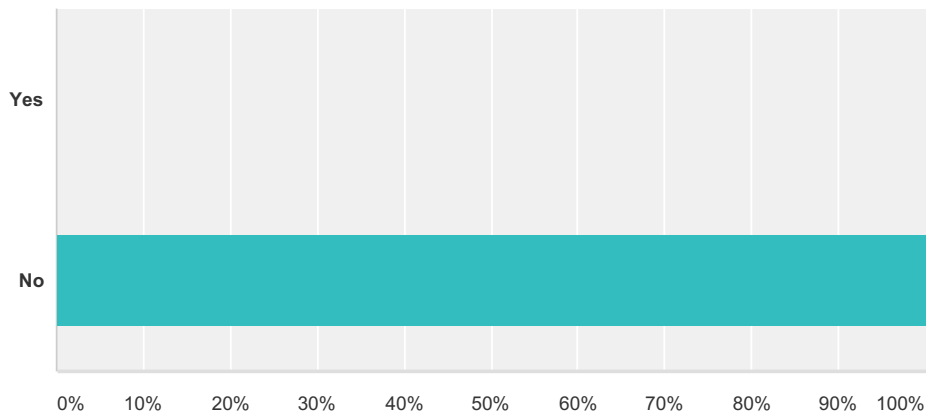
Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	1
Total		1

Q5 Which of the following best describes your ethnic background?

Answered: 3   Skipped: 0

British	
Irish	
Other white background	
Indian	
Pakistani	
Bangledeshi	
Chinese	
Other Asian background	
White and Black Caribbean	
White and Black African	
White and Asian	
Other Mixed Background	
Caribbean	
African	
Other Black Background	
Anything else	
I would rather not say	

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
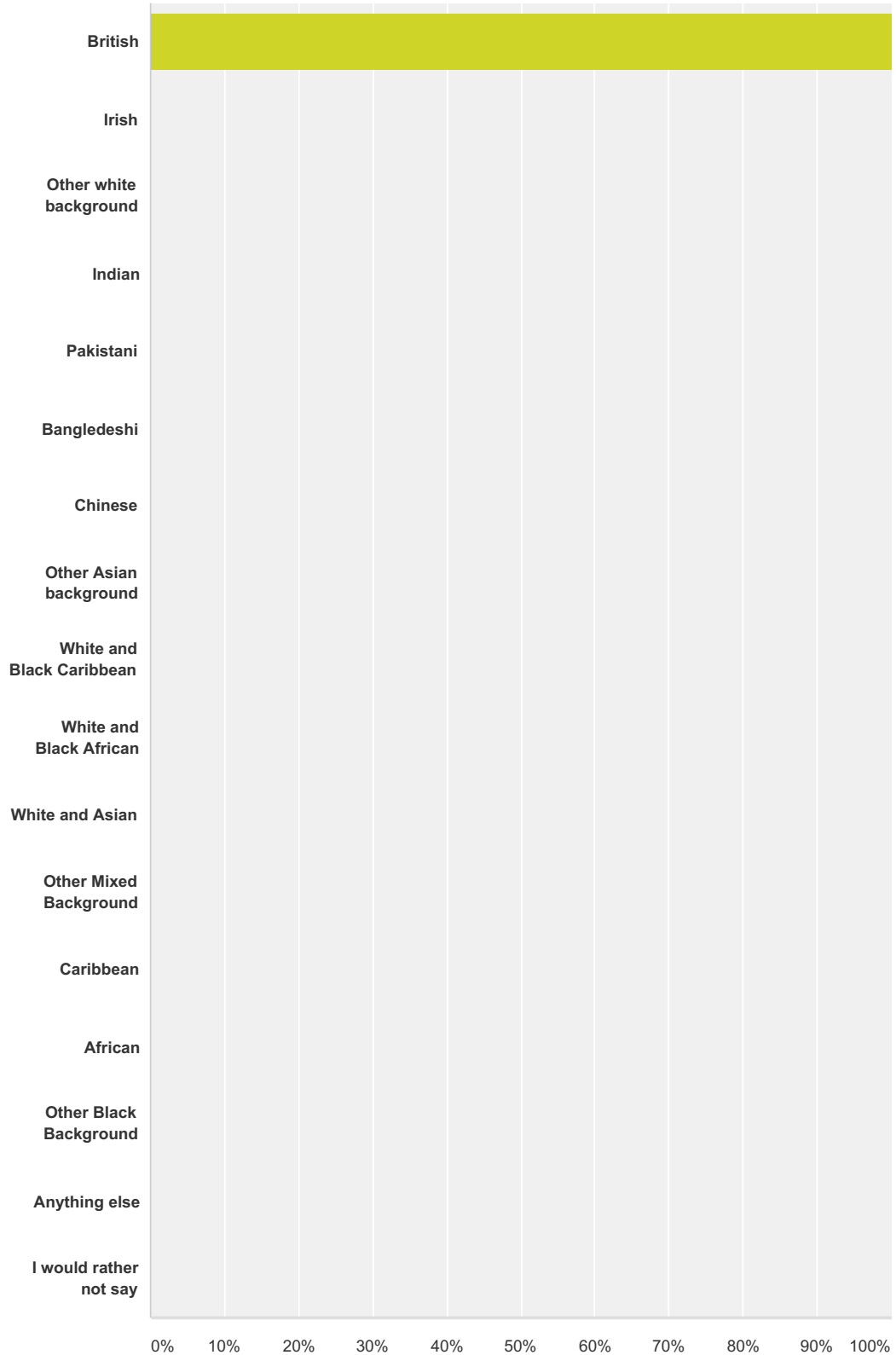
Answer Choices	Responses	
British	**100.00%**	3
Irish	**0.00%**	0
Other white background	**0.00%**	0
Indian	**0.00%**	0
Pakistani	**0.00%**	0
Bangledeshi	**0.00%**	0
Chinese	**0.00%**	0
Other Asian background	**0.00%**	0
White and Black Caribbean	**0.00%**	0
White and Black African	**0.00%**	0
White 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		**3**

Q6 Are you?

Answered: 2   Skipped: 1
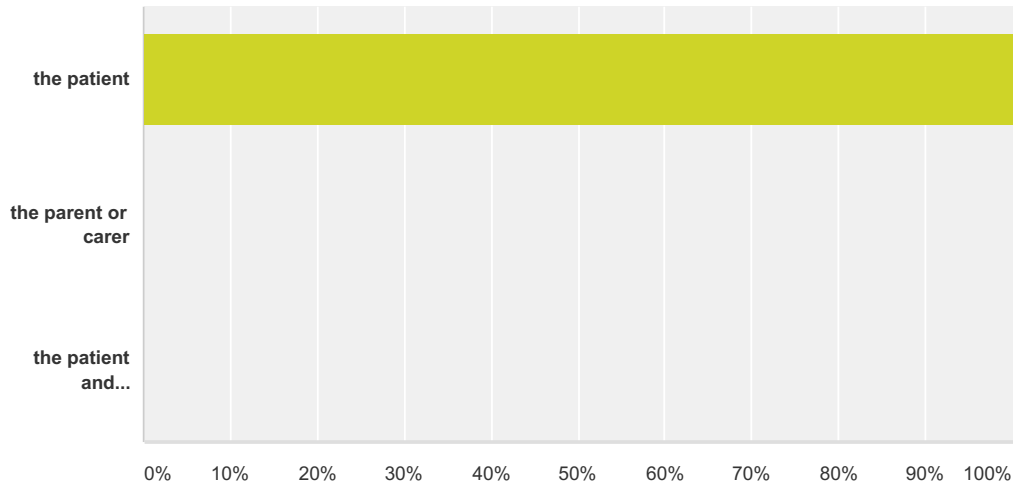
Answer Choices	Responses	
the patient	**100.00%**	2
the parent or carer	**0.00%**	0
the patient and parent/carer	**0.00%**	0
Total		**2**

Q7 Please let us know your method of completing this survey

Answered: 3   Skipped: 0
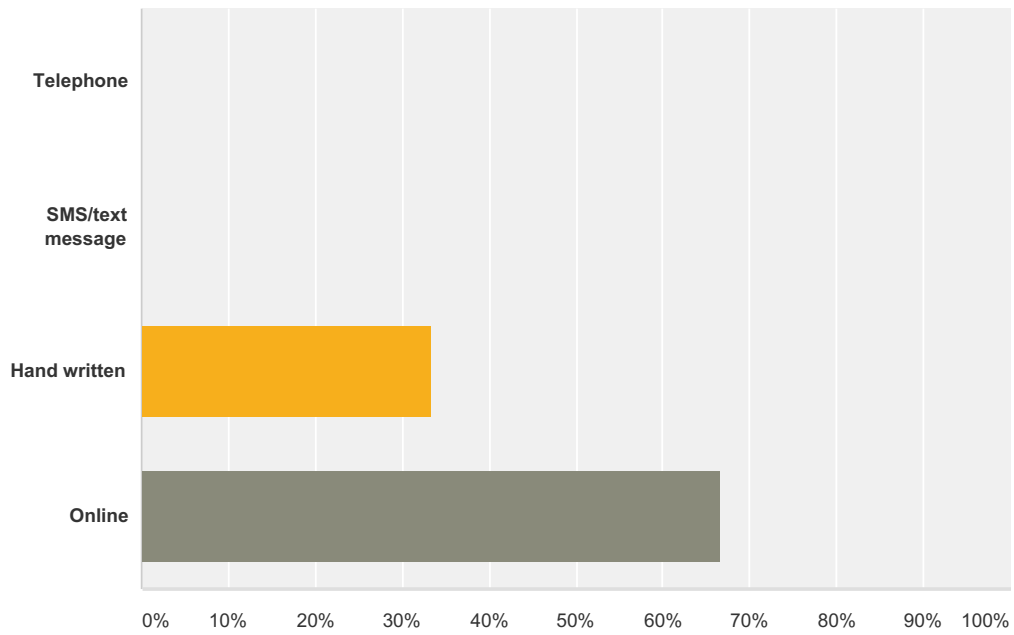
Answer Choices	Responses	
Telephone	**0.00%**	0
SMS/text message	**0.00%**	0
Hand written	**33.33%**	1
Online	**66.67%**	2
Total		**3**

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: 0   Skipped: 3

! No matching responses.

Answer Choices	Responses	
Tick here if you DO NOT wish your comments to be shared	**0.00%**	0
Total		**0**