Chapel Street Surgery

**Friends and Family Test**

Thank you for visiting us today.

We value your feedback and would like you to think about your experience using our services.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Extremely Likely** | **Likely** | **Neither Likely or Unlikely** | **Unlikely** | **Extremely Unlikely** | **Don’t Know** |
|  |  |  |  |  |  |

Your response to this question will contribute to our Family & Friends Test score, which is shared with the public *on the practice website : www.chapelstreetsurgery.co.uk*

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**Could you please tell us the reason for the answer you have given?**

|  |
| --- |
|  |

I do not wish my response to this second question to be included in any publications or reports

**Equality and Diversity data (Internal Use only)**

We would like to know more about you for our own analysis so we can ensure that we are helping our local population – we won’t share this information with anyone else.

Please tick the relevant boxes;

|  |  |
| --- | --- |
| Male | Female |

**Age Group :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 16 - 24 | 25 - 34 | 35 - 44 | 45 – 54 | 55 – 64 | 65 – 70 | 70+ |
|  |  |  |  |  |  |  |

**Thank you for your Feedback – please return this form to chapel.street93@nhs.net**