

MEADOWSIDE MEDICAL CENTRE – FRIENDS AND FAMILY TEST

1. We would like you to think about your recent experience of our service.
How likely are you to recommend this Practice to friends and family if they needed similar care or treatment? Please tick one box

Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. The following question is free-format and is there for you to enter any further thoughts or suggestions that you may have.

Completion of the following is entirely optional

ABOUT YOU (please tick)

Are you:

Male	Female	Ethnicity	Are you a carer?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you less than 30 years old?	Are you 30-60 years old?	Are you more than 60 years old?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you want us to contact you to discuss your thoughts and comments then please do so below.
As before, this is also entirely optional.

Name: _____ Contact Number: _____

Address: _____