## 30 KINGSWAY Family and Friends Questionnaire

| Today's date:  |
|--|
| Q1 How likely are you to recommend your GP surgery to friends and family if they need similar care or treatment? |
| □¹ Extremely likely □² Likely □³ Neither likely nor unlikely □⁴ Unlikely □⁵ Extremely unlikely □⁵ Don't know     |
| Please can you tell us the main reason for the score you have given?   |
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| Q2 Are you?  |
| Male $\square^1$ Female $\square^2$  |
| Q3 How old are you?  |
| Under 16 $\Box^1$ 16 to 44 $\Box^2$ 45 to 64 $\Box^3$ 65 to 74 $\Box^4$ 75 or over $\Box^5$                      |
| Q4 Do you have a long-standing health condition?   |
| Yes $\square^1$ No $\square^2$ Don't know / can't say $\square^3$ Do not wish to say $\square^4$                 |
|  |

Please add any other comments you would like to make about your GP practice:

PLEASE PUT YOUR FEEDBACK QUESTIONNAIRE IN THE BOX PROVIDED IN THE RECEPTION AREA. THIS QUESTIONNAIRE IS STRICTLY PRIVATE AND CONFIDENTIAL.