





# HAVE YOUR SAY TO IMPROVE YOUR CARE





We welcome patient feedback to tell us what we are doing right and what we can improve.

We would like you to think about your recent experience of our services. How likely are you to recommend our practice to friends and family if they needed similar care or treatment?

Extremely Likely	Likely	Neither likely or 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"/>	
						

Thinking about your response to this question, what is the main reason why you feel this way?

## A little bit about you:

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

What age are you?	
<input type="checkbox"/> 0-15	<input type="checkbox"/> 55-64
<input type="checkbox"/> 16-24	<input type="checkbox"/> 65-74
<input type="checkbox"/> 25-34	<input type="checkbox"/> 75-84
<input type="checkbox"/> 35-44	<input type="checkbox"/> 85+
<input type="checkbox"/> 45-54	

Do you consider yourself to have a disability?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:

### Which of the following best describes your ethnic background?

#### White

- British
- Irish
- Other white background

#### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background

#### Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed Background

#### Black or Black British

- Caribbean
- African
- Other Black background

#### Other

- Anything else
- I would rather not say

#### Are you?

- the patient     the parent or carer     the patient and parent/carer

Thank you for completing the card and providing us with feedback to improve our services.

If you DO NOT wish your anonymous comments to be shared then please tick here: