





THE NHS FRIENDS AND FAMILY TEST



We would like you to think about your recent experience of our service.

How likely are you to recommend our service 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"/>
					

What was good about your visit?

Please tick this box if you DO NOT wish your comments to be made public.

To help ensure that we are getting feedback from a wide range of patients, please complete the following:

1) What is your sex?

- a) Male
- b) Female

3) What is your ethnic group?

- a) White
- b) Mixed / Multiple ethnic groups
- c) Asian / Asian British
- d) Black / African / Caribbean / Black British
- e) Other ethnic group

2) What age are you?

- a) 0-15
- b) 16-24
- c) 25-34
- d) 35-44
- e) 45-54
- f) 55-64
- g) 65-74
- h) 75-84
- i) 85+

4) Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

(Include any issues/problems related to old age)

- a) Yes, limited a lot
- b) Yes, limited a little
- c) No
- d) Prefer not to say

Please fold and pop this form into the Friends and Family Test collection box, or alternatively pass it to a member of staff.