







## Friends and Family Test

We would be grateful if you could complete this simple, anonymous questionnaire.

How likely are you to recommend our GP 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 

**If we could change one thing about your care or treatment to improve your experience, what would it be?**

Please tick this box if you do not wish this second response to be included in publications or reports.

Thank you for taking the time to fill in this survey.  
Please put your completed form in the collection box in the waiting room.

We publish survey results on the surgery website.

[www.staustellhealthcare.co.uk](http://www.staustellhealthcare.co.uk)