

BOOTLE VILLAGE SURGERY

Friends & Family Test

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

How likely are you to recommend our services to friends and family if they needed similar care or treatment.

| | | | | | |
|---|---|---|---|---|---|
| Extremely likely | Likely | Neither likely Nor unlikely | Unlikely | Extremely unlikely | Don't know |
| <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> |

Can you tell us why you gave that response ?

1. What is your Sex ?

| | |
|--------|--|
| Male | |
| female | |

2. What age are you ?

| | |
|-------|--|
| 0-15 | |
| 16-24 | |
| 25-34 | |
| 35-44 | |
| 45-54 | |
| 55-64 | |
| 65-74 | |
| 75-84 | |
| 85 + | |

3. What is your Ethnic group?

| | |
|---------------------------------------|--|
| White | |
| Mixed/multiple ethnic group | |
| Asian/Asian British | |
| Black/African/Caribbean/black British | |
| Other ethnic group | |
| Prefer not to say | |

4. Are your day to day activities limited because of a health problem or disabilities which have lasted, or are expected to last, at least 12 months (include any issues/problems related to old age)

| | |
|-----------------------|--|
| Yes, limited a lot | |
| Yes, limited a little | |
| NO | |
| Prefer not to say | |

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