

# Betts Avenue Medical Centre

## Friends and Family Test

### Mandatory Question

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

**How likely are you to recommend our GP Practice to friends and family if they needed similar care or treatment?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know

Would you like to add a comment? Please feel free to use this space below to do so:

### Optional questions

Would you be prepared to tell us some information about yourself?

**Do you consider yourself to have a disability?** Yes / No (please circle)

**Are you**

Male

Female

**How old are you?**

Under 16  45 - 54

16 - 24  55 - 64

25 - 34  75 - 84

25 - 44  85+

**Are you?**

Patient

Parent or Carer

Patient & Parent/Carer

**Which of the following best describe your ethnic background?**

White

Asian or Asian British

Mixed

Black or Black British

Other