



PLEASLEY SURGERY

FRIENDS AND FAMILY TEST

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

How likely are you to recommend our GP practice to friends and family should they need similar care or treatment?

Extremely likely Y/N **Neither likely nor unlikely** Y/N

Likely Y/N **Extremely unlikely** Y/N

Unlikely Y/N **Don't know** Y/N

****(Delete as appropriate)***

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

Date:- _____

Thank you