

## ASHLEY SURGERY

### FRIENDS AND FAMILY TEST IN GENERAL PRACTICE

We would appreciate you taking a few moments to complete the brief questionnaire in order to help us improve the service we offer to our patients

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?**

EXTREMELY LIKELY	LIKELY	NEITHER LIKELY NOR UNLIKELY	UNLIKELY	EXTREMELY UNLIKELY	DON'T KNOW

Do you have any further comments you wish to make?

Name and Address Optional: \_\_\_\_\_

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

PLEASE PLACE THIS FORM IN THE SUGGESTION BOX IN THE WAITING ROOM

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