





The friends and family test

Name of service: _____

We would like you to think about your recent experience of our service.
How likely are you to recommend our service to friends and family if
they needed similar care or treatment?

Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					

Thinking about your response to this question. Please tell us why you feel this way.

Is there anything that would have made your experience better?

A little bit about you:

Are you?	What age are you?			Do you consider yourself to have a disability?	
<input type="checkbox"/> Male	<input type="checkbox"/> 0 - 4	<input type="checkbox"/> 17 - 24	<input type="checkbox"/> 61 - 75	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
<input type="checkbox"/> Female	<input type="checkbox"/> 5 - 8	<input type="checkbox"/> 25 - 40	<input type="checkbox"/> 76 - 85		
	<input type="checkbox"/> 9 - 16	<input type="checkbox"/> 41 - 60	<input type="checkbox"/> 86 +		

Which of the following best describes your ethnic background?

White	Asian or Asian British	Mixed
<input type="checkbox"/> British	<input type="checkbox"/> Indian	<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> Pakistani	<input type="checkbox"/> White and Black African
<input type="checkbox"/> Other white background	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White and Asian
Black or Black British	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other mixed background
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Other Asian background	Other
<input type="checkbox"/> African		<input type="checkbox"/> Anything else
<input type="checkbox"/> Other black background		<input type="checkbox"/> I would rather not say

Are you?

The patient The carer A family member Parent / guardian Other

Thank you for completing this card and providing us with feedback to improve our services.

If you DO NOT wish your anonymous comments to be shared then please tick here: