

## Friends and Family Test Survey

Your views are very important in helping us to find out how well the services provided at our GP practice work and how they can be improved.

The questions should be answered by the person who attended the GP practice today for an appointment. If that person needs help to complete the questionnaire, the answers should be given from his / her point of view - not the point of view of the person who is helping.

Your participation in this survey is voluntary and your answers will be treated in confidence.

**Q1** Please enter the date you visited this GP practice in the format DD/MM/YYYY.

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

We would like you to think about your experience of our GP practice.

**Q2** 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

**Q3** Please can you tell us the main reason for the answer you have given?

**Q4** From time to time your GP practice may publish patient comments in an anonymised format. If you DO NOT want your comment made public please tick the box below.

- Opt-out

**Q5** When you arrived, how would you rate the courtesy of the receptionist?

- Excellent
- Very good
- Good
- Fair
- Poor
- Very poor

**Q6** How long after your appointment time did you have to wait to be seen?

- I did not have an appointment - Go to Q7
- Seen on time or early - Go to Q8
- Waited up to 15 minutes - Go to Q7
- Waited 16-30 minutes - Go to Q7
- Waited 31 minutes or longer - Go to Q7
- Can't remember - Go to Q7

**Q7** Did someone tell you how long you would have to wait?

- Yes
- No, but I would have liked to have been told
- No, but I did not mind
- Not sure / can't remember

Please think about the healthcare professional you saw today. By healthcare professional we mean the doctor, nurse, midwife, district nurse or health visitor you saw today at this GP practice.

**Q8** Who did you see today at the GP practice? Please select only ONE option.

- A doctor
- A practice nurse or nurse practitioner
- Someone else

**Q9** Did the healthcare professional listen carefully to what you had to say?

- Yes, definitely
- Yes, to some extent
- No

To complete this survey online, please go to [goo.gl/2WbVBI](http://goo.gl/2WbVBI) and enter the 3 digit practice code from the poster in the reception / waiting room or scan the QR code:



**Q10** Were you given enough time to discuss your health or medical problem with the healthcare professional you saw?

- Yes, definitely
- Yes, to some extent
- No
- I did not need to discuss anything

**Q11** Were you involved as much as you wanted to be in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No

**Q12** If you had questions to ask the healthcare professional, did you get answers that you could understand?

- Yes, definitely
- Yes, to some extent
- No
- I did not need to ask any questions
- I did not have an opportunity to ask questions

**Q13** Did the healthcare professional explain the reasons for any treatment or action in a way that you could understand?

- Yes, completely
- Yes, to some extent
- No
- I did not need an explanation
- No treatment or action was needed

**Q14** Did you have confidence and trust in the healthcare professional?

- Yes, definitely
- Yes, to some extent
- No

**Q15** Did the healthcare professional treat you with respect and dignity?

- Yes, definitely
- Yes, to some extent
- No

**Q16** Overall, how would you rate the care provided by your GP practice?

- Excellent
- Good
- Fair
- Poor
- Very poor

Now please answer some questions about you.

**Q17** Are you male or female?

- Male
- Female

**Q18** What age are you?

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

**Q19** To which one of these ethnic groups would you say you belong?

- White
- Mixed / Multiple ethnic group
- Asian or Asian British
- Black or Black British
- Chinese
- Arab
- Other ethnic group
- Declined to answer

**Q20** Are your day-to-day activities limited because of a health problem or disability which has lasted, or is 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

Thank you for completing this survey.  
Please return the completed survey to the collection point in the practice.