

FELTWELL SURGERY

Drs. Sagar & Pullen

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FRIENDS AND FAMILY TEST QUESTIONNAIRE

To the Patient

The Friends and Family Test has been introduced to give patients the opportunity to provide feedback about the care and treatment they have received from the Practice.

Please complete this questionnaire as fully as possible. The information will help us to celebrate success, focus improvements and tackle poor quality care.

Question:

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

Answer: *(please select where appropriate)*

Extremely likely

Likely

Neither likely nor unlikely

Unlikely

Extremely unlikely

Don't know

Question:

Please can you tell us the main reason for the score you have given?

PATIENT ETHNIC ORIGIN QUESTIONNAIRE

(This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.)

Please indicate your ethnic origin.

Choose **ONE** section from A to E, and then tick **ONE** box to indicate your background.

A White

British
Irish
Any other white background please write in below

B Mixed

White and Black Caribbean
White and Black African
White and Asian
Any other mixed background please write below

C Asian or Asian British

Indian
Pakistani
Bangladeshi
Any other Asian background please write below

D Black or Black British

Caribbean
African
White and Asian
Any other black background please write below

E Chinese or other ethnic group

Chinese
Any other please write below

Are you:

Male
Female

Age Group

Under 16	17 – 24
25 – 34	35 – 44
45 – 54	55 – 64
65 – 74	Over 75

Thank you for completing this questionnaire. We value your feedback.