**YOUR FEEDBACK IS IMPORTANT**

As a practice we want to ensure we are meeting the needs of our patients and YOUR feedback is important in helping us develop services we offer.

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Extremely likely | Likely | Neither likely nor unlikely | Unlikely | Extremely unlikely | Don’t Know |
|  |  |  |  |  |  |

Thanks for your response can you let us know why you gave that response?

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| --- |
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