





# HAVE YOUR SAY TO IMPROVE YOUR CARE

We welcome patient feedback to tell us what we are doing right and what we can improve.

We would like you to think about your recent experience of our services. How likely are you to recommend our practice 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, what is the main reason why you feel this way?