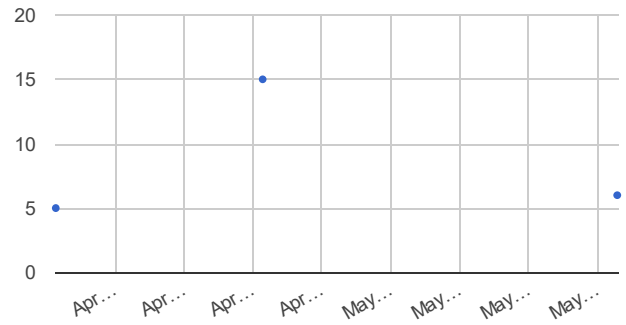
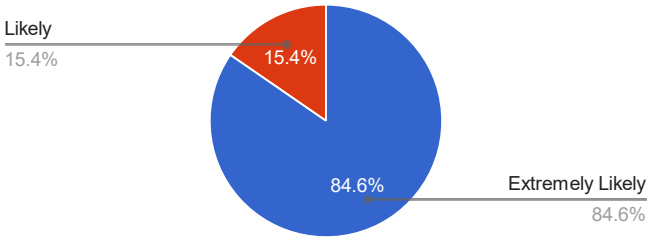
Timestamp

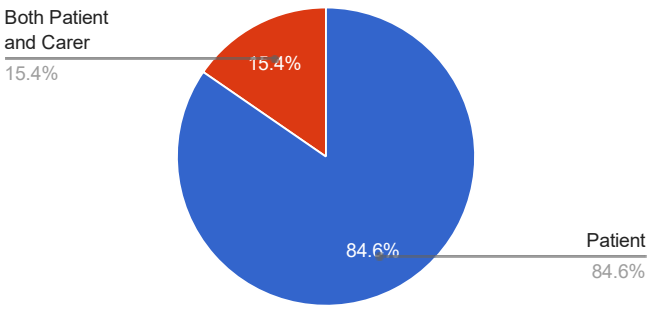


How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?

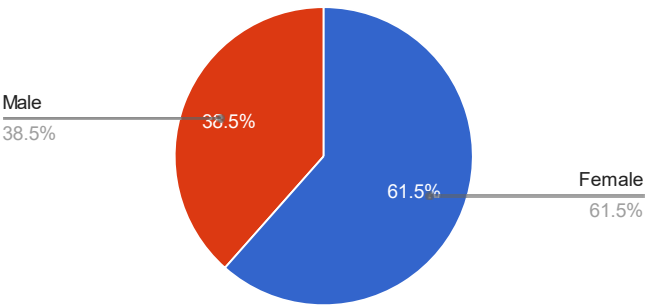


Please give the reason for your answer?

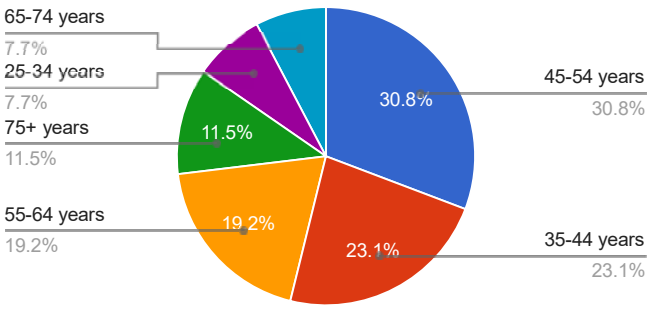
Which Best Describes You?



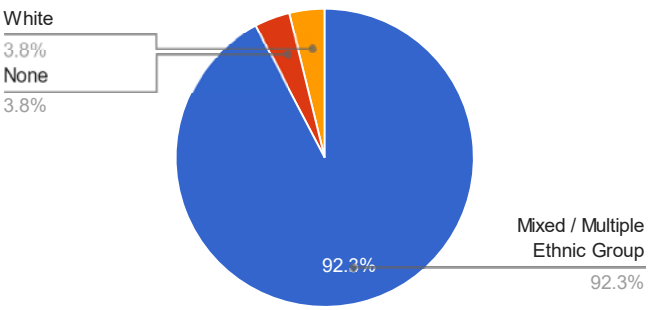
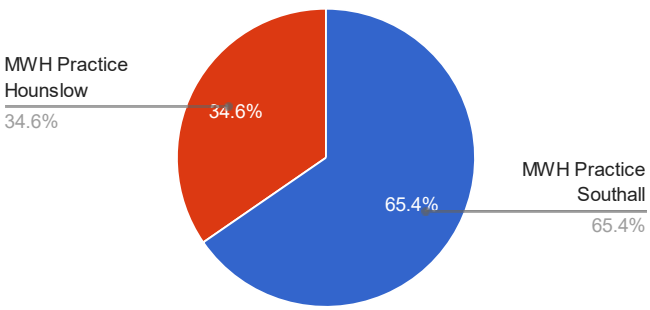
Are You Male or Female?



Please select your age group?



What is Your Ethnic Group?



Please identify which Practice you attend: