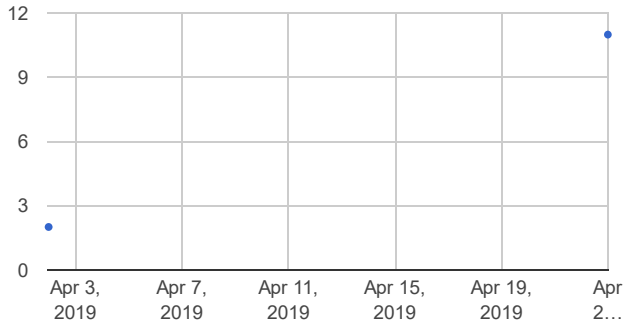
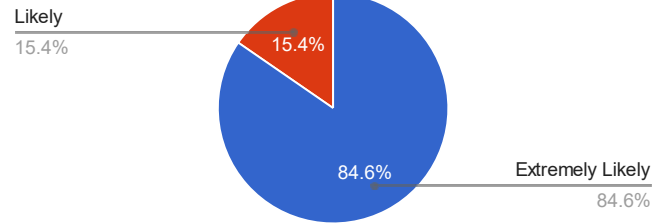


### Timestamp



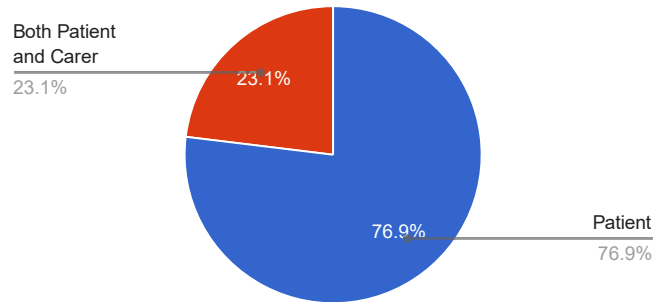
### How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?



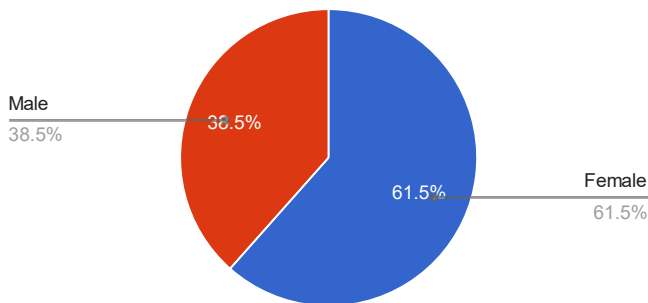
### Please give the reason for your answer?



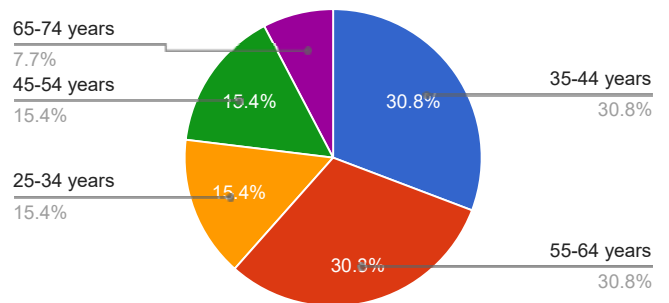
### Which Best Describes You?



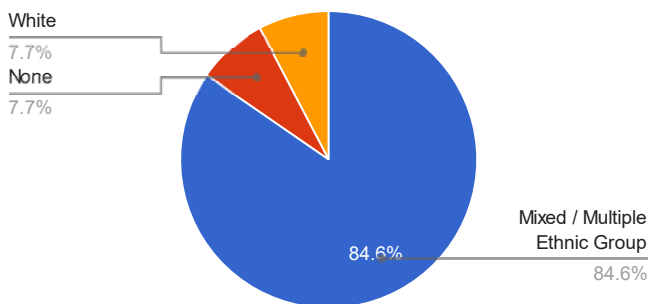
### Are You Male or Female?



### Please select your age group?



### What is Your Ethnic Group?



### Please identify which Practice you attend:

MWH Practice Southall