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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Extremely****Likely** | **Likely** | **Neither likely or unlikely** | **Unlikely** | **Extremely unlikely** | **Don’t know** |
|  |  |  |  |  |  |
| C:\Users\THOMSONK\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\IWFA9G0X\MC900423171[1].wmf |  | C:\Users\THOMSONK\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\IWFA9G0X\MC900423165[1].wmf | **?** |

If we could change one thing about your care or treatment to improve your experience, what would it be?

|  |
| --- |
|  |
|  |
|  |

**A bit about you**

|  |  |  |
| --- | --- | --- |
| **Are you?** | **What is your birth year? E.g. 1983** | **Do you consider yourself to have a disability?** |
| **Male** |  |  |  |  |  | Yes No Details: |
| **Female** |  |

**Which of the following best describes your ethnic background?**

|  |  |  |
| --- | --- | --- |
| **White** | **Asian or Asian British** | **Mixed** |
|  | British |  | Indian |  | White and Black Caribbean |
|  | Irish |  | Pakistani |  | White and Black African |
|  | Other white background |  | Bangladeshi |  | White and Asian |
| **Black or Black British** |  | Chinese |  | Other Mixed Background |
|  | Caribbean |  | Other Asian background | **Other** |
|  | African |  |  |  | Anything else |
|  | Other Black background |  |  |  | I would rather not say |

|  |
| --- |
| **Who was the main person who answered the questions?** |
|  Me, the patient |  Me the parent or carer |  Both the patient and parent / carer |