Friends and Family Test Questionnaire

Thinking about your recent visit…

Overall, how was your experience of our service?					
Very good	*Good*	*Neither good nor poor*	*Poor*	*Very poor*	*Don't know*
☐	☐	☐	☐	☐	☐

Please can you tell us why you gave your answer?

Please tell us about anything that we could have done better

Please tick here if you <u>do not</u> want your comments to be public ☐

Optional inclusivity questions

We want to make sure that everybody is included when asking the Friends and Family Test question, please complete the following questions so that we can make sure that all of our patients have the opportunity to give their views

Please circle the correct answer

What is your gender?

Male Female Transgender

What is your age?

Under 18 18-25 26-34 35-44 45-54 55-64 65+

What is your ethnic group?

Asian			
British-Indian	British-Pakistani	British-Bangladeshi	British-Chinese
Indian	Pakistani	Bangladeshi	Chinese
Black			
British-Caribbean	Caribbean	British-African	African
Mixed			
White and Black Caribbean	White and Black African	White and Asian	Mixed Background
White			
White-British	White-English	White-Scottish	White-Irish
White-Welsh	White Irish Traveler/White Gypsy	White European	White Non-European
Other (please state)			

Do you consider yourself to have a disability?

Yes No Prefer not to say

If you have answered yes, please indicate the type of impairment which applies to you. If your experience more than one type of impairment, please tick all the types that apply. If your disability does not fit any of these types, please mark Other and specify.

Physical/mobility impairment, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches	
Visual impairment, such as being blind or having a serious visual impairment	
Hearing impairment, such as being deaf or having a serious hearing impairment	
Mental health condition, such as depression or schizophrenia	
Learning disability/difficulty, such as Down's syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder	
Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy	
Other (Please specify below)	