

8. Do you have any of the following long-standing conditions?

- Deafness or severe hearing impairment
- Blind or partially sighted
- A long-standing physical condition
- A learning disability
- A mental health condition
- A long-standing illness (e.g. asthma, COPD, cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- I do not have a long-standing condition

9. What is your ethnic group?

- White
- Mixed / Multiple Ethnic Groups
- Asian / Asian British
- Black / African / Caribbean / Black British
- Other Ethnic Group



Did you get great care today?

Help improve care for the next patient by completing this form and placing it into the ballot box provided in the practice or hand it to a member of staff.

Alternatively, you can rate and review your care at:

<http://iwgc.net/ecbco>

When completing this form, we would like you to think about your experience in this GP practice during this visit.

For official use only

Chestnuts Surgery



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

- | | |
|--|---|
| <input type="checkbox"/> Extremely likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know |

2. What was good about your care, and what could be improved?

(Please do not write outside the box.)

Please put a cross (x) in one of the boxes for each of the questions below

- | | Not at all | | | Totally | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 3. Were you involved enough in decisions made about your care and treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the surgery clean? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were the receptionists helpful? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is it easy to get an appointment (either by telephone and/or at the surgery)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 |

7. **My age is:** years

I am: Male
 Female

Please turn over ...

Thank you, sharing your feedback helps others get great care. By completing this form you are agreeing to iWantGreatCare's Terms of Use and consenting to iWantGreatCare using any personal data you provide in accordance with iWantGreatCare's Privacy Policy (both available at <http://iwgc.net/tou>). Please clearly place a cross in this box if you do **not** want to help other patients and the public by sharing your feedback.