

# GP FFT Plus

## Important Information

Please complete the form below. Please use the text boxes provided to add any comments.

Which surgery did you visit

## We would like you to think about your recent experiences of our service

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

- Extremely likely    Likely    Neither likely nor unlikely    Unlikely  
 Extremely unlikely    Don't know

## Tell us

**2.** Overall, how would you describe your experience of making an appointment?

- Excellent    Good    Fair    Poor

**3.** How good were we at listening to you?

- Excellent    Good    Fair    Poor

**4.** How good were we at explaining your care and treatment?

- Excellent    Good    Fair    Poor

**5.** How good were we at involving you in decisions about your care?

- Excellent    Good    Fair    Poor

Please tick this box if you do not wish your comments to be made public

Thank you for completing this survey