





We would like you to think about your recent experience of our service.
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 ←————→ 					?

What is the main reason for your answer to the question?

A little bit about you:

Are you?	
Male 	<input type="checkbox"/>
Female 	<input type="checkbox"/>

What is your birth year? e.g. 1983			

Do you consider yourself to have a disability?
Yes <input type="checkbox"/> No <input type="checkbox"/> Details:

Which of the following best describes your ethnic background?

- | | | |
|--|---|---|
| White
<input type="checkbox"/> British
<input type="checkbox"/> Irish
<input type="checkbox"/> Other white background | Asian or Asian British
<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Chinese
<input type="checkbox"/> Other Asian background | Mixed
<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> White and Black African
<input type="checkbox"/> White and Asian
<input type="checkbox"/> Other Mixed Background |
| Black or Black British
<input type="checkbox"/> Caribbean
<input type="checkbox"/> African
<input type="checkbox"/> Other Black background | Other
<input type="checkbox"/> Anything else
<input type="checkbox"/> 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

We would like to thank you for providing us with feedback to improve our services.
If you wish your anonymous comments NOT to be shared then please tick here: