




The friends and family test

Name of service: _____

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"/>
					?

Thinking about your response to this question, Please tell us why you feel this way.

Is there anything that would have made your experience better?