

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

	Number of responses
extremely likely	11
likely	7
neither	0
unlikely	2
extremely unlikely	1
don't know	0
not completed	0
Total	21

Can you please let us know if you are male or female?

	Number of responses
Male	11
Female	10
not completed	0
Total	21

How old are you?

	Number of responses
0-15	0
16-24	2
25-34	5
35-44	2
45-54	5
55-64	4
65-74	1
75-84	2
85+	0
not completed	0
Total	21

What is your ethnic background?

	Number of responses
asian / asian british	2
black / african / caribbean / black british	1
chinese	0
mixed / multiple ethnic groups	2
other ethnic group	0
white	16
not completed	0
Total	21

Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (including any age related to old age)

	Number of responses
Yes, limited a lot	0
Yes, limited a little	5
No	15
Prefer not to say	1
Not completed	0
Total	21

Did you have support to fill in this questionnaire?

	Number of responses
Yes	2
No	19
Not completed	0
Total	21

Was the survey completed on-line or on paper?

	Number of responses
Paper	21
Online	0
Total	21