**THE NHS FRIENDS AND FAMILY TEST**

We welcome patient feedback to tell us what we are doing right and what we can improve.

Thinking about Bennfield Surgery,

Overall, how was your experience with our service?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Very good** | **Good** | **Neither good nor poor** | **Poor** | **Very Poor** | **Don’t know** |
|[ ] [ ] [ ] [ ] [ ]  [ ]  |
|  Smiling face outline with solid fill Sad face outline with solid fill Question Mark with solid fill |

Please can you tell us why you gave your answer?

**Are you?**

[ ]  The patient [ ]  The parent/carer [ ]  The patient and parent/carer

Thank you for completing this form and for providing us with feedback to improve our services.

If you DO NOT wish your anonymous comments to be shared, then please cross the box here [ ]