8. **Do you have any of the following long-standing conditions?**

- ☐ Deafness or severe hearing impairment
- ☐ Blind or partially sighted
- ☐ A long-standing physical condition
- ☐ A learning disability
- ☐ A mental health condition
- ☐ A long-standing illness (e.g. asthma, COPD, cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- ☐ I do not have a long-standing condition

9. **What is your ethnic group?**

- ☐ White
- ☐ Mixed / Multiple Ethnic Groups
- ☐ Asian / Asian British
- ☐ Black / African / Caribbean / Black British
- ☐ Other Ethnic Group

Did you get great care today?

Help improve care for the next patient by completing this form and placing it into the ballot box provided in the practice or hand it to a member of staff.

Alternatively, you can rate and review your care at:
http://iwgc.net/ecckv

When completing this form, we would like you to think about your experience in this GP practice during this visit.

For official use only

The Leith Hill Practice

1. **How likely are you to recommend this 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

2. **What was good about your care, and what could be improved?**
(Please do not write outside the box.)

Please put a cross (x) in one of the boxes for each of the questions below

	Not at all 1	2	3	4	Totally 5
3. **Were you involved enough in decisions made about your care and treatment?**	☐	☐	☐	☐	☐
4. **Was the surgery clean?**	☐	☐	☐	☐	☐
5. **Were the receptionists helpful?**	☐	☐	☐	☐	☐
6. **Is it easy to get an appointment (either by telephone and/or at the surgery)?**	☐	☐	☐	☐	☐
	1	2	3	4	5

7. **My age is:** ☐☐ years

I am: ☐ Male ☐ Female

Please turn over ...

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