

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 |
|---------------------|--------|----------------------------------|----------|-----------------------|---------------|
| | | | | | |
| | 6 | | | | ? |

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

A little bit about you:

| Are you? | What is your birth year? | Do you consider yourself to have | |
|----------|--------------------------|----------------------------------|--|
| Male 📩 | e.g. 1983 | a disability? | |
| П | | Yes □ No□ Details: | |
| Female | | | |

Which of the following best describes your ethnic background?

White

- □ British
- 🗆 Irish
- □ Other white background

Black or Black British

- □ Caribbean
- \Box African
- □ Other Black background

Asian or Asian British

- \Box Indian
- Pakistani
- □ Bangladeshi
- \Box Chinese
- \Box Other Asian background

Other

- \Box Anything else
- \Box I would rather not say

Mixed

- \Box White and Black Caribbean
- \Box White and Black African
- \Box White and Asian
- □ Other Mixed Background

Who was the main person who answered the questions?

 \Box Me the patient \Box Me, the parent or carer \Box 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: \Box