

**Compendium of Health Related Statistics: Feedback Form**

We would be grateful if you could take the time to complete this form. Your comments will help us improve future Compendia. Once completed, please return it by post or fax to:

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**Optional Information:**

Your name: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Name and address of your employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you obtain your copy of this Compendium? (Please tick)**

Sent to me personally by the PCT   
Sent to my employer by the PCT   
Requested a copy from the PCT   
Library   
Other (please specify) \_\_\_\_\_

**Why are you using this Compendium? (Please tick)**

Business purposes   
Private interest   
Academic/research purposes   
Other (please specify) \_\_\_\_\_

**How useful did you find the information we have provided? (Please tick)**

Very useful  
Useful  
OK  
Not very useful  
Not of use


**What information did you find most useful / relevant?**

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**What information (if any) did you find not at all useful / relevant?**

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**Is there any further information you would like to see included?**

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**Is the information easy to find? What would make it easier to find?**

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**Do you have any other comments or suggestions?**

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**Thank you for completing this questionnaire.**