## PHARMACY ADMINISTERED FLU VACCINATION – PATIENT EXPERIENCE SURVEY

|                                      | We w   | ould be very  | interested                           | to know yo                  | our views | s on this service.   |           |       |
|--------------------------------------|--|---|--------------------------------------|-----------------------------|-----------|--|-----------|-------|
| Date of birth:                       |  |   | Date of Vaccination                  |                             |           |  |           |       |
| Please                               | state the reason   | for having t  | he vaccine                           | (please tic                 | k)        |  |           |       |
| Over 6<br>Diabet<br>Main 0<br>Pregna | tes 🗌<br>Carer 🗌   | Chronic Rea<br>Chronic Hea<br>Chronic Nea<br>Longstay R | art Disease<br>urological D          | Disease                     |           | Chronic Kidney Dise<br>Immunosuppression<br>Chronic Liver Dises<br>Private | n         |       |
| 1.                                   | Where did you<br>1 <sup>st</sup> Time Vaccin                                 |   | accine fror                          | · · _                       | _         | er 🗌   |           |       |
| 2.                                   | How satisfied<br>Extremely satis   | -   | <b>ith the serv</b><br>ery satisfied | -                           |           | in the pharmacy?   |           |       |
| 3.                                   | Was the flu va<br>care professio<br>Yes                                      |   |                                      |                             |           | pharmacist, as by  | other he  | ealth |
| 4.                                   | <b>Do you feel th</b> at Yes   | at a pharma<br>No [                                     | cy is an ap                          | opropriate                  | place t   | o receive an immu  | nisation? | •     |
| 5.                                   | Would you use  | e this servic<br>No [                                   | e again in                           | the future                  | to rece   | eive your flu vaccin   | ation?    |       |
| 6.                                   | Would you be<br>future?<br>Yes   | happy to ha   | ave other v                          | accinatio                   | ns adm    | inistered by a phar  | macist ir | ו the |
| 7.                                   | What did you I<br>Close to home<br>Convenient ope<br>Other Plea              | ening times   |                                      | No need f<br>Convenie       | nt locati | ppointment<br>on near shops/work   |           | -     |
| 8.                                   | How did you h<br>From pharmaci<br>From GP/Nurse<br>Used it last yea<br>Other | st 🗌<br>e 🛄<br>ır: 🛄                                    |                                      | pharmacy<br>surgery<br>vert |           | Newspaper<br>Word of mouth   |           |       |

Many thanks for your time in completing this survey

