Appendix E: NHS GG&C Flu Vaccination Service - Patient Questionnaire

Contractor Code:

Please complete the short questionnaire below, after you have been vaccinated and return to a member of the Pharmacy team. All responses are anonymous. Your feedback is helpful and appreciated in helping NHS Greater Glasgow & Clyde to evaluate this service and plan for the future.

1. Did you have a flu vaccination last winter?  
   - [ ] Yes  
   - [ ] No
   
   If yes, where were you vaccinated?  
   - [ ] GP Practice  
   - [ ] Pharmacy  
   - [ ] Other location

2. How did you hear about this pharmacy flu vaccination service? (choose all that apply)  
   - [ ] From the pharmacy staff  
   - [ ] Poster in the pharmacy  
   - [ ] From my GP/nurse  
   - [ ] By word of mouth

3. What were your reasons for choosing to have your vaccination at this pharmacy today? (choose all that apply)  
   - [ ] Convenience  
   - [ ] Recommended to me  
   - [ ] Easier for me to get to pharmacy (i.e. location)  
   - [ ] Other, please specify

4. When did you receive your vaccine?  
   - [ ] Weekdays working hrs (9am - 6pm)  
   - [ ] Weekdays evening (after 6pm)  
   - [ ] Weekends (Saturday or Sunday)

5. Overall, how satisfied were you with the flu vaccination service you received?  
   - [ ] Very satisfied  
   - [ ] Fairly satisfied  
   - [ ] Not very satisfied  
   - [ ] Not at all satisfied

6. How likely would you be to use this service in the future?  
   - [ ] Very likely  
   - [ ] Fairly likely  
   - [ ] Not very likely  
   - [ ] Not at all likely

7. If your flu vaccination hadn't been provided as an NHS Service in the pharmacy this year, would you still have been vaccinated?  
   - [ ] Yes, by GP  
   - [ ] Yes, Private Flu Service  
   - [ ] No  
   - [ ] Not sure

Thank you for your participation in this survey

Please retain all completed responses securely in the Pharmacy for return on a monthly basis to: Community Pharmacy Development, Clarkston Court, 56 Busby Road, Glasgow G76 7AT