NHS Flu Vaccination Service - Patient Questionnaire

Please complete the short questionnaire below, after you have been vaccinated. The answers will help NHS England to evaluate this service and plan future services.

1	Did you have a flu vaccination last winter?	☐ Yes ☐ No
2	If yes, where were you vaccinated?	☐ GP practice ☐ Pharmacy ☐ Other location
3	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 ☐ I used the service last year ☐ Poster in the GP practice ☐ An NHS advert (newspaper, TV or radio)
4	How satisfied were you with the service you received in the pharmacy?	
	☐ Very satisfied	☐ Fairly satisfied
	☐ Not very satisfied	☐ Not at all satisfied
5	Would you be willing to have a vaccination at a pharmacy in the future?	☐ Yes ☐ No ☐ Not sure
6	Would you recommend this service to your friends and family?	☐ Yes ☐ No ☐ Not sure
7	If you had not had your flu vaccination in the pharmacy this year, would you have been vaccinated elsewhere?	☐ Yes ☐ No ☐ Not sure
Some questions about you		
8	What is your sex?	
	☐ Male ☐ Female ☐ Intersex ☐ Prefer not to say	

9	What is your ethnicity?
	A - White ☐ White - British ☐ White - Irish ☐ White - Any other White background **B - Mixed** ☐ Mixed - White and Black Caribbean ☐ Mixed - White and Black African ☐ Mixed - White and Asian ☐ Mixed - Any other mixed background **C - Asian or Asian British** ☐ Asian or Asian British – Indian ☐ Asian or Asian British - Pakistani ☐ Asian or Asian British - Bangladeshi ☐ Asian or Asian British - Any other Asian background **D - Black or Black British** ☐ Black or Black British - Caribbean ☐ Black or Black British - African ☐ Black or Black British - Any other Black background **E - Chinese or other ethnic group** ☐ Chinese ☐ Any other ethnic group
10	How old are you?
	☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+

Thank you for taking the time to complete this questionnaire.

To be completed by the pharmacy staff		
Date of vaccination		
Eligible patient group	☐ Aged over 65	☐ Chronic respiratory disease
	☐ Chronic heart disease	☐ Chronic kidney disease
	☐ Chronic liver disease	☐ Chronic neurological disease
	☐ Diabetes	☐ Immunosuppression
	☐ Asplenia / splenic dysfunction	☐ Pregnant woman
	☐ Person in long-stay residential or home	☐ Carer
	☐ Household contact of immunocompromised individual	☐ Morbid obesity (BMI ≥ 40)