

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, where were you vaccinated?	<input type="checkbox"/> GP practice <input type="checkbox"/> This pharmacy <input type="checkbox"/> Another pharmacy <input type="checkbox"/> Other location			
2	How did you hear about this pharmacy flu vaccination service? (choose all that apply)	<input type="checkbox"/> From the pharmacy staff <input type="checkbox"/> Poster in the pharmacy <input type="checkbox"/> From my GP/nurse <input type="checkbox"/> By word of mouth <input type="checkbox"/> I have used the service before <input type="checkbox"/> Poster in the GP practice <input type="checkbox"/> An NHS advert (newspaper, TV or radio)			
3	What were your reasons for choosing to have your vaccination at this pharmacy today? (choose all that apply)	<input type="checkbox"/> Convenience of not having to book an appointment <input type="checkbox"/> Already attending the pharmacy for something else <input type="checkbox"/> It's the pharmacy I regularly use for prescriptions <input type="checkbox"/> Difficulty getting an appointment at GP practice <input type="checkbox"/> Convenience of long opening hours <input type="checkbox"/> Recommended to me <input type="checkbox"/> Easier for me to get to pharmacy (i.e. location) <input type="checkbox"/> Other			
4	How satisfied were you with the following?				
	a) Information provided by pharmacy staff about the vaccination service	<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Fairly satisfied	<input type="checkbox"/> Not very satisfied	<input type="checkbox"/> Not at all satisfied
	b) Waiting time before getting your vaccination	<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Fairly satisfied	<input type="checkbox"/> Not very satisfied	<input type="checkbox"/> Not at all satisfied
	c) Suitability of the consultation room where you had your vaccination	<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Fairly satisfied	<input type="checkbox"/> Not very satisfied	<input type="checkbox"/> Not at all satisfied
5	Overall, how satisfied were you with the flu vaccination service you received?				
	<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Fairly satisfied	<input type="checkbox"/> Not very satisfied	<input type="checkbox"/> Not at all satisfied	
Please turn over					

6	How likely would you be to do the following?			
	a) Recommend this service to your friends and family	<input type="checkbox"/> Very likely	<input type="checkbox"/> Fairly likely	<input type="checkbox"/> Not very likely
7	If you had not had your flu vaccination in the pharmacy this year, would you have been vaccinated elsewhere?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			

Some questions about you

8	What is your sex?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Intersex	<input type="checkbox"/> Prefer not to say		
9	How old are you?	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65+
10	What is your ethnicity?		<input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Any other Asian background				
	A - White <input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Any other White background B - Mixed <input type="checkbox"/> Mixed - White and Black Caribbean <input type="checkbox"/> Mixed - White and Black African <input type="checkbox"/> Mixed - White and Asian <input type="checkbox"/> Mixed - Any other mixed background C - Asian or Asian British <input type="checkbox"/> Asian or Asian British - Indian		D - Black or Black British <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Any other Black background E - Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group				
Thank you for taking the time to complete this questionnaire.							

To be completed by the pharmacy staff

Date of vaccination			
Eligible patient group (tick all that apply)	<input type="checkbox"/> Aged over 65	<input type="checkbox"/> Chronic respiratory disease	
	<input type="checkbox"/> Chronic heart disease	<input type="checkbox"/> Chronic kidney disease	
	<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> Chronic neurological disease	
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Immunosuppression	
	<input type="checkbox"/> Asplenia / splenic dysfunction	<input type="checkbox"/> Pregnant woman	
	<input type="checkbox"/> Person in long-stay residential or home	<input type="checkbox"/> Carer	
	<input type="checkbox"/> Household contact of immunocompromised individual	<input type="checkbox"/> Morbid obesity (BMI ≥ 40)	
	<input type="checkbox"/> Social care worker	<input type="checkbox"/> Hospice worker	