

Medicines Use Review Service

PATIENT FEEDBACK FORM

Getting the most out of your medicines

- Would you like to know more about your medicines?
- Are you unsure what any of your medicines are for?
- Are you not taking any of your medicines but have not told anyone?
- Are you having any problems remembering to take your medicines?
- Do you think you have any side-effects from your medicines?

If you have answered YES to any of these questions then please speak to your pharmacist who can help you.

This is a new NHS service designed to help you get the best out of your medicines.

Thank you for taking part in the above service at your local pharmacy.

In order to assess how useful you found your involvement in this service, we would be grateful if you could complete this short questionnaire.

All replies will remain strictly confidential and it is not possible for any party to identify you.

If you have any questions, please contact your local pharmacist involved in this service.

Pharmacy to complete before giving to patient

Pharmacy_____

Pharmacist_____

Pharmacy Tel no._____

Date: □□/□□/□□

1. Why did you decide to use this service?

(You may cross more than one box)

- I was concerned about my condition
- I wanted advice from my pharmacist
- I wanted to know more about the medicines I was using
- I was confident that my pharmacist would give me good advice
- Other (please state) _____

Please rate how strongly you AGREE or DISAGREE with each of them by marking an 'X' in the most appropriate box.

		Level of Agreement				
		Please mark 'X' in ONE box for EACH statement				
		Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
2.	The importance of taking part in this service was made clear to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I know more about my condition since using this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The pharmacist clearly explained how I could gain maximum benefits from my medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	The advice given to me by the pharmacist was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I feel that I understand more about my medication since using this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	A follow-up visit to the pharmacy would be of benefit to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I am happy with the length of time that I spent in the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I would recommend this service to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What did you like most about the service?

11. What did you like least about the service?

12. Please write any other comments you have about the service:

Thank you for taking time to complete this form.
Please return the completed form to the pharmacy