Centre Code _____

Community Pharmacy – Urinary Tract Infection Treatment Pilot
Patient Feedback Form

You are being invited to complete the questionnaire below, because you have just been assessed for treatment from the community pharmacist for a urinary tract infection commonly known as cystitis. This pilot service has only recently been introduced and we would like to hear about your views and experiences so that we can ensure the service provided is of a high standard. As this questionnaire is not linked in any way to the clinical treatment record, it may include questions that you may have already been asked by the pharmacy staff. This is in order that we can evaluate responses correctly. **Please be assured this questionnaire is completely anonymous.**

1. **How old are you?** (please tick one box)

Under 16	❑	16-30	❑	31-45	❑
46-60	❑	61-64	❑	Over 65	❑

2. **What symptoms did you have of cystitis?** (please tick all that apply)

Burning or stinging sensation on passing urine	❑
Needing to pass urine frequently	❑
Needing to pass urine urgently	❑
Cloudy urine	❑
Passing excessive or large quantities of urine	❑
Passing blood in your urine	❑
Pain or tenderness over bladder area	❑
Lower back pain	❑

Other (please specify)_____

3. **Did you provide a urine sample?** (please tick one box)

Yes ❑ No ❑

4. **Postcode where you live.** (omit the last two digits of your post code)

5. **What day of the week and time was your visit to the pharmacy?** (please tick one box)

Week day 9am to 1pm	❑	Week day 1pm to 5pm	❑
Week day after 5pm	❑	Saturday, any time	❑
Sunday, any time	❑		

6. **How far, approximately, did you travel to the pharmacy?** (please tick one box)

Less than 1 mile	❑	6 - 10 miles	❑
1-5 miles	❑	More than 10 miles	❑

7. **Have you used this pharmacy service before?** (please tick one box)

Yes ❑ No ❑

8. **How would you rate your initial contact with the pharmacy staff?** (please tick one box only)

Excellent	❑	Good	❑
Fair	❑	Poor	❑

9. **From the time you arrived at the pharmacy, how long did you have to wait before seeing the pharmacist?** (please tick one box only)

I did not have to wait	❑	5 to10 minutes	❑
10 to 15 minutes	❑	More than 15 minutes	❑

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10. Did you feel that your cystitis symptoms were assessed and the treatment explained in a way you could understand? (tick one box only)

Yes ❑ No ❑

11. Were you given a supply of trimethoprim to treat your cystitis symptoms? (tick one box only)

Yes ❑ No ❑ (if No please go directly to question 12)

11a Did the pharmacist tell you about the medicine and how to take it? (Tick one box only)

Yes ❑ No ❑ Not applicable ❑

11b Did the pharmacist explain any medication side effects? (Tick one box only)

Yes ❑ No ❑ Not applicable ❑

11c Did the pharmacist explain what to do if the treatment was not effective?

(Tick one box only)

Yes ❑ No ❑ Not applicable ❑

12. If you did NOT receive treatment for your cystitis from the pharmacist?

(Tick all boxes that apply)

Did the pharmacist contact GMED on your behalf? ❑
Were you advised to visit your GP? ❑
Were you advised to contact NHS24/GMED yourself? ❑
Were you advised that your condition would get better itself without antibiotics? ❑
Were you advised what to do if your condition did not resolve? ❑
Were you advised to use another medicine? ❑
Other (please specify) _____

13. Was the room where you had your consultation (tick one box only)

Private Yes ❑ No ❑

14. What would you have done had this service not been available? (tick one box only)

Called NHS 24 ❑ Gone to community hospital casualty unit ❑
Gone to own GP ❑ Managed at home ❑
Bought something from the pharmacy ❑ Gone to GMED/A&E ❑
Unsure ❑ Other (please state) _____

15. Would you use this service again if you thought you had a urinary tract infection? (tick one box only)

Yes ❑ No ❑ Don't know ❑

16. Overall how satisfied were you with the quality of the service you received? Please indicate your level of satisfaction in the scale below.

(Please circle appropriate number on the scale below where 1 is very poor and 10 is excellent)

Very poor 1 2 3 4 5 6 7 8 9 10 ***Excellent***

Please add any further comments or suggestions on how we can improve the service/

Thank you for completing this questionnaire and giving us your views. Please return the questionnaire in the envelope provided