

Owner of Pharmacy:

Address of Pharmacy:

Date Patient survey completed:

Top areas of performance

Question	% of respondents satisfied with service
Time taken to receive medication	100

Areas in greatest need for improvement

Question	% of respondents dissatisfied with service	Action taken or planned (including timescale)
Advice on lifestyle	94	Increased verbal information when delivering
Advice on Medicines	96	Create MUR Consultation Room

Pharmacy response to respondent's additional comments

Areas within control of pharmacy	Areas outside control of pharmacy

<b>Age range of respondents</b>						
16-19	20-24	25-34	35-44	45-54	55-64	65+
%: 4	%: 2	%: 0	%: 4	%: 4	%: 4	%: 82

<b>Profile of respondents</b>		
This is the pharmacy that the respondent chooses to visit if possible	This is one of several pharmacies that the respondent uses	This pharmacy was just convenient on the day for the respondent
%:	%:	%: