https://www.surveymonkey.co.uk/r/CPdiabetesptfeedback

COMMUNITY PHARMACY DIABETES PLUS SERVICE PILOT PROJECT
PATIENT FEEDBACK FORM

Pharmacy _____

Please tick to indicate if the feedback is following

Initial Consultation ☐ **Follow-Up Consultation** ☐

1) How many of the 15 Healthcare Essentials did you know about before you had the consultation?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

2) As a result of the consultation I will act on the information
- Yes ☐
- No ☐
- Undecided ☐

3) What action will you take?
- I will ensure I take my medicines on a regular basis ☐
- I will pledge to access the local services and support groups identified in the consultation ☐
- I will make any lifestyle changes identified in the consultation to improve my health ☐
- I will arrange a retinal scan ☐
- I will find out how to inspect my feet ☐
- I will find out what my HbA1c is ☐
- I will attend my annual appointment with my nurse ☐
- I will book and attend my diabetes education course ☐
- Other, please specify….

4) I feel more empowered to manage my diabetes
- Strongly Agree ☐
- Agree ☐
- Undecided ☐
- Disagree ☐
- Strongly Disagree ☐

5) I am more aware of local services and support groups available to me
- Strongly Agree ☐
- Agree ☐
- Undecided ☐
- Disagree ☐
- Strongly Disagree ☐

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6) I feel I am more confident in managing my medications and know when I should seek further advice

- Strongly Agree ☐
- Agree ☐
- Undecided ☐
- Disagree ☐
- Strongly Disagree ☐

7) I felt my concerns were listened to and addressed

- Strongly Agree ☐
- Agree ☐
- Undecided ☐
- Disagree ☐
- Strongly Disagree ☐

8) I would highly recommend this service to others

- Strongly Agree ☐
- Agree ☐
- Undecided ☐
- Disagree ☐
- Strongly Disagree ☐

9) Any suggestions for improvement?

Thank you for completing this feedback form.