Test & Treat (T&T) Patient Satisfaction Survey

Test & Treat (T&T) is currently being piloted in your area. The purpose of this survey is to provide information about your satisfaction with the service and will help inform the service's development.

Filling in this survey is **voluntary**.

If you are between **13 and 18** years old, it is up to you whether you want to complete the survey on your own or hand over to a parent/carer. If the patient is **under 12** years old, please fill in the survey on their behalf.

Please do not write your name on this survey.

Please mark the box like this ☑ with a ball point pen. If you change your mind just cross out your old response and make your new choice.

Date today: ____/____/_____ **Pharmacy name:**

Please base your answers only on the service you have had today

	Strongly disagree	Disagree	Neither agree not disagree	Agree	Strongly agree	N/A
The pharmacist explained well the aims of the T&T service to me						
I am satisfied with how the pharmacist checked whether I needed a throat swab						
• **If no swab needed** - the results of the examination reassured me about my condition						
• **If swab taken** - I am satisfied with how the pharmacist took the swab						
• **If swab taken** - the results of the test reassured me about my condition						
I had the opportunity to raise questions or concerns related to the service						
I now feel more confident about managing my sore throat						
I am satisfied with the T&T service						
I would recommend the T&T service to others						

These questions are just to help us categorise your answers

Your age	☐ 13-18	☐ 19-24	☐ 25-34	☐ 35-44	☐ 45-54	☐ 55-64	☐ 65 and above
Gender	☐ Female	☐ Male	☐ Other / Prefer not to say				
I am filling this questionnaire for…	☐ Myself	☐ A child under 12	☐ Someone else				
Before coming to the pharmacy today, I tried to see a GP about the sore throat	☐ Yes ☐ No						
I knew I may be able to get an antibiotic from the pharmacy today	☐ Yes ☐ No						
• **If test needed** - I got an antibiotic from the pharmacy today	☐ Yes ☐ No ☐ N/A						
Next time I have sore throat, I will return to the pharmacy instead of trying to see a GP	☐ Yes ☐ No						

Is there anything you would like to tell us about the service you received today?

Thank you for your feedback. If you would prefer to complete the survey online, please follow this link:
https://cardiff.onlinesurveys.ac.uk/test-treat-tt-patient-satisfaction-survey-v2
If you would like a copy of the results of the study, please email MantzouraniE1@cardiff.ac.uk *Version 1 28/06/2018*