

THE LAW MEDICAL GROUP PRACTICE

Patient Questionnaire – Flu Jab Clinic

1. How easy was it to get an appointment for this clinic? (Please tick)

Very Easy	Fairly Easy	Not Very Easy	Not At All Easy	Don't Know
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2. How satisfied were you with your experience of flu jab clinic today? (Please tick)

Highly satisfied	Satisfied	Not satisfied	Not at all satisfied	Don't Know
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3. Do you feel that offering flu jab clinic on the weekend is a good idea? (Please tick)

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
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4. How could we improve this service?

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Demographics:

What is your gender? (Please tick)	Male 49	Female 54			
What is your age? (Please tick)	Under 16 5	16 to 44 23	45 to 64 25	65 to 74 31	75 or over 19

Do you have a longstanding health condition? (Please tick)	Yes 62	No 38	Can't say / Don't know 4			
Are you a carer? (Please tick)	Yes 11	No 89				
What is your ethnicity? (Please tick)	White 39	Black or Black British 19	Asian or Asian British 37	Mixed 3	Chinese 2	Other ethnic group 4

Thank you for taking the time to provide us with your valuable feedback.