

Community Pharmacy Patient Questionnaire

At *Anywhere Pharmacy* we always try to provide you with the best possible service.

We are asking NHS patients to fill in a short questionnaire about the service we provide. The questionnaire is anonymous.

Please help us by completing the attached questionnaire. Your views are important to us. It will only take a few minutes to complete.

Please [*insert methods of returning the survey, e.g. place the survey in the collection box on the counter/return the survey using the freepost envelope etc.*]

We will use the results of this survey to improve the services we provide at this pharmacy.

Thank you

Pharmacist name/Pharmacy Name