Appendix 7: Client Feedback Questionnaire

Health and Social Care Board

Public Health Agency

Client feedback questionnaire

Thank you for participating in the Alcohol MOT pilot in your community pharmacy.

We would like some feedback from you on how acceptable it was for you to talk about your drinking habits with pharmacy staff. We would be very grateful if you could answer the following questions which should only take a few minutes to complete.

This questionnaire is confidential and anonymous, i.e. you are not required to give any personal details and cannot be identified or contacted after completing.

Your feedback is important to us and will help shape the service in the future.

Once you have completed the questionnaire, please fold over this form and place it in the provided sealed box.

Many thanks for your help.

Appendix 7: Client Feedback Questionnaire

Health and Social Care Board

Public Health Agency

1. How acceptable were the following for you? Please tick one box for each row.

	Acceptable	Unsure	Not acceptable	Does not apply
Being approached by pharmacy staff about your drinking habits	☐	☐	☐	☐
Completing a questionnaire about your drinking habits	☐	☐	☐	☐
Receiving advice about alcohol and how to cut down your drinking	☐	☐	☐	☐
Being offered a referral to Addiction NI if you are at higher risk or highest risk	☐	☐	☐	☐
Recording your personal details (e.g. name, gender) on a referral form	☐	☐	☐	☐

2. Where did pharmacy staff talk to you about your drinking? Please tick one option only.

☐ Quiet area near the counter ☐ In consultation room ☐ In both

☐ Other, please say: _____

3. How did you feel about the level of privacy given when talking about your drinking? Please tick one option only.

☐ Comfortable ☐ Not comfortable ▼ ☐ Unsure

Please say why:

4. How would you rate the pharmacy staff that talked to you about your drinking? Please tick one box for each row.

	A lot	A little	Not
Staff were friendly and made me feel comfortable talking about my drinking.	☐	☐	☐
Staff were well informed and knowledgeable about alcohol.	☐	☐	☐
Staff were respectful and did not judge.	☐	☐	☐
Staff were well informed about available support for alcohol use.	☐	☐	☐

5. After talking about your drinking habits with pharmacy staff, which of the following describes you best? Please tick one option only.

☐ I'm planning to cut down my drinking. ☐ I think I should cut down on my drinking.

☐ I'm **not** planning to cut down my drinking. ☐ I don't know.

6. Are you …? Please provide your gender and age group (in years).

Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Age: ☐ 18-24 ☐ 25-34 ☐ 35-49 ☐ 50-64 ☐ 65 or older