**Questionnaire for patients**

Dear patient

The practice is examining its repeat prescribing system it would be helpful if you could complete this questionnaire and return it to …………. Your responses will be anonymous.

Please circle the most appropriate answer.

|  |
| --- |
| My prescription is always ready when I have been told it will be Agree Disagree10 9 8 7 6 5 4 3 2 1 |
| My prescription is always correctAgree Disagree10 9 8 7 6 5 4 3 2 1 |
| The doctor or nurse reviews my medication on a regular basisAgree Disagree10 9 8 7 6 5 4 3 2 1 |
| I know why I am taking all my medicationAgree Disagree10 9 8 7 6 5 4 3 2 1 |
| Comments: |

Thank you for completing this questionnaire.