User Survey Questionnaire of the Medicines Information Service

Centre: _____ **Enquiry No:** _____

Title: _____

Please complete the following questionnaire with specific regard to the [X] above enquiry, by placing a CROSS in the appropriate box

		strongly agree	agree	uncertain/ not applicable	disagree	strongly disagree
1.	Initially I was able to contact the service easily	☐	☐	☐	☐	☐
2.	I was informed when I could expect an answer	☐	☐	☐	☐	☐
3.	The answer provided was sufficiently detailed for my needs	☐	☐	☐	☐	☐
4.	In general I found the service to be helpful	☐	☐	☐	☐	☐
5.	I had to contact the MI centre more than once before I received a response	☐	☐	☐	☐	☐
6.	I received the answer to my enquiry too late for it to be useful	☐	☐	☐	☐	☐
7.	The information was received when requested	☐	☐	☐	☐	☐
8.	I did not receive the information that I required	☐	☐	☐	☐	☐
9.	I received the answer to my enquiry within the time requested	☐	☐	☐	☐	☐
10.	I was happy with the answer to my question	☐	☐	☐	☐	☐
11.	My question was answered in full	☐	☐	☐	☐	☐