Appendix 8. Satisfaction survey

An editable Microsoft Forms template (available here) can be adapted for use by GP practices and in other settings where the history-based penicillin allergy de-labelling process has been applied. This form is for anyone who has gone through at least part of the penicillin allergy de-labelling process.

The form description can be adapted as necessary, for example to include details of how the person's data will be used. Where the survey is used as paper copy, instructions should also be included on where to return the form.

The content of the survey template is included below:

Penicillin allergy review – Satisfaction survey

*Required

1. Before this allergy review, did you think you were allergic to penicillin?*

☐ Yes

☐ No

2. Before being contacted by your GP practice, were you aware of the potential harms caused by having an incorrect penicillin allergy record?*

1				5
Not aware at all	2	3	4	Fully aware

3. Did you receive the patient information leaflet via SMS (text message)?*

☐ Yes (proceed to Question 4)

☐ No (proceed to Question 6)

4. How easy was the patient information leaflet to read (sent via SMS)?

1				5
Difficult to read	2	3	4	Easy to read

5. How helpful was the patient information leaflet (sent via SMS)?

1				5
Unhelpful information	2	3	4	Helpful and informative

6. Did you have your penicillin allergy label removed as a result of this review?*

☐ Yes (proceed to Question 7)

☐ No (proceed to Question 8)

7. How comfortable do you feel about taking penicillin in the future? (Skip to Question 9)

Very comfortable	Somewhat comfortable	Neither comfortable nor uncomfortable	Somewhat uncomfortable	Not at all comfortable

8. What was the reason for keeping the penicillin allergy on your record?

☐ I would prefer to have an allergy test before making a decision on removing penicillin allergy from my record

☐ I am uncomfortable with taking penicillin

☐ This review confirmed that I am truly allergic to penicillin

9. How would you rate your overall experience with this penicillin allergy review?*

10. Do you have any other comments to help us to improve this service?

11. Would you be happy to be contacted to discuss this further or provide a patient story to publicise this service?*

☐ Yes (proceed to question 12)

☐ No (proceed to end of survey)

☐ Maybe (proceed to question 12)

12. Please provide your name and email address or telephone number: