

COMMUNITY PHARMACY PATIENT QUESTIONNAIRE

This section is about why you visited the pharmacy today

Q1 - Why did you visit this pharmacy today? To collect a prescription for:

- Yourself Someone else Both Some other reason

Q2 - If you collected a prescription today, were you able to collect it straight away, did you have to wait in the pharmacy or did you come back later to collect it? If you did not collect a prescription, please go to Q3.

- Straight away Waited in pharmacy Came back later

Q3a - How satisfied were you with the time it took to provide your prescription and/or any other NHS services you required?

- Not at all satisfied Not very satisfied Fairly satisfied Very Satisfied

Q3b - After you receive services or advice from us, we may retain some of your health information so that we're best placed to help when you next visit the pharmacy. We always ensure this information is safely stored and kept absolutely confidential. Are you unhappy with our procedures or do you have any concerns?

- Yes No

Q3c - In certain circumstances, the pharmacy may need to ask your consent to share your data with another healthcare professional to support your care. We will never pass on your health information without your express permission. Has the pharmacy ever asked for your consent like this?

- Yes No

Q3d - Whenever the pharmacy has asked for your consent, do you feel that your wishes were respected?

- Yes No

This section is about the pharmacy and the staff who work there more generally, not just for today's visit

Q4 - Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is: Please tick one box for each aspect of the pharmacy

4a - The cleanliness of the pharmacy

- Very Poor Fairly Poor Fairly Good Very Good Don't Know

4b - The comfort and convenience of the waiting areas (e.g. seating or standing room)

- Very Poor Fairly Poor Fairly Good Very Good Don't Know

4c - Having in stock the medicines/appliances you need

- Very Poor Fairly Poor Fairly Good Very Good Don't Know

4d - Offering a clear and well organised layout

- Very Poor Fairly Poor Fairly Good Very Good Don't Know

4e - How long you have to wait to be served

Very Poor Fairly Poor Fairly Good Very Good Don't Know

4f - Having somewhere available where you could speak without being overheard, if you wanted to

Very Poor Fairly Poor Fairly Good Very Good Don't Know

Q5 - Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is: *Please tick one box for each aspect of the*

5a - Being polite and taking the time to listen to what you want

Very Poor Fairly Poor Fairly Good Very Good Don't Know

5b - Answering any queries you may have

Very Poor Fairly Poor Fairly Good Very Good Don't Know

5c - The service you received from the pharmacist

Very Poor Fairly Poor Fairly Good Very Good Don't Know

5d - The service you received from the other pharmacy staff

Very Poor Fairly Poor Fairly Good Very Good Don't Know

5e - Providing an efficient service

Very Poor Fairly Poor Fairly Good Very Good Don't Know

5f - The staff overall

Very Poor Fairly Poor Fairly Good Very Good Don't Know

Q6 - Thinking about all the times you have used this pharmacy, how well do you think it provides each of the following services?

6a - Providing advice on a current health problem or a longer term health condition

Not At All Well Not Very Well Fairly Well Very Well Never Used

6b - Providing general advice on leading a more healthy lifestyle

Not At All Well Not Very Well Fairly Well Very Well Never Used

6c - Disposing of medicines you no longer need

Not At All Well Fairly Poor Fairly Good Very Good Never Used

6d - Providing advice on health services or information available elsewhere

Not Very Well Fairly Poor Fairly Well Very Well Never Used

Q7 - Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?

7a - Stopping smoking

Yes No

7b - Healthy eating

Yes No

7c - Physical exercise

Yes No

Q8 - Which of the following best describes how you use this pharmacy?

This is the pharmacy that you choose to visit if possible This is one of several pharmacies that you use when convenient for you today need to This pharmacy was just

Q9 - Finally, taking everything into account - the staff, the shop and the service provided - How would you rate the pharmacy where you received this questionnaire?

Poor Fair Good Very Good Excellent

Q10 - If you have any comments about how the service from this pharmacy could be improved, please write them in here:

These last few questions are just to help us categorise your answers

Q11 - How old are you?

16-19 20-24 25-34 35-44 45-54 55-64 65+

Q12 - Are you...

Male Female

Q13 - Which of the following apply to you:

You have, or care for, children under 16 You are a carer for someone with a longstanding illness or infirmity... Neither