

COMMUNITY PHARMACY PATIENT QUESTIONNAIRE

Q1 - Why did you last use our pharmacy service? To get an item for:

- For yourself For someone else Both
 Other

Q2 - If you had a prescription delivered, how satisfied were you with the timescale?

- Very Fairly Not Very Not At All

Q3 - If you used our pharmacy for another NHS service, how satisfied were you with the time it took to provide this service?

- Very Fairly Not Very Not At All

Q4 - Thinking about any previous use of our pharmacy services, as well as today, how would you rate the pharmacy on the following factors:

4a - the ease of contacting our pharmacy

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

4b - the ease of being able to speak to a pharmacist

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

4c - having in stock the products you need

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

4d - the quality of the packaging used for the delivery of your product(s)

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

4e - having someone available to deal with any problem after a delivery of a product or service

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

4f - the condition in which you received your prescription

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

Q5 - Again, including any previous use of our pharmacy services, how would you rate the pharmacist(s) and the other staff who work there?

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

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

5b - Answering any queries you may have

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

5c - The service you received from the pharmacist

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

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

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

5e - Providing an efficient service

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

5f - The staff overall

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

Q6 - Thinking about all the times you have used our pharmacy, how well do you think we provide each of the following services?

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

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

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

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

6c - Disposing of products you no longer need

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

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

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

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 the services of this pharmacy?

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

Q9 - Taking everything into account - the staff and the service provided - how would you rate this pharmacy?

- Excellent Very Good Good Fair Poor

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

Q11a - 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

Q11b - 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

Q11c - Whenever the pharmacy has asked for your consent, do you feel that your wishes were respected?

- Yes No

Q12 - How old are you?

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

Q13 - Are you...

- Male Female

Q14 - 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