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 need to
☐ This pharmacy was just convenient for you this time

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:
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