

# 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