

# Community Pharmacy Patient Questionnaire

This section is about the ease of being able to speak to staff privately without being overheard.

**Q1 - Are you aware that the pharmacy has a consultation room where you can discuss health matters privately?**

Yes  No

**Q2 - Do you know how to arrange to speak with pharmacy staff privately?**

Yes  No

**Q3 - Do you know how we protect your privacy if we conduct consultations with you over the phone?**

Yes  No

This section is about the provision of advice on health problems and healthy living.

**Q4 - Are you able to easily access health advice from pharmacy staff?**

Yes  No

**Q5 - How do you prefer to receive healthy living advice?**

In-person  On the phone  Written advice  Digital/website

**Q6 - Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?**

**Q6a - Stopping smoking**

Yes  No

**Q6b - Healthy eating**

Yes  No

**Q6c - Physical exercise**

Yes  No

**Q7 - Do you feel comfortable approaching pharmacy staff about your health problems?**

Yes  No

This section is about the timeliness of provision of NHS services.

**Q8 - How satisfied are you with how quickly you are able to receive your prescriptions/ or any other NHS service?**

Not at all satisfied  Not very satisfied  Fairly satisfied  Very satisfied

**Q9 - Has the pharmacy been able to meet your health needs during the pandemic?**

Yes  No  Never Used

**Q10 - Are there some services you think we should prioritise over others in the pharmacy?**

Write your comment (optional):

**Q11 - 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

**Q12 - If you have any comments about how the service from this pharmacy could be improved, please write them in here:**

Write your comment (optional):

This section is about consent and how we use your information.

**Q13a - 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 happy with our procedures?**

Yes     No

**Q13b - 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

**Q13c - Whenever the pharmacy has asked for your consent, do you feel that your wishes were respected?**

Yes     No     Not Applicable

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

**Q14 - How old are you?**

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

**Q15 - Are you...**

Male     Female