

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 **OR**

For some other reason (please write in the reason for your visit):

If you did not collect a prescription, please go to Q3.

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?

Straight away Waited in pharmacy Came back later

Q3 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

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:

ANSWERS:	Very poor	Fairly poor	Fairly good	Very good	Don't know
a) The cleanliness of the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The comfort and convenience of the waiting areas (e.g. seating or standing room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Having in stock the medicines/appliances you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Offering a clear and well organised layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) How long you have to wait to be served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Having somewhere available where you could speak without being overheard, if you wanted to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

ANSWERS:	Very poor	Fairly poor	Fairly good	Very good	Don't know
a) Being polite and taking the time to listen to what you want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Answering any queries you may have.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The service you received from the pharmacist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The service you received from the other pharmacy staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Providing an efficient service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The staff overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

ANSWERS:

	Not at all well	Not very well	Fairly well	Very well	Never used
a) Providing advice on a current health problem or a longer term health condition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Providing general advice on leading a more healthy lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Disposing of medicines you no longer need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Providing advice on health services or information available elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 What services (if any) would you like to see in this pharmacy that are not currently provided?

- | | | | |
|------------------------------|--------------------------|--------------------|--------------------------|
| Blood pressure screening | <input type="checkbox"/> | Diabetes screening | <input type="checkbox"/> |
| Heart checks | <input type="checkbox"/> | Weight management | <input type="checkbox"/> |
| Support for stopping smoking | <input type="checkbox"/> | Sexual health | <input type="checkbox"/> |
- other - please state

Q8 Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?

- | | | |
|------------------------|------------------------------|-----------------------------|
| Stopping smoking..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Healthy eating..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical exercise..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Q9 Which of the following best describes how you use this pharmacy?

- | | |
|--|--------------------------|
| This is the pharmacy that you choose to visit if possible..... | <input type="checkbox"/> |
| This is one of several pharmacies that you use when you need to..... | <input type="checkbox"/> |
| This pharmacy was just convenient for you today | <input type="checkbox"/> |

Q10 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

Q11 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

Q12 How old are you?

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

Q13 Are you... Male Female

Q14 Which of the following apply to you:

- | | |
|---|--------------------------|
| You have, or care for, children under 16 | <input type="checkbox"/> |
| You are a carer for someone with a longstanding illness or infirmity... | <input type="checkbox"/> |
| Neither | <input type="checkbox"/> |

Pharmacy Stamp

Thank you for completing this questionnaire