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 prescriptio | n for: Yourself So | meone el | lse 🗌 | Both [| _ o | R | | |
| For some other reason | on (please write in the reaso | n for you | r visit): | | | | | |
| If you did not collect a | prescription, please go to C |)3. | | | | | | |
| • | prescription today, were y | • | | | ght awa | ny, did you | | |
| Straight away | traight away Waited in pharmacy Came back later | | | | | | | |
| Q3 How satisfied wer other NHS services y | e you with the time it tool ou required? | k to prov | ide your | prescrip | otion an | d/or any | | |
| Not at all satisfied | Not very satisfied ☐ F | airly satis | airly satisfied Very Satisfied | | | | | |
| | s section is about the ph ork there more generally | • | | | | | | |
| pharmacy on the follo | ny previous visits as well a pwing factors? Please tick ow good or poor you think i | cone box | | | | | | |
| ANSWERS: | | Very poor | Fairly poor | Fairly good | Very good | Don't know | | |
| b) The comfort and cor | ne pharmacy nvenience of the seating or standing room) | | | | Ď | | | |
| c) Having in stock the | | _ | | | | | | |
| d) Offering a clear and | well organised layout | | | | | | | |
| f) Having somewhere a | | | | | | | | |
| | being overheard, if you | | | | | | | |
| pharmacist and the o | any previous visits to this ther staff who work there show how good or poor yo | ? Please | tick one l | - | | | | |
| ANSWERS: | | Very poor | Fairly poor | Fairly good | Very good | Don't know | | |
| b) Answering any quer | ies you may have | | | | | | | |
| c) The service you recompharmacistd) The service you recomplete. | | | | | | | | |
| pharmacy staff | | | | | | | | |
| · - | nt service | | | | | | | |

 $_{\mbox{\sc Annex A}}$ 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 conditionb) Providing general advice on leading a more | . 🗆 | | | | | | | | | | |
| healthy lifestyle | | | | | | | | | | | |
| c) Disposing of medicines you no longer needd) Providing advice on health services or | . 📙 | | | | | | | | | | |
| information available elsewhere | | | | | | | | | | | |
| Q7 Have you ever been given advice about any of the following by the pharmacist or pharmacy staff? | | | | | | | | | | | |
| Stopping smoking | | | | | | | | | | | |
| Q8 Which of the following best describes how you use this pharmacy? | | | | | | | | | | | |
| This is the pharmacy that you choose to visit if possible | | | | | | | | | | | |
| Q9 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 Good Very Goo | d 🗌 | Excelle | nt 🗌 | | | | | | | | |
| Q10 If you have any comments about how the simproved, please write them in here: [Insert here, if required, additional questions relating to healthcare see | | | s pharma | acy coul | d be | | | | | | |
| These last few questions are just to I | haln us | categor | risa vou | ır answa | ore | | | | | | |
| Q11 How old are you? | icip us | vai o gui | ise you | i aiiswt | <i>)</i> 1 | | | | | | |
| 16-19 \(\text{ 20-24} \) \(\text{ 25-34} \) \(\text{ 35-44} \) | 4 | 5-54 🗌 | 55-64 | 4 🔲 | 65+ | | | | | | |
| Q12 Are you Male | | Female | | | | | | | | | |
| Q 13 Which of the following apply to you: | | | | | | | | | | | |
| You have, or care for, children under 16 | | | | | | | | | | | |