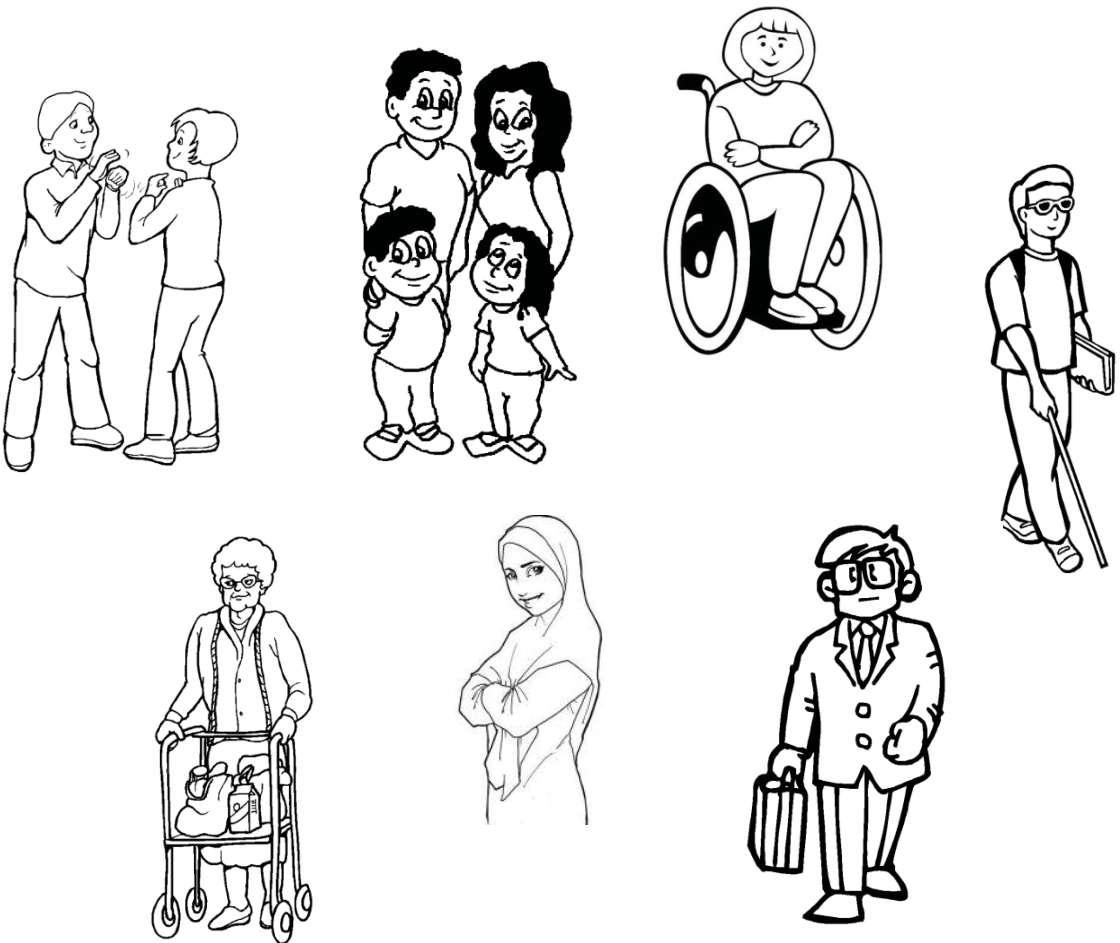


## Questionnaire about how well this pharmacy meets the needs of its patients

Your views about this pharmacy are really important. It is vital that the pharmacy hears about your experiences so they can improve their service for everyone, including people like you. If you don't respond, the pharmacy can't make these improvements. This questionnaire is not being given to everybody, so your response is extremely valuable.

When you answer the questions, please think about how well the pharmacy meets your needs, taking into account **your own circumstances**.

The questionnaire should take no longer than 10 minutes to complete.



If you would like to complete the questionnaire online, please go to:  
<https://www.surveymonkey.com/s/PharmacyName>

Please remember to think about your own circumstances when you answer the questions

## About your visit to the pharmacy...

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**Q1a** The last time you used the pharmacy, what did you want?

To collect a prescription.....

To seek healthcare advice.....

I wasn't sure what I wanted.....

Something not listed above (please specify).....

**Q1b** Were you able to get what you wanted?

Yes  No  No opinion

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**Q2** Were you happy with the speed of service?

Yes  No  No opinion

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**Q3a** If you wanted to speak with someone, did you have any preferences about who you spoke with?

Yes, I wanted a particular member of the pharmacy staff.....

Yes, I wanted someone of my own sex.....

Yes, there was a particular person I wanted to avoid.....

No, I didn't mind who I saw.....

I didn't want to speak with anyone.....

**Q3b** Were you able to speak with the person you wanted?

Yes  No  No opinion

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**Q4** Overall, did the pharmacy make it easy for you to get what you wanted?

Very easy  Quite easy  Quite difficult  Very difficult  No opinion

Please tell us about any difficulties you had in getting what you wanted, and how the pharmacy could make this easier for you to get what you wanted:

Please remember to think about your own circumstances when you answer the questions

## About how well pharmacy staff treated you...

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Q5 The last time you used the pharmacy, did you feel that the staff...

Were friendly towards you?

Yes  To some extent  No  No opinion

Treated you with respect?

Yes  To some extent  No  No opinion

Tried their best to help you?

Yes  To some extent  No  No opinion

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Q6 Overall, did you feel that the staff treated you well?

Very well  Quite well  Not very well  Not at all well  No opinion

Please tell us about any problems you have had with the way pharmacy staff treat you, and what would make this better for you:

## About how easy it was for you to visit the pharmacy...

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Q7 How easy was it for you to...

Get around the building?

Very easy  Quite easy  Quite difficult  Very difficult  No opinion

Get the medicines, supplies, or advice that you needed?

Very easy  Quite easy  Quite difficult  Very difficult  No opinion

Find what you wanted on the shelves?

Very easy  Quite easy  Quite difficult  Very difficult  No opinion

**Please remember to think about your own circumstances when you answer the questions**

Talk to pharmacy staff without being overheard?

Very easy     Quite easy     Quite difficult     Very difficult     No opinion

Know when it was your turn to be served?

Very easy     Quite easy     Quite difficult     Very difficult     No opinion

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**Q8**    Could you wait in comfort?

Yes     Yes, to some extent     No     No opinion

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**Q9**    Overall, how easy was it for you to use the pharmacy building and its facilities?

Very easy     Quite easy     Quite difficult     Very difficult     No opinion

Please tell us about any problems you have had in using the pharmacy building and its facilities, and what would make this easier for you:

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**About how good this pharmacy is at providing and signposting services...**

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**Q10**    Is this pharmacy good at...

Providing advice on your health problem(s)?

Very good     Quite good     Not very good     Not at all good     Not applicable

Providing advice on how to have a healthier lifestyle?

Very good     Quite good     Not very good     Not at all good     Not applicable

Disposing of medicines you no longer need?

Very good     Quite good     Not very good     Not at all good     Not applicable

Coordinating with the GP (e.g. ensuring that repeat prescriptions are ready for you, checking your prescriptions are correct)?

Very good     Quite good     Not very good     Not at all good     Not applicable

**Please remember to think about your own circumstances when you answer the questions**

Fitting in with your life circumstances (e.g. offering home delivery of prescriptions)?

Very good  Quite good  Not very good  Not at all good  Not applicable

Helping patients get the best out of the service (e.g. offering advice such as how to save money on a prescription)?

Very good  Quite good  Not very good  Not at all good  Not applicable

Providing advice about relevant health services or information available elsewhere?

Very good  Quite good  Not very good  Not at all good  Not applicable

Please tell us about any problems you have had in the way the pharmacy provides services to you and advises you about services, and what would make this better for you:

**About how good this pharmacy is at listening and communicating with patients...**

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**Q11** Is this pharmacy good at...

Keeping you informed about their opening hours?

Very good  Quite good  Not very good  Not at all good  No opinion

Keeping you informed about their services?

Very good  Quite good  Not very good  Not at all good  No opinion

Listening to patients' complaints and suggestions?

Very good  Quite good  Not very good  Not at all good  No opinion

Please tell us how the pharmacy could be better at listening and communicating with patients:

Please remember to think about your own circumstances when you answer the questions

## Overall, how do you feel about this pharmacy?

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**Q12** Thinking about your own lifestyle and personal circumstances, does this pharmacy provide a good service for people like you?

Yes, completely     Yes, to some extent     No, not really     No, not at all     No opinion

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**Q13** Do you feel comfortable using this pharmacy?

Very comfortable     Quite comfortable     Not very comfortable     Not at all comfortable     No opinion

Please tell us about anything this pharmacy does particularly well to meet your needs:

Please tell us how the pharmacy could be better at meeting your needs:

## About you...

The following questions are important for finding out how well the pharmacy meets the needs of different groups of people. However, **if there are any questions you would strongly prefer not to answer**, please leave them blank.

### What is your gender?

male       female       transgender

### How old are you?

under 18            55 to 64        
18 to 24            65 to 74        
25 to 34            75 to 84        
35 to 44            85 or over        
45 to 54     

### What is your ethnic group?

White British        
Black or Black British        
Asian or Asian British        
Mixed British        
Chinese        
Gypsy or traveller        
Other ethnic group            (please state.....)

### Do you have any of the following conditions? (please tick any that apply)

deafness or severe hearing impairment        
blindness or severe visual impairment        
a condition that substantially limits your ability to  
carry out basic activities, e.g. walking, climbing stairs,  
lifting or carrying        
a learning disability        
a long-standing mental health problem        
any other long-standing illness (e.g. asthma, diabetes)

**Which of these describes what you are doing at present?** *(please tick one only)*

- full-time paid work (30 hours or more each week)
- part-time paid work (under 30 hours each week)
- full-time education at school, college or university
- not in paid work / retired

**Is it easy for you to take time away from your work to visit the pharmacy?**

- yes  no  not applicable

**Why did you choose to use this particular pharmacy?**

This is the pharmacy I usually use .....

This pharmacy was convenient for me today.....

None of the above: please explain why are chose this particular pharmacy.....

**Are you a parent or a legal guardian for any children aged under 16 living in your home?**

- yes  no

*If yes:* please give the ages of the children.....

**Are you a carer for anyone with an ongoing health problem or disability?**

- yes  no

**Which of the following best describes how you think of yourself?**

heterosexual / straight

gay / lesbian

bisexual

other

**Would you say that English is your first language?**

- yes  no  bilingual / multi-lingual

If English is not your first language, what is your first language?.....