

How well does this pharmacy meet your needs?

This questionnaire will take you just 10 minutes to complete



You can complete the questionnaire online if you prefer:
<https://www.surveymonkey.com/s/PharmaciesSurvey>

For each question please tick the answer that best matches how you feel about the pharmacy.

There are no right or wrong answers. Please use the full range of options – it is important for the pharmacy to know your opinion even if it is very negative.

There is a space at the end of the questionnaire where you can write additional comments if you want to explain any of your answers in more detail, or have anything else you would like to say.

Using the pharmacy

1 How easy is it for you to collect a prescription?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- Don't know

2 How easy is it for you to get healthcare advice?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- Don't know

3 How easy is it for you to get what you want without a long wait?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- Don't know

4 How easy is it for you to speak with a particular member of the pharmacy staff, when you want to?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- Don't know

5 How easy is it for you to speak with someone of your own sex, when you want to?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- Don't know

6 How easy is it for you to speak with someone who speaks your language, or to arrange for an interpreter?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- Don't know / not applicable

7 How easy is it for you to find out about the pharmacy's opening times and services?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- Don't know / not applicable

How the pharmacy staff treat you

8 Are the pharmacy staff friendly?

- Yes, very
- Yes, to some extent
- No, not very
- No, not at all
- No opinion

9 Are the pharmacy staff willing to try their best to help?

- Yes, very
- Yes, to some extent
- No, not very
- No, not at all
- No opinion

10 Are the pharmacy staff polite?

- Yes, very
- Yes, to some extent
- No, not very
- No, not at all
- No opinion

Visiting the pharmacy

11 How easy is it for you to travel to the pharmacy?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- No opinion

12 How easy is it for you to get around the building?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- No opinion

13 How easy is it for you to find what you want on the shelves?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- No opinion

14 How easy is it for you to talk to pharmacy staff without being overheard?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- No opinion

15 How easy is it for you to know when it is your turn to be served?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- No opinion

16 How good is this pharmacy at helping you to feel at ease while you are waiting?

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

17 How good is this pharmacy at providing information in a form that you can understand (e.g. translated or Easy Read information leaflets)?

- Very good
- Quite good
- Not very good
- Not at all good
- No opinion / not applicable

Organising and providing services

- 18** How good is this pharmacy at working with the doctors' surgery (e.g. making sure that repeat prescriptions are ready for you, checking that your prescriptions are correct)?

Very good
Quite good
Not very good
Not at all good
Don't know

- 19** How good is this pharmacy at offering home delivery of prescriptions, if you need it?

Very good
Quite good
Not very good
Not at all good
Don't know

- 20** How good is this pharmacy at letting you know about health or community services available elsewhere that might be helpful for you?

Very good
Quite good
Not very good
Not at all good
Don't know / not applicable

- 21** How good is this pharmacy at disposing of medicine you no longer need?

Very good
Quite good
Not very good
Not at all good
Don't know

Providing a service that suits you

- 22** Thinking about your own needs and personal circumstances, do you feel that this pharmacy provides a service that suits you well?

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

Listening to patients

- 23** How good is this pharmacy at encouraging patients to make suggestions about what the pharmacy could do better (e.g. a suggestion box, website feedback form)?

Very good
Quite good
Not very good
Not at all good
Don't know

- 24** How good is this pharmacy at listening to patients' complaints?

Very good
Quite good
Not very good
Not at all good
Don't know

- 25** How good is this pharmacy at acting on patients' suggestions and complaints?

Very good
Quite good
Not very good
Not at all good
Don't know

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

Please tell us how this pharmacy could be better at meeting your needs. You can also use this box to explain any of your other answers in more detail:

About you

The following questions will help us to see how well the pharmacy meets the needs of different groups of people. This will help the pharmacy provide a better service for everyone.

The questionnaire is completely confidential, and the pharmacy will not be able to link your answers to you as an individual. **If there are any questions you would strongly prefer not to answer, please leave them blank.**

1 Would you describe yourself as:

Male

Female.....

2 How old are you?

Under 18

18 to 24.....

25 to 34.....

35 to 44.....

45 to 54.....

55 to 64.....

65 to 74.....

75 to 84.....

85 or over.....

3 Which of these groups do you belong to?

A White

English / Welsh / Scottish / Northern Irish / British.....

Irish.....

Gypsy or Irish Traveller

Any other White background

If other, please write in

.....

B Mixed / multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian.....

Any other mixed / multiple ethnic background

If other, please write in

.....

C Asian / Asian British

Indian

Bangladeshi

Pakistani.....

Chinese.....

Any other Asian background

If other, please write in

.....

D Black / African / Caribbean / Black British

African

Caribbean

Any other Black / African / Caribbean background

If other, please write in

.....

E Other ethnic group

Please write in

.....

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

Deafness or hearing impairment

Blindness or visual impairment

A condition that 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 (e.g. depression, bipolar)

Any other long-standing illness (e.g. diabetes, epilepsy, cancer)

5 Which of these describes what you are doing at present?

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

Voluntary work or other commitments

Unemployed

Long-term sick or disabled

Fully retired from work

Looking after the home

Other

6 Is it easy for you to take time away from your work or other commitments to visit the pharmacy?

Yes

No

Not applicable

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

Yes

No

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

Yes

No

9 Would you consider yourself to be:

Heterosexual / straight

Gay / Lesbian

Bisexual

Other

I would prefer not to say

10 Would you say that English is your first language (please tick any that apply)?

Yes

No

Bilingual / multi-lingual

If no, what is your first language?

.....

11 Are you a British Sign Language user?

Yes

No

The questionnaire you have just completed is being tested by researchers at the University of Leicester to see how well it works. The researchers would like to compare it with other questionnaires being used in the NHS. The following questions will help them to do this. Thank you.

Please circle your response to each statement below:

	strongly disagree						strongly agree
	1	2	3	4	5	6	7
A This pharmacy tells you exactly when services will be performed	1	2	3	4	5	6	7
B Staff at this pharmacy give you prompt service	1	2	3	4	5	6	7
C Staff at this pharmacy are always willing to help you	1	2	3	4	5	6	7
D Staff at this pharmacy are never too busy to respond to your requests	1	2	3	4	5	6	7
E This pharmacy gives you individual attention	1	2	3	4	5	6	7
F Staff at this pharmacy give you personal attention	1	2	3	4	5	6	7
G Staff at this pharmacy know what your needs are	1	2	3	4	5	6	7
H This pharmacy has patients' best interests at heart	1	2	3	4	5	6	7
I This pharmacy has convenient opening hours	1	2	3	4	5	6	7

To help with the testing of the questionnaire, the researchers would like to send you another copy of the questionnaire in 2-4 weeks' time. Would you be willing to fill it in again? If so, please provide your contact details below.

Only the University of Leicester will have access to your contact details. The pharmacy will not know who has filled in the questionnaire.

Name:.....

Postal address:.....

.....

Postcode:

Email address if you would prefer to complete the questionnaire online:

.....

Thank you very much for your help.