

How well does this pharmacy meet your needs?

This questionnaire will take you just 10 minutes to complete



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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.

Getting served

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

How the pharmacy staff treat you

7 Are the pharmacy staff friendly?

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

8 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

Using the pharmacy

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

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

10 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

11 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

12 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

13 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

14 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

- 15** 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

- 16** 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.....

Providing a service that suits you

- 17** 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

- 18** 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

- 19** How good is this pharmacy at listening to 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 or voluntary work (30 hours or more each week)

Part-time paid or voluntary work (under 30 hours each week)

Full-time education at school, college or university

Unemployed

Long-term sick or disabled

Fully retired from work.....

Looking after the home.....

Other

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

Yes

No.....

7 Would you consider yourself to be:

Heterosexual / straight.....

Gay / Lesbian.....

Bisexual

Other

I would prefer not to say

8 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?

.....

9 Are you a deaf person who uses sign language?

Yes

No