



This section is about why you used Sarum Pharmacy

Q1 To obtain a prescription for: Yourself Someone else Both **OR**

For some other reason (please write in what you used the pharmacy for):

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

Q2 If you had a prescription delivered today, how satisfied were you with the time it took to provide your prescription?

Not at all satisfied Not very satisfied Fairly satisfied Very Satisfied

Q3 If you used the pharmacy service for another NHS service, how satisfied were you with the time it took to provide this service?

Not at all satisfied Not very satisfied Fairly satisfied Very Satisfied

This section is about the pharmacy and the staff who work there

Q4 Thinking about any previous use of the pharmacy, 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 ease of contacting the pharmacy.....	<input type="checkbox"/>				
b) The ease of being able to speak to a pharmacist...	<input type="checkbox"/>				
c) Having in stock the medicines/appliances you need	<input type="checkbox"/>				
d) The quality of the packaging used for the delivery of your prescription(s).....	<input type="checkbox"/>				
e) The condition in which you received your prescription(s)	<input type="checkbox"/>				
f) Having someone available to deal with any problem with your prescription after it has been delivered...	<input type="checkbox"/>				

Q5 Again, including any previous use of this pharmacy, how would you rate the pharmacist(s) 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"/>				
b) Answering any queries you may have.....	<input type="checkbox"/>				
c) The service you received from the pharmacist	<input type="checkbox"/>				
d) The service you received from the other pharmacy staff	<input type="checkbox"/>				
e) Providing an efficient service	<input type="checkbox"/>				
f) The staff overall	<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? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is:

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"/>				
b) Providing general advice on leading a more healthy lifestyle	<input type="checkbox"/>				
c) Disposing of medicines you no longer need	<input type="checkbox"/>				
d) Providing advice on health services or information available elsewhere	<input type="checkbox"/>				

Q7 Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?

- Stopping smoking..... Yes No
- Healthy eating..... Yes No
- Physical exercise..... Yes No

Q8 Which of the following best describes how you use this pharmacy?

- This is the pharmacy that you choose to use if possible.....
- This is one of several pharmacies that you use when you need to.....
- This pharmacy was just convenient for you this time

Q9 Finally, taking everything into account - the staff and the service provided - how would you rate this pharmacy?

- Poor
- Fair
- Good
- Very Good
- Excellent

Q10 If you have any comments about how the service from this pharmacy could be improved, please write them in here:

These forms are anonymous. If you'd like a reply to your feedback or comments please give your name and contact details

These last few questions are just to help us categorise your answers

Q11 How old are you?

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

Q12 Are you...

- Male
- Female

Q 13 Which of the following apply to you:

- You have, or care for, children under 16
- You are a carer for someone with a longstanding illness or infirmity...
- Neither

Thank you for completing this questionnaire.

Please return to the Endless Street Doctors' Surgery, part of the Three Chequers Medical Practice.

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