## **Distance Selling Pharmacy Patient Questionnaire**

This section is about the ease of being able to speak to staff privately without being overheard.

| Q1 - Are<br>health m     | -                      | t you can speak priva                         | tely with a member   | of the pharmacy team to discuss     |
|--------------------------|------------------------|---|----------------------|-------------------------------------|
| □ Yes                    | □ No                   |   |                      |                                     |
| Q2 - Do                  | you know how           | to arrange to speak w                         | vith pharmacy staff  | orivately?                          |
| □ Yes                    | □ No                   |   |                      |                                     |
| Q3 - Do<br>phone?        | you know how           | we protect your priva                         | cy if we conduct co  | sultations with you over the        |
| □ Yes                    | □ No                   |   |                      |                                     |
| This se                  | ction is about t       | he provision of advice                        | e on health problem  | s and healthy living.               |
| <b>Q4 - Are</b><br>□ Yes | you able to ea<br>□ No | sily access health adv                        | rice from pharmacy   | staff or the pharmacy website?      |
| Q5 - Ho                  | w do you prefe         | r to receive healthy liv                      | ring advice?         |                                     |
| □ Digita                 | l/website              | $\square$ On the phone $\square$              | By Email □ By        | Post                                |
| =                        | -                      | en given advice about<br>nrough online commun |                      | by the pharmacist or pharmacy       |
| Q6a - St                 | opping smokin          | g   |                      |                                     |
| □ Yes                    | □ No                   |   |                      |                                     |
| Q6b - H                  | ealthy eating          |   |                      |                                     |
| □ Yes                    | □ No                   |   |                      |                                     |
| Q6c - Pł                 | nysical exercise       | <b>:</b>                                      |                      |                                     |
| □ Yes                    | □ No                   |   |                      |                                     |
| Q7 - Do                  | you feel comfo         | rtable communicating                          | with the pharmacy    | staff about your health problems?   |
| □ Yes                    | □ No                   |   |                      |                                     |
| This se                  | ction is about t       | he timeliness of provi                        | sion of NHS service  | S.                                  |
| Q8 - Ho<br>NHS serv      |                        | you with how quickly                          | you are able to rece | ive your prescriptions or any other |
| □ Not at                 | all satisfied          | □ Not verv satisfie                           | d □ Fairly satisf    | ied □ Very satisfied                |

| Q9 - Has  ☐ Yes | tne pnari               | macy been able<br>□ Never Use | e to meet your no   | ealth needs d   | luring the pan | demic?  |
|-----------------|-------------------------|-------------------------------|---------------------|-----------------|----------------|---|
|                 |                         |                               | ou think we shou    | ld prioritics ( | over ethers in | the pharmacy?   |
| _               |                         | nt (optional):                | ou tillik we silou  | iu prioritise i | over others in | ше рнагнасу:  |
| Vince you       |                         | Tit (Optional).               |                     |                 |                |   |
|                 |                         |                               |                     |                 |                |   |
| =               | nally, taki<br>pharmacy |                               | into account - th   | e staff and th  | ne service pro | vided - How would you   |
| □ Poor          | □ Fair                  | $\square$ Good                | $\square$ Very Good | □ Excelle       | ent            |   |
| =               | you have a              | -                             | about how the s     | ervice from t   | his pharmacy   | could be improved,  |
| Write you       | ur comme                | nt (optional):                |                     |                 |                |   |
|                 |                         |                               |                     |                 |                |   |
|                 |                         |                               |                     |                 |                |   |
|                 |                         |                               |                     |                 |                |   |
| This sec        | ction is ab             | out consent an                | d how we use y      | our informati   | on.            |   |
| so that w       | re're best              | placed to help                | when you next v     | isit the phar   | macy. We alw   | your health information<br>ays ensure this<br>with our procedures?  |
| □ Yes           | □ No                    |                               |                     |                 |                |   |
| with ano        | ther healt              | hcare professio               | onal to support y   | our care. We    | will never pa  | nt to share your data<br>ss on your health<br>for your consent like |
| □ Yes           | □ No                    |                               |                     |                 |                |   |
| Q13c - V        |                         | the pharmacy l                | nas asked for yo    | ur consent, d   | o you feel tha | t your wishes were  |
| □ Yes           | □ No                    | □ Not Applic                  | able                |                 |                |   |
| These la        | ast few qu              | estions are jus               | t to help us cate   | egorise your    | answers        |   |
| Q14 - Ho        | ow old are              | you?                          |                     |                 |                |   |
| □ 16-19         | □ 20-                   | -24 □ 25-3                    | 4 □ 35-44           | □ 45-54         | □ 55-64        | □ 65+   |
| <b>Q15</b> - Ar | e you                   |                               |                     |                 |                |   |
| □ Male          | □ Fem                   | ale                           |                     |                 |                |   |