

Pharmacy patients / carers survey

Pharmacy name


Date.....

Completed by.....

Questions			
Who are you?			
Patient	Family member	Carer	
Other:			
What services do you get from this pharmacy?			
Prescription medication	Off the shelf medication	Advice about medication	Contraceptive advice
Advise about symptoms	Health Advice (i.e. blood pressure)	Other... please state	
Are you confident that you have received the correct medication prescribed?		Yes	No
Any comments			
Do you get your medication on time?	Yes	No	
If you did not get your medication on time, have you had to go without medication?	Yes	No	
Any comments			
Do you get advice about your medication?		Yes	No
Any comments			
Are you aware of Pharmacy First?	Yes	No	

Any comments		
Behaviour/equality		
Are staff polite and courteous to you?	Yes	No
Any comments		
Are you treated with dignity and respect?	Yes	No
Any comments		
Is your privacy and confidentiality respected?	Yes	No
Any comments		
Complaints		
Are your concerns listened to?	Yes	No
Any comments		
If you experience a problem, is it quickly sorted out?	Yes	No
Any comments		
Would you know who to complain to if you weren't happy with the service?	Yes	No
Any comments		
Communication		
Is there good communication and professional behaviour from the pharmacy team?	Yes	No
Any comments		
Have you had any communication difficulties between your GP practice and this pharmacy?	Yes	No
Any comments		

Environment				
Is it a clean and safe environment inside the pharmacy?	Yes		No	
Any comments				
Is it a clean and safe environment outside the pharmacy?	Yes		No	
Any comments				
Accessibility				
Is the venue accessible?	Yes		No	
Any comments				
Do you need a language interpreter?	Yes		No	
Any comments				
If you need a language interpreter, is one provided? (i.e. BSL/ other language)	Yes		No	
Any comments				
Are your sensory impairments catered for?	Yes		No	
Any comments				
How would you rate your experience at this pharmacy?				
Excellent	Good	Neither	Poor	Very Poor
Please explain the reason for the rating you have given.				
Suggestions for Improvement				

Do you think anything could be improved?	
Any other comments?	
Authorised Representative...can you see?	
General Pharmaceutical Council poster	
Healthwatch Poster	Complaints Procedure
Opening times	General Information Leaflets
Responsible Pharmacist (Name and registration number)	