



Homeward Pharmacy

Patient Questionnaire

Q1 Why did you use the Homeward Pharmacy service?

Obtain a prescription for: Yourself Someone else Both **OR**

For some other reason (please write in what you used Homeward Pharmacy for):

Q2 If you had a prescription delivered, how satisfied were you with the time it took to provide your prescription? Very satisfied Fairly Satisfied Not very satisfied Not at all satisfied

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

Not used Very Satisfied Fairly satisfied Not very satisfied Not at all satisfied

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

Q4 Thinking about any previous use of Homeward, how would you rate Homeward 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:

	Very good	Fairly good	Fairly poor	Very poor	Don't know
a) The ease of contacting Homeward...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The ease of being able to speak to a pharmacist...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Having in stock the prescription items you need...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The quality of the packaging used for the delivery of your prescription(s)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The condition in which you received your prescription(s)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Having someone available to deal with any problem with your prescription after it has been delivered...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5 Again, including any previous use of Homeward Pharmacy, how would you rate the pharmacist(s) and other staff (customer services) 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:

	Very good	Fairly good	Fairly poor	Very poor	Don't know
a) Being polite and taking the time to listen...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Answering any queries you may have...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The service you received from the pharmacist...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The service you received from other staff...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Providing efficient service...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)The staff overall...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 Which of the following best describes how you use Homeward 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 ...



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Patient Questionnaire

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 Thinking about all the times you have used Homeward 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:

	Never used	Very well	Fairly well	Not very well	Not at all well
a) Providing advice on a current health problem or a longer term health condition...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Providing advice on leading a more healthy lifestyle...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Disposing of medicines you no longer need ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Providing advice on health services or information available elsewhere...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Excellent Very good Good Fair Poor

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

This section will 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 ...

This section is about Data Protection, Confidentiality and Consent

Q14a After receiving services or advice from us, we may retain some of your health information so that we're best placed to help when you next visit or receive a delivery. We always ensure this information is safely stored and kept confidential in full compliance with NHS and National legislation.

Are you happy for us to do this? Yes No

Q14b Do you have any concerns? Yes No

If you have any comments about how we can improve your confidentiality/data security, please write them in here:

Thank you for completing this questionnaire