

Pharmacy customer survey

Please leave out your name and any prescription details. Tell us about today's visit: there are no right or wrong answers.

Pharmacy _____

Date _____

For each statement, tick one box from 1 (strongly disagree) to 5 (strongly agree).

1 What did you come in for today?

☐ New prescription ☐ Refill ☐ Vaccine or health check ☐ Advice or a product ☐ Something else

STATEMENT	STRONGLY DISAGREE					STRONGLY AGREE				
2 My prescription was ready when promised.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
3 The wait was reasonable for what I came in for.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
4 Staff were friendly and treated me with respect.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
5 I could speak without being overheard.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
6 The pharmacist had time for my questions.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
7 I left knowing how and when to take my medicine.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
8 The cost of my medicine was explained clearly.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					

9 About how long did you wait at the pharmacy today?

☐ Under 5 min ☐ 5 to 10 min ☐ 11 to 20 min ☐ 21 to 30 min ☐ Over 30 min

10 Did anything go wrong on this visit?

☐ No, nothing ☐ Not ready on time ☐ Out of stock ☐ Insurance or price issue ☐ Something else

11 How likely are you to recommend this pharmacy to a friend or family member?

Not at all likely ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Extremely likely

12 What is one thing we could do to make your next visit better?

Thank you. Your answers are anonymous.

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Optional questions (1 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Prescriptions and refills

13 How did you find out your prescription was ready?

- ☐ Text message ☐ Phone call ☐ App alert ☐ I just came in ☐ Other

14 In the last 3 months, how often was an order not ready on arrival?

- ☐ Never ☐ Once ☐ 2 or 3 times ☐ 4 or more times ☐ Not sure

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
15 Ordering a refill here is easy.	1	2	3	4	5
16 If an order is delayed, I hear before I come in.	1	2	3	4	5

A new medicine

17 Did the pharmacist offer to talk with you about the new medicine?

- ☐ Yes, we talked ☐ Yes, I said no ☐ No offer made ☐ Not sure

18 Before you left, which of these did someone explain? (tick all that apply)

- ☐ What it is for ☐ How much and when ☐ Side effects to watch ☐ What if I miss a dose
☐ How to store it ☐ None of these

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
19 I was asked what other medicines I take.	1	2	3	4	5
20 I felt comfortable asking a question.	1	2	3	4	5
21 The printed leaflet was easy to read.	1	2	3	4	5

Cost and insurance

22 In the past year, did cost make you skip doses, take less or fill late?

- ☐ No ☐ Yes, once ☐ Yes, more than once ☐ Prefer not to say

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
23 I was told about lower-cost options.	1	2	3	4	5
24 Prices here are fair for the service I get.	1	2	3	4	5

Optional questions (2 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Vaccines and health services

25 Which of these have you had at this pharmacy in the past year? (tick all that apply)

- ☐ Flu shot ☐ COVID-19 vaccine ☐ Another vaccine ☐ Blood pressure check ☐ Medicines review
☐ None of these

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
26 Booking my vaccine or check was easy.	1	2	3	4	5
27 The room or booth felt private.	1	2	3	4	5
28 Which service would you most like us to add?					
☐ Blood pressure checks ☐ Blood sugar checks ☐ Travel vaccines ☐ Help to quit smoking ☐ Medicines reviews					

Before a medicines check

29 How many prescription medicines do you take regularly?

- ☐ None ☐ 1 or 2 ☐ 3 or 4 ☐ 5 to 9 ☐ 10 or more

30 Do you also take any of these? (tick all that apply)

- ☐ Pain relievers ☐ Vitamins ☐ Herbal remedies ☐ Sleep aids ☐ Antacids ☐ None

31 In the past 7 days, on how many days did you miss a dose?

- ☐ None ☐ 1 day ☐ 2 or 3 days ☐ 4 or more days ☐ Not sure

32 Have you noticed a side effect you think a medicine may cause?

- ☐ No ☐ Yes, and I told someone ☐ Yes, but not yet mentioned ☐ Not sure

33 What would you like to ask the pharmacist about your medicines?

Thank you. Your answers are anonymous.

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Optional questions (3 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Delivery, mail order and the app

34 How do you get most of your prescriptions now?

- ☐ In store ☐ Drive-thru ☐ Local delivery ☐ By mail ☐ A mix

STATEMENT	STRONGLY DISAGREE			STRONGLY AGREE	
35 My delivery arrived on the day I was told.	1	2	3	4	5
36 The app shows me where my order is.	1	2	3	4	5
37 When I call, I reach a person who can help.	1	2	3	4	5

About you

38 How old are you?

- ☐ Under 30 ☐ 30 to 49 ☐ 50 to 64 ☐ 65 to 74 ☐ 75 or older

39 How long have you used this pharmacy?

- ☐ First visit ☐ Under a year ☐ 1 to 5 years ☐ Over 5 years