

# Supercare Pharmacy Customer / Patient Survey

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## How easy was it to find this Supercare Pharmacy?

- Very easy       Moderately easy       Somewhat difficult       Very difficult

## How long did you wait to be seen?

- Not long at all       A little while       Quite a while       A long time

## How well did the staff meet your needs tonight?

- Very well       Moderately well       A little       Not very well

## What would you have done if the Supercare Pharmacy was not available?

- Gone to a local hospital  
 Gone to a GP clinic  
 Used a telephone help line  
 Looked on the internet  
 Contacted a friend or family member  
 I would have done nothing tonight  
 Gone somewhere else (please specify): \_\_\_\_\_

## Would you recommend this Supercare Pharmacy to your friends or family?

- Definitely Yes       Probably Yes       Probably No       Definitely No

## How did you hear about this Supercare Pharmacy?

- Emergency Department  
 Family/Friend  
 General Practitioner  
 Newspaper  
 Online  
 TV/Radio  
 Other (please specify) \_\_\_\_\_

## Which services did you use?

- Pharmacy only  
 Nursing Service only  
 Pharmacy and Nursing Service

## Would you be interested in providing any further feedback?

- No thank you  
 Yes, and I would like a phone call (Please record your phone number): \_\_\_\_\_  
 Yes, but I do not want a follow up phone call: \_\_\_\_\_

*Thank you for your time. We will use your responses to improve our service.*