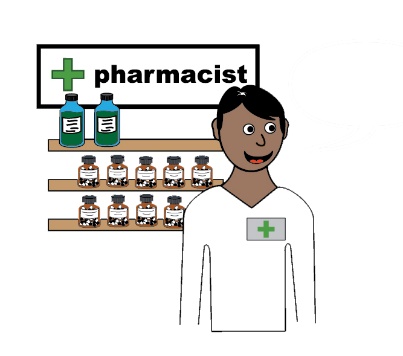
A picture containing text, clipart

Description automatically generated A picture containing logo

Description automatically generated



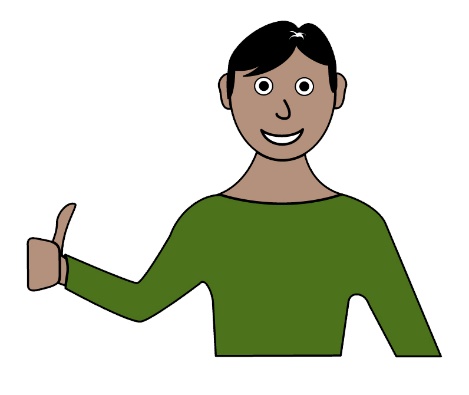
**Tell us about using your local pharmacy.**

Graphical user interface

Description automatically generated with medium confidence

Please answer

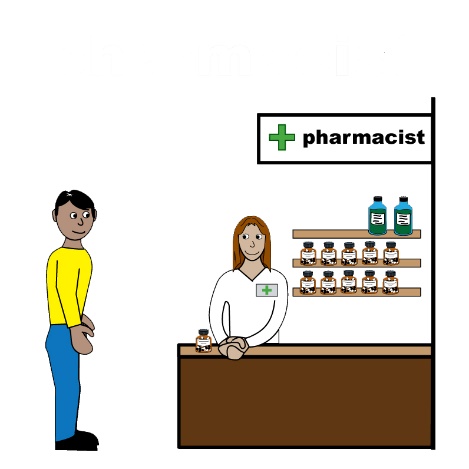
these questions.

Your answers will help make pharmacy services

better.

**How you use pharmacies**

1. Diagram

   Description automatically generated**How often do you visit a pharmacy?**

at least once a week

at least once a month

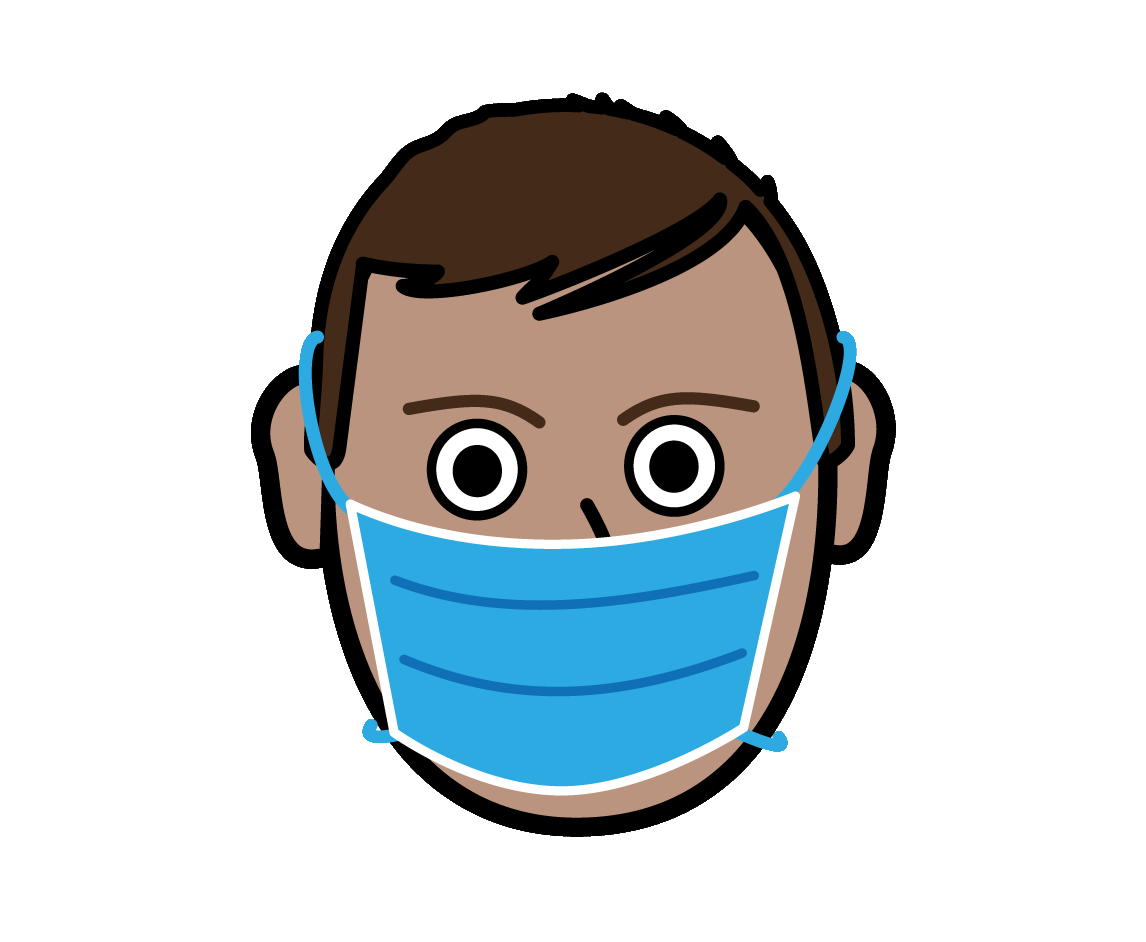
at least once every 3 months

at least once every 6 months

at least once a year

less than once a year

**2.Has COVID-19 changed the way you use pharmacies?**



I go to the pharmacy more often

I go about the same amount

I go less often

I get home deliveries

I use online pharmacies

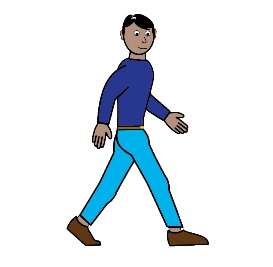
**3.Do you always visit the same pharmacy?**

Yes

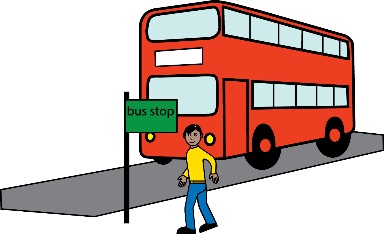
Usually

No

**4. How do you usually get to the pharmacy you visit most?**

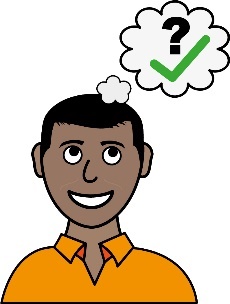


On foot

By public transport. This could be a bus or a train.

In a car or taxi

Another way. Please tell us what this is.

**5.How easy or difficult is it to get to your local pharmacy on foot or by public transport from your home?**

**on foot public transport**

Very easy Very easy

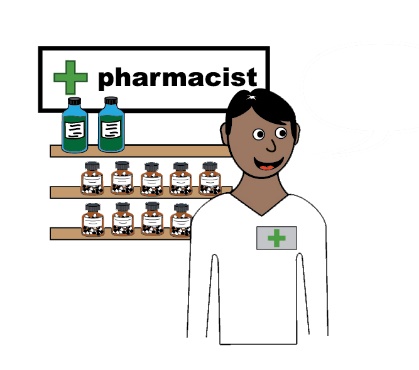
Easy Easy

Difficult Difficult

Very difficult Very difficult

I don’t know I don’t know

**6.What type of pharmacy do you visit?**



­­ High Street pharmacy

Pharmacy in a supermarket

Pharmacy in your doctors surgery

Online pharmacy

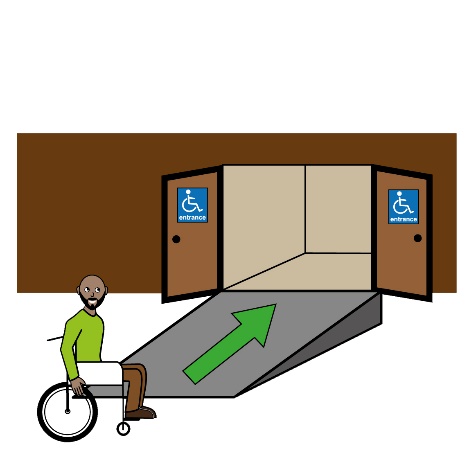
Another type of pharmacy. Please tell us what this is.

**7. Do you have a disability?**

Yes

No

1. **If you do have a disability, please tell us if your pharmacy helps with the things below.**



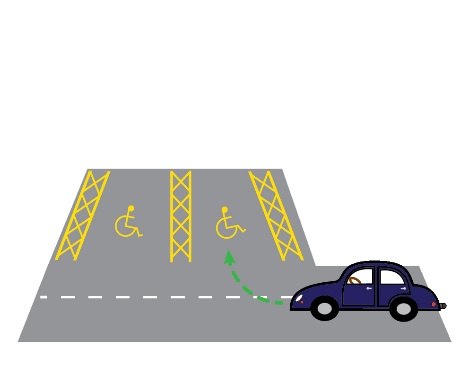
**Wheelchair access**

Yes

No

Don’t know

This doesn’t apply to me

**Disabled parking**

Yes

No

Don’t know

This doesn’t apply to me

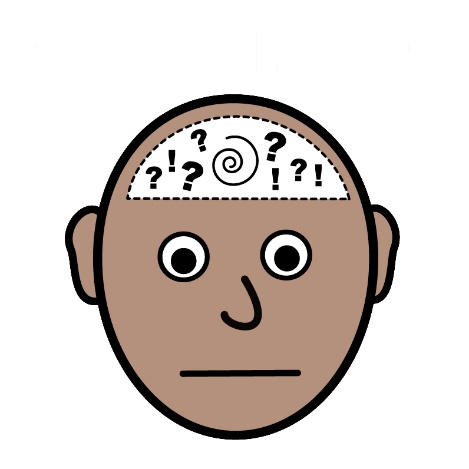
**Help with hearing or sight loss**

Yes

No

Don’t know

This doesn’t apply to me

**Help with mental health issues**

Yes

No

Don’t know

This doesn’t apply to me

**Help with learning disabilities**

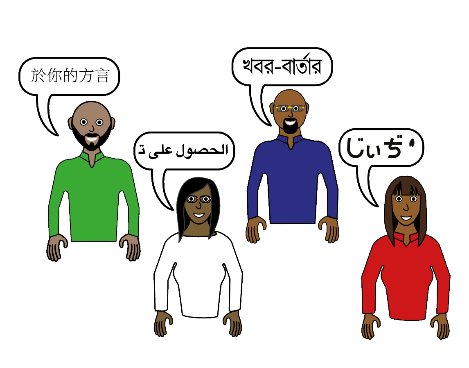
Yes

No

Don’t know

This doesn’t apply to me

1. **Does your pharmacy provide information in other languages or offer interpretation services?**

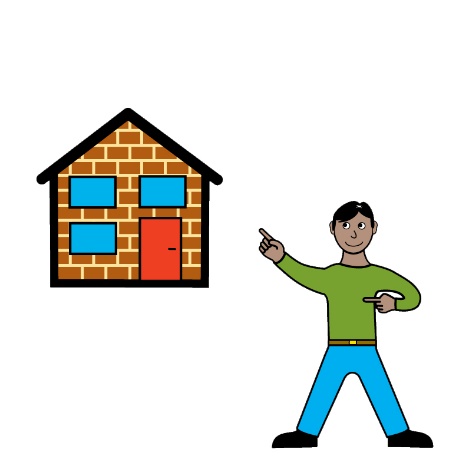


Yes

No

Don’t know

1. **Is there another pharmacy closer to your home that you don’t use?**

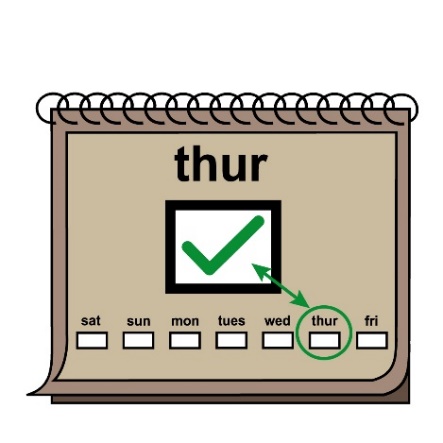


Yes

No

If yes please tell us why you don’t use this pharmacy.

1. **Which day of the week do you go to the pharmacy most often?**

Monday

Tuesday

Wednesday

Thursday

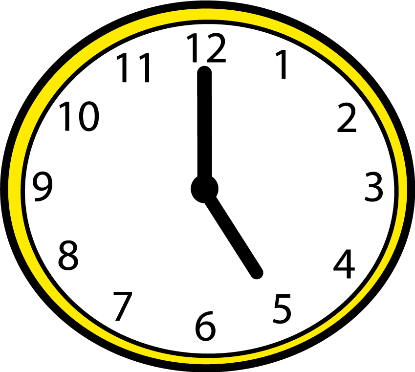
Friday

Saturday

Sunday

I don’t know/I go on different days

1. **How do you feel about the hours that your pharmacy is open?**



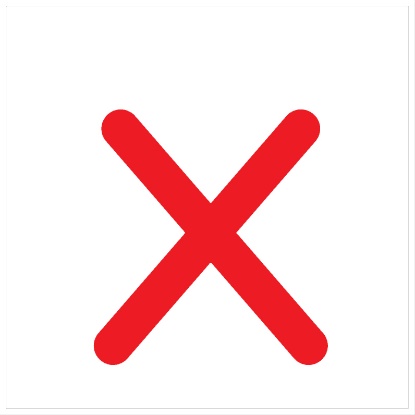
Very unhappy

Unhappy

Okay

Happy

Very happy

1. **Have you ever needed something from your pharmacy but found it was closed when you visited?**

Yes

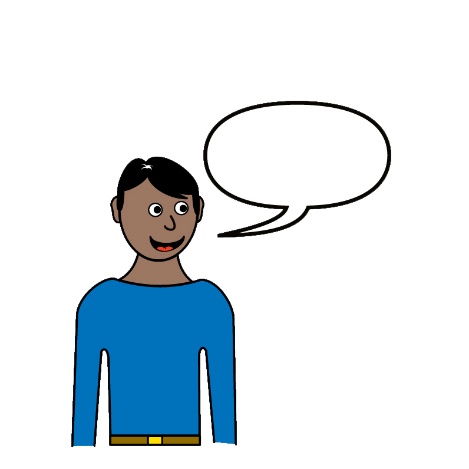
No

I don’t know

If you said yes please tell us what you needed at the pharmacy.



1. **If you answered yes to question 13 please tell us what you did when you found the pharmacy was closed.**
2. **Is there anything else you would like to tell us about the pharmacy you use or a pharmacy close to your home that you don’t use?**



**About You**

**16. How old are you?**

Under 15 50-54

15-19 55-59

20-24 60-64

25-29 65-69

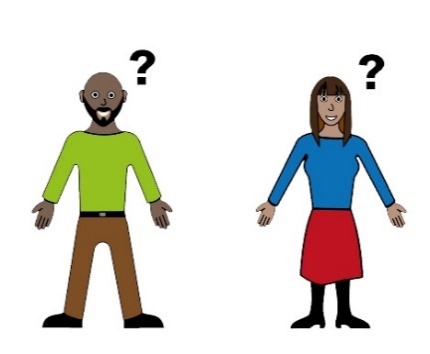
30-34 70-74

35-39 75-79

40-44 80-84

* 1. over 85

**17. Are you…**

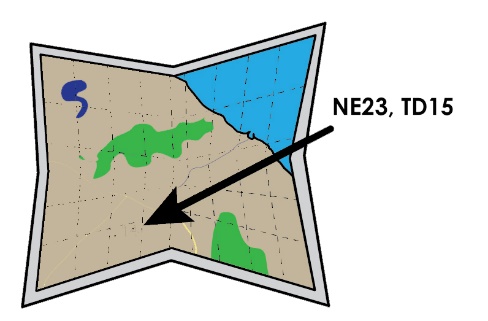


Male

Female

Non-binary – this is neither male nor female

Rather not say

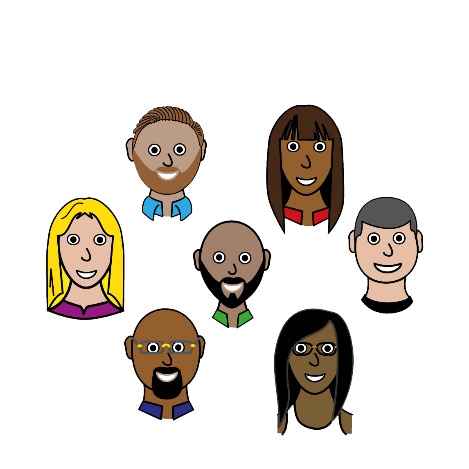


**18. What is your postcode?**

**Your postcode does not tell us your individual address.**

­­­­­­­­

1. **Are you…**

White British

White Irish

Any other White background

Mixed White and Black Caribbean

Mixed White and Black African

Mixed White and Asian

Any other mixed background

Asian or Asian British Chinese

Asian or Asian British Indian

Asian or Asian British Pakistani

Asian or Asian British Bangladeshi

Any other Asian background

Black or Black British

Any other Black background

Any other Ethnic Group

Prefer not to say

Thank you. Please email this form to: [info@healthwatchnorthumberland.co.uk](mailto:info@healthwatchnorthumberland.co.uk).

Or post it to: FREEPOST, Healthwatch Northumberland, Adapt (NE), Burn Lane, Hexham NE46 3HN.

**More Information**

If you need more information please go to our website: [www.healthwatchnorthumberland.co.uk](http://www.healthwatchnorthumberland.co.uk)



Or contact us by phone on 03332 408468



Or email us at info@healthwatchnorthumberland.co.uk