

Help improve your local pharmacy...

We're currently assessing the need for pharmacies and the services they provide in Gateshead. You can play a large part in improving what is on offer by answering a few questions about the way you use pharmacies.

Once you've answered the questions below just hand it to a member of staff behind the counter.

Thank you for your help - **Gateshead Health and Wellbeing Board**



How you use pharmacies

1. How often do you visit this or any other pharmacy?

(Please tick one box only)

- At least once a week
- At least monthly
- At least every three months
- At least every six months
- At least once a year
- Less than once a year

2. Do you always visit the same pharmacy?

(Please tick one box only)

- Always
- Usually
- No

3. When you visit a pharmacy, which services do you use and are there any that you would be likely to use if they were available?

(Please tick all that apply)

	I use this	Likely to use if available		I use this	Likely to use if available
General Pharmacy Services			Sexual Health		
Dispensing of prescriptions	<input type="checkbox"/>		Pregnancy testing	<input type="checkbox"/>	<input type="checkbox"/>
Buying over the counter medicines	<input type="checkbox"/>		Chlamydia screening/treatment	<input type="checkbox"/>	<input type="checkbox"/>
Advice from your pharmacist (e.g. medicines/lifestyle)	<input type="checkbox"/>		Emergency hormonal contraception (morning after pill)	<input type="checkbox"/>	<input type="checkbox"/>
Disposing of old or unwanted medicines	<input type="checkbox"/>		Erectile dysfunction service	<input type="checkbox"/>	<input type="checkbox"/>
Medicine review/check	<input type="checkbox"/>		Substance Misuse/ Palliative Care		
Smoking, Alcohol and Weight Management			Needle exchange or safe disposal of needles/syringes	<input type="checkbox"/>	<input type="checkbox"/>
Stop smoking service	<input type="checkbox"/>	<input type="checkbox"/>	Specialist drugs service (e.g. palliative care drugs or supervised consumption of methadone)	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol advice	<input type="checkbox"/>	<input type="checkbox"/>			
Weight management	<input type="checkbox"/>	<input type="checkbox"/>			

3. continued...

	I use this	Likely to use if available		I use this	Likely to use if available
Vaccinations			Checks/Screening/ Monitoring		
Children's nasal flu vaccination	<input type="checkbox"/>	<input type="checkbox"/>	Anti-coagulant monitoring (e.g. warfarin)	<input type="checkbox"/>	<input type="checkbox"/>
Adult flu vaccination	<input type="checkbox"/>	<input type="checkbox"/>	Health check (e.g. blood pressure, cholesterol or glucose check)	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia vaccination	<input type="checkbox"/>	<input type="checkbox"/>			
Travel vaccinations	<input type="checkbox"/>	<input type="checkbox"/>			
Other			NHS minor ailments scheme (free over the counter medicine for those not paying for prescriptions)	<input type="checkbox"/>	<input type="checkbox"/>
Hair loss service	<input type="checkbox"/>	<input type="checkbox"/>			

4. Think about the pharmacy you visit most often, how do you usually get there?

(Please tick one box only)

- On foot
- Public transport
- Car or taxi
- Other

5. Thinking about the same pharmacy, is it easy or difficult to get there on foot or by public transport?

(Please tick one box only in each column)

	On foot	Public transport
Easy	<input type="checkbox"/>	<input type="checkbox"/>
Difficult	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

6. Have you ever needed something from a pharmacy but found it was closed at the time?

(Please tick one box only)

- Yes
- No (Go to Q9)
- Don't know

7. What did you need?

8. What did you do when you realised it was closed?

(Please tick one box only)

- Went to another pharmacy
- Went to a hospital
- Went to a walk-in centre
- Called NHS Direct
- Waited until the pharmacy was open
- Other

9. How old are you?

10. Are you...?

(Please tick one box only)

- Male
- Female

11. What is your postcode?

(Your postcode does not identify your individual address)