



Survey about customer satisfaction in pharmacies

We need your opinion to improve!

Overall Impression of the pharmacy (Scale 1 to 10)

(please circle your choice):

☹️☹️ 1 2 3 4 5 6 7 8 9 10 😊😊

How do you rate the following aspects of our pharmacy?

| | ☹️ | 😊 | |
|--|--------------------------|--------------------------|---|
| Appearance of the pharmacy | <input type="checkbox"/> | <input type="checkbox"/> | <p><i>Thank you for your comments and your suggestions</i></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> |
| Accessibility (e.g. wheelchair, stroller) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Internal appearance of the pharmacy | <input type="checkbox"/> | <input type="checkbox"/> | |
| Opening hours | <input type="checkbox"/> | <input type="checkbox"/> | |
| Waiting time | <input type="checkbox"/> | <input type="checkbox"/> | |
| Reception quality | <input type="checkbox"/> | <input type="checkbox"/> | |
| Consultancy quality | <input type="checkbox"/> | <input type="checkbox"/> | |
| Confidentiality of the conversation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Availability of the medication on prescription | <input type="checkbox"/> | <input type="checkbox"/> | |
| Range of remaining products | <input type="checkbox"/> | <input type="checkbox"/> | |
| Findability of products in the pharmacy | <input type="checkbox"/> | <input type="checkbox"/> | |
| Special offers | <input type="checkbox"/> | <input type="checkbox"/> | |
| Health information campaigns | <input type="checkbox"/> | <input type="checkbox"/> | |
| Offered Services | <input type="checkbox"/> | <input type="checkbox"/> | |

Would you be interested in the following services?

| | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Appointment: Information on your drug therapy | <input type="checkbox"/> | <input type="checkbox"/> | <p>Would you be willing to pay for these</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appointment: Travel advice | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Appointment: Vaccination advice | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Appointment: Flu shot | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Health check: Blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Health check: Blood sugar | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Health check: Cholesterol | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Health check: Colon cancer | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Weekly pill box | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Home delivery service | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |



St. Johann Apotheke

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| | Yes | No |
|--|-----|----|
| Are you satisfied with the integration of Swiss Post in the pharmacy | | |

| | | |
|--------------------|--|--|
| You are: | <input type="checkbox"/> a man | <input type="checkbox"/> A woman |
| Your age: | <input type="checkbox"/> < 20 years | <input type="checkbox"/> 20 - 34 years |
| | <input type="checkbox"/> 35 - 50 | <input type="checkbox"/> 51 – 70 |
| | <input type="checkbox"/> >70 years | |
| Your visit: | <input type="checkbox"/> prescription | <input type="checkbox"/> Consultation |
| | <input type="checkbox"/> OTC drugs | |
| | <input type="checkbox"/> Parapharmacy* | <input type="checkbox"/> Other |
| | <input type="checkbox"/> | |

Stamp of the pharmacy

Thank you for participating!

Please drop this survey in the designated box