

Appendix 1.

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PROYECTO SatisfAR

Queremos conocer su opinión

We would like to know your opinion about the process of dispensing medicines in the Pharmacy clinic. Replying this questionnaire, you agree to participate in the **SatisfAR** project, it is to make a voluntary and anonymous survey to the users of the Pharmacy clinic in order to analyze the opinion of patients and / or their caregivers about the service and the pharmaceutical care we offer.

THANK YOU FOR YOUR COLLABORATION FOR IMPROVING OUR SERVICE

1. Please, indicate if you are a patient or if you come to the pharmacy clinic because you are the attendant

I am the patient I am the attendant

2. Gender: Male Female

3. Age:years.

4. Which means of transport you use for attending the Pharmacy clinic?:

Car Bus Taxi On foot Other.....

5. How long does it take to get to the Pharmacy clinic?

less than 15 min. between 16- 30 min. between 31- 45 min.

between 46- 60 min. more than 60 min.

6. What is your educational level?

no studies Elementary school graduate Middle school graduate College graduate

7. What is your employment status?

Working Pensioner Unemployed Housewife / househusband

- Student Medical leave

8. In case you are working, have you had any labor problem for attending scheduled visits to the Pharmacy clinic?

- Yes No

9. The number of times that comes to Pharmacy clinic to pick up medication you thinks it is:

- Adequate
- Excessive, would rather come fewer times a year
- Scarce, would prefer to come more often

10. Please mark with an X the degree of agreement with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
The signs and posters are suitable					
The waiting room is comfortable and appropriate					
The opening hours of clinics are appropriate					
The waiting time for being attended is satisfactory					
Confidentiality conditions are suitable					
The time from the prescription until its dispensation in clinic is satisfactory					
Oph Staff's personal treatment is					

adequate					
The amount of time that the pharmacist dedicates to me in the clinic is adequate					
I have been clearly informed regarding my treatment					
Any doubts I have raised regarding my treatment have been resolved					

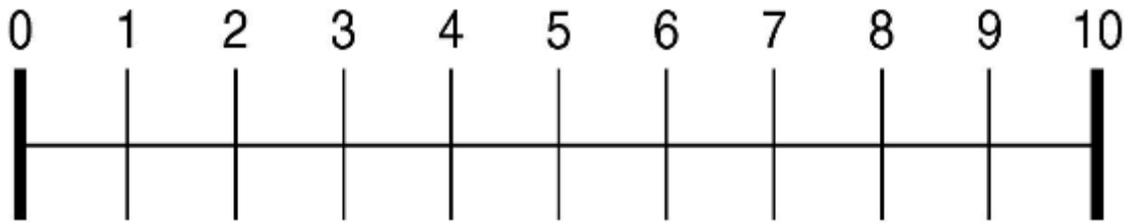
11. Who gave you information about drug treatment?

- Doctor Hospital pharmacist Nurse Other:.....

12. How would you like to receive the information about medicines ?. Select all that interest

- Verbally On paper Internet Patient ´association
- I am not interested in receive more information Other:.....

13. On the next line, please rate between zero and ten (zero being the worst and 10 the best score), your level of overall satisfaction with the Pharmacy clinic. Put an X on the number you consider:



**Completely
dissatisfied**

**Completely
satisfied**

14. Do you want to tell us anything?. There is a space to express your opinions or suggestions to improve the Pharmacy clinic.

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