

Annex 4: Patient questionnaire (the number next to each answer represents the point value of the given answer; this was not indicated in the patient questionnaire) (English transcription)

PHARMACY QUESTIONNAIRE FOR PATIENTS				Date: (day) (month) 2017.	
The purpose of completing this questionnaire is to survey all pharmacy services that help patients achieve more effective and safer drug therapy.					
<i>Please circle your answer!</i>					
Sex	Male	Female			
Age	18-25	26-40	41-65	65 -	
Marital status	Single	Married/long-term relationship	Widowed	Other	
Education attainment	Primary school	Vocational school	Baccalaureate	University	
Type of settlement	Village	Other city	County town	Capital	
1	Did the pharmacist or pharmacy technician use complicated terms or expressions during the consultation?	Yes (1)	No (4)	I don't know (0)	
2	Did the pharmacist or pharmacy technician encourage you to ask questions during the consultation?	Yes (4)	No (1)	I don't know (0)	
3	Did your pharmacist or pharmacy technician emphasize the important information orally, with written help or graphics?	Yes (4)	No (1)	I don't know (0)	
4	How easy or difficult was it for you to understand the instructions given by your pharmacist or pharmacy technician on how to take/use the prescribed medication?	Very difficult (1)	Rather difficult (2)	Rather easy (3)	Very easy (4)
5	How much do you feel you know all the important information about your medicines?	Not at all (1)	I have a lack of knowledge (2)	I have medium knowledge (0)	I have sufficient knowledge (3)
6	How do you see your state of health?	Very good (4)	Good (3)	Acceptable (0)	Bad (2)
					Very bad (1)