Please complete the survey in full. It should take you no longer than five minutes. Your answers to this survey are private and will be kept in line with the Data Protection Act 1998.

Your views on the draft PNA

Q1. The Ealing draft PNA does not identify any gaps in the provision of pharmaceutical services. To what extent do you agree or disagree with this assessment?

(Please tick one box only)

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Tend to disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tend to agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>Don’t know / can’t say</td>
</tr>
</tbody>
</table>

If you disagree, please explain your reason(s) below:

Q2. To what extent do you agree or disagree with the other conclusions contained within the draft PNA? *(Please see the Executive Summary section of the document)*

(Please tick one box only)

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Tend to disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tend to agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>Don’t know / can’t say</td>
</tr>
</tbody>
</table>

If you disagree, please explain your reason(s) below:


Q3. In your opinion, how accurately does the draft PNA reflect the following?
- Current provision of pharmaceutical services in Ealing (see Sections 3.4 to 3.7; Sections 4.1 to 4.3; section 6.6 and sections 7.1 and 7.2)

(Please tick one box only)

<table>
<thead>
<tr>
<th>Completely accurately</th>
<th>Slightly accurately</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very accurately</td>
<td>Not at all accurately</td>
</tr>
<tr>
<td>Moderately accurately</td>
<td>Don’t’ know / can’t say</td>
</tr>
</tbody>
</table>

If you ticked ‘not at all accurately’ please explain why below:


Q4. In your opinion, how accurately does the draft PNA reflect the following?
- Current pharmaceutical needs of Ealing’s population (See Section 7.2)

(Please tick one box only)

<table>
<thead>
<tr>
<th>Completely accurately</th>
<th>Slightly accurately</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Moderately accurately</td>
<td>Don’t’ know / can’t say</td>
</tr>
</tbody>
</table>

If you ticked ‘not at all accurately’ please explain below:


Q5. In your opinion, how accurately does the draft PNA reflect the following?
- Future pharmaceutical needs of Ealing’s population (over the next three years)

(Please tick one box only)

<table>
<thead>
<tr>
<th>Completely accurately</th>
<th>Slightly accurately</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Not at all accurately</td>
</tr>
<tr>
<td>Moderately accurately</td>
<td>Don’t’ know / can’t say</td>
</tr>
</tbody>
</table>

If you ticked ‘not at all accurately’ please explain below:


Q6. Please use the space below to identify any equality impact and make any other comments relevant to the PNA or pharmaceutical services in Ealing.

Your interest in the PNA

Q7. Are you responding mainly as? (Please tick one)

- A member of the public
- A carer
- A pharmacist
- A GP
- A healthcare or social care professional
- A member of Ealing Council (a councillor)
- An employee of Ealing Council
- A voluntary or community sector organisation
- A business
- Other

If responding on behalf of an organisation, please tell us its name:

Q8. Please tell us your full postcode:
About you
Please tell us a little about yourself. This information helps us to ensure we can make research and consultation more accessible and inclusive. All personal information is kept completely confidential and is used for research purposes only. It will not be transferred to any third party.

If you are responding on behalf of an organisation you do not need to complete this section.

Q9. Your age

☐ Below 16  ☐ 35 - 44  ☐ 65 – 74
☐ 16 - 24  ☐ 45 - 54  ☐ 75 or above
☐ 25 - 34  ☐ 55 – 64  ☐ Prefer not to say

Q10. Do you consider yourself to have a disability?

The Equality Act 2010 defines a person as having a disability if s/he 'has a long term physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities'.

☐ Yes  ☐ No  ☐ Don’t ‘know / Prefer not to say

If you have answered yes, please indicate the type of impairment which applies to you (by ticking next to it below). People may experience more than one type of impairment, in which case tick all the types that apply. If your disability does not fit any of these types, please mark Other.

☐ Physical disability
☐ Sensory impairment
☐ Mental health condition
☐ Learning disability
☐ Long-standing illness or health condition such as cancer, chronic heart disease or epilepsy
☐ Other (specify if you wish)

Q11. What is your religion?

☐ Christian  ☐ Sikh  ☐ No religion
☐ Muslim  ☐ Buddhist  ☐ Other
☐ Hindu  ☐ Jewish  ☐ Prefer not to say

Q12. What is your sexual orientation?

☐ Bisexual  ☐ Gay woman / Lesbian  ☐ Other
☐ Gay man  ☐ Heterosexual / straight  ☐ Prefer not to say
Q13. Which of the following best describes how you think of yourself?

☐ Male  ☐ Transsexual person  ☐ Other
☐ Female  ☐ Gender variant person  ☐ Prefer not to say
☐ Transsexual man  ☐ Cross dressing / transvestite person
☐ Transsexual woman  ☐ Intersex person

Q14. Is your gender identity the same as the gender you were assigned at birth?

☐ Yes  ☐ No  ☐ Prefer not to say

Q15. If yes, do you live and work full time in a gender role opposite to that assigned at birth?

☐ Yes  ☐ No  ☐ Prefer not to say

Q16. What is your marital status?

☐ Married  ☐ Divorced  ☐ Prefer not to say
☐ Single  ☐ Widowed
☐ Separated  ☐ Other

Q17. Are you, or someone in your household, currently pregnant or have given birth in the last 12 months?

☐ Yes  ☐ No  ☐ Prefer not to say

Q18. What is your ethnic group?

☐ White – English, Welsh, Scottish, Northern Irish, British
☐ White - Irish
☐ White – Gypsy / Irish Traveller
☐ White - Other
☐ Any other White background
☐ Mixed / multiple ethnic groups - White and Black Caribbean
☐ Mixed / multiple ethnic groups - White and Black African
☐ Mixed / multiple ethnic groups - White and Asian
☐ Any other Mixed / multiple ethnic background
☐ Asian / Asian British - Indian
☐ Asian / Asian British - Pakistani
☐ Asian / Asian British - Bangladeshi
☐ Asian/ Asian British - Chinese
☐ Any other Asian background
☐ Black / African / Caribbean / Black British - African
Black/ African/ Caribbean/ Black British - Caribbean
Any other Black / African / Caribbean background
Arab
Any other ethnic group

If you said you belong to 'Any other ethnic group' please provide details

Thank you for completing this survey.