Pharmacy	Survey	Question	naire
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Name Email	
Location eg city and suburb, town, state (metropolitan or rural?)	

Please complete the following questionnaire for 10 local pharmacies by ringing or visiting in person. Feel free to contact more pharmacies if you have time.

Introduction: I am a vaper looking for vaping products. Do you stock them **now**? Do you sell them without a prescription? Do you **only** sell them with a prescription?

If S3 products sold (ie no script needed) ask 2 other questions

- Do they stock **your** device and matching liquid?
- \* Ask what products they stock and rate the range from 1-5: 1=very poor, 2=poor, 3=OK, 4= quite good 5= very good

Record the information in this table and make any additional comments at the end

	Pharmacy name, address	No	Script	In stock	Must	Stock YOUR	*Happy with	Notes/comments
	and phone number	script	only	now	order	device and	the product	BRANDS AVAILABLE
		Y/N	Y/N			liquid %?	range? 1-5	
1								
2								
3								
4								
5								

6				
7				
_				
8				
9				
10				

Other comments here