Advanced E-Pharmacy System

Customer Questionnaire

* Required

01. What is your name? * 02.What is your gender? * 2. Mark only one oval. Male Female 03. Which age group are you in? * 3. Mark only one oval. 10-20 Years 20-40 Years 40-60 Years Above 60 04. How far is it to the pharmacy from your home? * Mark only one oval. 1-5 km 5 -10 km Above 10 km

5.	5. 05.How often you buy medicine from pharmacy? *		
	Mark only one oval.		
	Weekly		
	Monthly		
	Rarely		
6.	O6.In this covid-19 situation, which method you use to buy medicines from pharmacy? *		
	Mark only one oval.		
	Went to the pharmacy		
	Order from social medias (WhatsApp,Viber)		
	Order from website		
7.	07.What are the inconveniences you faced when you buy medicines in this covid-19 situation? *		
	Check all that apply.		
	Because of the travel restrictions it's unable to buy medicines		
	There is a shortage of medicines in some pharmacies		
	Some pharmacies are closed due to pandemic		
	Have to stay long lines to buy medicines and it wastes time		
	Covid virus can spread by touching money and many people gather to one place		
8.	08.Which method do you use mostly in one day? *		
	Mark only one oval.		
	Web application		
	Mobile application		

9. 09.Would you like to give your bank card details for online transactions					
	Mark only one oval.				
	Yes				
	No				
10.	10.Which service do you use mostly?				
	Check all that apply.				
	Ebay				
	Aliexpress				
	Daraz				
	Mapruka Kapruka				
11.	11.What do you think about the functionality of Web application and Mobile application related to these services? *				
	Mark only one oval.				
	Very easy to use				
	Easy to use but has drawbacks				
	Difficult to use				
12.	12 According to them, what are the charteemings? *				
12.	12.According to them, what are the shortcomings? *				
	Check all that apply.				
	Font color, size, alignment issues				
	Quality images are not included for items				
	It is hard to go through with this interface, ads pop up always				
	Pages are not directing to the exact page				

13. 13. How many times a month do you get the goods delivered to your home by online services?

Mark only one oval.

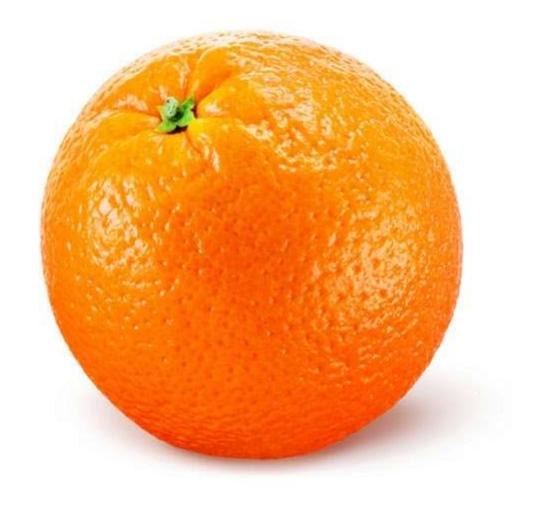
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Two times

Three times

More times

14. 14. What is the color of below image? *



15.	15.Give your suggestions on any new things to be added to the existing pharmacy system?

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