

Advanced E-Pharmacy System

Customer Questionnaire

* Required

1. 01. What is your name? *

2. 02.What is your gender? *

Mark only one oval.

- ☐ Male
☐ Female

3. 03.Which age group are you in? *

Mark only one oval.

- ☐ 10-20 Years
☐ 20-40 Years
☐ 40-60 Years
☐ Above 60

4. 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. 05.How often you buy medicine from pharmacy? *

Mark only one oval.

- ☐ Weekly
- ☐ Monthly
- ☐ Rarely

6. 06.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

☐ 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 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.

- ☐ One time
- ☐ 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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