

**Pharmacy system:**

#### -Does your local pharmacy provide a practice leaflet

#### -yes

#### -no

#### -did pharmacy provided feedback option

#### -yes

#### -no

#### - Does your Local pharmacy conduct patient satisfaction surveys

#### -yes

#### -no

#### - Are you having problems taking inventory of your products

#### -yes

#### -no

#### - Are you having problems retrieving customer data?

#### -yes

#### -no

#### - Are you having problems modifying the data?

#### -yes

#### -no

#### - Are you having problems registering orders?

#### -yes

#### -no

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Do you submit periodic reports to the manager?

-yes

-no

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