

YOUR INDUSTRY YOUR SAY!

Welcome to the fourth year of the annual Pharmacy Pulse independent research initiative giving all pharmacies nationally an opportunity to provide feedback on the service and supply they receive.

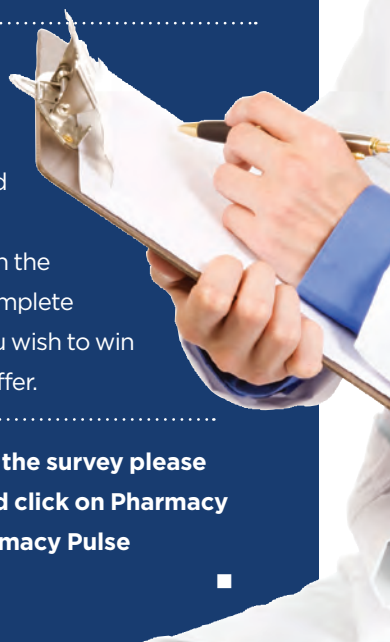
Your opinion on the service you receive from your valued OTC suppliers and brokers will assist in bridging the communication gap, and provide understanding on how they can provide better training, merchandising, call cycles and much more!

Your say, along with that of your colleagues, will provide the basis for some very interesting and informative articles that will appear over the coming months in your *Post Script* magazine. These articles will provide you with real understandings of the collective findings from this unique and vital independent industry research.

Support research that supports you by completing the enclosed questionnaire, and you will also have the opportunity, to win an exciting Red Balloon gift voucher valued at over \$1000. As a special thank you, the first 100 completed surveys received by Pharmacy Pulse will automatically **win a \$50 Myer Gift voucher.**

Thank you for taking the time to complete the attached survey. Once completed, please place in an envelope and send to the Reply Paid address (no stamp required) as listed on the survey. Please remember to complete your details on the survey if you wish to win one of the fabulous prizes on offer.

If you require more copies of the survey please go to www.appco.com.au and click on Pharmacy Survey panel or contact Pharmacy Pulse on (02) 9524 6648.



WIN!

RedBalloon DAYS
Amazing Gifts for Amazing People



To improve the service you receive from OTC supplier REP's, please tell us about CALL CYCLE and your SATISFACTION with the listed service attributes.

1A: How frequently does a sales rep call on your business. Please write for either: **2-4-6-8 or 12** for **Weekly Calls** or **O** for **Occasionally**, **N** for **Never** or **DR** for **Don't Range**

Please give a satisfaction rating for each **SUPPLIER & BROKER REPRESENTATIVE** on the attributes listed. Enter for **EACH** supplier representative a rating number for **ALL** attributes.

Use the following **7 point** scale; **1 = Very Satisfied 2 = Satisfied 3 = Somewhat Satisfied 4 = Somewhat Dissatisfied 5 = Dissatisfied 6 = Very Dissatisfied 7 = Don't Range**

OTC Suppliers	Call Cycle
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1B: How satisfied are you with the REPs call cycle.	1C: REP provides valuable information about their products.	1D: REP effectively merchandises their products, checks date & damaged packaging.	1E: REP delivers on commitments & agreed plans & acts with integrity.	1F: REP understands my business needs & tailors activities to assist with sales & profit.	1G: How satisfied are you overall with your REP .
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OTC SUPPLIERS

Baden P Morris (Avent)					
Bayer					
Beiersdorf					
Blackmores					
Boehringer Ingelheim					
Brauer Natural Medicines					
Cat Media (Naturopathica)					
Dermatech Laboratories					
Ego Pharmaceuticals					
Galderma					
GlaxoSmithKline					
Hamilton Laboratories					
Havenhall (Pigeon)					
iNova Pharm					
Jackel (Tommie Tippee)					
Johnson & Johnson					
Key Pharmaceuticals					
Mentholatum					
Novartis					
Nutricia (Karicare)					
Pharmacare (KP24)					
Pharmacare OTC					
Proctor & Gamble					
Reckitt Benckiser					
Sanofi Aventis					
Schering Plough					
Sigma OTC					
Simes (Nuk)					
Swisse					
Symbion Consumer					
Wyeth Consumer					
Wyeth Nutrition (S26)					

PHARMACY BROKERS

Clear Sales (Accu-Chek)					
Crossmark					
Innovex Pharmacy Teams					
Pharmabroker (Ansell)					
Pharmabroker (Colgate)					
Pharmabroker (Unilever)					

1H: Thinking of the above attributes 1B 1C 1D 1E & 1F **RANK** in preference which **THREE** are the most important for **SUPPLIER REP?**

1.	2.	3.
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1I: Thinking of the above attributes 1B 1C 1D 1E & 1F **RANK** in preference which **THREE** are the most important for **BROKERAGE REP?**

1.	2.	3.
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To improve the service you receive from your **OTC SUPPLIERS**, please tell us about your **SATISFACTION** with the listed service attributes.

Please give a satisfaction rating for each **OTC SUPPLIER** on the attributes listed. Enter for **EACH** supplier a rating number for **ALL** attributes.
 Use the following **7 point** scale; **1 = Very Satisfied 2 = Satisfied 3 = Somewhat Satisfied 4 = Somewhat Dissatisfied 5 = Dissatisfied 6 = Very Dissatisfied 7 = Don't Range**

OTC SUPPLIERS	2A: SUPPLIER provides effective training on their products	2B: SUPPLIER provides effective category management assistance	2C: SUPPLIER provides and organises credits correctly and efficiently	2D: SUPPLIER has fair trading terms that provide competitive product pricing	2E: Overall satisfaction with SUPPLIER
Baden P Morris (Avent)					
Bayer					
Beiersdorf					
Blackmores					
Boehringer Ingelheim					
Brauer Natural Medicines					
Cat Media (Naturopathica)					
Dermatech Laboratories					
Ego Pharmaceuticals					
Galderma					
GlaxoSmithKline					
Hamilton Laboratories					
Havenhall (Pigeon)					
iNova Pharm					
Jackel (Tommie Tippee)					
Johnson & Johnson					
Key Pharmaceuticals					
Mentholatum					
Novartis					
Nutricia (Karicare)					
Pharmacare (KP24)					
Pharmacare OTC					
Proctor & Gamble					
Reckitt Benckiser					
Sanofi Aventis					
Schering Plough					
Sigma OTC					
Simes (Nuk)					
Swisse					
Symbion Consumer					
Wyeth Consumer					
Wyeth Nutrition (S26)					

Q3: What best describes you and your position in this pharmacy?
 Please select from the options below.

3A: Role in Pharmacy (TICK one only)

Pharmacist	<input type="checkbox"/>
Pharmacy Owner	<input type="checkbox"/>
Pharmacy Technician	<input type="checkbox"/>
Buyer/Manager	<input type="checkbox"/>
Pharmacy Assistant	<input type="checkbox"/>

3B: Gender (TICK one only)

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

3C: Age (TICK one only)

Under 35	<input type="checkbox"/>
35-45	<input type="checkbox"/>
46-55	<input type="checkbox"/>
56-65	<input type="checkbox"/>
Over 65	<input type="checkbox"/>

3D: Years in Industry - How many years have you been working in the pharmacy industry? (TICK one only)

Less than 4	<input type="checkbox"/>
5 to 12	<input type="checkbox"/>
13 to 19	<input type="checkbox"/>
20 Plus	<input type="checkbox"/>

2F: Thinking of the above attributes 2A 2B 2C & 2D **RANK** in preference which **THREE** are the most important for your **SUPPLIER**?

1.	2.	3.
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Q4: When considering the list of health categories for your pharmacy, please rate the importance of **EACH ATTRIBUTE** within **EACH CATEGORY**.
 Please use the 5 point scale: **1 = Very Important 2 = Important 3 = Unimportant 4 = Very Unimportant 5 = Don't Know**

HEALTH CATEGORIES	4A: Our Pharmacy ranges own brand products.	4B: Our range offer in this category differs from supermarkets.	4C: We space manage this category effectively within the pharmacy.	4D: This is a destination category for our customers.	4E: Specialised Health Solution services provided in this category.	4F: This category is an important profit driver.
Cough & Cold						
Vitamins & Supplements						
Cosmetics						
Skin Care						
Wound Care						
Pain Management						
Allergy						
Pregnancy & Baby						
Weight Loss						
Smoking Cessation						
Haircare						
Age & Disability Care						

To provide feedback to the OTC Suppliers and Brokers you deal with, which one supplier and one broker do you **MOST** prefer to deal with and why? Please list one supplier for each category.

5A. OTC SUPPLIER Name: _____ Comments: _____

5B. PHARMACY BROKER Name: _____ Comments: _____

To provide feedback to the OTC Suppliers and Brokers you deal with, which one supplier and one broker do you **LEAST** prefer to deal with and why? Please list one supplier for each category.

6A. OTC SUPPLIER Name: _____ Comments: _____

6B. PHARMACY BROKER Name: _____ Comments: _____

Q7 To improve the training you receive from suppliers please rate the importance of each of the following training support services using the following 5 point scale; 1 = Very Important 2 = Important 3 = Unimportant 4 = Very Unimportant 5 = Don't Know				
7A Supplier provides out of hours training sessions	7B Supplier provides online training sites	7C Supplier provides brief training in my pharmacy with support material	7D Supplier provides certificate of recognition of training	7E Supplier incentivises completion of training with a gift.

To assist improvements to the service and supply **YOU** receive, please tell us about **YOUR** business.

Q 8A: What is the size of your Pharmacy? Please **TICK** one box only.

Under \$1 Million per annum - Small	
\$1 - \$2 Million per annum - Small to Medium	
\$2 - \$3 Million per annum - Medium	
\$3 - \$4 Million per annum - Large	
Over \$4 Million per annum - Very Large	

8B: What best describes where your Pharmacy is located? Please **TICK** one box only.

Main Street Frontage	
Shopping Centre Mall	
Medical Centre	
Hospital Precinct	
Warehouse or other off street location	

Question 9A Do you belong to a GROUP ?	Yes		If YES please nominate GROUP NAME
	No		

9B: What is the Postcode of your **PRIMARY** Pharmacy?

9C: If this Survey applies to **MULTIPLE** Pharmacies, please nominate the number of outlets.

10D: Please nominate your **OTHER** Pharmacy postcodes _____

Question 11: Please list the areas where your pharmacy provides customer health solutions _____

11A: In 25 words or less, which **ONE** area would you like your pharmacy to be known in your local community for providing customer health solutions and why?

For the purpose of notifying you if you are a prize winner, please include your name, phone number and/or e-mail address. To qualify for the Prize Draw, questionnaires must be completed in full and returned by **Friday 28th of June 2008**

Name: _____ **Phone Number:** _____

E-mail: _____ (where possible winners will be notified via email)

Question 12: Would you be interested in participating in future paid surveys? Please tick. **Yes**

Please return this survey via reply Paid Post to: **Pharmacy Survey, REPLY PAID 662, Gymea, NSW, 2227** (no stamp required).

Thank you for taking the time to participate in this survey. It is much appreciated. The information you have provided will assist supplier organisations to further improve their relationships with you. All individual pharmacy responses will be treated confidentially. At no time now or in the future will specific, individual pharmacy data be published, released, distributed or disclosed in any way.