



August 2013

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Opportunity To Voice
Your Valuable
Opinion**

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All responses will be treated in strictest confidence.
Individual details will not be discussed, published or
disclosed at any time.

**- ATTENTION -
ALL PHARMACIES**

*Please rate your service levels from suppliers
to these major categories*

- Oral Hygiene
- Adult Pain Management
- Meal Replacement
- OTC Sales Brokers

*A summary of these survey results will be
published in future issues of Retail Pharmacy*

**SIMPLY COMPLETE THIS PRINTED SURVEY OR
SCAN THE ATTACHED QR CODE TO GO TO THE
ONLINE VERSION. THE CHOICE IS YOURS.
CLOSING DATE 20th AUGUST 2013.**



www.surveymonkey.com/s/inpharmacy2013




Retail Pharmacy



INPHARMACY
Creating Effective Connections

1.0 ORAL HYGIENE To improve the service you receive from suppliers, please tell us about call cycle and the level of satisfaction with the listed service attributes.


1.1 To review the call cycle of each supplier rep on your impact store please write 1-2-4-6-8-12 0 - Occasionally DR - Don't range N - Never N/A - Not Applicable			1.2 Please rate your satisfaction level with this cycle by ticking a circle below 1 - Very dissatisfied 2 - Dissatisfied 3 - Somewhat satisfied 4 - Very satisfied 5 - Extremely satisfied		1.3 Please rate your overall satisfaction with supplier rep 1 - Very dissatisfied 2 - Dissatisfied 3 - Somewhat satisfied 4 - Very satisfied 5 - Extremely satisfied	
SERVICE PROVIDER		Call Cycle in weeks	Satisfaction level with this cycle		Overall satisfaction with supplier rep	
1	Barross Labs (White Glo)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Bayer (Cepacol)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	CareDent		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Chemcorp Int. (Rapid White)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Erskine Dental (Piksters)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	GSK (Sensodyne, Macleans)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Johnson & Johnson (Reach, Listerine)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Key Pharmaceuticals (Dentyl)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Ozdent (Dentafix)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Church & Dwight (Pearl Drops)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Colgate Palmolive (Colgate)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Proctor & Gamble (Oral B)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Reckitt Benckiser (Steradent)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.1 When considering the above oral hygiene suppliers which two suppliers will provide your pharmacy an increased sales result this year and why?

Supplier No.	Why?
Supplier No.	Why?

1.2 When considering the above oral hygiene suppliers which two suppliers would you like to see more often?

2.0 ADULT PAIN MANAGEMENT To improve the service you receive from suppliers, please tell us about call cycle and the level of satisfaction with the listed service attributes.


1.1 To review the call cycle of each supplier rep on your impact store please write 1-2-4-6-8-12 0 - Occasionally DR - Don't range N - Never N/A - Not Applicable			1.2 Please rate your satisfaction level with this cycle by ticking a circle below 1 - Very dissatisfied 2 - Dissatisfied 3 - Somewhat satisfied 4 - Very satisfied 5 - Extremely satisfied		1.3 Please rate your overall satisfaction with supplier rep 1 - Very dissatisfied 2 - Dissatisfied 3 - Somewhat satisfied 4 - Very satisfied 5 - Extremely satisfied	
SERVICE PROVIDER		Call Cycle in weeks	Satisfaction level with this cycle		Overall satisfaction with supplier rep	
14	Alphapharm (Rafen)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	Aspen Pharmacare (Chemist's Own)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	Bayer (Aspro, Naprogesic)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	Church & Dwight (Dencorub)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	GSK (Panadol)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	Johnson & Johnson (Dymadon)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	Novartis (Voltaren)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Painaway		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	Pfizer (Advil)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	Reckitt Benckiser (Nurofen)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	Sanofi (Mersyndol)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.1 When considering the above adult pain management suppliers which two companies will provide your pharmacy an increased sales result this year and why?

Supplier No.	Why?
Supplier No.	Why?

2.2 When considering the above adult pain management suppliers which two suppliers would you like to see more often?

3.0 MEAL REPLACEMENT To improve the service you receive from suppliers, please tell us about call cycle and the level of satisfaction with the listed service attributes.


1.1 To review the call cycle of each supplier rep on your impact store please write 1-2-4-6-8-12 O - Occasionally DR - Don't range N - Never N/A - Not Applicable				1.2 Please rate your satisfaction level with this cycle by ticking a circle below 1 - Very dissatisfied 2 - Dissatisfied 3 - Somewhat satisfied 4 - Very satisfied 5 - Extremely satisfied		1.3 Please rate your overall satisfaction with supplier rep 1 - Very dissatisfied 2 - Dissatisfied 3 - Somewhat satisfied 4 - Very satisfied 5 - Extremely satisfied		
SERVICE PROVIDER		Call Cycle in weeks	Satisfaction level with this cycle			Overall satisfaction with supplier rep		
25	Atkins Nutritionals (Atkins)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	Vitaco (Aussie Bodies)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	Celebrity Slim (Probiotec)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28	Ethical Nutrients (Endura)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	IsoWhey		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	Medical Vita Diet (Vita Tech)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	Naturapathica (Fat Blaster)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	Nestle (Musashi)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	Optipharm (Optislim)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	Pharmacare (Slim Right)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	TF2+ (Tony Ferguson)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.1 When considering the above meal replacement suppliers which two companies will provide your pharmacy an increased sales result this year and why?

Supplier No.	Why?
Supplier No.	Why?

3.2 When considering the above meal replacement suppliers which two suppliers would you like to see more often?

4.0 OTC SALES BROKERS To improve the service you receive from suppliers, please tell us about call cycle and the level of satisfaction with the listed service attributes.

1.1 To review the call cycle of each supplier rep on your impact store please write 1-2-4-6-8-12 O - Occasionally DR - Don't range N - Never N/A - Not Applicable				1.2 Please rate your satisfaction level with this cycle by ticking a circle below 1 - Very dissatisfied 2 - Dissatisfied 3 - Somewhat satisfied 4 - Very satisfied 5 - Extremely satisfied		1.3 Please rate your overall satisfaction with supplier rep 1 - Very dissatisfied 2 - Dissatisfied 3 - Somewhat satisfied 4 - Very satisfied 5 - Extremely satisfied		
SERVICE PROVIDER		Call Cycle in weeks	Satisfaction level with this cycle			Overall satisfaction with supplier rep		
37	Allied Pharmacy Brokers		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	Alliance Marketing Corporation (AMC)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	Clear Sales		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	Liaise Marketing		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41	Lightening Brokers		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42	Pharmabrokers PBS (Mitchum)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43	Pharmabrokers 3P (Colgate Palmolive)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44	Pharmabrokers PBC (Unilever)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45	Pharmaforce		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46	Pharmalink		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47	Strategic National		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.1 When considering the above brokers which two companies will provide your pharmacy an increased sales result this year and why?

Supplier No.	Why?
Supplier No.	Why?

4.2 When considering the above brokers which two brokers would you like to see more often?

5.0 Which three supplier company attributes are the most important to your retail pharmacy? Please **tick** three only.

- Training provided meets my needs Terms enable competitive pricing Provides effective in-store collateral/POS Orders supplied in full
 Terms enable adequate profitability Next level management accessible Provides category information/assistance Credit policy is fair and efficient

6.0 About me: Tell us about you and your business. Please **tick** the corresponding box for each question.

- | Your role | | Gender | | Age | | | Years of experience in this industry | | | | | | |
|------------------|--------------------------|------------------------|--------------------------|--------|--------------------------|----------|--------------------------------------|---------|--------------------------|----------|--------------------------|----------|--------------------------|
| Pharmacy owner | <input type="checkbox"/> | Buying manager | <input type="checkbox"/> | Male | <input type="checkbox"/> | Under 30 | <input type="checkbox"/> | 41-50 | <input type="checkbox"/> | < 3 yrs | <input type="checkbox"/> | 10-20yrs | <input type="checkbox"/> |
| Pharmacy manager | <input type="checkbox"/> | Sales assistant | <input type="checkbox"/> | Female | <input type="checkbox"/> | 31-40 | <input type="checkbox"/> | Over 51 | <input type="checkbox"/> | 4-6 yrs | <input type="checkbox"/> | > 20yrs | <input type="checkbox"/> |
| Pharmacist | <input type="checkbox"/> | Other: please nominate | <input type="checkbox"/> | | | | | | | 7-10 yrs | <input type="checkbox"/> | | |

- | Pharmacy size | | Pharmacy location | | | | | | | |
|----------------------|--------------------------|--------------------|--------------------------|---------------|--------------------------|------------------|--------------------------|----------|--------------------------|
| Under \$1 million pa | <input type="checkbox"/> | \$2-\$4 million | <input type="checkbox"/> | Shopping mall | <input type="checkbox"/> | Discount profile | <input type="checkbox"/> | Metro | <input type="checkbox"/> |
| \$1-\$2 million pa | <input type="checkbox"/> | \$4.0 million plus | <input type="checkbox"/> | Main street | <input type="checkbox"/> | Medical centre | <input type="checkbox"/> | Regional | <input type="checkbox"/> |

7.0 Are you a member of a chain or group? If yes, please **tick** affiliation.

- | | | | | | | | | | | | |
|---------------------|--------------------------|-------------------|--------------------------|--------------|--------------------------|----------|--------------------------|-----------------|--------------------------|-------------|--------------------------|
| Priceline | <input type="checkbox"/> | Guardian | <input type="checkbox"/> | Malouf | <input type="checkbox"/> | Chemmart | <input type="checkbox"/> | Pharmacy Choice | <input type="checkbox"/> | Pharma Save | <input type="checkbox"/> |
| Chemplus | <input type="checkbox"/> | Chemist Warehouse | <input type="checkbox"/> | Good Price | <input type="checkbox"/> | Capital | <input type="checkbox"/> | Pharmore | <input type="checkbox"/> | Harrison's | <input type="checkbox"/> |
| National Pharmacies | <input type="checkbox"/> | Terry White | <input type="checkbox"/> | Oze-Pharmacy | <input type="checkbox"/> | YouSave | <input type="checkbox"/> | My Chemist | <input type="checkbox"/> | Chemsave | <input type="checkbox"/> |

8.0 What is the postcode of your **PRIMARY** pharmacy? 8.1 If you have multiple outlets, please advise total outlet numbers.

8.2 Please nominate your other outlet postcodes

To be eligible for the major draw, complete the following for your chance to win one of three latest iPad MINIS -32GB with wi-fi, camera and cellular operation.

9.0 Are you supportive of S3 consumer advertising? Please **tick** Yes No

Why? _____

10.0 Do you recommend complementary medicines(vitamins/supplements) in combination with OTC/Prescription pain management products?

Yes No If Yes, please tick which.

- | | | | | | | | |
|--------------|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------------|--------------------------|
| Fish Oil | <input type="checkbox"/> | St. Johns Wort | <input type="checkbox"/> | Targeted herbs | <input type="checkbox"/> | Homeopathic products | <input type="checkbox"/> |
| Glucosamine | <input type="checkbox"/> | Valerian | <input type="checkbox"/> | Arnica rubs | <input type="checkbox"/> | | |
| Coenzyme Q10 | <input type="checkbox"/> | Magnesium | <input type="checkbox"/> | Essential oils | <input type="checkbox"/> | | |

10.1 If No, please tick why.

- Insufficient knowledge Insufficient confidence in products Too expensive for customers Prefer single treatments
 Other _____

11.0 How could your suppliers better deliver information about their products and services? Please **tick** all applicable.

- Online training modules Pharma reps Trade magazines Face to face training Seminars

11.1 Would you be interested in subscribing to a digital version of trade magazines such as *Retail Pharmacy*?

Yes No, I prefer it in print Both, I would like to have the option of and/or print/digital

12.0 Would you be interested in participating in future paid surveys? Please **tick** Yes No

So that we can advise you if you are an iPad winner, please include your name, phone number and/or email address. To qualify for the prize draw, questionnaires must be completed in full and returned by August 20th, 2013.

Name: _____ Phone: () _____

Email: _____ (where possible winners will be notified via email)

Please return this survey via Reply Paid Post to: **InPharmacy, PO BOX 58, Potts Point, New South Wales. 1335** (no stamp required).

Bruce Barr Mob: 0433 263 220 Email: bruce@inpharmacy.com.au

Thank you for participating in this survey. The information you have provided will assist service providers and wholesalers to further develop their relationship with you. All responses will be treated confidentially. At no time now or in the future will specific individual details be published, released or disclosed in any way.

