

**E. A. Hawse Health Center
Pharmacy User Satisfaction Survey**

Hawse Health Center kindly asks for your assistance by completing this survey. We would like to know how you feel about the pharmacy services we provide so we can make sure we are meeting your needs. Your answers are directly responsible for improving our services. All surveys will be kept confidential and anonymous. If you would like to discuss a suggestion or concern, please feel free to add your name and contact information. Thank you.

1. Do you normally use the E. A. Hawse Pharmacy? Yes No

The city/town where you live _____

2. If the answer to #1 was **no**, why not? _____

If the answer to #1 was **yes**, continue.

3. Were you greeted by the pharmacy staff? Yes No

4. Was the pharmacy staff helpful? Yes No

5. Was the staff friendly and courteous? Yes No

6. Was your prescription ready when promised? Yes No

7. Was your prescription filled completely? (receiving all of your medication) Yes No

8. Did the pharmacy staff notify you if there would be a delay in filling your prescription? Yes No N/A

9. Did the pharmacy staff offer to order any item not in stock? Yes No N/A

10. Approximately how long did you wait for your prescription(s)? _____

11. Did you receive medication information from the pharmacist? Yes No

12. If you were put on hold, was the wait time longer than 60 seconds? Yes No

13. Did the appearance of the pharmacy meet your expectations? Yes No

14. Were you satisfied with the waiting room comfort and cleanliness? Yes No

15. How would you grade your overall pharmacy experience?
1=great, 2=good, 3=OK, 4=poor, 5=bad

16. Please add any additional comments or suggestions for improvement.

Thank you for your time and use of the Hawse Health Center!