

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 one of the E. A. Hawse Pharmacies? 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!