

Pharmacy Service Satisfaction Survey Template

All questions are optional. Follow each question's directions.
Write your answers to the open questions in the space provided.

Think about your most recent visit to the community pharmacy named in the invitation during the past 30 days. All questions are optional. Do not include your name, medication names, conditions, prescription details or other health information in written answers. Contact the pharmacy directly for personal medical or urgent issues.

1. What was the main reason for that visit?

- ☐ Collect an item
- ☐ Ask for general information
- ☐ Buy a nonprescription item
- ☐ Arrange a service
- ☐ Another reason
- ☐ Prefer not to say

2. How acceptable was the time you waited before someone could help?

- ☐ Not at all acceptable
- ☐ Slightly acceptable
- ☐ Moderately acceptable
- ☐ Very acceptable
- ☐ Extremely acceptable
- ☐ I did not wait
- ☐ Not sure

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3. How easy was it to find a staff member who could help with your request?

- ☐ Very difficult
- ☐ Somewhat difficult
- ☐ Neither difficult nor easy
- ☐ Somewhat easy
- ☐ Very easy
- ☐ Not applicable

4. How clear was the information you received about the service or next step?

- ☐ Not at all clear
- ☐ Slightly clear
- ☐ Moderately clear
- ☐ Very clear
- ☐ Extremely clear
- ☐ I did not receive information
- ☐ Prefer not to say

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5. How comfortable did you feel discussing your request in the available space?

- ☐ Very uncomfortable
- ☐ Somewhat uncomfortable
- ☐ Neither comfortable nor uncomfortable
- ☐ Somewhat comfortable
- ☐ Very comfortable
- ☐ I did not need to discuss anything
- ☐ Prefer not to say

6. What part of the visit worked well for you? Do not include personal health details.

7. What one change would make a future visit easier? Do not include personal health details.
