

Center for Pharmacy Practice Accreditation Patient Satisfaction Survey

SURVEY QUESTIONS:

Survey Rating: Please rate your satisfaction for each of the following questions on a scale of 1 to 5 –
1.Poor, 2.Fair, 3.Good, 4.Very Good, 5.Excellent

1. The professional appearance of the pharmacy - for example, neat, clean, and organized.

☐ 1. Poor ☐ 2. Fair ☐ 3. Good ☐ 4. Very Good ☐ 5. Excellent

2. The professionalism of the pharmacist(s) - for example, respectful, courteous, caring.

☐ 1. Poor ☐ 2. Fair ☐ 3. Good ☐ 4. Very Good ☐ 5. Excellent

3. The professionalism of the pharmacy technician(s) and other pharmacy staff - for example, respectful, courteous, caring.

☐ 1. Poor ☐ 2. Fair ☐ 3. Good ☐ 4. Very Good ☐ 5. Excellent

4. The pharmacist's efforts to help you manage your medications - for example, answering questions, solving problems.

☐ 1. Poor ☐ 2. Fair ☐ 3. Good ☐ 4. Very Good ☐ 5. Excellent

5. The pharmacist's efforts to help you understand what your medications are supposed to do.

☐ 1. Poor ☐ 2. Fair ☐ 3. Good ☐ 4. Very Good ☐ 5. Excellent

6. The pharmacist's efforts to help you improve your health or stay healthy.

☐ 1. Poor ☐ 2. Fair ☐ 3. Good ☐ 4. Very Good ☐ 5. Excellent

7. The pharmacist's efforts to explain the possible side effects of your medication (and potential interactions).

☐ 1. Poor ☐ 2. Fair ☐ 3. Good ☐ 4. Very Good ☐ 5. Excellent

8. If you answered "fair" or "poor" for any of the above items, please let us know why.

9. Please use the area below to share any additional comments about our service.