



## Patient Feedback Survey

Patient feedback allows us to constantly evaluate and improve our services. We appreciate you taking the time to fill out this survey.

Name (optional): \_\_\_\_\_

What medical condition are you being treated for? \_\_\_\_\_

Select the option that most accurately describes your experience with the East Alabama Apothecary Specialty staff:

	Completely agree	Somewhat agree	Agree	Somewhat disagree	Disagree
East Alabama Apothecary Specialty Pharmacy met my service expectations for initial fill and refills of my medication(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My medication order was complete and accurate and without damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My medication order was ready for pick-up or delivered on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty pharmacy staff was courteous and respectful and showed concern for my wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacting a pharmacist or staff with a question or problem was easy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff was knowledgeable of my health condition and medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pharmacy staff provided me with helpful health information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff assisted in my understanding of the costs and helped me find ways to afford my medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy staff explained things in a way that was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The enrollment into East Alabama Apothecary Specialty Pharmacy was easy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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How well do you feel that East Alabama Apothecary Specialty Pharmacy understands your needs?

- Extremely well     Very well     Somewhat well     Not so well     Not at all well

How would you rate our overall service compared to other specialty pharmacies?

- Better     The same     Worse     N/A

I would recommend this pharmacy to a friend or family member.

- Yes     No

If you answered no to the previous question, why not?

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Overall, how satisfied are you with the East Alabama Apothecary Specialty Pharmacy?

- Completely satisfied     Somewhat satisfied     Satisfied     Somewhat dissatisfied     Dissatisfied

Please share with us any suggestions or improvements for the East Alabama Apothecary Specialty Pharmacy.

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