



## Arrow Pharmacy Consumer Satisfaction Survey (patient)

Please rate the Pharmacy performance based on the below scale.  
1=Very Poor 2=Poor 3=Fair 4=Good 5=Very Good

1. The Pharmacy was able to answer all questions promptly	1	2	3	4	5
2. The scheduling and receipt of your medication order was timely	1	2	3	4	5
3. The medication and supplies that you received were accurate and damage free	1	2	3	4	5
4. On a scale of 1-5, how has your quality of life been while taking this medication?	1	2	3	4	5
5. On a scale of 1-5, what is your satisfaction level with the Pharmacies Patient Management Program?	1	2	3	4	5

Points Score:  
Out of 25 total Points

Additional Comments:

Optional:  
Name and DOB:  
DOB:  
Phone Number:  
Would you like to receive a call back regarding additional comments? Yes/No



## Arrow Pharmacy Client Satisfaction Survey (prescriber office)

Please rate the Pharmacy performance based on the below scale.  
1=Very Poor 2=Poor 3=Fair 4=Good 5=Very Good

1. The Pharmacy was easy to get in touch with by phone.	1	2	3	4	5
2. The person that you spoke with was polite and made an effort to assist you.	1	2	3	4	5
3. The Pharmacy was able to answer all questions promptly	1	2	3	4	5
4. The scheduling of the patient's medication order was timely	1	2	3	4	5
5. Please rate your overall experience	1	2	3	4	5

Points Score:  
Out of 25 total Points

Additional Comments:

Optional:

Name:

Organization:

Phone Number:

Would you like to receive a call back regarding additional comments? Yes/No