

CUSTOMER SATISFACTION QUESTIONS/COMMENTS

Please circle yes or no.

Were you greeted when you arrived to the pharmacy?	yes	no
Were our employees friendly?	yes	no
Were our employees attentive to your needs?	yes	no
Were our employees knowledgeable?	yes	no
Did you receive everything that you came for?	yes	no

To help us serve you better, please rate your service experience	<u>Rating:</u>
	1 = extremely not satisfied/not likely 2 = not satisfied/not likely 3 = fairly satisfied/likely 4 = satisfied/likely 5 = extremely satisfied/likely
Customer questions:	

Please circle the number of rating.

How satisfied are you with the service you received?	1	2	3	4	5
How satisfied are you with our company overall?	1	2	3	4	5
How likely are you to use our services again?	1	2	3	4	5
How likely are you to recommend our services and our company to others?	1	2	3	4	5

Please answer the following questions.

What did you like or did not like about our services and our company? _____

What can we do to improve? _____

(Optional): If you would like to leave your contact information below so that we may contact you about comments:

Name: _____ **Phone number:** _____

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731-554-9872 Fax: 731-554-9874

Please return by U.S. Mail, Fax
In person or email: fax@wtnpc.com
Thank you.

Thank you for your time, comments and your business.