

Quality of Care Survey for Evers Customers Fax Survey to: 718-323-9377

SCORE 1 SCORE 2 SCORE 3 SCORE 4	STRONGLY DISAGREE I DISAGREE I DON'T AGREE OR DISAGREE,: I AM NEUTRAL I AGREE I STRONGLY AGREE		to: /	18-3	23-9	1 3/
SCORE 5			(Please circle below			
My deliveries v	vere made on time between the hrs specified	1	2	3	4	5
My deliveries contained the right medications and supplies		1	2	3	4	5
I always received a courtesy call before my delivery was on it's way		1	2	3	4	5
The delivery staff was courteous and professional		1	2	3	4	5
The pharmacy staff was professional, they were able to answer any questions		1	2	3	4	5
I was given helpul information on any health related issue		1	2	3	4	5
I did not wait on line for you to dispense my medication		1	2	3	4	5
The pharmacy staff was able to answer my questions		1	2	3	4	5
I was able to call a pharmacist or pharmacy tech at anytime		1	2	3	4	5
I was given the right information about cost on my medications		1	2	3	4	5
I would choose to receive delivery medications from Evers Pharmacy again		1	2	3	4	5
My medication is always fully stocked		1	2	3	4	5
Evers Pharmacy is a well Health Educated Pharmacy provider		1	2	3	4	5
Your over the counter drugs and supply prices beat other competitors		1	2	3	4	5
I found everyting i needed at your pharmacy		1	2	3	4	5
I found all the information needed on your website www.EversRx.com		1	2	3	4	5
The appearance of the store is always neat and clean		1	2	3	4	5
Free access parking was very helpful		1	2	3	4	5
I would recommend your pharmacy to others		1	2	3	4	5
Overall, I was extremely satisfied with the services I received from your pharmacy		асу 1	2	3	4	5
(Please write ou	ut a one line description below)					
I have left and	I transferred to other pharmacies because?					
What would y	ou like more from your pharmacy?					
How can your	pharmacy keep you as a long term customer?					
Optional:	ptional: First Name Last Name		Phone#			