



Quality of Care Survey

- SCORE 1 STRONGLY DISAGREE
- SCORE 2 I DISAGREE
- SCORE 3 I DON'T AGREE OR DISAGREE,; I AM NEUTRAL
- SCORE 4 I AGREE
- SCORE 5 I STRONGLY AGREE

(Please circle below)

My deliveries were 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 helpful 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
Boom 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	1	2	3	4	5
The appearance of the store is always neat and clean	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	1	2	3	4	5

(Please write out a one line description below)

I have left and transferred to other pharmacies because?

What would you like more from your pharmacy?

How can your pharmacy keep you as a long term customer?

Optional: First Name Last Name Phone#