

# 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  Customer questions:	<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

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? \_\_\_\_\_

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What can we do to improve? \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

West TN Pharmaceutical Care  
1926-A Emporium Drive  
Jackson, TN 38305-6063  
731-554-9872 Fax: 731-554-9874

You may send completed form:  
Fax to: 731-554-9874  
Leave at facility for driver to pickup  
Mail to address listed to left  
email: fax@wtnpc.com

Thank you for your time, comments and your business.