Outpatient Pharmacy Customer Satisfaction Survey

THE PAPERWORK REDUCTION ACT OF 1995 requires us to notify you that this information collected is in accordance with the clearance requirements of section 3507 of this Act. The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. No person will be penalized for failing to furnish this information if it does not display a currently valid OMB control number. Your obligation to respond to this survey is voluntary and failure to furnish this information will have no effect on any benefits you are entitled.

1.	1. For each part of your VA pharmacy visit, please tell us the amount of improvement needed, if any		
	a. The length of time you waited at the VA pharmacy		
			No improvement needed
			Slight improvement needed
			Some improvement needed
			A lot of improvement needed
			Does not apply
	b. The courtesy of the VA pharmacy staff		
			No improvement needed
			Slight improvement needed
			Some improvement needed
			A lot of improvement needed
			Does not apply
_		c. Personal privacy in the VA pharmacy waiting room	
	c.		No improvement needed
			Slight improvement needed
			Some improvement needed
			A lot of improvement needed
			Does not apply
		_	Does not apply
2.	Ove	rall, hov	w satisfied were you with pharmacy services provided at the Huntington VA Medical Center,
Pharmacy Outpatient window during the past three months?			
		-	Very dissatisfied
			Somewhat dissatisfied
			Neither satisfied nor dissatisfied
			Somewhat satisfied
			Very satisfied
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3.	ΑП		g a number, how long did you wait to see a pharmacist?
			0-10 minutes
			11-20 minutes
			21-30 minutes
			31-40 minutes
			Over 40 minutes
			Does not apply. Did not have to see a pharmacist.

4.	After you saw a pharmacist, how long did you wait to pick up your prescription?		
	☐ 0-10 minutes		
	☐ 11-20 minutes		
	21-30 minutes		
	☐ 31-40 minutes		
	Over 40 minutes		
	Does not apply.		
5.	What is one thing you would you change about your outpatient pharmacy experience?		
	☐ Wait time		
	☐ Pharmacist counseling booth		
	☐ Prescription Pick Up Window		
	☐ Waiting area		
	Other (please specify)		
	Utile: (piease specify)		