



Voice of the Customer Questionnaire for Pharmacy Choice

OMB No. 2900-0770

Estimated Burden: 5 minutes

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The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 5 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone survey will lead to improvements in the quality of service delivery by helping to achieve pharmacy services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

OPENING:

Hello, I'm (NAME) calling on behalf of the El Paso VA pharmacy. May I please speak to Mr./Mrs. _____? We are requesting feedback about your recent Choice prescription experience. The questionnaire should take less than 10 minutes. Would you like to participate?

QUESTIONS:

1. How long would you want to wait for your Choice prescription?

- 30mins or less 30-45mins 46-60mins 61-90mins more than 90mins

2. How long do you think is reasonable to wait for Choice prescription?

- 30mins or less 30-45mins 46-60mins 61-90mins more than 90mins

3. Have you been educated on the process of filling a Choice prescription in the VA pharmacy?

- Never Very little Somewhat Much A great deal

4. How would you rate the education you received on the Choice Rx program?

- Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

5. How would you rate your last Choice prescription experience with the pharmacy?

- Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

6. How would you rate the pharmacy staff?

- Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

7. Lastly, what is your one top concern with the Choice prescription process?

CLOSING:

These are all the questions I have for you. Thank you so much for your time and your service. Have a good day.