

## Pharmacy Program Satisfaction Survey Script

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A: Hello, I'm \_\_\_\_\_ calling from Zogby Analytics, a research company conducting a survey for the Department of Defense TRICARE Program. May I please speak with (insert name of respondent)?

If yes → Go to B

If no → *"Do you know when (Rank, Mr. or Ms. and Name) will be available?"*

- i. If no time is given or they don't know → "Thank you for your time. I will call back later."
- ii. If a time is given → "Thank you for your time. I will call back then."
- iii. No such person → Thank you and terminate the interview
- iv. Refused → Thank you and terminate the interview

#### For Interviewer Only

Interviewer code -- Reason the sample member is not available

- Deceased
- Incapacitated
- Deployed and not available
- Temporarily unavailable, such as on vacation or on a business trip
- Relocated, new location unknown
- Incarcerated
- Refused call

B: Great. To start, I'd like to assure you that I am not selling anything. The purpose of this survey is to collect information about beneficiary experiences with having prescriptions filled at a military pharmacy. This survey asks questions about how satisfied you are with various aspects of having your prescription filled and will be used to help TRICARE assess the pharmacy program. The survey takes less than 10 minutes.

Participation in this survey is voluntary; you may ask to skip any question that you do not want to answer and you can stop at any time. There is no penalty if you choose not to be in the survey; however, we hope that you will participate so that our report will be complete. Your answers will be confidential, and any identifying information will be used only by the research team. Your name and any identifying information will be removed from your responses so individuals collecting information from this survey

will only see your answers and not your name. If during this survey you threaten to harm yourself or others we are required to notify appropriate authorities for action.

Do you have a few minutes?

Yes → proceed to Q1

No → “*Is there a time that would work better?*”

If a time is given, then “Thank you for your time, we will call back then.”

If respondent refuses → then thank and terminate

Refuse → thank and terminate

As I mentioned, this survey is about your experiences in having a prescription filled at a military pharmacy in the last [specified time frame] months. To start, I’d like to ask a few questions about whether your pharmacy had your medication in stock when you needed it.

1. How satisfied were you with the pharmacy’s having your medication in stock when you needed it? Would you say you are...
  - a. Very satisfied
  - b. Somewhat satisfied
  - c. Neither dissatisfied nor satisfied
  - d. Somewhat dissatisfied
  - e. Very dissatisfied

*[Dissatisfied respondents only (response choices d and e)]* Please describe why you were dissatisfied with the pharmacy’s having your medication in stock. [OPEN-ENDED]

2. How satisfied were you with the length of time it took the military pharmacy to fill your prescription? Would you say you are...
  - a. Very satisfied
  - b. Somewhat satisfied
  - c. Neither dissatisfied nor satisfied
  - d. Somewhat dissatisfied
  - e. Very dissatisfied

*[Dissatisfied respondents only (response choices d and e)]* Please describe why you were dissatisfied with the length of time it took to fill your prescription. [OPEN-ENDED]

3. How satisfied were you with the accuracy with which the pharmacy filled your prescription? Would you say you are...
  - a. Very satisfied
  - b. Somewhat satisfied
  - c. Neither dissatisfied nor satisfied
  - d. Somewhat dissatisfied
  - e. Very dissatisfied

*[Dissatisfied respondents only (response choices d and e)]* Please describe why you were dissatisfied with the accuracy of your prescription. [OPEN-ENDED],

4. All things considered, how satisfied are you with the military pharmacy's service in providing your pharmacy benefit? Would you say you are...
- a. Very satisfied
  - b. Somewhat satisfied
  - c. Neither dissatisfied nor satisfied
  - d. Somewhat dissatisfied
  - e. Very dissatisfied

*[Dissatisfied respondents only (response choices d and e)]* Could you please explain why you are dissatisfied with the military pharmacy's service? [OPEN-ENDED]

5. Using any number from 0 to 10, where 0 is the worst service possible and 10 is the best service possible, what number would you use to rate your satisfaction with the service you received under in having your prescription filled? [Interviewer: Don't read responses]

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

6. Thank you for sharing your opinions about your recent experience. Please share any additional comments about your experiences in having a prescription filled at a military pharmacy. Please do not share any Personally Identifiable Information (PII)". [OPEN ENDED]