



DEFENSE HEALTH AGENCY
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In-person pharmacy patient survey script:

Hello,

My name is XXXX and I am from the Pharmacy Operations Division at Defense Health Agency Headquarters. How are you doing today?

Would you be interested in participating in a four-question survey today to help us improve our pharmacy operations and patient satisfaction? The survey responses will be kept completely anonymous, and we are not collecting any personally identifiable information. We anticipate this will take 10 minutes of your time, but you can stop at any time if needed, and skip any questions. There is no penalty for not participating.

Question 1: What would you like to see improved in the pharmacy benefit and/or services?

Question 2: What would you change at the MTF pharmacy?

Question 3: Why do you use the MTF pharmacy instead of mail or retail pharmacy?

Question 4: What do you like about the pharmacy benefit, for example, do you like that when you PCS [permanent change of station] you can get the same medication from each location?

Question 5: Have you ever filled a medication at the MTF Pharmacy that required a 'Prior Authorization'? If so, did you experience any challenges when filling that medication?

Thank you so much for the valuable feedback to help us improve. Your trust in military medicine is important to us, and we will continue to make every effort possible to provide you the world-class care that you deserve. Have a wonderful day!