

# Specialty Pharmacy Patient Survey



Our goal is to provide convenience and satisfaction, as well as the very best service, to all our patients. We'd like to know how you feel about our patient-handling systems, pharmacists and staff members. Your comments will help us evaluate our operations to ensure that we are truly responsive to your needs. Thank you for your help.

**Please indicate the purpose of your most recent call:**

- Prescription only       Consultation

**Please rate the following:**

<b>A. Your phone call answered promptly</b>	Excellent	Very Good	Good	Fair	Poor	Does not apply
1. Your phone call answered promptly	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
2. Your ability to contact us after hours	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
3. Our ability to return your calls in a timely manner	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
4. Clear and concise phone communication	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
5. Your ability to obtain prescription refills	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
6. The professionalism of our call center staff	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
7. Availability of the on-call pharmacist or nurse (if applicable)	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
8. Your trust and confidence in the pharmacist (if applicable)	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA

<b>B. Your interaction with the call center staff:</b>	Excellent	Very Good	Good	Fair	Poor	Does not apply
1. The courtesy of the person who took your call	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
2. The helpfulness of the person who took your call	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
3. Willingness to listen carefully to you	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
4. Taking time to answer your questions	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
5. Amount of time spent with you	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
6. Explaining things in a way you could understand	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
7. Instructions regarding your medication and next steps	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
8. Showing respect for what you had to say	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
9. Empathy and concern for your needs	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
10. Concern for your privacy	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
11. Knowledge of your health condition	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
12. Knowledge of your medication(s)	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA

Please complete the next page

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C. Our communication with you:	Excellent	Very Good	Good	Fair	Poor	Does not apply
1. Helpfulness of people who assisted you with billing/insurance	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
2. Effectiveness/helpfulness of our website	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA

D. Your prescription:	Excellent	Very Good	Good	Fair	Poor	Does not apply
1. Timeliness of the delivery of your prescription	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
2. Condition of the prescription when received	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
3. Accuracy of your filled prescription	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
4. Keeping you informed of the prescription status	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
5. Promptness in resolving issues/questions concerning your prescription	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA

E. Your overall satisfaction:	Excellent	Very Good	Good	Fair	Poor
1. Our pharmacy	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2. Our service	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3. Your experience with our specialty pharmacy over other pharmacies you have used	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
If not, please tell us why:					
<hr/>					
<hr/>					
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Please complete the next page

# Specialty Pharmacy Patient Survey



## E. Your overall satisfaction:

4. Likelihood of recommending our pharmacy to family and friends?

0



1



2



3



4



5



6



7



8



9



10



Not at all likely

(Please choose one)

Extremely likely

If not, please tell us why:

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What would have improved your experience using our specialty pharmacy?

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Please provide any additional comments (optional):

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**How did you hear about us?**

1 Physician       2 Friend or family member       3 Other: \_\_\_\_\_

**Please submit your completed survey**

[mychsrx.specialty@chsli.org](mailto:mychsrx.specialty@chsli.org)

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My CHS Rx Pharmacy, 4295 Hempstead Turnpike, Bethpage, NY 11714

**Thanks very much for your help!**