

Customer Satisfaction Survey

We value your feedback and strive to improve our services. Please take a few moments to answer the following questions.

1. Overall Satisfaction: How satisfied are you with your overall experience at our pharmacy?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

2. Product Availability: How satisfied are you with the availability of products and medications?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

3. Wait Time: How would you rate the wait time for receiving your prescription or service?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

7. Additional Comments: Please provide any additional comments or suggestions:

8. Would you recommend our pharmacy to others?

- Yes
- No

4. Staff Courtesy and Helpfulness: How satisfied are you with the professionalism, courtesy, and helpfulness of our staff?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

5. Cleanliness and Organization: How would you rate the cleanliness and organization of our pharmacy?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

6. Communication and Information Provided: How satisfied are you with the information provided regarding your medications or services?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied