



The following pages show the PQA Survey of Consumer Experience with Pharmacy Services[®]. This survey may not be used without permission of PQA, Inc.

To obtain a copy of the survey in Microsoft Word[®] format, or to obtain the user's guide and scoring manual, send an email to Dr. David Nau at dnau@PQAalliance.org

Consumer Experience with Pharmacy Services[©]

This survey asks about the pharmacy services you had at the pharmacy listed in the cover letter only.

By “pharmacy” we mean the place where you had a prescription filled or refilled. This could be a store or a mail-order company or elsewhere.

Please answer about this pharmacy only.

SURVEY INSTRUCTIONS

- ◆ Answer questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
 Yes → **If Yes, Go to Question 1**
 No

PHARMACY STAFF COMMUNICATION

1. “Pharmacy Staff” includes pharmacists, pharmacy technicians or other employees who work on your prescriptions at the pharmacy listed in the cover letter.

In the last 12 months, did you talk to pharmacy staff either in-person or over the phone?

- Yes
- No → **If No, Go to Question 16 on page 3**

2. In the last 12 months, how often did the staff at this pharmacy explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always
- Does not apply to me

3. In the last 12 months, how often did the staff at this pharmacy listen carefully to you?

- Never
- Sometimes
- Usually
- Always

4. In the last 12 months, how often did the staff at this pharmacy treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

5. In the last 12 months, how often did the staff at this pharmacy spend enough time talking with you?

- Never
- Sometimes
- Usually
- Always

6. In the last 12 months, how often did the staff at this pharmacy show concern for you?

- Never
- Sometimes
- Usually
- Always

7. In the last 12 months, how often did the staff at this pharmacy talk with you about your health?

- Never
- Sometimes
- Usually
- Always

8. Using any number from 0 to 10, where 0 is the worst pharmacy staff possible and 10 is the best pharmacy staff possible, what number would you use to rate the staff at this pharmacy

- 0 Worst staff possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best staff possible

INFORMATION ABOUT MEDICINE

9. This survey asks only about the pharmacy listed in the cover letter.

In the last 12 months, if you wanted to talk to the staff at this pharmacy about your health or medicine, how often were you able to talk to staff as soon as you wanted to?

- Never
- Sometimes
- Usually
- Always
- I did not want to talk to staff at this pharmacy about my health or medicine in the last 12 months

10. In the last 12 months, did you ask the staff at this pharmacy questions about your medicine?

- Yes
- No

11. In the last 12 months, how often did the staff at this pharmacy ask if you had any questions about your medicine?

- Never
- Sometimes
- Usually
- Always

12. In the last 12 months, how often did the staff at this pharmacy ask if you were having any problems with your medicine?

- Never
- Sometimes
- Usually
- Always

Written Information

13. This survey asks only about the pharmacy listed in the cover letter.

In the last 12 months, how often were the instructions on your medicine labels easy to read?

- Never
- Sometimes
- Usually
- Always

14. In the last 12 months, how often were the instructions on your medicine labels easy to understand?

- Never
- Sometimes
- Usually
- Always

15. In the last 12 months, did the staff at this pharmacy give or send you written information about your medicine?

- Yes
- No → If No, Go to Question 21

16. How often was the information about your medicine written in a way that was easy to read?

- Never
- Sometimes
- Usually
- Always

17. How often was the information about your medicine written in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

New Prescriptions

18. New prescriptions are ones you have not taken before or have not taken in a long time.

In the last 12 months, did you ever have a new prescription filled at this pharmacy?

- Yes
- No → If No, Go to Question 25 on Page 4

19. In the last 12 months, when you had a new prescription filled at this pharmacy, did the staff tell you how often and when to take your medicine?

- Yes
- No

20. In the last 12 months, when you had a new prescription filled at this pharmacy, did the staff tell you what to avoid when taking your medicine?

- Yes
- No

21. In the last 12 months, when you had a new prescription filled at this pharmacy, did the staff tell you what to do if you had bad reactions?

- Yes
- No

22. Please think about all of the information that you got from this pharmacy about medicines.

Using any number from 0 to 10, where 0 is the worst information possible and 10 is the best information possible, what number would you use to rate the information that you got from this pharmacy about medicines?

- 0 Worst information possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best information possible

23. Using any number from 0 to 10, where 0 is the worst pharmacy service possible and 10 is the best pharmacy service possible, what number would you use to rate the service you got from this pharmacy in the last 12 months?

- 0 Worst pharmacy service possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best pharmacy service possible

ABOUT YOU

24. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

25. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

26. Are you male or female?

- Male
- Female

27. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

28. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

29. What is your race? Please check all that apply.

- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- White

30. In the last three months, how many prescriptions did you have filled at all pharmacies, not just the one on the cover letter?

- 0
- 1
- 2
- 3
- 4
- 5 or more

31. What kind of health insurance do you have? Please mark all that apply.

- Medicare (insurance that the Federal government partly pays for)
- Medicaid or other health insurance that the state pays for
- Private health insurance (insurance through an employer or that you pay for)
- TRICARE/VA
- No health insurance
- Not sure

32. Did someone help you complete this survey?

- Yes
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

33. How did that person help you? Check all that apply.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way (Please explain)

Thank you. Please return the completed survey in the postage-paid envelope.