

Dear UCI Health Outpatient Specialty Pharmacy Member,

We value the opinion of our patients. Please take a moment to fill out the survey below or go to ucihealth.org/patientsurvey to fill out the survey online. Your response to this survey will help us improve the quality of services you receive here at UCI Health Outpatient Specialty Pharmacy. We thank you in advance for your participation and support.

Please circle the number that most closely represents the level of service you received with 1=Poor and 5=Excellent.

SURVEY ITEM	SCALE					
	Poor	Fair	Good	Very Good	Excellent	Not Applicable
1. My phone call with the pharmacy was handled quickly and professionally.	1	2	3	4	5	N/A
2. My individual needs were met with care and concern.	1	2	3	4	5	N/A
3. I received a full explanation of all billing- and insurance-related issues.	1	2	3	4	5	N/A
4. My prescription was obtained in a timely manner.	1	2	3	4	5	N/A
5. Rate your overall experience with the Patient Management Program.	1	2	3	4	5	N/A
6. My pharmacist provided me with beneficial information about my prescription.	1	2	3	4	5	N/A
7. The quality of my life, as it relates to my health, has improved with the help I received from the pharmacy.	1	2	3	4	5	N/A
8. It is easier to manage my medical condition because of the help I received from the pharmacy.	1	2	3	4	5	N/A
9. Rate your overall experience with the pharmacy.	1	2	3	4	5	N/A
10. Based on your experience, would you recommend our pharmacy to a friend or family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No					N/A
11. If you experienced an issue, was it resolved to your satisfaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No					N/A
Comments/Suggestions:						