



to:

Please Fax or mail completed forms

CSI Pharmacy
 811 N. Kings Highway
 Wake Village, Texas 75501
 Fax: 1-870-772-0214

| Patient Satisfaction Survey | |
|---|--|
| Date: | |
| Please rate the Pharmacy performance based on the below scale. 1= Very Poor 2=Poor 3=Fair 4=Good 5=Very Good | |

| Survey Questions | | | | | |
|--|---|---|---|---|---|
| 1 The Staff was courteous and helpful. | 1 | 2 | 3 | 4 | 5 |
| 2 On a scale of 1-5, how has your quality of life been while taking your prescribed medication provided by CSI Pharmacy? | 1 | 2 | 3 | 4 | 5 |
| 3 On a scale of 1-5, what is your satisfaction level with CSI Pharmacy's Patient Management Program? | 1 | 2 | 3 | 4 | 5 |
| 4 On a scale of 1-5, how likely would you be to recommend our Pharmacy to friends and family? | 1 | 2 | 3 | 4 | 5 |
| 5 Please rate your overall experience. | 1 | 2 | 3 | 4 | 5 |

| | |
|--|--------|
| For CSI Pharmacy office use only. | _____% |
| Overall Client Satisfaction Rating | |

| |
|---|
| Add comments here to help us find ways to better serve you. (Optional) |
| Comments: |
| Optional: |
| Name and DOB: |
| Phone Number |

NHIA Patient Satisfaction Survey

1. The home infusion pump was cleaned when it was delivered.
 - a. Yes

- b. No
- c. I did not use a home infusion pump.

Comments:

2. The home infusion pump worked properly.
- a. Yes
 - b. No
 - c. I did not use a home infusion pump.

Comments:

3. The home infusion medications and supplies arrived before I needed them.
- a. Always
 - b. Very Often
 - c. Sometimes
 - d. Rarely
 - e. Never

Comments:

4. I knew who to call if I needed help with my home infusion therapy.
- a. Yes
 - b. No

Comments:

5. The response I received to phone calls for help on weekends or during evening hours met my needs.
- a. Always
 - b. Very Often
 - c. Sometimes
 - d. Rarely

Comments:

6. The home infusion nurse or pharmacist informed me of the possible side effects of the home infusion medication.
- a. Yes
 - b. No

Comments:

7. I understood the explanation of my financial responsibilities for home infusion therapy.
- a. Yes
 - b. No

Comments:

8. Using the table below, rate how often each staff were courteous.

Scale: 5=Always, 4=Very Often, 3=Sometimes, 2=Rarely, 1=Never, N/A= Not applicable

Staff 5 4 3 2 1 N/A

Delivery
Staff

Billing Staff

Pharmacy
Staff

Nursing Staff

9. Using the table below, rate how often each staff were helpful.

Scale: 5=Always, 4=Very Often, 3=Sometimes, 2=Rarely, 1=Never, N/A= Not applicable

Staff 5 4 3 2 1 N/A

Delivery
Staff

Billing Staff

Pharmacy
Staff

Nursing Staff

10. I understood the instructions provided for:

Question Yes No N/A

How to wash my hands

How to give the home
infusion medication(s)

How to care for the
IV/PORT Catheter

How to store the home
infusion medication(s)

How to use the home
infusion pump

11. I was satisfied with the overall quality of the service provided.

- a. Strongly agree
- b. Agree
- c. Uncertain
- d. Disagree
- e. Strongly Disagree

Comment: _____

12. I would recommend this home infusion company to my family and friends.

- a. Strongly agree
- b. Agree
- c. Uncertain
- d. Disagree
- e. Strongly Disagree