

St. Jude Specialty Pharmacy & Surgical Supplies

Dear Provider,

Your satisfaction with our services remains a top priority at St. Jude Pharmacy. Please take a minute to complete a short survey. We value your feedback and thank you for your time.

Provider Name: _____

Date: _____

For each statement, please put an "X" in the box under the number that most accurately reflects your opinion and experience concerning the statement. Please return your completed survey to the pharmacy in person or by mail or fax.

| N/A = Not Applicable 1 = Strongly Disagree 2 = Disagree | 3 = Neutral 4 = Agree 5 = Strongly Agree | Not applicable | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|--|----------------|-------------------|----------|---------|-------|----------------|
| | | N/A | 1 | 2 | 3 | 4 | 5 |
| 1. When I call St. Jude Pharmacy, I find my call is answered in a reasonable amount of time. | | | | | | | |
| 2. When I call St. Jude Pharmacy, the pharmacists (or staff) are professional and courteous. | | | | | | | |
| 3. When I call St. Jude Pharmacy, the pharmacists are knowledgeable about the medications I am prescribing and the disease states I am managing. | | | | | | | |
| 4. When I call St. Jude Pharmacy, I find that the staff resolves my concerns and issues (other than insurance-related issues) during my initial call. | | | | | | | |
| 5. When I send a prescription to St. Jude Pharmacy, I find that the requested drug is available at all times. | | | | | | | |
| 6. I find that I am satisfied, overall, with the service that is provided to me by St. Jude Pharmacy and would recommend their services to fellow colleagues. | | | | | | | |

Do you have any comments or suggestions that may help St. Jude Pharmacy continue to serve the needs of their clients?
