

Patient Satisfaction Survey

Please take a moment to answer these questions about your experience with our Medication Assistance Program (MAP). We want to provide you with the best service possible and would like to know how we are doing. Thank you for your comments and suggestions.

Please check the answer that best answers the following statements:

	YES	NO
My Medication Assistance Caseworker (MAC) treats me with respect and courtesy.		
My MAC listens to me and answers all my questions.		
I am able to get all the medicines I need for free.		
If I can't get medicine for free, my MAC helps me find the best price available.		
I am able to get refills for medicines before I run out of medicines.		
It is easy to pick up my medications once they arrive.		
I know how to take my medications.		
I can talk with someone at the clinic to answer any questions I have about my medications.		
My health has improved since getting my medications through this program.		
I have not been to the Emergency Department for my illness since being able to get my medications through this program.		
Before getting medications through this program, I was unable to take my medications as prescribed because I could not afford them.		
Would you recommend MAP to others?		

Please provide any comments or suggestions:

Overall, how would you rate your experience with our MAP?

Excellent Very Good Good Fair Poor

How did you hear about MAP? Prescribing Physician Pharmacist Brochure

Referred by another agency Friends or Family Church Other _____

Thank you for taking the time to complete this survey!