

CUSTOMER SATISFACTION SURVEY

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Howe Sound Pharmacy is committed to patient care and customer satisfaction. Your feedback is greatly appreciated and helps us identify areas to improve in.

Please rate us on a scale of 1-5, 1 being very dissatisfied and 5 being very satisfied. (Circle your response)

1. How satisfied are you with the service you received today?

1 2 3 4 5

Comments:

2. How did you find the store flow from start to finish and would you suggest any adjustments?

1 2 3 4 5

Comments:

3. Are you happy with the option to book appointments with a pharmacist for a consultation?

1 2 3 4 5

Comments:

4. How do you feel about the changes Howe Sound Pharmacy has implemented over the past 3 years?

1 2 3 4 5

Comments:

5. In a few words, tell us what you enjoyed most about today's experience overall.

CUSTOMER SATISFACTION SURVEY | p2

6. In a few words, please indicate any areas of improvement we could work on.

7. Would you recommend Howe Sound Pharmacy to family and friends?

Yes No

8. In the past few years have you noticed a change in the services that we have been able to offer?

Yes No

9. If so, how would you rate the services you have received?

1 2 3 4 5

10. What service in specific have you benefitted from?

Comments:

11. Would you like to see your pharmacist offer more service to improve your healthcare?

Yes No

12. What services would you like to see?

Thank you for taking the time to complete the survey.