



Thank you for choosing Valley Pharmacy. Your satisfaction is important to us. Please take a moment to answer the questions below and return this postage-paid card by mail. Thank you.

General Questions:

1. Was this your first visit to Valley Pharmacy? Yes No
2. Day of your most recent visit: Weekday Weekend
3. Time of your most recent visit: 8:30 am – 1 pm 1 pm – 5 pm 5 pm – 9 pm

Service and Experience Questions:

	Very Poor	Poor	Fair	Good	Excellent							
1. Speed and efficiency of Valley Pharmacy's service	1	2	3	4	5							
2. Courtesy and professionalism of Valley Pharmacy's staff	1	2	3	4	5							
3. Ability of Valley Pharmacy's staff to answer questions	1	2	3	4	5							
4. Likelihood of your recommending Valley Pharmacy to others	1	2	3	4	5							
5. On a scale of 0 to 10, where 0 is the worst and 10 is the best, rate your overall Valley Pharmacy experience												
Worst	0	1	2	3	4	5	6	7	8	9	10	Best

Please comment on your experience, including ways we can improve our service...
