

## Outpatient Pharmacy Service & Workflow Satisfaction Survey

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Dear Participant,

Thank you for participating in this satisfaction survey. Your feedback is vital to our ongoing efforts to improve hospital workflows and patient experience. All responses will be used solely for internal quality improvement purposes.

Best,

Department of Pharmacy, China Medical University Hospital

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**• Demographic Information**

- |  |                                      |                                 |  |
|--|--------------------------------------|---------------------------------|--|
| <b>1. What is your gender?</b>   | <input type="checkbox"/> Male        | <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say |
| <b>2. What is your age group?</b>  | <input type="checkbox"/> Under 18    | <input type="checkbox"/> 18-25  | <input type="checkbox"/> 26-35             |
|  | <input type="checkbox"/> 36-45       | <input type="checkbox"/> 46-55  | <input type="checkbox"/> 56-65             |
|  | <input type="checkbox"/> 65 or above |                                 |  |
| <b>3. Is this your first time picking up medication at the Cancer Center Pharmacy?</b> | <input type="checkbox"/> Yes         | <input type="checkbox"/> No     |  |

**• Service Satisfaction Indicators**

Please rate your satisfaction based on your experience today using the following scale:

(5) Very Satisfied | (4) Satisfied | (3) Neutral | (2) Dissatisfied | (1) Very Dissatisfied

**1. Overall arrangement of the medication pickup workflow**

5       4       3       2       1

**2. Clarity and display format of the calling system (LED/TV)**

5       4       3       2       1

**3. Sufficient number of calling system displays in the area**

5       4       3       2       1

**4. Total waiting time to receive medication**

5       4       3       2       1

**5. Comfort and adequacy of the waiting area/seating**

5       4       3       2       1

**6. Ease of understanding the queueing instructions/signage**

5       4       3       2       1

**7. Appropriateness of the placement of queueing signage**

5       4       3       2       1

**8. Effectiveness of signage in guiding patients to queue correctly**

5       4       3       2       1

**9. Effectiveness of volunteers in providing guidance and order**

5       4       3       2       1

**10. Overall satisfaction with today's medication pickup process**

5       4       3       2       1

- **Additional Feedback**

Your suggestions are our greatest motivation for improvement! Please let us know if there are any specific areas we can enhance:

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The survey is now complete. Thank you for your time and cooperation!

