**Patient Responsiveness Survey**

**What is the purpose of this survey?**
This survey aims to measure subjective patient responsiveness which consists of three domains:

1. **Satisfaction**: Overall satisfaction with Comprehensive Medication Management pharmacy service, which may not be specific to any single component of the content or the context of the intervention.
2. **Needs Met**: The patient’s evaluation of the content of the Comprehensive Medication Management pharmacy service and how well it meets their needs.
3. **Quality of the Patient-Pharmacist Interaction/Relationship**: Patient’s perception of the quality of the interaction/relationship between the patient and the pharmacist.

This survey is intended to be administered to patients after they have had at least one Comprehensive Medication Management (CMM) visit with a clinical pharmacist in a primary care physician office.

**Instructions**

**Please complete the following questions. The clinical pharmacist is the pharmacist who reviews all of your medications with you and helps make sure they are working and are safe. This pharmacist is the one who is working closely with your doctor at the clinic, not the pharmacist who may fill your prescriptions at the pharmacy.**

**Below is a list of statements about your most recent visit with your clinical pharmacist. By checking the box, please indicate how strongly you agree or disagree with each statement.**

1. My clinical pharmacist gives me undivided attention.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist seems to take a genuine interest in me as a person.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist asks me questions about whether I can afford my medicine(s).

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist makes me feel comfortable in our interaction(s).

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist is committed to improving my health.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. I would recommend my clinical pharmacist to others.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist takes into account what I think about my medicine(s).

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist provides useful recommendations on how to take my medicine(s).

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist knows about my medical condition(s).

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist makes useful recommendations for helping me reach my overall health goals.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist speaks to me in language that I can understand.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. I trust the judgment of my clinical pharmacist.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist follows up in a timely manner to make sure my medicine(s) are working.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist advises me whether or not it is okay for me to take my medicine(s) with other medicine(s).

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. I am satisfied with the overall care provided.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist and my other health care providers (doctors) communicate with each other about my medications.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist addresses my concerns about my medicine(s).

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist makes sure that my medicine(s) are working for me.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. Overall, I am pleased with my visit(s) with my clinical pharmacist.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist encourages me to achieve my health goals.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist is caring and kind in our interaction(s).

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist listens to my questions or concerns about my medicine(s).

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist asks me questions about whether I can get my medicine(s) from the pharmacy or another appropriate source.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. I value the services that my clinical pharmacist provides to me.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist explains to me what side effects to watch for with my medicine(s).

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist helps me understand the reason why I’m taking each of my medicine(s).

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist makes sure I understand how to use my medicine(s) correctly.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist is respectful during our interaction(s).

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. My clinical pharmacist knows what medicine(s) I’m taking.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

1. Overall, I am satisfied with my clinical pharmacist.

1[ ]  Strongly Disagree

2[ ]  Disagree

3[ ]  Agree

4[ ]  Strongly Agree

**THANK YOU**