

# Pharmacy User Experience Questionnaire

Dear Valued Customer,

We value your feedback and would like to invite you to participate in our Pharmacy User Experience Questionnaire. Your opinions are essential in helping us improve our services.

## Questionnaire

Name:

Email:

How often do you visit our pharmacy?

Daily Weekly Monthly Rarely

How satisfied are you with our services?

Very Satisfied

Satisfied

Neutral

Dissatisfied

Very Dissatisfied

Additional Comments:

Thank you for your time and input!

Sincerely,

The Pharmacy Team