



Prescription Service Questionnaire

Helping you take charge of your medications™

The purpose of this Patient Prescription Service Questionnaire is to help us determine which Walgreens services could most benefit you based on your prescription needs. Once you submit this form, we'll generate a report that will help you get the most out of your pharmacy experience. The whole process only takes 3-5 minutes!

Please provide the following information:

Name (First, MI, Last)		
Street Address		
City	State	Zip
Birth Date	Primary Phone Number	E-mail Address

Questions Concerning Your Prescriptions

On a scale of 1 to 7 with **1 being not at all** and **7 being definitely** - please tell us how much you would agree with the following situations.

	Not at all	-	-	-	-	Definitely	
	1	2	3	4	5	6	7
I firmly believe that my medications will benefit my health	1	2	3	4	5	6	7
I always take my medications as prescribed by my physician	1	2	3	4	5	6	7
It is very important that I follow the doctor's instructions when taking my medications	1	2	3	4	5	6	7
I always remember to take my medications on time	1	2	3	4	5	6	7
I always remember to order refills of my prescriptions before I run out	1	2	3	4	5	6	7
I would prefer to have my prescriptions filled automatically.	1	2	3	4	5	6	7
I am familiar with the side effects of my medications	1	2	3	4	5	6	7
It is important for the pharmacy to let me know when my prescriptions are ready for pick-up	1	2	3	4	5	6	7
The costs of medications prevent me from refilling them as often as they should be.	1	2	3	4	5	6	7
Most of the time someone else will pick up my prescriptions	1	2	3	4	5	6	7
I would prefer that all my medications be picked up on the same day	1	2	3	4	5	6	7