



HOME INFUSION

This page intentionally left blank

Please take a few minutes to answer the following survey questions regarding the care you have received from **HOME INFUSION PHARMACY NAME**. Your feedback is very important to them and will help ensure that the home infusion services you receive meet or exceed your expectations.

Instructions: Use a dark colored pen to fill out the survey. Answer all of the questions by filling in the circle to the left of your answer.

1. Did you use a home infusion pump as part of the services you received from this pharmacy?

- Yes
- No → If No, please skip to question 4.

2. The home infusion pump was clean when it was delivered.

- Yes
- No

3. The home infusion pump worked properly.

- Yes
- No

4. The home infusion medications and supplies arrived before I needed them.

- Always
- Very Often
- Sometimes
- Rarely
- Never

5. I knew who to call if I needed help with my home infusion therapy.

- Yes
- No

6. The response I received to phone calls for help on weekends or during evening hours met my needs.

- Always
- Very Often
- Sometimes
- Rarely
- Never
- I did not need to call for help on weekends or during evening hours.

7. The home infusion nurse or pharmacist informed me of the possible side effects of the home infusion medication.

- Yes
- No

8. I understood the explanation of my financial responsibilities for home infusion therapy.

- Yes
- No

