

**Hendricks Pharmacy International Travel Health Clinic  
Patient Satisfaction Survey**

Dear Traveler

You contacted us within the past year for a consultation in regards to your travel. We now need your help in determining the strengths and weaknesses of our travel clinic and in identifying what reasons you had if you refused a travel recommendation. Please complete this survey which asks your opinions about the services you received during your visit at Hendricks Pharmacy International Travel Health Clinic. The results of this survey will be used to improve future services.

This survey should take no more than 10 minutes to complete. By completing this survey you are consenting to allow the information you provide to be used for research and publication purposes. Your responses will be kept confidential and anonymous (i.e. the results of the survey will not be connected to your pharmacy records). In addition, once the survey is received; the enveloped will be shredded to further protect your identity. This survey is voluntary and non-participation will not affect your relationship with or services from Hendricks Pharmacy or the travel clinic in the future.

If you have any questions, please feel free to call the clinic at (909) 624-1611. Please return this survey in the enclosed envelope by **[enter 2 week deadline here]**. Thank you for your time.

Your Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

<b>Race/Ethnicity:</b> _____ Asian	<b>Education:</b> _____ High School graduate or less
_____ Pacific Islander	_____ Some College
_____ African American	_____ Bachelor's degree (B.A., B.S.)
_____ American Indian/Alaskan Native	_____ Master's degree (M.S.)
_____ Caucasian (Non Hispanic/Latino)	_____ Doctorate degree (PhD, MD, etc.)
_____ Hispanic or Latino (All Races)	_____ Other: _____
_____ Other: _____	_____ Decline to state
_____ Decline to state	

**Gross Annual Income:** \_\_\_\_\_ Less Than \$50,000  
\_\_\_\_\_ \$50,000 To \$100,000  
\_\_\_\_\_ Greater than \$100,000  
\_\_\_\_\_ Decline to state

**Did you keep your appointment?** Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered **NO**, please state the reason(s) for the cancellation below and return this survey.

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If you answered **YES**, please complete the survey below by filling in the bubble or circling in the letter(s) for the choice(s) you **MOST** agree with.

1. **Have you seen a healthcare professional in the past for recommendations on previous international trips?**

Yes  No

2. **What other sources of information did you refer to for travel medicine recommendations for the travel destination(s) the pharmacist at Hendricks Pharmacy consulted you on? (Circle all that apply)**

- a. Other healthcare professional
- b. Travel agency
- c. Friends and/or relatives
- d. Travel websites (e.g. [www.CDC.gov](http://www.CDC.gov))
- e. Travel magazine/brochures
- f. None
- g. Other (Please state) \_\_\_\_\_

3. **Why did you choose to visit the travel medicine clinic at Hendricks Pharmacy? (Circle all that apply)**

- a. It is close to my home or work
- b. A doctor recommended it to me
- c. It provided the level of services that I needed
- d. It has a good reputation
- e. I chose it for financial reasons
- f. Other (please state) \_\_\_\_\_

4. **It was easy to contact the travel clinic to obtain initial information before making an appointment.**

*Strongly agree*  *Agree*  *Disagree*  *Strongly disagree*

5. **The travel clinic's hours of operation were convenient for me.**

*Strongly agree*  *Agree*  *Disagree*  *Strongly disagree*

6. **I was seen in a timely manner upon my arrival to the travel clinic.**

*Strongly agree*  *Agree*  *Disagree*  *Strongly disagree*

7. Based on the following scale, my overall knowledge of travel vaccines, travel medicines, insect repellents and insecticides, and proper food and water precautions before and after speaking to the travel clinic was.

Scale: 4=Strongly Agree, 3=Agree, 2=Disagree, 1=Strongly Disagree

	BEFORE speaking to the pharmacist	AFTER speaking to the pharmacist
I understood how to use my travel medication(s) correctly.	4    3    2    1	4    3    2    1
I understood the possible side effects of my travel medication(s) and / or vaccine(s).	4    3    2    1	4    3    2    1
I understood how to use insect repellents and insecticides correctly.	4    3    2    1	4    3    2    1
I understood how to safely consume food and water during international travel.	4    3    2    1	4    3    2    1

8. Do you recall refusing or rejecting a travel-medicine recommendation made by the travel clinic pharmacist during your visit to the clinic?

Yes                       No

9. If you answered yes to question 8, could you tell us which of the following possible reasons for refusal were? (Circle all that apply)

- a. Other healthcare professionals, travel agencies, and/or my friends/relatives did not recommend the medicine(s) and/or vaccine(s).
- b. The medicine(s) and/or vaccine(s) cost too much and/or my insurance did not cover them.
- c. I felt that the risk of contracting the disease was low for my travel destination(s).
- d. I was only interested in receiving the yellow fever vaccine.
- e. I do not like getting vaccines and/or taking medicines.
- f. I was worried about the possible side effects of the vaccine(s) and/or medicine(s).
- g. I was not confident in pharmacist recommendations.
- h. Other (Please state) \_\_\_\_\_

10. I was able to receive all the vaccines and/or medications that I needed/wanted for my travel during my appointment.

Strongly agree                       Agree                       Disagree                       Strongly disagree

**11. The travel clinic pharmacist explained things in a way that was clear and understandable to me.**

*Strongly agree*       *Agree*       *Disagree*       *Strongly disagree*

**12. If I had any additional questions about my medication(s), vaccine(s), or other issues, my questions were answered by the travel clinic pharmacist to my satisfaction.**

*Strongly agree*       *Agree*       *Disagree*       *Strongly disagree*

**13. The counseling provided to me by the travel clinic pharmacist was useful / helpful.**

*Strongly agree*       *Agree*       *Disagree*       *Strongly disagree*

**14. I found the travel information booklet provided to me useful.**

*Strongly agree*       *Agree*       *Disagree*       *Strongly disagree*

**15. The travel clinic pharmacist was professional in his interactions with me.**

*Strongly agree*       *Agree*       *Disagree*       *Strongly disagree*

**16. I was satisfied with my overall visit at the travel clinic.**

*Strongly agree*       *Agree*       *Disagree*       *Strongly disagree*

**17. What do you like best about our travel clinic?**

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**18. What do you like the least about our travel clinic?**

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**19. Additional comments/suggestions:**

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**Thank you for completing our survey 😊**  
**Please return this survey in the enclosed envelop by [enter 2 week deadline here]**

This survey was approved by Western University IRB. Protocol # 08/IRB/031