

## Physician Satisfaction Questionnaire for Pre-Prescription Audit System

Dear Physician,

We are conducting this anonymous survey to improve our pre-prescription review process and enhance the quality of pharmaceutical services. There are no right or wrong answers—please respond based on your true feelings.

### Part 1: Background Information

1. Department: \_\_\_\_\_

2. Professional title:

Resident  Attending physician  Associate chief physician  Chief physician

### Part 2: Satisfaction Survey (Please tick ✓)

Please indicate your level of agreement with the following statements using the scale below:

**1 = Very Dissatisfied   2 = Dissatisfied   3 = Neutral   4 = Satisfied   5 = Very Satisfied**

1. I am satisfied with the professional knowledge of the pre-prescription auditing pharmacists.

1      2      3      4      5

2. I am satisfied with the communication attitude and efficiency of the pharmacists.

1      2      3      4      5

3. The system alerts are consistent with actual clinical medication.

1      2      3      4      5

4. I am satisfied with the overall workflow of the pre-prescription audit system.

1      2      3      4      5

5. Overall satisfaction with the pre-prescription audit system.

1      2      3      4      5

**Thank you for your valuable feedback!**