Pharmacy Evaluation

Name of Pharmacy: Walgreens Time of Day: 5:45 pm Address: 7150 W. Archer Ave

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| --- | --- | --- | --- |
| **Question** | **Yes** | **Sort of** | **No** |
| Did he smile? |  |  | \* |
| Did he stop what he was doing to answer your question? | \* |  |  |
| Did he make eye contact most of the time? | \* |  |  |
| Did he explain things to you in easy-to-understand vocabulary? | \* |  |  |
| Did he ask if you had any allergies? |  | \* |  |
| Did he ask what your medication was for? | \* |  |  |
| Did he ask if the doctor showed you how to use the inhaler? | \* |  |  |
| Did he tell you what to expect from taking the medication? | \* |  |  |
| Did he tell you how to manage the side effects? | \* |  |  |
| Did he ask if you had any other questions? | \* |  |  |
| Did the pharmacist tell you how to use the inhaler? | \* |  |  |
| Did he demonstrate how to use the inhaler? | \* |  |  |
| Did he offer to print out instructions? | \* |  |  |

\*\*\*\*We asked the pharmacist to tell us what they would typically discuss and do with a patient who was just prescribed an Albuterol inhaler. \*\*\*\*