

MEDICAL INFORMATION DEPARTMENT QUESTIONNAIRE

Product Ref:

Date:

Dear *(customer name)*

Thank you for contacting the *(company name)* Medical Information Department.

We would be grateful for a few minutes of your time to complete this short questionnaire to help us meet your needs more effectively.

Please return the completed form using the attached reply paid envelope. Thank you.

No	Question	Please Circle
1	Was it easy to contact our Medical Information Department?	Yes/No*
2	Was the information provided on time?	Yes/No*
3	How would you rate the telephone manner of our staff?	Excellent Good Poor* V Poor*
4	How would you rate the knowledge/competence of our Medical Information Staff?	Excellent Good Poor* V Poor*
5	Overall, how would you rate the level of service provided?	Excellent Good Poor* V Poor*
6	Would you recommend our service to a colleague?	Yes/No*
7	Did this information influence the prescribing of the product concerned?	Yes/No* Not relevant
8	What improvements could we make to our service?	
9	Additional comments:	

* Your comments would be very useful