

FACIT – Satisfaction With Pharmacist (Version 4)

Below is a list of statements that other people with your illness have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

		Not at all	A little bit	Some- what	Quite a bit	Very much
SWiP1	My pharmacist advises me on the proper use of my medicines.....	0	1	2	3	4
SWiP2	My pharmacist advises me on the adverse (side) effects of my medicines	0	1	2	3	4
SWiP3	I have confidence in my pharmacist(s)	0	1	2	3	4
SWiP4	My pharmacist is available to answer my questions	0	1	2	3	4
SWiP5	My pharmacist helps with the arrangements necessary to obtain my medicines	0	1	2	3	4
SWiP6	My pharmacist is aware of my treatment-related needs.....	0	1	2	3	4
SWiP7	My pharmacist responds to my treatment-related needs.....	0	1	2	3	4