

Pharmacy Access Survey

<p>Pharmacy Name: _____</p> <p><input type="checkbox"/> Chain</p> <p><input type="checkbox"/> Independent (Non-Chain)</p> <p><input type="checkbox"/> Hospital Pharmacy</p> <p>Address & Phone Number: _____</p> <p>Interviewee's job position</p> <p><input type="checkbox"/> Pharmacist</p> <p><input type="checkbox"/> Pharmacist's aide</p> <p><input type="checkbox"/> Cashier</p> <p><input type="checkbox"/> Other <i>What?</i> _____</p>	<p>Caller: _____</p> <p>Date of Call: _____</p> <p>Time of Call: _____</p> <p>Length of Call: _____</p> <p>Number of call attempts before reaching pharmacy staff: _____</p>
<p>1. I have a prescription for Plan B. Can you fill it if I come in today?</p> <p><input type="checkbox"/> Yes How much does it cost? _____</p> <p style="padding-left: 40px;"><i>End survey</i></p> <p><input type="checkbox"/> No <i>Continue survey</i></p> <p>2. Can you get it?</p> <p><input type="checkbox"/> Yes How long will it take you to get it? <i>Check response and end survey</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> End of the day</p> <p style="padding-left: 20px;"><input type="checkbox"/> Tomorrow (in 24 hours)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Day after tomorrow (in 48 hours)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Longer than 48 hours</p> <p style="padding-left: 20px;"><input type="checkbox"/> Substitute available What is it?</p> <p style="padding-left: 40px;"><i>Check responses on Question 3</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> No Why not?</p> <p style="padding-left: 20px;"><input type="checkbox"/> We don't carry it (<i>Follow up: "Why not?"</i>)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Against store policy to carry it</p> <p style="padding-left: 20px;"><input type="checkbox"/> Against personal beliefs</p> <p style="padding-left: 20px;"><input type="checkbox"/> Not legal/available in this country</p> <p style="padding-left: 20px;"><input type="checkbox"/> Don't know what it is</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other _____</p>	<p>3. Do you know where I can get it filled?</p> <p><input type="checkbox"/> Yes Where? _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p> <p><i>Check, but do not ask. Was the person answering the questions:</i></p> <p><input type="checkbox"/> Responsive/helpful</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Unhelpful</p>