

PATIENT SATISFACTION WITH PHARMACIST INTERVENTION AND CONSULTATION IN HORMONE REPLACEMENT THERAPY IN REED'S COMPOUNDING PHARMACY

Please check the box that applies. The information you provide will be kept confidential. The information will only be disseminated in a summary format.

BACKGROUND

- Age 30 yrs. or younger
 31-40 yrs.
 41-50 yrs.
 51-60 yrs.
 61-70 yrs.
 71 yrs. or older

- Ethnicity African-American
 Asian
 Caucasian
 Hispanic
 Other _____ (please specify)

- Highest level of education completed
 Less than High School diploma
 High School or G.E.D.
 Some College, no degree
 Associates Degree
 Bachelor's Degree
 Master's Degree
 Doctoral Degree
 Other _____ (please specify)

- How did you hear about us?
 (check all that apply)
 Friends/Relatives
 Referral from Provider/Nurse Practitioner
 Radio Show _____ (please specify)
 TV Commercial
 Yellow Pages
 Internet

- Hormone Replacement Therapy Prescribing provider:
 (check all that apply)
 Endocrinologist
 Family Practitioner
 Internist
 Naturopath
 Nurse Practitioner (N.P.)
 OB/GYN
 Physician's Assistant
 Other _____ (please specify)

Have you tried any other therapies (natural or synthetic) before?

 _____ (please specify)

Please rate your level of agreement with each statement regarding the education that you received from the pharmacist during your hormone replacement therapy (HRT) using following rating scale where 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree or disagree, 4 = Agree, 5 = Strongly Agree and NA = Not Applicable

EDUCATION

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Not Applicable
The pharmacist explained the possible benefits of HRT.	1	2	3	4	5	NA
The pharmacist explained the possible side effects of HRT.	1	2	3	4	5	NA
The pharmacist influenced my decision to begin therapy.	1	2	3	4	5	NA
My provider does not have a substantial knowledge level about hormones and my options for therapy.	1	2	3	4	5	NA
I received educational information materials from the pharmacist.	1	2	3	4	5	NA
I am better educated on HRT since my consultation with the pharmacist.	1	2	3	4	5	NA
Before this consultation, I was reluctant to take HRT of any kind.	1	2	3	4	5	NA

MANAGEMENT

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Not Applicable
In the event that my dose was incorrect, the pharmacist explained my HRT dosage adjustments.	1	2	3	4	5	NA
In the event that my dose was incorrect, the pharmacist effectively made recommendations to my provider for a change.	1	2	3	4	5	NA
If any changes were made, I preferred discussing them with my pharmacist versus my doctor/provider.	1	2	3	4	5	NA
I like having input in my HRT.	1	2	3	4	5	NA
I see a benefit to working in a shared relationship among myself, my provider, and my pharmacist, to optimize my therapy.	1	2	3	4	5	NA

SERVICES

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Not Applicable
In the event of a question or problem, the pharmacist returned calls promptly.	1	2	3	4	5	NA
The pharmacist spent a sufficient amount of time with me.	1	2	3	4	5	NA
The pharmacist was easily accessible.	1	2	3	4	5	NA
I do not feel I would receive the same service if I visited my general practitioner instead of my pharmacist.	1	2	3	4	5	NA
I am satisfied with compounded natural HRT.	1	2	3	4	5	NA
I would recommend this service to a friend.	1	2	3	4	5	NA
I am very satisfied with this service.	1	2	3	4	5	NA
I think follow-up calls are helpful.	1	2	3	4	5	NA
I feel comfortable discussing my concerns/ feedback with student pharmacy interns.	1	2	3	4	5	NA

NEW HEALTH CONDITION

Since the initiation of your HRT, have you experienced any of the following:

- Increase in Cholesterol level
 Breast Cancer
 Uterine Cancer
 Increase in Bone Density
 Decrease in Bone Density
 Cardiac Problems _____ (please specify)

✂-----detach here for discount-----



THANK YOU FOR YOUR PARTICIPATION IN THIS STUDY.
 IN APPRECIATION, PLEASE USE THIS COUPON TO RECEIVE

10% off

YOUR NEXT PRESCRIPTION AT REED'S COMPOUNDING PHARMACY.

COUPON # _____