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

#### EDUCATION

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

#### MANAGEMENT

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

#### SERVICES

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

#### 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)

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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 # ______

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