

Assessment of Participant Perceptions Regarding

The Tennessee Pharmacists Research and Education Foundation (TPREF), an affiliate organization of the the Tennessee Pharmacists Association (TPA), has prepared this short survey to assess participant perceptions regarding pharmacist-provided patient care and services.

All results obtained from your voluntary participation in this short survey will remain anonymous, and any information collected from this survey will be used to help pharmacists obtain a better understanding of participant perceptions of the role of pharmacists in the provision of patient care and services.

If you agree to these terms and conditions of this voluntary survey, please click 'yes' below to complete the survey. If you do not wish to complete the survey, please click 'no' below.

The TPREF greatly appreciates your willingness to provide information through this survey! If you have any questions regarding this survey, its contents, or how the results will be used, please contact the TPREF by calling 615.256.3023.

***1. I hereby agree that I am a willing participant in research. All identifiable personal information will remain confidential and will not be used or reported, and my responses to all survey questions will remain anonymous and will be reported as such.**

yes

no

***2. Have you ever received (or asked for) medications, information, or services from a pharmacist or student pharmacist?**

Yes

No

***3. Do you live or work in the state of Tennessee?**

Yes

No

Please Enter Your Zip Code:

***4. Are you 18 years of age or older?**

Yes

No

5. Please provide the following background and demographic information.

	Age	Gender	Race	Highest Level of Education Achieved
Background/Demographics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Please select all of the following health care services (other than prescription medications) you have ever received from your pharmacist (Select all that apply):

- Medication Counseling (associated with a dispensed prescription)
- Blood Pressure Measurement
- Medication Therapy Review (Medications Therapy Management)
- Finger Stick Blood Tests (A1c, blood glucose, cholesterol, INR or blood clotting test, etc.)
- Immunizations (flu shots, pneumonia shot, shingles shot, etc.)
- Bone Density Screening (Osteoporosis, bone loss)
- Education and Coaching on your disease
- Medication Adherence Assessment
- Health and Wellness Programs (healthy living, physical exercise, weight loss, etc.)
- Education on common self-treated conditions and over-the-counter medications
- I have not received any of these services from my pharmacist

Other (please specify)

7. How likely are you to obtain one or more of the above services from your pharmacist in the future?

Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. If you responded 'very unlikely' or 'somewhat unlikely' to the previous question please indicate why:

Assessment of Participant Perceptions Regarding

9. Patients seek medication-related advice from many different health care professionals. Please rate your likeliness to seek out MEDICATION-related advice from the health care professionals below:

	Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely
Registered Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse Practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Do you agree with the following statement: 'Pharmacists are the medication experts'?

- yes no

11. Do you support your pharmacist working with your doctor or other health care providers to help coordinate your care?

- Yes No

12. How important is it for your pharmacist to be involved in your care?

Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assessment of Participant Perceptions - Page 3 of 3

13. Please indicate your level of familiarity with the term 'Medication Therapy Management'?

- I have never heard of it
- I have heard of it, but I don't know what it is
- I know what it is BUT I have never received Medication Therapy Management services
- I know what it is AND I have received Medication Therapy Management services

Assessment of Participant Perceptions Regarding

14. What level of degree do you think a newly graduated pharmacist is required to earn in order to practice as a licensed pharmacist in Tennessee?

- Bachelors degree
- Masters degree
- Professional Doctorate degree
- I do not know

Completion of Survey

Congratulations! You have finished the survey!

The TPREF greatly appreciates your time and your willingness to provide information through this survey! If you have any questions regarding this survey, its contents, or how the results will be used, please contact the TPREF by calling 615.256.3023.

End of Survey

You have been redirected to this page either because you have indicated you are not willing to voluntarily participate in this survey or because you have failed to meet the necessary inclusion criteria required to complete this survey.

The TPREF greatly appreciates your time! If you have any questions regarding this survey, its contents, or how the results will be used, please contact the TPREF by calling 615.256.3023.