Pharmacy Survey

The purpose of this survey is to learn about opioid dispensing practices. This survey will take about 10 minutes to complete and is anonymous. Please answer the following questions. We appreciate your help.

1.	How long have you been a a pharmacist?
	(years)(months)
2.	What is yourgender?
	☐ Male
	☐ Female
	Other:
3.	Which type of pharmacy do you work in? (Check all that applies)
	☐ Community chain
	☐ Community independent
	☐ Hospital
	☐ Other(please describe):
4.	What is your role at the pharmacy?
	☐ Pharmacy Manager
	☐ Staff Pharmacist
	☐ Clinical Pharmacist
	☐ Other (please describe):
5.	How would you descrive the location of where the pharmacy where you currently work is located?
	☐ Rural
	☐ Suburban
	☐ Urban
	☐ Other (please describe):
6.	What is the zipcode of the pharmacy where you currently work?
7.	Have you ever received any education <u>during</u> pharmacy school on appropriately dispensing opioids?
	☐ Yes
	□ No
8.	Have you ever received any continuing education credit <u>after</u> pharmacy school on appropriately dispensing opioids?
	☐ Yes
	□ No
	If yes when?

9.	How often do patients call asking about opioid availability? Never Sometimes Often Always
	Comments:
10.	How often do you check the prescription drug-monitoring program prior to filling out a prescription for an opioid?
	□ Never□ Sometimes□ Often□ Always
	Comments:
11.	How often does your pharmacy experience shortages of Iong-acting opioids ? □ Never □ Sometimes □ Often □ Always
	If so, please explain:
12.	How often does your pharmacy experience shortages of short-acting opioids ? □ Never □ Sometimes □ Often □ Always
	If so, please explain:
13.	If opioids are not in stock, how long does it typically take to obtain them to fill a patient prescription?
	(# of days): Please explain:
14.	How often in the past 30 days have you had to inform patients that you cannot fill their opioid prescription due to shortages? Never Sometimes Often Always

	Ple	ease explain:
15.	prescriptio	in the past <u>7 days</u> have you had to inform patients that you cannot fill their opioid on due to shortages? Never Sometimes Often Always
	Ple	ease explain:
16.	Which proc	cedures do you follow when a patient comes in to fill a prescription for an opioid? (check ply)
		Contact the prescriber to validate the prescription Verify last time prescriber saw the patient Ask for the patient's diagnosis None of the above Other(s):
17.	How do yo	u determine if an opioid prescription is for a legitimate medical reason?
18.	following of that apply) that apply) contact the contact that apply is a contact that a con	ten complain about barriers in obtaining access to opioids. As a pharmacist, which of the lo you think are possible barriers to supplying opioid medications for patients? (Check all Less demand Reduced access due to DEA manufacturer restrictions Worries about illicit use Risk of overdose Difficulty reaching prescriber Lack of clinical information (i.e. labs) Insurance restrictions/limitations Worries about diversion Too much paperwork Fear of robbery Drug disposal regulations Other (please describe):
		Other (prease describe).

19.	Have you e	ver had to suggest that a patient go to an <u>emergency room</u> for pain medication or relief?
		Yes
		No
	If yes, why?	?
20.	Have you e	ver had to suggest that a patient go to <u>another pharmacy</u> for pain medication or relief?
		Yes
		No
	If yes, why?	P
21.	In the past patients?	30 days, how often have you dispensed an emergency 3-day supply of opioids for cancer
		Never
		Sometimes
		Often
		Always
	Ple	ease explain:
22.	In the past	6 months, how many robberies/break-ins/thefts have there been at the pharmacy where tly work?
		none
		1-3
		4-6
		More than 6
		I don't know
23.	What strate	egies do you think would be most helpful for improving opioid accessibility for cancer
pat	ients with c	hronic pain?
		

Thank you for completing the survey.