



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2016 Pharmacist Re-Licensure Survey Instrument

1. Sex
 - a. Male
 - b. Female

2. Ethnicity: Are you Hispanic or Latino?
 - a. Yes
 - b. No

3. Race (Check all that apply.)
 - a. American Indian or Alaska Native
 - b. Black or African American
 - c. White
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander

4. What type of degree/credential qualified you for your first U.S. pharmacist license?
 - a. RADIO BUTTONS
 - b. Certificate
 - c. Associate
 - d. Bachelors
 - e. Masters
 - f. Doctor of Pharmacy

5. Where did you complete your pharmacist education that first qualified you for your U.S. pharmacist license?
 - a. DROP DOWN LIST
 - i. Indiana
 - ii. Michigan
 - iii. Illinois
 - iv. Kentucky
 - v. Ohio
 - vi. Another State (not listed)
 - vii. Another Country (not U.S.)

6. What year did you complete the pharmacist education that first qualified you for your U.S. pharmacist license? Please indicate using the four digit year.
 - a. TEXT BOX

7. Have you completed a pharmacy fellowship?
 - RADIO BUTTONS
 - a. Yes
 - b. No

8. If you have completed a residency, in which specialty was your residency program? If you did not complete a residency, please skip this question.

CHECK BOXES

- a. No Residency Completed
- b. Ambulatory Care
- c. Cardiology
- d. Critical Care
- e. Drug Information
- f. Emergency Medicine
- g. Geriatric
- h. Infectious Diseases
- i. Informatics
- j. Internal Medicine
- k. Managed Care Pharmacy Systems
- l. Medication-Use Safety
- m. Nuclear
- n. Nutrition Support
- o. Oncology
- p. Pediatric
- q. Pharmacotherapy
- r. Health-System Pharmacy Administration
- s. Psychiatric
- t. Solid Organ Transplant

9. If you have a BPS certification, in which specialty is your certification? If you do not have a BPS certification, please skip this question.

DROP DOWN

- a. No BPS Certification
- b. Ambulatory Care Pharmacy
- c. Critical Care Pharmacy
- d. Nuclear Pharmacy
- e. Nutrition Support Pharmacy
- f. Oncology Pharmacy
- g. Pediatric Pharmacy
- h. Pharmacotherapy
- i. Psychiatric Pharmacy

10. What is your employment status?

- a. RADIO BUTTONS OR DROP DOWN
- b. Actively working in a position that requires a pharmacist license
- c. Actively working in a pharmacy related field that does not require a pharmacist license
- d. Actively working in a field that does not require a pharmacist license
- e. Not currently working, disabled
- f. Not currently working, seeking work in a position that requires a pharmacist license
- g. Not currently working, seeking work in a position that does not require a pharmacist license
- h. Student

- i. Leave of absence or Sabbatical
 - j. Retired
11. What are your employment plans for the next 12 months?
- a. RADIO BUTTONS
 - b. Increase hours in the pharmacy field
 - c. Decrease hours in the pharmacy field
 - d. Leave employment in the field of pharmacy
 - e. No planned change
12. How many weeks did you work as a pharmacist in the past year? Please approximate and enter a number 1 through 52 (no decimals).
- i. TEXT BOX
13. Please indicate in which field you spend the majority of your time.
- a. DROP-DOWN LIST OR RADIO BUTTONS
 - b. Medication Dispensing
 - c. Patient Care Services
 - d. Business/Organization Management
 - e. Research
 - f. Education
 - g. Other
14. What is the street address of your primary practice location?
- a. TEXT-BOX
15. In what city is your primary practice location?
- a. TEXT-BOX
16. In what state is your primary practice location?
- a. DROP-DOWN LIST OF STATES (2LETTER ABV.)
17. What is the 5-digit ZIP code of your primary practice location?
- a. TEXT-BOX
18. How many total hours do you spend per week at your primary practice location?
DROP-DOWN LIST OR RADIO BUTTONS
- a. 0 hours per week
 - b. 1 – 4 hours per week
 - c. 5 – 8 hours per week
 - d. 9 – 12 hours per week
 - e. 13 – 16 hours per week
 - f. 17 – 20 hours per week
 - g. 21 – 24 hours per week
 - h. 25 – 28 hours per week
 - i. 29 – 32 hours per week
 - j. 33 – 36 hours per week
 - k. 37 – 40 hours per week
 - l. 41 or more hours per week

19. Please approximate the percentage of your time that you spend providing patient care services at your primary practice location (**excluding** medication dispensing, education, research, and business activities).

DROP DOWN

- a. 0%
- b. 10%
- c. 20%
- d. 30%
- e. 40%
- f. 50%
- g. 60%
- h. 70%
- i. 80%
- j. 90%
- k. 100%

20. Please identify the type of setting that most closely corresponds to your primary practice position.

DROP DOWN

Community Health Center/Public Health Clinic

Diagnostic Testing Facility

Emergency Room

Hospital (Inpatient)

Long Term Acute Care Hospital

Outpatient Clinic (Private Practice or Academic)

Outpatient Surgery Center

Pain Management Clinic

Pharmacy (Inpatient)

Pharmacy (Outpatient)

Rehabilitation Hospital

Retail Medicine Clinic (CVS Minute Clinic, Walgreens Healthcare Clinic, Clinic at Wal-Mart)

Substance Abuse Treatment Facility (Inpatient)

Urgent Care Facility

Other

21. What is the street address of your secondary practice location? Please skip this question if you do not have a secondary practice location.

- a. TEXT-BOX

22. In what city is your secondary practice location? Please skip this question if you do not have a secondary practice location.

- a. TEXT-BOX

23. In what state is your secondary practice location? Please skip this question if you do not have a secondary practice location.

a. DROP-DOWN LIST OF STATES (2LETTER ABV.)

24. What is the 5-digit ZIP code of your secondary practice location? Please skip this question if you do not have a secondary practice location.

a. TEXT-BOX

25. How many hours do you spend per week at your secondary practice location? Please skip this question if you do not have a secondary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

- a. 0 hours per week
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week

26. Please approximate the percentage of your time that you spend providing patient care services at your secondary practice location (excluding medication dispensing, education, research, and business activities). Please skip this question if you do not have a secondary practice location.

DROP DOWN

- a. 0%
- b. 10%
- c. 20%
- d. 30%
- e. 40%
- f. 50%
- g. 60%
- h. 70%
- i. 80%
- j. 90%
- k. 100%

27. Please identify the type of setting that most closely corresponds to your secondary practice location. Please skip this question if you do not have a secondary practice location.

DROP DOWN

- a. DROP DOWN
- b. Community Health Center/Public Health Clinic
- c. Diagnostic Testing Facility
- d. Emergency Room

- e. Hospital (Inpatient)
- f. Long Term Acute Care Hospital
- g. Outpatient Clinic (Private Practice or Academic)
- h. Outpatient Surgery Center
- i. Pain Management Clinic
- j. Pharmacy (Inpatient)
- k. Pharmacy (Outpatient)
- l. Rehabilitation Hospital
- m. Retail Medicine Clinic (CVS Minute Clinic, Walgreens Healthcare Clinic, Clinic at Wal-Mart)
- n. Substance Abuse Treatment Facility (Inpatient)
- o. Urgent Care Facility
- p. Other