



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2018 Pharmacist Re-Licensure Survey Instrument

1. Sex
DROP DOWN
 - a. Male
 - b. Female

2. Are you of Hispanic or Latino origin?
RADIO BUTTONS
 - a. Yes
 - b. No

3. What is your race? Mark one or more boxes.
MULTI CHECK BOX
 - a. White
 - b. American Indian or Alaska Native
 - c. Native Hawaiian/Pacific Islander
 - d. Black or African American
 - e. Asian
 - f. Some Other Race

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

5. Where did you complete your pharmacist education that first qualified you for your U.S. pharmacist license?
DROP DOWN LIST
 - a. Indiana
 - b. Michigan
 - c. Illinois
 - d. Kentucky
 - e. Ohio
 - f. Another State (not listed)
 - g. Another Country (not U.S.)

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

7. If you have completed a residency, what was your residency program type?

CHECK BOXES

- a. No Residency Completed
- b. Pharmacy Practice residency
- c. Community Pharmacy residency
- d. Managed Care Pharmacy residency

8. If you have a BPS certification, in which specialty is your certification?

CHECK BOXES

- a. No BPS Certification
- b. Ambulatory Care Pharmacy
- c. Cardiology Pharmacy
- d. Critical Care Pharmacy
- e. Geriatric Pharmacy
- f. Infectious Disease Pharmacy
- g. Nuclear Pharmacy
- h. Nutrition Support Pharmacy
- i. Oncology Pharmacy
- j. Pediatric Pharmacy
- k. Pharmacotherapy
- l. Psychiatric Pharmacy

9. What is your employment status?

RADIO BUTTONS OR DROP DOWN

- a. Actively working in a position that requires a pharmacist license
- b. Actively working in a pharmacy related field that does not require a pharmacist license
- c. Actively working in a field that does not require a pharmacist license
- d. Not currently working, disabled
- e. Not currently working, seeking work in a position that requires a pharmacist license
- f. Not currently working, seeking work in a position that does not require a pharmacist license
- g. Student
- h. Leave of absence or Sabbatical
- i. Retired

10. What are your employment plans for the next 12 months?

RADIO BUTTONS

- a. Increase hours in the pharmacy field
- b. Decrease hours in the pharmacy field
- c. Leave employment in the field of pharmacy
- d. No planned change

11. Please indicate in which field you spend the majority of your time.

DROP-DOWN LIST OR RADIO BUTTONS

- a. Medication Dispensing
- b. Patient Care Services
- c. Business/Organization Management
- d. Research

- e. Education
- f. Other

12. Is your primary practice located in the state of Indiana (*the position in which you spend the majority of your time*)?

RADIO BUTTON

- a. Yes
- b. No

13. If located in Indiana, what is the county of your primary practice location?

_____ (*free text*)

14. If located in Indiana, what is the zip code of your primary practice location?

_____ (*free text*)

15. 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

16. 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%

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

DROP DOWN

- a. Independent Community Pharmacy (< 4 stores)
- b. Small Chain Community Pharmacy (4-10 stores)
- c. Large Chain Community Pharmacy (> 10 stores)
- d. Mass Merchandiser
- e. Supermarket Pharmacy
- f. Clinic-based Pharmacy
- g. Mail Service Pharmacy
- h. Health Center (CHC/FQHC/FQHC look-alike)
- i. Federal Government Hospital/Health System (Inpatient or Outpatient)
- j. Non-government Hospital/Health System – Inpatient
- k. Non-government Hospital/Health System – Outpatient clinic owned by or located at hospital
- l. Non-government Hospital/Health System – Other
- m. Nursing Home/Long Term Care
- n. Home Health/Infusion
- o. Pharmacy Benefit Administration (e.g. PBM, managed care)
- p. School-based Health Service
- q. Academic Institution
- r. Occupational Health
- s. Telepharmacy
- t. Consultant Pharmacist
- u. Ambulatory Care Office-based Practice
- v. Ambulatory Care Community Pharmacy-based Practice
- w. Regulatory Practice (Federal or State Government)
- x. Other

18. If you hold more than one position as a pharmacist, is your secondary practice located in the state of Indiana?

RADIO BUTTON

- a. Yes
- b. No

19. If located in Indiana, what is the county of your secondary practice location?

_____ (*free text*)

20. If located in Indiana, what is the zip code of your secondary practice location?

_____ (*free text*)

21. 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

22. 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%

23. 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.

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- a. Independent Community Pharmacy (< 4 stores)
- b. Small Chain Community Pharmacy (4-10 stores)
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