

# 2020 Member Satisfaction Survey

Q1 Which best describes you?

1. Pharmacist
2. Pharmacist - Retired
3. Pharmacy technician
4. Pharmacy resident
5. Student pharmacist
6. Other (please specify) \_\_\_\_\_

Q2 Including post graduate training, which category reflects the number of years you have been in practice?

1. Less than 1 year
2. 1-5 years
3. 6-10 years
4. 11-19 years
5. 20- 29 years
6. 30+ years

Q3 XX would like to better understand your pharmacy practice challenges.

Q4 During the “new normal” resulting from the COVID-19 pandemic, what are the top **three** pharmacy practice issues that impact you on a daily basis?

1. Antimicrobial stewardship
2. Balancing care for COVID-19 and Non-COVID-19 patients
3. Clinical guideline updates
4. Clinical practice changes
5. Drug shortages
6. Employee safety
7. Formulary management
8. Medication safety
9. Organizational financial impact
10. Planning for surge of COVID-19/flu patients
11. PPE
12. Precepting responsibilities
13. Regulatory issues
14. Reimbursement/billing
15. Re-opening of service lines
16. Staff engagement
17. Staffing
18. Sterile compounding
19. Stress/burnout
20. Workload balance
21. Other (please specify) \_\_\_\_\_

Q5 How can XX help you address these issues?

\_\_\_\_\_

Q6 Before the COVID-19 pandemic, to the best of your recollection, what were the top **three** pharmacy practice issues that impacted you on a daily basis?

1. Antimicrobial stewardship
2. Clinical guideline updates
3. Clinical practice changes
4. Drug shortages
5. Employee safety
6. Formulary management
7. Medication safety
8. Organizational financial pressures
9. PPE
10. Precepting responsibilities
11. Regulatory issues
12. Reimbursement/billing
13. Staff engagement
14. Staffing
15. Sterile compounding
16. Stress/burnout
17. Workload balance
18. Other (please specify) \_\_\_\_\_

Q7 How can XX help you address these issues?

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Q8 In the last 12 months, how would you describe your overall satisfaction with XX?

1. Not at all satisfied 1
2. 2
3. 3
4. 4
5. Very satisfied 5

Q9 What would you improve about or add to your membership experience?

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Q10 To which pharmacy professional member-based organizations do you belong?

Please check all that apply.

1. ASHP
2. ASHP State Affiliate
3. ASCP (American Society of Consultant Pharmacists)
4. SCCM (Society of Critical Care Medicine)
5. SIDP (Society of Infectious Disease Pharmacists)
6. AACP (American Association of Colleges of Pharmacy)
7. ACCP (American College of Clinical Pharmacy)
8. ACHE (American College of Healthcare Executives)
9. AHIMA (American Health Information Management Association)
10. AMCP (Academy of Managed Care Pharmacy)
11. AMIA (American Medical Informatics Association)
12. APhA (American Pharmacists Association)
13. HIMSS (Healthcare Information and Management Systems Society)
14. HOPA (Hematology/Oncology Pharmacy Association)
15. NASP (National Association of Specialty Pharmacy)
16. NHIA (National Home Infusion Association)
17. PPA (Pediatric Pharmacy Association)

Q11 What is your primary position?

Please select the one that most closely aligns with your role in your organization.

1. Ambulatory Care Practitioner
2. Associate or Assistant Director of Pharmacy
3. Chief Pharmacy Officer of Multi-Hospital health System/ VP of Pharmacy Services
4. Chief Pharmacy Officer/ Director of Pharmacy
5. Clinical Coordinator
6. Clinical Pharmacist - Generalist
7. Clinical Pharmacist – Specialist
8. Consultant
9. Drug Information Officer/Coordinator/Specialist
10. Exhibitor
11. Faculty/Academia
12. Fellow
13. Industry Pharmacist
14. Informatics/ Technology Specialist
15. Manager/ Supervisor
16. Medication Safety Officer/Coordinator/Specialist

17. Residency Program Director
18. Resident
19. Staff Pharmacist
20. Student
21. Technician
22. Other (please specify) \_\_\_\_\_

Q12 Which of the following best describes your work setting?

1. Ambulatory facility/clinic/medical center
  2. College or university
  3. Community (not for-profit) hospital
  4. Community pharmacy
  5. Consultant
  6. Corporate office of health systems
  7. Critical access hospital
  8. For-profit hospital
  9. Government agency
  10. Health system/ hospital
  11. Home care organization
  12. Home infusion pharmacy
  13. Industry / Vendor
  14. Long-term care facility
  15. Managed care
  16. PBM
  17. Pharmaceutical industry
  18. Retired
  19. Specialty pharmacy
  20. Technology-based industry
  21. University hospital
  22. Other practice/work setting (please specify)
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Q13 What is the bed-size of your organization/facility?

1. Does not my apply to my practice setting
2. 1-25 beds
3. 26-99 beds
4. 100-199 beds
5. 200-299 beds
6. 300-399 beds
7. 400-499 beds

8. 500 or more

Q14 From the list below, please select the education/training that you have completed.

Please select all that apply.

1. Associate's Degree
2. Bachelor's Degree
3. Bachelors of Science in Pharmacy
4. Certificates (please specify) \_\_\_\_\_
5. Certified Pharmacy Technician (CPhT)
6. ASHP or ASHP/ACPE-Accredited Pharmacy Training Program
7. Fellowship
8. Master's Degree
9. PGY1 Residency
10. PGY2 Residency
11. Doctoral or Professional Degree other than PharmD
12. Pharmacy Specialties Board Certification
13. PharmD
14. Other (please specify) \_\_\_\_\_

Q15 What type of setting is your practice location?

1. Urban
2. Suburban
3. Rural/Small Town

Q16 Optional: Please select your age category.

1. 29 or under
2. 30-39
3. 40-49
4. 50-59
5. 60+

Q17 Optional: How would you describe yourself?

Please select all that apply.

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Latino, Hispanic or Spanish
5. Middle Eastern or North African

6. Native Hawaiian or Other Pacific Islander
7. White
8. Other (please specify) \_\_\_\_\_
9.  Prefer not to answer

Q18 Optional: How do you identify?

1. Female
2. Male
3. Non-binary/ third gender
4. Prefer to self-describe \_\_\_\_\_
5. Prefer not to say