Service Evaluation Survey

Surveys will be sent to all internal medicine and family practice physicians in the pilot sites and all pharmacists that worked in the outpatient pilot pharmacies during the study period. Surveys will be sent at the end of the pilot service (after January 31st, 2018)

Provider Survey	
Survey Question	Answer Options
Have you utilized the service?	o Yes o No
How often do you place referrals for the service?	o Multiple referrals per day o 1-2 times per week o 1-2 times per month o <1 time per month o Never o Other
Select all options for which you have sent a referral	o Device teaching o Administration technique o General drug information, o Immunization o OTC recommendation o Affordability o Polypharmacy review o Other
How likely are you to utilize the service in the future?	o Highly unlikely o Unlikely o Likely, but have reservations o Likely o Highly likely
How satisfied are you with the service?	o N/A (Not Applicable) o Extremely dissatisfied o Dissatisfied o Neither satisfied nor dissatisfied, o Satisfied o Extremely satisfied
In what way(s) could the service improve?	o Free response

Pharmacist Survey	
Survey Question	Answer Options
Have you received consults for the service at your pharmacy?	o Yes o No
How often has the service been utilized at your pharmacy?	o Multiple consults per day o 1-2 times per week o 1-2 times per month o <1 time per month o Never o Other
Select all options for which you have been consulted as part of the service	o Device teaching o Administration technique o General drug information, o Immunization o OTC recommendation o Affordability o Polypharmacy review o Other
How likely are you to advertise the service in the future?	o Highly unlikely o Unlikely o Likely, but have reservations o Likely o Highly likely
How satisfied are you with the service?	o N/A (Not Applicable) o Extremely dissatisfied o Dissatisfied o Neither satisfied nor dissatisfied o Satisfied o Extremely satisfied
In what way(s) could the service improve?	o Free response