

Date: ___/___/___

ID#: _____

**SEAHEC Pharmacy Environmental Survey
Disease State Management Program Follow-up Questions (A8.1 – A8.4)**

I have a few follow-up questions about your pharmacy's disease state management program.

A8.1: You mentioned offering one or more disease state management program at your pharmacy. For which disease states do you offer programs?

A8.2: How is your (*insert disease state*) program administered? Some examples might include classes, seminars, pre-printed educational materials, or point-of-sale verbal counseling about the disease state itself.

[Write in responses under appropriate column, and repeat the question for each disease state]

A8.3: Is the (*insert disease state*) program free or compensated?

[Repeat this question for each disease state. If none of the programs are compensated, skip to Section B]

A8.4: Are you able to bill insurance for your (*insert compensated disease state*) program?

[Repeat this question for each compensated program]

A8.1: Disease	A8.2: Program Administration	A8.3: Compensation		A8.4: Insurance	
		FREE	COMPENSATED	YES	NO
		FREE	COMPENSATED	YES	NO
		FREE	COMPENSATED	YES	NO
		FREE	COMPENSATED	YES	NO
		FREE	COMPENSATED	YES	NO
		FREE	COMPENSATED	YES	NO