

## Appendix A – Survey Questions

1. Are you a student repeating “PHM 409LR – Pharmacy Calculations”?
2. What is the year that you graduated high school? (Indicate Spring or Winter) \*Fill in the blank\*
3. What were the names of the math courses that you took as an undergraduate? Indicate course number if able. \*Fill in the blank\*
4. Which of the above was the last course you took? \*Fill in the blank\*
5. What semester was the last math course (answer to #6) taken?
6. Are you a nontraditional student?
  - a. Yes
  - b. No
7. Did you have previous paid experience in a pharmacy?
  - a. Yes
  - b. No
8. If so what was your position and in what type of pharmacy experience? (ex. Pharmacy technician at UB General) \*Fill in the blank\*
9. What is your confidence in your current math skills?
  - a. 1 - “Not at all confident”
  - b. 2 – “Somewhat unconfident”
  - c. 3 – “Neither confident, nor unconfident”
  - d. 4 – “Somewhat confident”
  - e. 5 – “Very confident”
10. In one to two sentences explain your answer to question 10.