

FORM APPROVED
OMB. NO. 0920-09XX
EXPIRES XX/XX/XXXX

**“Evaluation of Pharmacy Syringe Access Linked to HIV Testing for Injection
Drug Users in New York City (Pharm-HIV)”**

Pharmacy Staff Monthly Survey

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-09XX)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
Atlanta, Georgia 30333



Monthly Pharmacist Survey

Ind. ID # _____

Interview #: _____

Date: _____

Section A. Quality control:

1. Who fills out the syringe log?

2. Where is the log/binder kept?

3. When do you record the sale in the log/binder? [*Probe: After the sale, during the sale, when you have a minute free, at the end of day?*]

4. Who gives out the HIV testing referrals?

5. Who gives out the packets (zip-lock bags with brochures, and fit-packs, etc...)?

6. Who makes appointments for the surveys?

7. Have any employees who deal with syringe customers left? Are there any new employees selling syringes?

8. Count: # of packets given out this month _____ ##

Section B. Syringe Sales

9. Since we last met, have there been any interesting events that have involved syringe transactions? Have you noticed any changes that you would like to describe (patient/customer

visits, increase or decrease in sales, etc.)? [If decrease/ no sales, probe: What do you think the reason is?]

Study Activities and Referral

Record number of IDU study appointments that were made in the past month (take from sign-up sheet):

10. What portion of your ESAP customers have you spoken with about HIV testing?

- Almost All ... 1
- Most ... 2
- About Half ... 3
- Less than half ... 4
- Very few ... 5
- None ... 6

Section C. HIV Testing Referral Pharmacies [HIV in-Pharmacy Testing Pharmacies Skip to Section D]

11. What portion of your ESAP customers have you given HIV testing referral packets to?

- Almost All ... 1
- Most ... 2
- About Half ... 3
- Less than half ... 4
- Very few ... 5
- None ... 6

12. How much interest have your ESAP customers expressed in HIV testing referrals?

- No interest1
- A little interest ..2
- Some interest ...3
- A lot of interest..4
- Don't Know 5

13. Of the customers you've given HIV testing referrals to, what percentage said they would use them?

- _____ %
- Don't know ...888
- Refused ...999

14. What do you think of the packets?

15. How have customers reacted when receiving these packets in the past month?

16. Did anyone say anything about the:

- HIV testing referral?
- Safe Injection Pamphlets?
- HIV testing Brochure?
- ESAP Insert?
- “What does your needle look like” pamphlet?
- Hand sanitizer / alcohol prep pads?

17. Do you talk to customers about the contents of the packets? Do they ask you questions?

18. If they do not want the packet, do you give them a fit-pack or prep-pads and hand sanitizer as an alternative?

19. How do you think providing HIV testing referrals has affected your relationship with your ESAP syringe customers? Has your relationship or rapport with them changed? If so, how so?

Section D. On-Site Testing Pharmacies (HIV Testing Referral Pharmacies Skip to section E)

20. What proportion of your ESAP customers have you given referrals to in-pharmacy HIV testing to?

- Almost All ... 1
- Most ... 2
- About Half ... 3
- Less than half ... 4
- Very few ... 5
- None ... 6

21. What percentage of the ESAP customers who you gave referrals to in-pharmacy HIV testing to said they would use them?

_____ %

Don't know...888
Refused999

22. What percentage of the ESAP customers who you gave referrals to in-pharmacy HIV testing to have come in to be tested?

_____ %
Don't know...888
Refused999

23. How do you think in-pharmacy HIV testing has worked so far? [probe for any incidents, questions or concerns in the past month]?

24. Is there anything the research staff can do to make the HIV testing and survey days run more smoothly?

25. How do you think providing HIV testing has affected your relationship with your ESAP syringe customers? If so, how so?

Section E Study Reminder Cards

30. How do you describe the study when you give customers the study reminder cards? How receptive are the customers to receiving this study reminder card?

31. What do you tell them about making an appointment?

32. In an average week, how many hours do you spend on study activities? [PROBE: Including writing down transactions in the log book and providing study referrals and consultations]

No time... 0
≤ 10 minutes ... 1
11-20 minutes ... 2
21-30 minutes ... 3
> 30 minutes ... 4
Don't know ... 8
Refused ... 9

Section F. Impact on business

33. Has there been any impact on your business in the past month that is associated with participating in the study, OR with syringe sales?
