

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 Exit Survey**

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Public reporting burden of this collection of information is estimated to average 20 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)

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



**Pharmacy Sales and Experience  
Exit Survey  
Version 1.0**

Date: ___/___/_____	Start Time: _____ : _____ AM / PM
End Time: _____ : _____ AM / PM	Participant ID # _____
Interviewer ID #: _____	
Study: <input type="checkbox"/> NIDA/RWJ <input type="checkbox"/> CDC	
Arm: <input type="checkbox"/> Intervention <input type="checkbox"/> 1° control <input type="checkbox"/> 2° control	

**INTERVIEWER READ:**  
*I am going to start by asking some questions about you.*

1. What is your title ...
- Owner (Pharmacist) ... 0
  - Managing or supervising pharmacist ... 1
  - Staff pharmacist ... 2
  - Owner (non-pharmacist) ... 3
  - Manager (non-pharmacist) ... 4
  - Technician/Clerk ... 5
  - Don't know ... 8
  - Refused ... 9
2. How many hours a week do you work at this pharmacy?
- \_\_\_\_\_ [##Hours]
  - Don't Know ... 888
  - Refused ... 999

**INTERVIEWER READ:**  
*I am now going to ask you some questions about your pharmacy.*

**SKIP PATTERN:**  
**CLERK/TECH (Q1, RESPONSE 5) GO TO Q10**

3. Have there been any changes to your staff in the past six months? [PROMPT: Any new hires or has anyone left?]
- No [SKIP to Q6]... 0
  - Yes ... 1
  - Don't know ... 8
  - Refused ... 9
4. a. How many full-time and how many part-time pharmacists are employed? (Probe: Including you, if pharmacist) [Full-time means 35 or more hours per week]

Full-time \_\_\_\_\_ # #

Part-time \_\_\_\_\_ # #

Don't Know ... 888

Refused ... 999

**b. What other staff has joined or left your pharmacy? [ASK OPEN ENDED]**

(Please Specify) \_\_\_\_\_ ...

Don't know ... 8

Refused ... 9

**5. About how many prescriptions does your pharmacy fill in a week?**

< 100 ... 0

100-250 ... 1

251-500... 2

>500... 3

Don't know ... 8

Refused ... 9

**6. Are the following products or services available in your pharmacy? [read responses]**

	No	Yes	Don't know	Refused
<b>A. Non-prescription syringes in packs of 10</b>	0	1	8	9
<b>B. Individual non-prescription syringes (singles)</b>	0	1	8	9
<b>C. Personal sharps disposal containers for retail sale</b>	0	1	8	9
<b>D. Accept syringes for biohazard disposal</b>	0	1	8	9

**7. Do you have an ESAP decal displayed in the window or door of your pharmacy? [Probe: This is a sticker with the ESAP logo on it that the Department of Health should have sent you when you registered.]**

No ... 0

Yes ... 1

Don't know ... 8

Refused ... 9

**SKIP PATTERN:**

**IF "YES" SKIP TO Q9**

**8. Why isn't the decal displayed in your window or door? [Ask open-ended and circle all that apply]**

Didn't get around to putting it up ... 0

Not necessary ... 1

Don't want too many ESAP customers ... 2

People already know ... 3

Misplaced decal ... 4

Forgot to put it up...5

Never received it ... 6  
 Other (Please specify) \_\_\_\_\_ ... 7  
 Don't know ... 8  
 Refused ... 9

**9. How often do you counsel or advise customers in your pharmacy on [read responses]:**

	Never	A few times/ mo	A few times/ week	At least once a day or more	Don't Know	Refused
<b>A. Prescription medications</b>	0	1	2	3	8	9
<b>B. Medical conditions</b>	0	1	2	3	8	9
<b>C. Health insurance</b>	0	1	2	3	8	9
<b>D. Other products in pharmacy</b>	0	1	2	3	8	9
<b>E. HIV Testing Referrals</b>	0	1	2	3	8	9
<b>F. HIV Testing in Pharmacy</b>	0	1	2	3	8	9
<b>G. Other discussion/ counseling</b>	0	1	2	3	8	9

**H. If other please describe:** \_\_\_\_\_

**10. How interested or receptive do you think customers are to information and referrals on [read responses]:**

	Very Receptive	Somewhat Receptive	Not Receptive	Don't know	Refused
<b>A. Prescription Medications</b>	0	1	2	8	9
<b>B. Medical conditions</b>	0	1	2	8	9
<b>C. Health insurance</b>	0	1	2	8	9
<b>D. Other products in pharmacy</b>	0	1	2	8	9
<b>E. HIV Testing Referrals</b>	0	1	2	8	9
<b>F. HIV Testing in Pharmacy</b>	0	1	2	8	9
<b>G. Other discussion/ counseling</b>	0	1	2	8	9

11. How much do you support the following services being provided in your pharmacy?  
 (Probe: Hypothetically, that is, even if it isn't feasible, how supportive would you be if it were?)

	Very Supportive	Somewhat Supportive	Not Supportive	Don't know	Refused
a. Vaccinations	0	1	2	8	9
b. HIV testing	0	1	2	8	9
c. Referral to free HIV testing	0	1	2	8	9
d. Information on safe syringe disposal	0	1	2	8	9
e. Information on safe syringe use	0	1	2	8	9

12. In the neighborhood of the pharmacy, would you estimate the level of illegal drug activity to be [read responses]

Very high ... 0  
 High ... 1  
 Moderate ... 2  
 Low ... 3  
 Virtually none ... 4  
 Don't know ... 8  
 Refused ... 9

**INTERVIEWER READ: Now I'm going to ask some questions about your syringe sales over the past month.**

13. Have you sold any non-prescription syringes in the past month?

No ... 0  
 Yes ... 1  
 Don't know ... 8  
 Refused ... 9

14. About how many non-prescription syringes have you sold in the last week?

None ... 0  
 1-5 ... 1  
 6-10 ... 2  
 11-25 ... 3  
 26-40 ... 4  
 >40 ... 5  
 Don't know ... 8  
 Refused ... 9

15. About how many prescription syringes have you sold in the last week?

Individual Syringes \_\_\_\_\_ # #  
 [1 box = 100 syringes; 1 mo Rx = 30 syringes]  
 Don't know ... 888  
 Refused ... 999

**INTERVIEWER READ: Now I'm going to ask some questions about recent non-prescription syringe sales.**

**16. In an average month, about how many ESAP or non-prescription syringe customers came to purchase syringes?** (Probe: think of average monthly sales over the past 3 months)

\_\_\_ \_\_\_ \_\_\_ / Month  
Don't Know ... 888  
Refused ... 999

**18. Thinking of this average monthly number of ESAP or non-prescription syringe customers...**

**a. About how many are NEW?** (Probe: someone who had never bought syringes before at your pharmacy)

\_\_\_ \_\_\_ \_\_\_ / Month  
Don't Know ... 888  
Refused ... 999

**b. About how many would you consider repeat/regular?**

\_\_\_ \_\_\_ \_\_\_ / Month  
Don't Know ... 888  
Refused ... 999

**19. Which age group are most of your ESAP or non-prescription syringe customers?** [read responses]

18-25 ... 0  
26-40 ... 1  
41-55 ... 2  
56 and Over ... 3  
Don't know ... 8  
Refused ... 9

**20. Which racial/ ethnic group are most of your ESAP or non-prescription syringe customers?** [read responses]

American Indian or Alaska Native ... 0  
Asian ... 1  
Black or African-American ... 2  
Hispanic or Latino... 3  
Native Hawaiian or other Pacific Islander ... 4  
White ... 5  
Don't Know ... 888  
Refused ... 999

**21. Of your pharmacy's non-prescription syringe customers over the past month, do you think any of them inject ... ?** [read responses]

	No	Yes	Don't know	Refused
<b>a. Insulin only</b>	0	1	8	9
<b>b. Illegal drugs only</b>	0	1	8	9
<b>c. Both insulin and illegal drugs</b>	0	1	8	9
<b>d. Steroids or Hormones only</b>	0	1	8	9

**22. Of the staff in your pharmacy, who is most likely to make a syringe sale?**

- Yourself ... 1
- All pharmacists equally ... 2
- All Clerks/Techs Equally ... 3
- All Staff Equally ... 4
- Other (Please Specify) \_\_\_\_\_ ... 5
- Don't know ... 8
- Refused ... 9

**23. Of your ESAP customers over the past month, about how many did you have a conversation with?**

- \_\_\_\_\_ # customers
- [If 00, Skip to Question 29]**
- Don't know ... 888
- Refused ... 999

**24. What do you talk about?** [Do not prompt. Ask open-ended & circle all that apply.]

- Drug treatment ... 1
- Safe injection practices ... 2
- Disposal of syringes ... 3
- What syringes will be used for ... 4
- Prescription Medications ... 5
- Health concerns ... 6
- Health Insurance ... 7
- Other Products in Pharmacy ... 8
- Friendly greetings (nothing specific) ... 9
- HIV Testing/issues relating to HIV/AIDS... 10
- Other (Please Specify) \_\_\_\_\_ ... 11
- Don't know ... 888
- Refused ... 999

**29. How often do you talk to your ESAP customers about [read responses]:**

	Never	A few times/ mo	A few times/ week	At least once a day or more	Don't Know	Refused
<b>A. HIV Testing Referrals</b>	0	1	2	3	8	9
<b>B. HIV Testing</b>	0	1	2	3	8	9

30. How receptive do you think your ESAP customers are to information and referrals on [read responses]:

	Very Receptive	Somewhat Receptive	Not Receptive	Don't know	Refused
<b>A. HIV Testing Referrals</b>	0	1	2	8	9
<b>B. HIV Testing in Pharmacy</b>	0	1	2	8	9

31. How many ESAP customers say that they will use an HIV testing referral?

Month \_\_\_\_\_ /  
 Don't Know ... 888  
 Refused ... 999

32. How many ESAP customers say that they get tested for HIV?

Month \_\_\_\_\_ /  
 Don't Know ... 888  
 Refused ... 999

	No	Yes	Don't know	Refused
<b>a. Loss of business</b>	0	1	8	9
<b>b. Theft/crime potentially committed by syringe customers</b>	0	1	8	9
<b>c. Improper Disposal of syringes in or near your store</b>	0	1	8	9

33. Since you began selling non-prescription syringes, have you noticed increases with any of the following that you would attribute to non-prescription syringe sales?

34. Do you think that selling syringes to injection drug users...

	No	Yes	Undecided	Refused
<b>a. causes the community to be littered with dirty syringes?</b>	0	1	2	9
<b>b. makes drug use increase?</b>	0	1	2	9
<b>c. sends the message that drug use is okay?</b>	0	1	2	9
<b>d. reduces the transmission of HIV/ AIDS?</b>	0	1	2	9

**INTERVIEWER READ: Now I'm going to ask some questions about your experience in this study,**

35. In an average week in the past six months, approximately how much time did you spend on study referrals? (Probe: to take part in our survey)

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

36. If you spend 30 minutes or longer on referrals, how much time did you spend?

\_\_\_ \_\_\_ \_\_\_ minutes

37. How would you describe customers' interest in the study?

- High interest ... 0
- Moderate interest ... 1
- Low interest ... 2
- None/ virtually no interest ... 3
- Don't know ... 8
- Refused ... 9

38. In an average week over the past 6 months about how many HIV testing referrals did you give to syringe customers?

- \_\_\_ ##
- Don't Know ... 888
- Refused ... 999

39. How many of those referrals involved the HIV testing brochure? (Probe: about a quarter, about half, about three quarters, or all of them?).

- 0%.....0
- 1%-25%.....1
- 26-50%.....2
- 51-75%.....3
- 76%-100%.....4
- Don't know ... 8
- Refused ... 9

40. Of all the customers given referrals in the past 6 months, what percentage said they would use the information provided?

- 0%.....0
- 1%-25%.....1
- 26-50%.....2
- 51-75%.....3
- 76%-100%.....4
- Don't know ... 8
- Refused ... 9

**41. In an average week, about how much time did you spend on HIV testing referrals in the past month?**

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

**42. If you spend 30 minutes or longer on HIV testing referrals, how much time did you spend?**

\_\_\_ \_\_\_ \_\_\_ minutes

**43. How would you describe customers' interest in HIV testing referrals?**

- High interest ... 0
- Moderate interest ... 1
- Low interest ... 2
- None/ virtually no interest ... 3
- Don't know ... 8
- Refused ... 9

**44. During an average week in the past six months, how many times did you discuss safe injection / safe disposal with a syringe customer?**

- # # \_\_\_ \_\_\_
- Don't Know ... 888
- Refused ... 999

**45. How would you describe customers' interest in safe injection/disposal information?**

- High interest ... 0
- Moderate interest ... 1
- Low interest ... 2
- None/ virtually no interest ... 3
- Don't know ... 8
- Refused ... 9

**44. How would you rate your relationship with ESAP customers [read responses]?**

- Very Trusting ... 1
- Somewhat Trusting ... 2
- Not trusting at all ... 3
- Don't know ... 8
- Refused ... 9

**INTERVIEWER READ: Now I'm going to ask some questions about your experience in this study,**

46.

- a. **Would you consider participating in research in the future that involves syringes or drug users?**

No ... 0  
Yes [**Skip to 47**]... 1  
Don't know ... 8  
Refused ... 9

- b. **If not, why not?** (open-ended)

47.

- a. **Would you consider participating in other research projects not relating to syringes or drug use?**

No ... 0  
Yes [**Skip to 48**] ... 1  
Don't know ... 8  
Refused ... 9

- b. **If not, why not?** (open ended)

48. **Has this pharmacy, or any other pharmacy that you've worked at, been involved in research besides this study, aside from previous syringe and ESAP related studies at the New York Academy of Medicine?**

No ... 0  
Yes ... 1  
Don't know ... 8  
Refused ... 9

49. **Would you consider providing any of the following additional services at your pharmacy?**

- a. **Vaccinations**

No ... 0  
Yes ... 1  
Don't know ... 8  
Refused ... 9

- b. **HIV testing**

No ... 0  
Yes ... 1  
Don't know ... 8  
Refused ... 9

c. **Other health services**

No ... 0  
Yes ... 1  
Don't know ... 8  
Refused ... 9

50.

a. **Do you think the pharmacy staff benefited in any way from participating in this study?**

No [**Skip to 51**] ... 0  
Yes ... 1  
Don't know ... 8  
Refused ... 9

b. **If yes, in what way(s)?** (open ended)

51.

a. **Do you feel that participation has hurt or disrupted business, or has it improved business?**

Hurt/disrupted business ... 0  
Helped/improved business ... 1  
Neither/No change in business ... 2  
Don't know ... 8  
Refused ... 9

b. **In what ways did it hurt or help business?** (open ended)

52. **On a scale of 1 to 5, with 1 being very manageable/not an inconvenience and 5 being difficult to manage/major inconvenience, how manageable was it for you to personally fill out the syringe sale logbook?**

Very manageable /Not an inconvenience ... 1  
2  
3  
4  
Difficult to manage /Major inconvenience ... 5  
Don't know ... 8

Refused ... 9

53. **Thinking about all the syringe purchases at your pharmacy, about what percentage do you think were recorded in the logbook over the course of the study?**

\_\_\_\_\_ % of sales  
Don't know ... 888  
Refused ... 999

54.

a. **Do you feel participation in this study benefited customers?**

No [Skip to 55]... 0  
Yes ... 1  
Don't know ... 8  
Refused ... 9

b. **If yes, in what way? If not, why not?** (open ended)

55. **Among syringe customers, how much interest was there in receiving Fitpacks?**

A lot of interest ... 0  
Some interest ... 1  
Very little interest ... 2  
Virtually no interest ... 3  
Don't know ... 8  
Refused ... 9

56. **Among syringe customers, how much interest was there in receiving alcohol prep pads and hand sanitizer?**

A lot of interest ... 0  
Some interest ... 1  
Very little interest ... 2  
Virtually no interest ... 3  
Don't know ... 8  
Refused ... 9

57. **If we were to repeat this project, what would you suggest we do differently?** (Probe: what would you do to improve it, what changes would you make? e.g. to increase interest among IDUs, to get IDUs to the storefront/van, trainings, keeping logs, etc)

58. **What do you think are the main challenges or barriers to providing services to drug users at your pharmacy?** (open-ended)

59. **OBSERVATIONAL DATA**

- a. # of customers in store, how busy was it?
- b. Demographics of customers/pharmacists
- c. Type of pharmacy, size, products available
- d. Neighborhood characteristics
- e. Did you witness a syringe transaction?

**Now we would like to ask a few additional questions about services you provide in your pharmacy.**

**1. What percentage of your customers do not speak English well?**

All customers speak only English ... 0

**(Skip to 14)**

1-25% ... 1

26-50% ... 2

51-75% ... 3

>76% ... 4

Don't know ... 8

Refused ... 9

**2. What is the other language besides English spoken by your customers?** (Ask open ended and write languages given. *Language Options to be shown on screen, along with option to type in “Other” language: Spanish, Chinese (Cantonese/Mandarin or other), Russian, Haitian Creole, Korean, Bengali, Arabic, Urdu, Polish, French, Other*)

Don't Know ... 8

Refused ... 9

<b>3. Interviewer: Ask questions for each language spoken by pharmacy customers</b>						
<b>3A. Language 1</b>	<b>a. How often does your pharmacy have a customer that speaks [Lang 1]?</b>	Less than once a week/rarel y 0	Weekly 1	Daily 2	DK 8	Ref 9
	<b>b. Does your pharmacy provide services or counseling in [Lang 1] (if no, skip to d)</b>	No 0	Yes 1	DK 8	Ref 9	
	<b>c. Who in your pharmacy generally provides counseling in [Lang 1] ? (check all that apply)</b>	Pharmacist 0	Pharmacy Technician or Clerk 1	Other (specify )	DK 8	Ref 9
	<b>d. Do you have the capacity to print translated medication labels in [Lang 1] ? (if no, skip to 3B)</b>	No 0	Yes 1	DK 8	Ref 9	
<b>3B. Language 2</b>	<b>a. How often does your pharmacy have a customer that speaks [Lang 2]?</b>	Less than once a week/rarel y 0	Weekly 1	Daily 2	DK 8	Ref 9
	<b>b. Does your pharmacy provide services or counseling in [Lang 2] (if no, skip to d)</b>	No 0	Yes 1	DK 8	Ref 9	
	<b>c. Who in your pharmacy generally provides counseling in [Lang 2] ? (check all that apply)</b>	Pharmacist 0	Pharmacy Technician or Clerk 1	Other (specify )	DK 8	Ref 9
	<b>d. Do you have the capacity to print translated medication labels in [Lang 2] ? (if no, skip to 3C)</b>	No 0	Yes 1	DK 8	Ref 9	

<b>3C Language 3</b>	<b>a. How often does your pharmacy have a customer that speaks [Lang 3]?</b>	Less than once a week/rarely 0	Weekly 1	Daily 2	DK 8	Ref 9
	<b>b. Does your pharmacy provide services or counseling in [Lang 3]?(if no, skip to d)</b>	No 0	Yes 1	DK 8	Ref 9	
	<b>c. Who in your pharmacy generally provides counseling in [Lang 3]? (check all that apply)</b>	Pharmacist 0	Pharmacy Technician or Clerk 1	Other (specify)	DK 8	Ref 9
	<b>d. Do you have the capacity to print translated medication labels in[Lang 3]?</b>	No 0	Yes 1	DK 8	Ref 9	