NIDA Pharmacist Survey Screenshots

https://www.surveymonkey.com/create/survey/preview?

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NIDA Pharmacist Survey 2		
Welcome to the NIDA Survey	y	
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OMB Control #: 0925-0655 Expiration Date: 3/31/2015

NIDA Clinician Survey - Pharmacists

About the Survey

The National Institute on Drug Abuse, part of the National Institutes of Health is developing a continuing education program that provides pharmacists and other clinicians with practical information about how best to engage adolescent patients and their parents/caregivers in conversations about substance use. Results from this survey will help inform the development of the content and approach for disseminating the program to you and your colleagues.

Thank you in advance for taking this survey! Please be assured that your responses will be kept private to the extent allowed by the law.

Instructions

Please read each question carefully. Throughout the survey please use the Previous and Next buttons that appear on the top and bottom of the screen. Please do not use the Back button of your browser.

Public reporting burden for this collection of information is estimated to average 7 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 person 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0655). Do not return the completed form to this address.

Next

Powered by <u>SurveyMonkey</u> Check out our <u>sample surveys</u> and create your own now!

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NIDA Pharmacist Survey 2						
Demographic and General Questions						
	7/8				88%	
16. What title best describes your profes	ssion? (Please select one option o	nly.)				
Pharmacist			Pharmacist Technicia	n		
Other (please specify)						
17. On average, how many adolescent pa	atients do you see per week?					
O 0			O 11—20			
O 1—5			O 21—30			
O 6—10			31+			
18. In general, what percentages best de	escribe the estimated annual house	ehold income of your patients?	,			
	More than \$74,000	\$59,000 to \$73,999	\$52,000 to \$58,999	\$42,000 to \$51,999	\$35,000 to \$41,999	Less than \$35,000
0—25%	0	0	0	0	0	0
25—50%	0	0	0	0	0	0
51—75%	0	0	0	0	0	0
76—100%	0	0	\circ	0	0	
19. In what type of setting do you	currently work?			Managed care		
Ambulatory						
Clinical				Military		
Hospital/ Clinical				Nuclear		
O Long-term care				Retail		
Other (please specify)						
20. What best describes the geogr	ranhic location of the nation	ts whom you serve?				
Urban	rapino location of the patient	is whom you serve:				
Rural						
-						
Suburban						
			Prev	Next		
			Prev	IVEX		