Form Approved

OMB No: 0920-XXXX

Exp. Date: XX/XX/XXXX

**Project Pharmacy Characteristics Form**

Public reporting burden of this collection of information is estimated to average 30 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

**Project Pharmacy Characteristics form**

Please provide the following information for the 12 month calendar year

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location: | | City/Town: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | State: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Type of pharmacy: | | □ Traditional retail | | | | | □ Specialty-trained retail | | |
| Year (that the following information covers): | | □ 2012 | | | □ 2013 | □ 2014 | | □ 2015 | □ 2016 |
| Number of years and months the pharmacy has been an HIV Center of Excellence:  Years: \_\_\_\_\_\_\_\_\_\_ Months: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Number of individual HIV clients for whom prescriptions were filled : \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Number of individual non-HIV clients for whom prescriptions were filled : \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Average number of individual HIV clients served per month: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Average number of individual non-HIV clients served per month: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Average number of HIV prescriptions sold per day: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Average number of non-HIV prescriptions sold per day: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Average number of individual HIV clients served per day: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Average number of individual non-HIV clients served per day: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Percentage of total revenue from HIV-related therapy: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Number of insured patients: \_\_\_\_\_\_\_\_\_ | | | Number of non-insured patients: \_\_\_\_\_\_\_\_\_ | | | | | | |
| Of the insured patients, the number of insured patients by insurance type: | | | | | | | | | |
| Private insurance \_\_\_\_\_\_\_\_\_ | Medicaid \_\_\_\_\_\_\_\_\_ | | | | | | Medicare \_\_\_\_\_\_\_\_\_\_ | | |
| ADAP \_\_\_\_\_\_\_\_\_ | Other \_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Does pharmacy offer the following services? (check all that apply) | | | | | | | | | |
| □ immunizations  □ smoking cessation counseling  □ diabetes management  □ health screening tests (e.g. glucose test, lipid tests, HIV tests) | | | | | | | | | |
| How many **full time equivalent (FTE)\*** pharmacy staff did the pharmacy have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Type of provider | | | | Number of **FTE** provider(s) | | | | | |
| Pharmacist | | | |  | | | | | |
| Pharmacy Technician | | | |  | | | | | |

\*FTE is the [ratio](http://www.businessdictionary.com/definition/ratio.html) of the total number of paid hours during a [period](http://www.businessdictionary.com/definition/period.html) divided by the number of [working](http://www.businessdictionary.com/definition/worker.html) hours in that period. An FTE of 1.0 means that the person is equivalent to a full-time worker, while an FTE of 0.5 indicates that the worker is only half-time