

Form Approved  
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### **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:	<input type="checkbox"/> Traditional retail		<input type="checkbox"/> Specialty-trained retail		
Year (that the following information covers):	<input type="checkbox"/> 2012	<input type="checkbox"/> 2013	<input type="checkbox"/> 2014	<input type="checkbox"/> 2015	<input type="checkbox"/> 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)					
<input type="checkbox"/> immunizations <input type="checkbox"/> smoking cessation counseling <input type="checkbox"/> diabetes management <input type="checkbox"/> health screening tests (e.g. glucose test, lipid tests, HIV tests)					
How many <b>full time equivalent (FTE)*</b> pharmacy staff did the pharmacy have? _____					
Type of provider			Number of <b>FTE</b> provider(s)		
Pharmacist					
Pharmacy Technician					

\*FTE is the ratio of the total number of paid hours during a period divided by the number of working 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