LONG-ACTING INJECTION ANTIPSYCHOTIC (LAIA) PHARMACIST SERVICE SURVEY

This survey is to help us better understand your thoughts about the pharmacist antipsychotic injection service you have been receiving from the pharmacy. Please complete whether you have received one or many injections from the pharmacist. Please put survey in envelope and seal it when you are done. This is to further help protect your confidential responses.

For each item, please check if you feel the pharmacist provided the task the same, more than, or less favorably than the nurse in performing the following injection tasks:

(1) Asking me questions about my symptoms (my thoughts, my mood, my behaviors) before I receive my injection.
   ____Pharmacist same as Nurse
   ____Pharmacist more favorable than Nurse
   ____Pharmacist less favorable than Nurse

(2) Asking me about side effects I was having from the injections.
   ____Pharmacist same as Nurse
   ____Pharmacist more favorable than Nurse
   ____Pharmacist less favorable than Nurse

(3) Providing instructions about the medication being injected.
   ____Pharmacist same as Nurse
   ____Pharmacist more favorable than Nurse
   ____Pharmacist less favorable than Nurse

(4) Being prepared to administer my injection when it was scheduled.
   ____Pharmacist same as Nurse
   ____Pharmacist more favorable than Nurse
   ____Pharmacist less favorable than Nurse

(5) Providing a private setting for my injection.
   ____Pharmacist same as Nurse
   ____Pharmacist more favorable than Nurse
   ____Pharmacist less favorable than Nurse
ID #:________________

(6) Having proper skills to administer the injection.
   _____ Pharmacist same as Nurse
   _____ Pharmacist more favorable than Nurse
   _____ Pharmacist less favorable than Nurse

(7) Giving attention to follow-up monitoring after injection.
   _____ Pharmacist same as Nurse
   _____ Pharmacist more favorable than Nurse
   _____ Pharmacist less favorable than Nurse

(8) Providing reminders and support for keeping next injection appointments.
   _____ Pharmacist same as Nurse
   _____ Pharmacist more favorable than Nurse
   _____ Pharmacist less favorable than Nurse

(9) Overall, I preferred:
   _____ Pharmacist giving the injection
   _____ Pharmacist or Nurse giving the injection, doesn’t matter
   _____ Nurse giving the injection

(10) Overall, I liked the convenience and flexibility of having a service that could involve a pharmacist and/or nurse pharmacist being available for the injection.
    _____ Strongly Agree _____ Agree _____ Not Sure _____ Disagree _____ Strongly Disagree

(11) Overall, I prefer the convenience and flexibility of a pharmacist being available for the injection over a scheduled appointment with a nurse.
    _____ Strongly Agree _____ Agree _____ Not Sure _____ Disagree _____ Strongly Disagree

(12) Overall, I think the pharmacist injection service improved my access to having my injections regularly if a nurse was not available.
    _____ Strongly Agree _____ Agree _____ Not Sure _____ Disagree _____ Strongly Disagree
I feel the space where the pharmacist gave me my injection was private.

___ Strongly Agree ____ Agree ____ Not Sure_____ Disagree_____ Strongly Disagree

General Comments:
1. What did you like about the pharmacist antipsychotic injection service?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

2. What did you dislike about the pharmacist antipsychotic injection service?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

3. What are key differences about the pharmacist giving the antipsychotic injection compared to
the nurse giving the injection?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Ratings: Check the box of the number that matches your answer to each question.

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<th>0 (not at all)</th>
<th>1</th>
<th>2</th>
<th>3 (Somewhat)</th>
<th>4</th>
<th>5 (Extremely)</th>
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<tbody>
<tr>
<td>1. How comfortable are you with having the pharmacist being a part of your healthcare team administering your injection?</td>
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<td>2. How confident were you in your pharmacist’s ability to administer the injection?</td>
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<td>3. How clearly did the pharmacist communicate the process with you?</td>
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<td>4. How well did the pharmacist listen to your concerns?</td>
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<td>5. How likely are you to recommend this service to other people?</td>
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