

SEP 27 2011

Identification Number \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## Post-study Questionnaire: Personalized Medication in a Community Pharmacy

### KERR DRUG

In the following survey, please give your opinions on the personalized medication testing offered at Kerr Drug. The personalized medication test can see if your body makes a protein needed for clopidogrel (Plavix®) to work. Your pharmacist and doctor can use the results from the test to help pick the best drug and dosage for you. Please answer each question honestly. All the information that you provide will remain private. Thank you for your time and help.

#### Please answer yes or no to the following questions about Plavix®:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you had a genetic test outside of this study?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you think that your current prescription for clopidogrel (Plavix®) is the best treatment for you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### Please answer the following questions by picking pretty well, well or poor.

- |  |                                      |                               |                               |
|--|--------------------------------------|-------------------------------|-------------------------------|
| 3. How well do you understand how Plavix® works?               | <input type="checkbox"/> Pretty well | <input type="checkbox"/> Well | <input type="checkbox"/> Poor |
| 4. How well do you understand personalized medication testing? | <input type="checkbox"/> Pretty well | <input type="checkbox"/> Well | <input type="checkbox"/> Poor |

#### Please answer how you feel about personalized medication testing by picking very, somewhat, or not for the following questions:

- |   |                                       |   |                                      |
|---|---------------------------------------|---|--------------------------------------|
| 5. How sure are you that personalized medication testing can help decide the best drug for you?             | <input type="checkbox"/> Very sure    | <input type="checkbox"/> Somewhat sure    | <input type="checkbox"/> Not sure    |
| 6. How sure are you that personalized medication testing can help decide the best amount of drug for you?   | <input type="checkbox"/> Very sure    | <input type="checkbox"/> Somewhat sure    | <input type="checkbox"/> Not sure    |
| 7. How willing are you to change your medication based on the results from personalized medication testing? | <input type="checkbox"/> Very willing | <input type="checkbox"/> Somewhat willing | <input type="checkbox"/> Not willing |

#### Please answer the following questions about a pharmacist or a community pharmacy by picking very, somewhat, or not :

- |  |   |   |  |
|--|---|---|--|
| 8. How sure are you that a pharmacist is able to perform personalized medication testing?                | <input type="checkbox"/> Very sure        | <input type="checkbox"/> Somewhat sure        | <input type="checkbox"/> Not sure        |
| 9. How sure are you that a pharmacist will keep the results from a personalized medication test private? | <input type="checkbox"/> Very sure        | <input type="checkbox"/> Somewhat sure        | <input type="checkbox"/> Not sure        |
| 10. How comfortable are you with having personalized medication testing in a community pharmacy?         | <input type="checkbox"/> Very comfortable | <input type="checkbox"/> Somewhat comfortable | <input type="checkbox"/> Not comfortable |

#### Please answer the following questions about a prescriber or a prescriber's office by picking very, somewhat, or not. A prescriber can be a doctor, specialist, nurse practitioner, or physician's assistant.

- |   |   |   |  |
|---|---|---|--|
| 11. How sure are you that a prescriber is able to perform personalized medication testing?                | <input type="checkbox"/> Very sure        | <input type="checkbox"/> Somewhat sure        | <input type="checkbox"/> Not sure        |
| 12. How sure are you that a prescriber will keep the results from a personalized medication test private? | <input type="checkbox"/> Very sure        | <input type="checkbox"/> Somewhat sure        | <input type="checkbox"/> Not sure        |
| 13. How comfortable are you with having personalized medication testing in a prescriber's office?         | <input type="checkbox"/> Very comfortable | <input type="checkbox"/> Somewhat comfortable | <input type="checkbox"/> Not comfortable |

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**Please answer yes or no to the following questions about your personal medication testing:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 14. Did the pharmacist explain your results from the personalized medication testing in a way that you could understand? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Was the personalized medication service a valuable use of your time?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Did your pharmacist understand your concerns?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Do you think that personalized medication testing is a valuable service to have at a community pharmacy?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- 

**Please answer how you feel about personalized medication testing by picking very, somewhat, or not for the following questions:**

- |  |   |   |  |
|--|---|---|--|
| 18. How satisfied are you with the information that you received during counseling?  | <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Somewhat satisfied | <input type="checkbox"/> Not satisfied |
| 19. How likely are you to recommend the personalized medication service to your friends and family with a similar condition? | <input type="checkbox"/> Very likely    | <input type="checkbox"/> Somewhat likely    | <input type="checkbox"/> Not likely    |
| 20. If it becomes available, how likely are you to use personalized medicine services for other medications?                 | <input type="checkbox"/> Very likely    | <input type="checkbox"/> Somewhat likely    | <input type="checkbox"/> Not likely    |
| 21. Overall, how satisfied are you with the personalized medication service?   | <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Somewhat satisfied | <input type="checkbox"/> Not satisfied |
- 

22. The current cost of this personalized medication testing is \$250 without the coverage of insurance. How much money would you pay out of pocket for this personalized medication test outside of this study?

- I would not pay     Less than \$50     Between \$50 and \$150     Between \$150 and \$250     Greater than \$250

Thank you for taking the time to complete this survey.