**Abbreviated Patient Responsiveness Survey – Example**

**Patient Survey for Telepharmacy Project**

Thank you for taking this 10-minute survey on your experience with management of your diabetes and appointments with your telehealth clinical pharmacist, **Pharmacist Name**. Your responses to this survey will remain anonymous and will not be shared with your telehealth clinical pharmacist. Responses will be summarized alongside other patients’ when reported to the clinic.

By completing this survey, you will receive a $\_\_ gift card. At the end of the survey, we will ask you to provide your email address where you would like to receive the gift card. Your email address will be separated from your survey responses to protect your anonymity and the confidentiality of your answers.

If you have any questions about this survey, please contact Project Coordinator Name, project coordinator, at project coordinator email.

Patient Responsiveness

The following questions refer to your experience with your telehealth clinical pharmacist, **Pharmacist Name**. Please respond with your honest opinion based on all of the appointments with your telehealth clinical pharmacist.

Please indicate how much you agree with each statement about your telehealth clinical pharmacist, **Pharmacist Name** ranging from "strongly disagree" to "strongly agree."

**Domain: Pharmacist-patient interactions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | Strongly Disagree(1) | Disagree(2) | Neutral(3) | Agree(4) | Strongly Agree(5) |
| 1. My telehealth clinical pharmacist listens to my health concerns. |[ ] [ ] [ ] [ ] [ ]
| 2. My telehealth clinical pharmacist does a good job answering my questions. |[ ] [ ] [ ] [ ] [ ]
| 3. My telehealth clinical pharmacist explains things in a way that I am able to understand |[ ] [ ] [ ] [ ] [ ]
| 4. My telehealth clinic pharmacist is caring and respectful in our interactions. |[ ] [ ] [ ] [ ] [ ]

Please indicate how much you agree with each statement about your telehealth clinical pharmacist, **Pharmacist Name** ranging from "strongly disagree" to "strongly agree."

**Domain: Information provision**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | Strongly Disagree(1) | Disagree(2) | Neutral(3) | Agree(4) | Strongly Agree(5) |
| 5. My telehealth clinical pharmacist helps me understand what my medications are used for. |[ ] [ ] [ ] [ ] [ ]
| 6. My telehealth clinical pharmacist helps me understand how to take my medications. |[ ] [ ] [ ] [ ] [ ]
| 7. My telehealth clinical pharmacist makes sure my medications are up-to-date. |[ ] [ ] [ ] [ ] [ ]
| 8. My telehealth clinical pharmacist provides me with useful information to help improve my health condition(s). |[ ] [ ] [ ] [ ] [ ]
| 9. My clinical telehealth pharmacist asks me questions about whether I can afford my medications. |[ ] [ ] [ ] [ ] [ ]
| 10. My telehealth clinical pharmacist asks me questions about whether I can get my medications from the pharmacy or another appropriate source. |[ ] [ ] [ ] [ ] [ ]
| 11. My telehealth clinical pharmacist follows up in a timely manner to make sure my medications are working. |[ ] [ ] [ ] [ ] [ ]

Please indicate how much you agree with each statement about your telehealth clinical pharmacist, **Pharmacist Name** ranging from "strongly disagree" to "strongly agree.”

**Domain: Support for self-care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | Strongly Disagree(1) | Disagree(2) | Neutral(3) | Agree(4) | Strongly Agree(5) |
| 12. At the end of my appointment, my telehealth clinical pharmacist reviews what we talked about and summarizes next steps. |[ ] [ ] [ ] [ ] [ ]

**Domain: Involvement in decision**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | Strongly Disagree(1) | Disagree(2) | Neutral(3) | Agree(4) | Strongly Agree(5) |
| 13. My telehealth clinical pharmacist takes into account what I think about my medications. |[ ] [ ] [ ] [ ] [ ]
| 14. I would recommend my telehealth clinical pharmacist to others. |[ ] [ ] [ ] [ ] [ ]

Please indicate your rating of thetelehealth clinical pharmacist services overall ranging from "very poor" to "excellent."

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | Very Poor(1) | Poor(2) | Good(3) | Very Good(4) | Excellent(5) |
| 15. Overall, I am satisfied with my telehealth clinical pharmacist. |[ ] [ ] [ ] [ ] [ ]

16. What do you like most about your visits with your telehealth clinical pharmacist, **Pharmacist Name**?

17. What do you like least about your visits with your telehealth clinical pharmacist, **Pharmacist Name**?

Thank you for taking the time to complete this survey. Please provide your email address where you will receive the $XX gift card. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions about this survey, please contact Project Coordinator Name, project coordinator, at project coordinator email.

**Patient responsiveness items are adapted from:**

Shin J, Moczygemba LR, Barner JC, Garza A, Linedecker-Smith S, Srinivasa M. Patient experience with clinical pharmacist services in Travis County Federally Qualified Health Centers. Pharmacy Practice 2020 Apr-Jun;18(2):1751.

Blanchard C, Xu J, Roth McClurg M, Livet M. Reliability and validity of a patient responsiveness survey for comprehensive medication management. J Am Coll Clin Pharm 2018. Manuscript publication pending.