

MDS: PHARMACISTS

Demographics

1. Birth date **Month** **Day** **Year**

2. Sex

☐ Male ☐ Female

3. Race (mark one or more boxes)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other (Please specify)

4. Ethnicity - Are you Hispanic, Latino/a, or of Spanish origin?

- ☐ No
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Another Hispanic, Latino/a, or Spanish origin (Please specify)

Education & Training

5. Where did you graduate from high school or complete your GED?

- ☐ (City, State)
- ☐ Use 99999 code for foreign born/other

6. Which of the following educational experiences have you completed? (Check all that apply, indicate year of completion)

- | | |
|--|------|
| ☐ Bachelor of Pharmacy | Year |
| ☐ PharmD | Year |
| ☐ PhD | Year |
| ☐ Masters (__MS, __MBA, __MA, __MPH) | Year |
| ☐ Residency | Year |
| ☐ Fellowship | Year |
| ☐ BPS Certification Program (Please specify) | Year |
| ☐ State-level Clinical Pharmacist Recognition | Year |
| ☐ Other Certification Program (Please specify) | Year |
| ☐ Other (Please specify) | Year |

7. What was the year you attained your initial pharmacist licensure?

8. Where did you receive your pharmacist education?

- ☐ United States (Please specify): [List of schools]
- ☐ Other (Please specify): _____

FINAL MDS: Pharmacists
developed by the American Association of Colleges of Pharmacy (AACP) and the National Association of Boards
of Pharmacy (NABP)

Practice Characteristics

9. What is your employment status? (mark all that apply)

- ☐ Practicing as a pharmacist, full-time
- ☐ Practicing as a pharmacist, part-time, employed in a pharmacy-related field or position part-time
- ☐ Practicing as a pharmacist part-time, employed in a non-pharmacy related field or position part-time
- ☐ Employed in a pharmacy-related field or position, not practicing as a pharmacist
- ☐ Retired, but still working in pharmacy or employed part-time as a pharmacist
- ☐ Retired, do not practice pharmacy at all, still working or employed part-time.
- ☐ Retired, do not work
- ☐ Employed in a career not related to pharmacy (Describe: _____)
- ☐ Unemployed (check one: ☐ seeking ☐ not seeking employment)

10. Please check the item that best describes your primary and, if applicable, secondary place of employment. When appropriate please provide the zipcode+4 for each practice site(s).

	Primary	Secondary	Zip Code + 4 of Practice Site
Independent Community Pharmacy (fewer than 4 stores under the same ownership)			
Small Chain Community Pharmacy (4 to 10 stores under the same ownership)			
Large Chain Community Pharmacy (more than 10 units under same ownership)			
Mass Merchandiser (i.e. Big Box store)			
Supermarket Pharmacy			
Clinic-Based Pharmacy			
Mail Service Pharmacy			
Health Center (CHC/FQHC/FQHC look-alike)			
Federal Government Hospital/Health System - Inpatient			
Federal Government Hospital/Health System - Outpatient clinic owned by or located at hospital			
Non-government Hospital/Health System - Inpatient			
Non-government Hospital/Health System - Outpatient clinic owned by or located at hospital			
Non-government Hospital/Health System - Other			
Nursing Home/Long Term Care			
Home Health/Infusion			
Pharmacy Benefit Administration (e.g. PBM, managed care)			
School-based health service			
Academic Institution			
Occupational health			
Telepharmacy			
Consultant Pharmacist			
Ambulatory care office-based practice			
Ambulatory care community pharmacy-based practice			
Other public health/community health setting (Please Specify)			

Other For-Profit Corporation/Organization (Please Specify)			
Other Non-Profit Corporation/Organization (Please Specify)			
Regulatory Practice, Federal Government			
Regulatory Practice, State Government			

11. How many weeks did you work as a Pharmacist in the past year?

12. For all positions held, indicate the average number of hours spent per week (excluding call) on each Pharmacist major activity:

Professional Activity Category	# of hours per WEEK
Medication Dispensing: preparing, distributing, and administering medication products, including associated consultation, interacting with patients about selection and use of over-the-counter products, and interactions with other professionals during the medication dispensing process.	
Patient Care Services: assessing and evaluating patient medication-related needs, monitoring and adjusting patients' treatments to attain desired outcomes, and other services designed for patient care management.	
Business/Organization Management: managing personnel, finances, and systems.	
Research: discovery, development, and evaluation of products, services, and/or ideas.	
Education: teaching, precepting, and mentoring students and trainees.	
Other: any activities not described in the other categories. Please Describe: _____	
Total	

13. Do you have a National Provider Identification (NPI) number?

- ☐ Yes
- ☐ No
- ☐ Other (Please Specify)

14. What are your employment plans for the next 12 months?

- ☐ Continue as you are
- ☐ Increase hours
- ☐ Decrease hours
- ☐ Retire
- ☐ Change my current practice setting
- ☐ Unknown/Other (Please Specify)

15. Which of the following best describes your current employment arrangement at your principal practice location?

- ☐ Owner
- ☐ Self employed/Consultant
- ☐ Salaried employee
- ☐ Hourly employee
- ☐ Relief Pharmacist
- ☐ Other (Please Specify)

16. Are you able to communicate with patients in a language other than English?

- ☐ Yes (Please Specify)
- ☐ No