Dear Traveler

You contacted us within the past year for a consultation in regards to your travel. We now need your help in determining the strengths and weaknesses of our travel clinic and in identifying what reasons you had if you refused a travel recommendation. Please complete this survey which asks your opinions about the services you received during your visit at Hendricks Pharmacy International Travel Health Clinic. The results of this survey will be used to improve future services.

This survey should take no more than 10 minutes to complete. By completing this survey you are consenting to allow the information you provide to be used for research and publication purposes. Your responses will be kept confidential and anonymous (i.e. the results of the survey will not be connected to your pharmacy records). In addition, once the survey is received; the enveloped will be shredded to further protect your identity. This survey is voluntary and non-participation will not affect your relationship with or services from Hendricks Pharmacy or the travel clinic in the future.

If you have any questions, please feel free to call the clinic at (909) 624-1611. Please return this survey in the enclosed envelope by [enter 2 week deadline here]. Thank you for your time.

Your Age: _______   Sex:   Male___ Female____

Race/Ethnicity:   Asian   _______ Education:   High School graduate or less
                   _______ Pacific Islander    _______ Some College
                   _______ African American    _______ Bachelor’s degree (B.A., B.S.)
                   _______ American Indian/Alaskan Native    _______ Master’s degree (M.S.)
                   _______ Caucasian (Non Hispanic/Latino)    _______ Doctorate degree (PhD, MD, etc.)
                   _______ Hispanic or Latino (All Races)    _______ Other: _______________________
                   _______ Other: ____________________________
                   _______ Decline to state
                   _______ Decline to state

Gross Annual Income:   _______ Less Than $50,000
                       _______ $50,000 To $100,000
                       _______ Greater than $100,000
                       _______ Decline to state

Did you keep your appointment?   Yes _____   No____

If you answered NO, please state the reason(s) for the cancellation below and return this survey.

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

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If you answered **YES**, please complete the survey below by filling in the bubble or circling in the letter(s) for the choice(s) you **MOST** agree with.

1. **Have you seen a healthcare professional in the past for recommendations on previous international trips?**
   
   Yes ☐  
   No ☐

2. **What other sources of information did you refer to for travel medicine recommendations for the travel destination(s) the pharmacist at Hendricks Pharmacy consulted you on? (Circle all that apply)**
   
   a. Other healthcare professional  
   b. Travel agency  
   c. Friends and/or relatives  
   d. Travel websites (e.g. [www.CDC.gov](http://www.cdc.gov))  
   e. Travel magazine/brochures  
   f. None  
   g. Other (Please state) ____________________________

3. **Why did you choose to visit the travel medicine clinic at Hendricks Pharmacy? (Circle all that apply)**
   
   a. It is close to my home or work  
   b. A doctor recommended it to me  
   c. It provided the level of services that I needed  
   d. It has a good reputation  
   e. I chose it for financial reasons  
   f. Other (please state) ____________________________

4. **It was easy to contact the travel clinic to obtain initial information before making an appointment.**

   Strongly agree ☐   
   Agree ☐   
   Disagree ☐   
   Strongly disagree ☐

5. **The travel clinic’s hours of operation were convenient for me.**

   Strongly agree ☐  
   Agree ☐  
   Disagree ☐  
   Strongly disagree ☐

6. **I was seen in a timely manner upon my arrival to the travel clinic.**

   Strongly agree ☐  
   Agree ☐  
   Disagree ☐  
   Strongly disagree ☐

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7. Based on the following scale, my overall knowledge of travel vaccines, travel medicines, insect repellents and insecticides, and proper food and water precautions before and after speaking to the travel clinic was.

Scale: 4=Strongly Agree, 3=Agree, 2=Disagree, 1=Strongly Disagree

<table>
<thead>
<tr>
<th></th>
<th>BEFORE speaking to the pharmacist</th>
<th>AFTER speaking to the pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understood how to use my travel medication(s) correctly.</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>I understood the possible side effects of my travel medication(s) and/or vaccine(s).</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>I understood how to use insect repellents and insecticides correctly.</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>I understood how to safely consume food and water during international travel.</td>
<td>4 3 2 1</td>
<td>4 3 2 1</td>
</tr>
</tbody>
</table>

8. Do you recall refusing or rejecting a travel-medicine recommendation made by the travel clinic pharmacist during your visit to the clinic?

Yes ☐ No ☐

9. If you answered yes to question 8, could you tell us which of the following possible reasons for refusal were? (Circle all that apply)
   a. Other healthcare professionals, travel agencies, and/or my friends/relatives did not recommend the medicine(s) and/or vaccine(s).
   b. The medicine(s) and/or vaccine(s) cost too much and/or my insurance did not cover them.
   c. I felt that the risk of contracting the disease was low for my travel destination(s).
   d. I was only interested in receiving the yellow fever vaccine.
   e. I do not like getting vaccines and/or taking medicines.
   f. I was worried about the possible side effects of the vaccine(s) and/or medicine(s).
   g. I was not confident in pharmacist recommendations.
   h. Other (Please state) __________________________________________

10. I was able to receive all the vaccines and/or medications that I needed/wanted for my travel during my appointment.

   Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐

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11. The travel clinic pharmacist explained things in a way that was clear and understandable to me.

   Strongly agree  ○  Agree  ○  Disagree  ○  Strongly disagree  ○

12. If I had any additional questions about my medication(s), vaccine(s), or other issues, my questions were answered by the travel clinic pharmacist to my satisfaction.

   Strongly agree  ○  Agree  ○  Disagree  ○  Strongly disagree  ○

13. The counseling provided to me by the travel clinic pharmacist was useful / helpful.

   Strongly agree  ○  Agree  ○  Disagree  ○  Strongly disagree  ○

14. I found the travel information booklet provided to me useful.

   Strongly agree  ○  Agree  ○  Disagree  ○  Strongly disagree  ○

15. The travel clinic pharmacist was professional in his interactions with me.

   Strongly agree  ○  Agree  ○  Disagree  ○  Strongly disagree  ○

16. I was satisfied with my overall visit at the travel clinic.

   Strongly agree  ○  Agree  ○  Disagree  ○  Strongly disagree  ○

17. What do you like best about our travel clinic?

   ____________________________________________________________
   ____________________________________________________________

18. What do you like the least about our travel clinic?

   ____________________________________________________________
   ____________________________________________________________

19. Additional comments/suggestions:

   ____________________________________________________________
   ____________________________________________________________

Thank you for completing our survey 😊
Please return this survey in the enclosed envelop by [enter 2 week deadline here]

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